Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Mid West CHO 3 Plan

2017

Building a Better Health Service

CARE COMPASSION TRUST LEARNING


Goal 1
Promote health and wellbeing as part of everything we do so that people will be healthier
Goal 2
Provide fair, equitable and timely access to quality, safe health services that people need
Goal 3
Foster a culture that is honest, compassionate, transparent and accountable
Goal 4
Engage, develop and value our workforce to deliver the best possible care and services to the people who depend on them
Goal 5
Manage resources in a way that delivers best health outcomes, improves people's experience of using the service and demonstrates value for money

Contents

Introduction

	2017 NSP Budget €m	2016 Budget * €m
Health and Wellbeing	National Budget	National Budget
Primary Care	86.660	85.234
Mental Health	62.901	58.824
Social Care	211.770	198.905
Total	361.331	342.963
Full details of the 2017 budget available on Page 11		
Breakdown by Pay, Non Pay & Income available Pg 12		
*2016 Budget carried forward into 2017 would not include some once off allocations in 2016.		

Welcome to the operational plan for the Health Services Executive (HSE) Mid West Community Healthcare Organisation (CHO 3). Community Healthcare is the name we give to the range of health and social care services provided by the HSE outside of the acute hospital system. HSE Mid West is one of nine CHO areas across the Country and provides services to the people of Limerick, Clare and North Tipperary. A key priority for 2017 is to progress the further development of the structures and processes intended to ensure that the CHO area achieves high quality integrated services as close to home as possible for the people of the Mid West. This plan takes its reference from five key sources all of which can be read in conjunction with this document.

- The National Service Plan for the HSE 2017. This sets out the volume of health and personal social services to be provided by the HSE in 2017, within the funding available to the HSE. It also seeks to balance priorities that will deliver on the HSE's *Corporate Plan 2015-2017*. Priorities of the Minister for Health and Government as set out in *A Programme for a Partnership Government* are also reflected.

- The National Divisional Operational Plans for each of the four Divisions of Health and Wellbeing, Primary Care, Mental Health and Social Care which have been prepared consistent with this framework and in line with related national policies, frameworks, performance targets, standards & resources.

Our vision in the Mid West CHO is of a high quality service valued by all with five key goals to realising that vision, namely, promoting health, fostering a culture for the modern era, engaging our workforce, managing resources effectively and providing fair access. These are central to our plans and actions.

This local plan sets out some of the key priorities, actions and information concerning the delivery of Community Healthcare in the Mid West for 2017. The main focus is twofold, firstly to ensure that each division delivers its services in a specialised way in accordance with national policy, legislation, regulation and plans and secondly to ensure we integrate the activities of all four divisions, for the local population, in a meaningful way to ensure they experience the benefits of joined up services.

Health and Wellbeing

While many of our services and responses are targeted at those who are unwell or need specialist supports the HSE has in recent years and, as part of government policy, *Healthy Ireland*, increased our focus on the well population. Working with a range of national and local supports we are engaged in rebalancing our priorities to not only respond to those with chronic disease but also to prevent it for future generations. Our health and wellbeing activity is increasingly obvious in all of our frontline services.

Primary Care

Primary Care services include general practice, community front line nursing and therapy professionals, oral health, targeted schemes (often referred to as Primary Care Reimbursement Service (PCRS)), palliative care and social inclusion functions. Working across the rural and urban parts of the three counties these services are delivered by teams serving local communities or through specialist services supporting a number of those teams.

Mental Health

Mental Health services are delivered through Consultant led community teams made up of a number of disciplines. They are supported by specialised services with teams for children and adolescents, acute units for adults in Limerick and Ennis and resource supports in suicide prevention. Together they respond to people experiencing severe and disabling mental illness and also work with other statutory and voluntary agencies to promote positive mental health.

Social Care

Social Care is the overarching name for a wide range of services for people with disabilities and older people. Across nine public residential units in the Mid West (nursing homes) we care for people who no longer are able to live in their own home or who require a short term support to keep them at home. Through our partnership with funded agencies we provide specialist residential care for people with disabilities. The increasing focus of the modern day social care service is to support people with disabilities to achieve their full potential living ordinary lives in ordinary places, and to support our older people to maintain independence at home to the greatest extent possible. Our social care ethos is about supporting our fellow citizens to live a life of their choosing to the greatest extent possible.

Demographic Trends

Life expectancy in Ireland has increased and is above the EU average at 83 years for a woman and 79 years for a man. The population will grow by 34,800 (0.7%) people between 2016 and 2017, up to 19,800 (3.2%) more people will be over 65 years, 8,940 (5.7%) more people will be between the ages of 70 and 75 years and 2,600 (3.7%) more people will be over 85.

As outlined in *Health Information Paper 2015/2016 – Trends and Priorities to Assist Service Planning 2016* (www.hse.ie) the population of Ireland is projected to increase by 4% or 188,600 persons between 2016 and 2021. There will be 107,600 additional persons aged 65 and over by 2021 and an additional 15,200 people aged 85 years and over. Life expectancy has increased by almost 3 years since 2003 and mortality rates for circulatory system diseases have fallen by 30% and for cancer by 10% over the same period. This means that 188,600 additional people will require primary care services by 2021. The population in this area increased by 1,400 in 2016 and as the demographic profile of our 380,000 population changes, bringing increased life expectancy and a rapid increase in older age groups, so too do their needs for health and personal social services. This demands an ability to adapt, be innovative and to move away from focussing mainly on chronic disease to more population health improvement.

Health Challenges

HSE Mid West services are characterised by high levels of activity to meet increasing demand, new ways of working to meet the needs of people, viewing quality and safety as a continuous process of improvement and responding to challenges, some of which cannot always be foreseen.

Risks to the Delivery of Mid West CHO Operational Plan

The National Service Plan (NSP) 2017 sets out the general potential risks at a high level for the wider health service in delivering on the plan for 2017. In identifying the more specific potential risks below to the delivery of this operational plan for the Mid West it is acknowledged that the following will need close management, active monitoring and assessment as will other risks that emerge during 2017. Every effort will be made to mitigate the risks but it may not be possible to eliminate them in full.

- Our capacity to comply with regulatory requirements within the limits of the revenue and capital funding available.
- 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 HSEs 2017 National 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. This plan outlines mitigating actions to mitigate this risk including management arrangements and processes to prioritise service needs and ensure standardised waiting list arrangements.
- Capacity to exercise effective control over pay and staff numbers in the context of safety and quality, regulatory, volume and practice driven pressures.
- Risk that continued demographic pressures and increasing demand for services will be over and above the funded level of service thus impacting on our ability to deliver services.
- Risks associated with capacity to invest in and maintain infrastructure and equipment.
- The delivery of the plan is impeded by the lack of a robust performance management culture supported by good data. This is exacerbated by the absence of appropriate and outdated information systems, for example the ePEX system which is the principle vehicle for information processing in this area for mental health and this is now a “legacy product” with phased withdrawal of maintenance by the company having been notified to us.
- Continued dependency on agency due to absenteeism, recruitment challenges and responding to clinical presentations.
- The provision of appropriate accommodation as staff recruited to new service development posts take up duty and require to be accommodated within the existing accommodation / infrastructure available.
- The capacity to provide the appropriate number and type of placements for people who require alternative care.

Priorities for 2017

Health and Wellbeing (National and Local)

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

Primary Care, Social Inclusion and Palliative Care (National and Local)

- Improve quality, safety, access and responsiveness of primary care services to support the decisive shift of services to primary care
- Improve health outcomes for those 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
- Strengthen accountability and compliance across all services

Mental Health (National and Local)

- Promote the mental health of the population in collaboration with other services and agencies including loss of life by suicide
- Design integrated, evidence based and recovery focused mental health services
- Deliver timely, clinically effective and standardised safe mental health services in adherence to statutory requirements
- Ensure that the views of service users, family members and carers are central to the design and delivery of mental health services
- Enable the provision of mental health services by highly trained and engaged staff and fit for purpose infrastructure.

Social Care (National and Local)

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.

Disability Services

- Implement the recommendations of the Value for Money and Policy Review of Disability Services in Ireland in line with the Transforming Lives Programme and in accordance with National Guidelines.
- Accelerate Implementation of a Time to Move on from Congregated Settings with a particular focus on the agreed priority sites
- 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 Disability Network Teams.
- Commence implementation of *Outcomes for Children and their Families, an Outcomes Focused Performance Management and Accountability Framework for Children's Disability Network Teams* in accordance with National Guidelines.
- Enhance governance for Service Arrangements including the process for the management of emergency placements. This will include the establishment of the Residential Executive Management Committee with overall responsibility for the management and oversight of the existing residential base as well as emergency placements.
- Develop 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
    - Reconfiguration of existing resource towards community based person centred model of service
    - Implement the 6 Step Programme and Quality Improvement Team initiatives to improve HIQA Compliance
    - Transfer learning from McCoy Review to secure system wide change
    - Involvement of Volunteer/Advocacy & Family Fora

Services for Older People

- Ensure older people are provided with the appropriate supports following an acute hospital episode by maintaining of focus on the reduction of Delayed Discharges in acute hospital.
- Support the implementation of the Home Care Service Improvement Plan
- Implement an audit and quality review process for home care when the review team is established
- Progress all key actions from the National Dementia Strategy through the National Dementia office in accordance with national direction.
- Roll out the Integrated Care Programme for Older People in conjunction with CSPD
- Implement the outstanding recommendations of the 'Review of the NHSS' in line with national direction.

Other Significant CHO Priorities

- To complete the development of the full CHO model to ensure services are delivered in local networks of population
- To continue to develop governance and oversight of the agencies funded by HSE Mid West to provide services on our behalf or in partnership with us.
- To ensure that there are systems for identifying and risk managing unmet needs where the demand exceeds the resources.

- To develop a more robust development plan to ensure that recruitment activity is anticipatory rather than reactive
- To continue to develop mechanisms for hearing and responding to service user feedback.

Conclusion

This plan is an aid to our staff and teams in guiding their work and is also a source of information for the public to understand some of the key points as to what we do and how we do it. If you would like further information or detail on any aspect of the plan you can request same from cho.midwest@hse.ie.

Signed: Date:

Bernard Gloster,

Chief Officer, Mid West CHO.

Building a Better Health Service

Introduction

The health service is on a journey of improvement and change and many of its priorities are set out throughout this Plan. **Building a Better Health Service** sets out strategic approaches being developed to better meet the needs of people who use our services. In 2017 we will continue to implement the strategic priority areas set out below.

Improving the quality and safety of our services

The HSE is committed to building a high quality health service for a healthier Ireland. One of the HSE's five goals is to foster a culture that is honest, compassionate, transparent and accountable. Core to this goal is ensuring that people's experience of care is not only safe and effective, but also person centred, caring and compassionate. The Mid West CHO will do this by ensuring that we have systems in place to reduce the possibility of human error and avoidable harm to our patients, service users, staff and the wider public. When things go wrong, as they sometimes do, we will acknowledge and apologise for what happened in a timely manner, learn from what went wrong and take corrective action by reducing the risk, as much as possible, of the same thing happening again.

In this CHO it is accepted that we all have a role to play in this and that we share responsibility for the safety and quality of health services delivered to patients / service users. Our aim is to provide the best care possible for all those we deliver care to. Provision of a high quality, safe service requires the combined efforts of the whole team in HSE Mid-West. The *Framework for Improving Quality* provides guidance on the key drivers required to embed continuous quality improvement in our services. Below are the actions which will be undertaken in the Mid West in 2017 under the six drivers for improving quality:

Leadership for Quality:

HSE Mid- West promotes a culture where quality and safety is prioritised. This is demonstrated by leaders across the area embedding the HSE values in their daily work, listening to patients and staff, seeking evidence of standards of quality of our services and continuously striving to improve the quality and safety of the service.

Person and Family Engagement:

The views, concerns and experiences of patients and services users will inform and shape services delivered in the CHO and we will:

- Use the evaluation of the service user feedback forms by Primary Care Teams (PCTs) in 2016 to inform service delivery and the feedback system used by PCTs for 2017.
- Expand the use of service user surveys in Primary Care and Social Care settings.
- Provide reports using the National Incident Management System (NIMS) complaints module of complaints investigated through *Your Service, Your Say* to highlight areas for improvement at service level.
- Appoint a service user /carer / family member to the Mid West Mental Health Management Team and set up a system of engagement / feedback to inform his / her work

Staff Engagement:

In supporting continuous learning and development for quality and safety in 2017, the Quality and Patient Safety Department will:

- Provide the following training courses to promote the capacity of staff in HSE Mid- West to effectively manage risk and safety incidents:
  - Integrated risk management training for staff
  - Integrated risk management training for managers
  - Open Disclosure Training for managers
  - Open Disclosure Briefings for staff

- Build on the training needs analysis conducted in late 2016 and develop / co ordinate a schedule for management of actual or potential aggression (MAPA) and moving and handling training.
  - The training programmes will be evaluated and changes/ improvements implemented accordingly by the Quality and Patient Safety Dept.
  - Accreditation for the courses will be obtained from the relevant professional bodies as appropriate.

Use of Improvement Methods:

- HSE Mid- West will support and participate in quality and safety programmes which build a knowledge base of improvement methodologies and skills.
- The CHO will prioritise the implementation of proven solutions to prevent harm and improve care through the implementation of evidenced- based practices.
- All of the divisions will focus on standardisation and reducing the variation across care processes in order to enhance quality, equity and effectiveness.

Measuring quality improvements:

Information and measurement is crucial in order to identify the impact actions taken to improve the quality or safety therefore we will focus on this by:

- Enhancing the reports provided on aggregated incidents to facilitate the trending of incidents and benchmarking, using best practice comparators where available. This will focus on high risk or high frequency incidents initially: falls, pressure ulcers, medication errors and transitions of care (discharge or transfer to/from care settings/ home).
- Using information already in the system to monitor/ measure the impact of actions taken to improve the quality or safety of a service (For example: patient feedback, performance indicators, clinical audit, infection prevention & control surveillance measurements).
- Continue the implementation of the *Better Safer Health Care Standards* in Primary Care

Governance of Quality:

- Re- align the quality and patient safety governance structures and resources to reflect reorganisation of management structures in the CHO.
- Revise the quality and patient safety governance structures to provide oversight and assurance of a systematic approach to learning and service improvement from investigation reports and reports from regulators in a timely manner.

- Monitor compliance with HSE risk and incident management policies through an audit programme managed by the Quality and Patient Safety Department.
- Capture the profile of risk in the CHO using the risk mapping exercise. This will also provide assurance that risks are being managed by the appropriate level of management as well as informing service delivery.
- Trial, in one service area in Mental Health and Social Care (Older Persons' Service) a combined approach to Quality and Safety audit of a facility comprising infection prevention and control, health and safety and integrated risk management to enable the service to develop a holistic action plan for quality and safety.
- Devise processes for the implementation of national policies and the sharing of Learning Notices in the CHO.
- Commence implementation of new best practice guidance for Mental Health Services aligned to plans emerging from National Mental Health Division.

Improving the health and wellbeing of the population

Improving the health and wellbeing of the people in the Mid West as part of Ireland's population is a government priority and is one of four pillars of healthcare reform. The implementation of the HSE's *Healthy Ireland Implementation Plan* is a key driver to the creation of a more sustainable health and social care service and to the rebalancing of health priorities towards chronic disease prevention and population health improvement. The appointment in the latter part of 2016 of a Head of Health and Wellbeing to the Senior Management of the HSE Mid West is a significant enabler to the translation of the goals and actions set out in the *Healthy Ireland Implementation Plan* within communities in the Mid West.

Children First

In 2017 we will continue with our development of a Children First implementation plan for all local health services with support from the Children First National Office and through the delivery of a suite of Children First training programmes for HSE staff and HSE funded organisations. This will be led by the primary care division and is a priority for all staff working in our service.

Improving Compliance with Regulatory Frameworks

HSE Mid West services are regulated by a number of independent bodies, the main ones being the Health Information and Quality Authority (HIQA) and the Mental Health Commission (MHC). The functions of the regulators are to promote and foster high standards and good practices in the delivery of services and to protect the interest of the people who receive services from us. Inspection reports are published following each inspection and action plans / improvement plans are drawn up, implemented and monitored to ensure corrective actions are taken to improve our regulatory compliance.

Suicide Prevention

Connecting for Life 2015–2020 sets out a vision of an Ireland where fewer lives are lost through suicide and where communities and individuals are empowered to improve their mental health and wellbeing. In the Mid West implementation of the Multi- Agency Action Plan developed during 2016 will commence and this will ensure the vision set out in the national plan is progressed.

Integrated Care and Clinical Programmes

Clinical Strategy and Programmes are leading a large scale programme of work to develop a system of integrated care across health and social care services. This is a major element of health reform in Ireland requiring a long term programme of improvement and change involving people at every level of the health services working together to create improved experiences and outcomes for the people in their care, in a way which puts them at the centre of all services. In the Mid West both Community Healthcare and the University Limerick Hospitals Group (ULH) work together to ensure patients / service users experience a seamless transition from one service to the other. We will continue to expand on our 2016 initiatives (integrated discharge planning, complex cases,....) to provide better, easier access to high quality services which are close to where people live and are delivered in a joined up way, placing people's needs at its core.

The **Integrated Care Programmes** continue to progress the establishment, enablement and delivery of five integrated care programmes:

- Patient flow
- Older people
- Prevention and management of chronic disease
- Children
- Maternity care.

The **National Clinical Programmes** continue to modernise and improve the way in which specific areas of health and social care services are provided and delivered by designing and guiding the implementation of standardised models of care, clinical guidelines, care pathways and associated strategies through 31 national clinical programmes.

Performance and Accountability Framework

The HSE's Performance and Accountability Framework as introduced in 2015 and has been further enhanced and developed for 2017 (*Performance and Accountability Framework 2017*). It sets out the means by which the HSE and in particular the National Divisions, Hospital Groups, CHOs and individual managers are held to account for their achievable performance in relation to access to services, the quality and safety of those services, doing this within the financial resources available and by effectively harnessing the efforts of its overall workforce.

Finance

Budget 2017 versus carry forward budget 2016

The 2017 allocation for Mid West CHO provides a net revenue budget of **€361.33m,** which represents an increase of **€18.368m** (5%) on the 2016 carry forward allocation. Details of the increases by National Pillar are as follows.

Mid-West CHO	Primary Care	Social Care	Mental Health	Total
	€m	€m	€m	€m
2016 Budget * *2016 Budget carried forward into 2017 would not include some once off allocations in 2016.	85.234	198.905	58.824	342.963
Additional budget details				
Pay Cost Pressures	0.452	1.792	0.615	2.859
Development Posts	0.326		2.596	2.922
Other Pay adjustments		1.800	0.866	2.666
Emergency Placements 2016 Full Year Costs		0.500		0.500
Emergency Placements 2017		1.102		1.102
PA Home Support		0.610		0.610
School Leavers 2016 Full Year Costs		0.645		0.645
Demographic Related Costs		0.300		0.300
Homecare & Winter Initiative 2016		4.615		4.615
Homecare & Winter Initiative 2017		1.751		1.751
Medical & Surgical Supplies	0.500			0.500
HIQA Full Yr Costs				0.000
Other Adjustments	0.148			0.148
Cost Containment		-0.250		-0.250
2017 Opening Budget	**86.660**	**211.770**	**62.901**	**361.331**
Increased Budget	**1.426**	**12.865**	**4.077**	**18.368**
% Increase	2%	6%	7%	5%

Detailed breakout of these budgets into Pay, Non-Pay and Income categories across the various Care Groups is as follows -

2017 Mid-West CHO Net Expenditure Allocations

Mid West CHO	Pay	Non Pay	Gross Budget	Income	Net Budget
Care Group	€m	€m	€m	€m	€m
Primary Care	38.09	18.07	56.16	(1.48)	54.68
Social Inclusion	1.90	6.56	8.45	(0.04)	8.42
Palliative Care	0.00	11.62	11.62	0.00	11.62
Core Services	39.99	36.25	76.24	(1.52)	74.72
Local DLS	0.00	11.94	11.94	0.00	11.94
Total Primary Care Pillar	39.99	48.19	88.18	(1.52)	86.66
Care Group					
Disabilities	5.05	142.65	147.71	(2.45)	145.26
Elderly Care Services	56.01	36.61	92.61	(26.10)	66.51
Total Social Care Pillar	61.06	179.26	240.32	(28.55)	211.77
Total Mental Health Pillar	53.73	9.79	63.53	(0.62)	62.90
Total CHO3 Budget for 2017	154.78	237.24	392.02	(30.69)	361.33

Budget Framework 2017

The cost of providing the existing services (2016 level) will grow in 2017 due to a variety of factors including national pay agreements / public pay policy requirements, quality and safety requirements, regulatory requirements, demand for emergency places, other clinical non pay costs, price rises etc.

Pay rate funding (including *Lansdowne Road Agreement)*

Pay rate funding is provided to the HSE in respect of the growth in pay costs associated with *the Lansdowne Road Agreement (LRA)*, the Workplace Relations Commission (WRC) recommendations and other pay pressures as approved by the Department of Health and the Department of Public Expenditure. It is provided to offset the increased cost of employing existing levels of staff and does not allow for an increase in staff numbers. It is noted that some unavoidable pay-related costs, identified as part of the estimates process, were not funded within the overall allocation. The most significant of these relate to the net cost of increments, which must be paid in line with approved public pay policy.

Measures to address cost pressures & financial risk areas

As outlined in NSP 2017, delivering the maximum amount of services, as safely and effectively as possible, within the limits of the available funding will remain a critical area of focus and concern in 2017.

Targeted measures include the following:

- Agency conversion and reduction for all Divisions.
  Social Care Disability Services reduction targets are a key area of focus where slippage was experienced on delivering on the target in 2016. Detailed financial & service work plans, including the Pay & Numbers Strategy (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
- Skill mix
- Procurement
- Cost Management & Control - Shared services resource management, management & administration and other back office expenditure reductions
- Maximising Income by ensuring compliance with the 2011 Health (Charges for In-Patient Services) Regulations and the National Guidelines for Long Stay Charges

Finance Work Plan

A specific emphasis throughout 2017 will be on standardising and streamlining finance processes across the CHO with an emphasis on the following:

- Re-pointing of the Finance Staff resource to reflect the National Pillars.
- Pay Bill Management – continued development of an integrated strategy in respect of recruitment, agency conversion and workforce planning in 2017
- The Mid West participated in the SAP Stabilisation Project throughout 2016 and went live with this new system in October. 2017 will see the bedding in of this system with greater use of its enhanced capabilities.
- Use of the SAP Financial System to assist in identifying and resolving Procurement compliance issues.

Financial Risks

There is significant risk for the HSE Mid West to delivering a balanced budget. The risk arises due to a combination of demographic factors, emerging demand, regulatory cost pressures and full year effects of some 2016 deficits.

Workforce

The HSE Mid West manages a WTE of 3918 (September 2016 figure – Source - Health Service Personnel Census). A detailed breakdown is provided in Appendix 2.

The health sector's workforce is at the core of the delivery of healthcare services working within and across all care settings in communities, hospitals and healthcare offices. The health service will continue to nurture, support and develop a workforce that is dedicated to excellence, welcomes change and innovation, embraces leadership and teamwork, fosters inclusiveness and diversity and maintains continuous professional development and learning. 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 to an increasing and changing demographic 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. This plan identifies actions for 2017 under these eight priorities for the HSE Mid West CHO.

Leadership and Culture

The Mid West together with the UL Hospitals Group is a pilot area for the *Values in Action Project* which aims to spread a culture in the health services that reflects our values of care, compassion, trust and learning. Bringing our values to life through our behaviours will positively impact on how staff treat each other and on the experience of those who use our service

The Mid West CHO will continue to support and participate in leadership development programmes at all levels as set out in the *Leadership and Management Development Strategy*.

Staff Engagement

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. The 2016 staff survey was undertaken in the final quarter of 2016 and the outcomes will inform direction for 2017 and indeed future years.

Employee engagement is a core and central theme to the *People Strategy 2015–2018* with a focus on developing mechanisms for more effective internal communications to support listening and learning across the whole sector, involving staff more in planning and decision-making and enabling them to propose and act on their ideas to improve the quality of care. A dedicated staff engagement process for staff in the Mid West CHO will take place in 2017 to ensure that staffs have a strong sense of connection to the service and deliver the change agenda as outlined in the *CHO Report*.

Learning and Development

In Consultation with the Corporate Leadership, Education and Development (LED) this CHO will continue to support staff development to ensure an appropriate qualified and developed workforce who can deliver our organisational goals.

HR in consultation with LED will provide a leadership, education and development plan for CHO Mid West to build capacity of staff in the Mid West to meet the organisations requirements. Priority areas for 2017 include:

- RCSI Leadership Development Programme for Mental Health Clinical Teams
- First Time Managers Programme x 2
- Line Managers Training (Local Programme)
- FETAC Level 5 Programme for support staff grades planned for January 2017.
- Clerical Officer Development Programme
- PMLF x 1
- Performance Achievement Training Sessions x 3
- Coaching Skills for Managers x 3 (to support and promote skills development for Managers in areas of mentoring and coaching in line with the performance achievement process).

Workforce Planning

Government policy on public service numbers and pay costs is focused on ensuring that the numbers of people employed in the HSE are managed within the pay envelope. A *Pay & Numbers Strategy* (P&NS) is to be developed in 2017. HSE Mid West will meet its requirements in relation to this strategy once introduced.

A comprehensive evidence based workforce plan for the CHO will be developed using data from Sap and key known information from Line Managers to provide predicted service requirements.

There will be a continued priority focus on agency conversion in 2017 in particular for nursing and support grades in older person's residential service's (social care) and mental health services.

An extensive review and engagement process will take place in 2017 to align staff appropriately across and within the divisions. A key focus will be the introduction of the network manager role in primary care (subject to national Instructions).

Evidence and Knowledge

HR will contribute to the CHO compliance with the HSE *Performance Accountability Framework* including undertaking the following actions to ensure that work practices and client pathways are evidence information and decision making is based on real time and reliable data:

- Review, analysis and monitory data received from workforce planning and Informatics to ensure CHO pay is maintained within funded levels.
- Ensure there is a systematic approach to the management of absenteeism across the CHO with a view of reaching the national target of 3.5% but at a minimum reduce by 1% overall on 2016 outturn.

Performance

Mid West CHO 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:

Introduction of Performance achievement process will be implemented within HR initially, to ensure a clear understanding of the process so we will be best placed to support the introduction across the service.

Staff Engagement Process to ensure our staffs are clear on their roles and responsibilities with a clear line of sight to the organisational goals.

Roll out on a phased basis Professional Development Planning across all grades of staff

Partnering

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

- The Head of Human Resources will be the senior HR partner in the CHO Leadership Team ensuring *the People Strategy* remains a key focus for the CHO
- The Head of Human Resources will develop links with key internal and external stakeholders to establish a local listening forum. Consideration will be give to an integrated forum to include the UL Hospitals Group with a focus on a framework for ensuring implementation of the *People Strategy* and *CHO Report*

Human Resource Professional Services

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

- Engage with Corporate HR at national level to agree a HR delivery model that is fit for purpose, with a strong customer and business.
- In partnership with Client Business Relationship Manager, HBS formalise a business agreement with HBS in relation to Talent Management for the CHO.

Maximising labour cost reductions, efficiencies, and value for money

Actions to ensure the best use of people and budgets include:

- Agency conversion for nursing and support staff grades across social care and mental health divisions.
- Older person's residential services review of rostering arrangements to maximise skill-mix within and across staff groups.

The Lansdowne Road Public Service Stability Agreement 2013–2018

The *Lansdowne Road Agreement*, negotiated in May 2015, between government and public sector unions represents an extension of the *Haddington Road Agreement* (HRA) until 2018. A key additional factor in the agreement is a strengthened oversight and governance arrangement for dealing with matters of implementation and interpretation in respect of disputes that may arise.

The key enablers, such as additional working hours, will remain for the duration of the extended agreement and will continue to assist managers to manage their workforce through the flexibility measures contained. These enablers will support the reform, reconfiguration and integration of services and contribute to delivering a workforce that is more adaptable, flexible and responsive to the needs of the services, while operating with lower pay expenditure costs and within allocated pay envelopes.
The HRA continues to provide the necessary enablers to allow for:

- Workforce practice changes
- Reviews of rosters, skill-mix and staffing levels.
- Increased use of productivity measures
- Use of redeployment mechanisms
- Greater use of shared services and combined services focused on cost effectiveness and cost efficiencies.

Attendance Management

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

European Working Time Directive

The HSE is committed to maintaining and progressing compliance with the requirements of the European Working Time Directive (EWTD) for both non-consultant hospital doctors (NCHDs) and staff in the social care sector. Key indicators of performance include:

- A maximum 24 hour shift (in relation to NCHDs only)
- Maximum average 48 hour week
- 30 minute breaks
- 11 hour daily rest / equivalent compensatory rest
- 35 hour weekly / 59 hour fortnightly / equivalent compensatory rest.

Actions to achieve EWTD compliance in relation to NCHDs will be progressed by acute hospital and mental health services. Actions to progress EWTD compliance in relation to social care staff will be progressed by social care services.

Code of Conduct for Health and Social Care providers

This code of conduct, which sets out employees' and managers' responsibilities in relation to achieving an optimal safety culture, governance and performance of the organisation, was approved and endorsed by the Minister in March 2015. The HSE will continue to implement this code in 2017.

The *People Strategy* is designed to support the workforce in the pursuit of safer and better healthcare and the implementation of the Code is integral to that.

Occupational Safety and Health (OSH) at Work

In 2017 safer workplaces will be created by reviewing and revising the *Corporate Safety Statement*, developing key performance indicators (KPIs) in Health and Safety Management and Performance, launching a new statutory occupational safety and health training policy, and developing and commencing a national proactive audit and inspection programme. Staff will be supported to become healthier in their workplaces and an Occupational Health Business Unit will be established.

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

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.

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

Health and Wellbeing

Introduction

	2017 NSP Budget €m	2016 Budget * €m
Health and Wellbeing	National Budget	National Budget

Improving the health and wellbeing of the population is a key aspect of public policy and a cornerstone of the health reform programme. The implementation of *Healthy Ireland*: *A Framework for Improved Health and Wellbeing 2013-2025* is key to this improvement. Building on significant progress made to date, 2017 will see the further implementation and delivery of this work within the health services.

The appointment of a Head of Health and Wellbeing to the Senior Management of HSE Mid West in 2016 is a significant enabler to the translation of the goals and actions set out in the *HI Implementation Plan* within the CHO.

Priorities for 2017

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

Implementing Priorities 2017

Priority Actions	End Qtr
Accelerate implementation of the *Healthy Ireland* Framework through the *Healthy Ireland in the Health Services Implementation Plan 2015 – 2017*	
Develop a Healthy Ireland Implementation Plan for CHO3 in partnership with the Health & Wellbeing National Office and all relevant Stakeholders	2
Implement an agreed governance structure to support and enhance organisation-wide response to improving staff health and wellbeing.	1 - 4
Commence implementation of Making Every Contact Count (MECC) in CHO3 on a phased basis with support of national MECC implementation team in line with the recommendation of the National MEDD framework.	4
Implement the Self-Management Support (SMS) framework in the Mid West on a phased basis. Appoint a Self Management Support coordinator Commence CHO implementation of SMS framework as outlined in the National Framework for	4 4

Self Management Support Develop signposting directories of local community and voluntary resources to support Self Management Support Facilitate the development of peer support through voluntary and community organisations in CHO	 4 4
Implement a Healthy Workplace policy across the organisation in partnership with key stakeholders Engage staff in Health & Wellbeing initiatives Co develop local action plans to support staff health & wellbeing	4
Reduce levels of chronic disease and improve the health and wellbeing of the population	
Tobacco Free Ireland	
Continue to monitor compliance with the HSE Tobacco Free Campus Policy. Implement the HSE Tobacco Free Campus Policy in all remaining sites across mental health and social care and strengthen monitoring and compliance in all other services. - 50% of approved and residential mental health sites will implement the HSE tobacco free policy. -100% of residential disability services (HSE, Section 38 & 39) will implement the HSE tobacco free campus policy. -All services in the CHO (mental health, disability, older persons services and primary care) will actively participate in the European network of smoke free health care service – global process – complete annual on line self audit and commence a process to validate implementation of ENSH-Global Standards. Release 111 frontline staff to BISC training to support the routine treatment of tobacco addiction as a healthcare issue. Support the work of the national clinical effectiveness committee (NCEC) of the DoH to develop tobacco dependence clinical guidelines Launch New QUIT campaign to encourage and support smokers to QUIT and ensure staff are aware of the QUIT campaign Display QUIT support resources in all appropriate services	1 - 4 4 4
Healthy Eating and Active Living	
Implement priority actions from the *Healthy Eating and Active Living Implementation Plan 2017-2020*, incorporating actions from *Healthy Weight for Ireland* and *National Physical Activity Plan* Implement Calorie posting and Healthier Vending policies in all sites within the CHO Support the roll out of CAREpals training for staff working in residential and daycare services for older people	4
Healthy Childhood Programme	
Implement the *Nurture Programme – Infant Health and Wellbeing* across a number of work streams (training and resources, health and wellbeing promotion and improvement, infant mental	4

health, knowledge and communications, antenatal to postnatal and standardised records for parents and professionals) Support the development of the nurture programme – infant health & wellbeing	
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 HSE Alcohol Programme Implementation Plan including in Supporting the roll out of the national alcohol risk communications campaign Supporting the HSE internal communications campaign on alcohol harm Supporting the implementation of the HSE strategic statement on public health messaging on alcohol risk Supporting the roll out MECC for alcohol Engaging with the work of the Alcohol Programme Implementation Group on alcohol harm data and analysis.	4
Wellbeing and Mental Health	
Support the development of a mental health promotion plan in collaboration with the DoH and the mental health division, based on *Connecting for Life – Ireland's National Strategy to Reduce Suicide 2015-2020* through staff participation and partner in implementation of finalised plan Roll out of the positive Mental Health model with Primary Healthcare projects. Work with mental health services to improve access to mental health services and promote initiatives under Connecting for Life. Support the delivery of co-ordinated communication campaigns for the promotion of mental health and wellbeing among the whole population. Working in partnership with mental health to support local communities capacity to prevent and respond to suicide behaviour.	4
Positive Ageing	
Support the development of a national implementation plan to promote positive ageing and improve physical activity levels in collaboration with local agencies, through participation and supporting the implementation of agreed action through LCDCs and other local partnerships.	4
Chronic disease management	
Support the finalisation of the standardised chronic disease pathway	
Screening Programmes	
Promote the BowelScreen Programme among the population of the CHO in the relevant age group (60 to 69 yrs) in collaboration with the National Screening Service	
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	

Protect the population from threats to health and wellbeing	
Immunisation programmes	
Support the progression of implementation of the recommendations from the review of models of delivery and governance of immunisation services	Q1-Q4
Improve immunisation uptake rates	Q1-Q4
Improve influenza vaccine uptake rates amongst staff in frontline settings and among persons aged 65 and over	Q1-Q4
Improve uptake rates for the School Immunisation Programmes (SIP) with a particular focus on HPV vaccine	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	Q1-Q4
Protecting Public Health	
Improve uptake rates for the School Immunisation Programmes (SIP) with a particular focus on HPV vaccine	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	Q1-Q4
Create and strengthen cross-sectoral partnerships for improved health outcomes and address health inequalities	
Support HSE representatives on Local Community Development Committees (LCDC) to build capacity and ensure health and wellbeing priorities are mainstreamed as part of the LCDC agenda	Q1-Q4
Improve co-ordination and input to multi-agency partnerships / committees to ensure joined up approaches to public health priorities	Q1-Q4
Continue to support Healthy Cities and Counties in collaboration with Health & Wellbeing	Q1-Q4

Primary Care

Introduction

The development of primary care services is a key element of the overall Health Reform programme. The core objective is to achieve a more balanced health service by ensuring that the vast majority of patients and clients who require urgent or planned care are managed within primary and community based settings, while ensuring that services are:

	2017 NSP Budget €m	2016 Budget * €m
Primary Care	54.68	53.47
Local Demand-Led Schemes	11.94	11.74
Social Inclusion	8.42	8.40
Palliative Care	11.62	11.62
Total	**86.66**	**85.23**
Full details of the 2017 budget are available on Page 11		
*2016 Budget carried forward into 2017 would not include some once off allocations in 2016.		

- Safe and of the highest quality
- Responsive and accessible to patients and clients
- Highly efficient and represent good value for money
- Well integrated and aligned with the relevant specialist services.

In this CHO Primary Care Services are provided directly to the 380,000 population of Limerick, Clare and North Tipperary by 41 Primary Care teams, which incorporate nursing, occupational therapy, physiotherapy, speech & language therapy, home help, social work, dietetics and podiatry services across 11 networks in both rural and urban settings. These Primary Care services are further supported by secondary specialist services (disability & mental health services).

Our priority for 2017 is to further develop the structures and processes intended to ensure that we achieve a high quality integrated services as close to home as possible.

This plan sets out our priorities and actions for the delivery of primary care services in the Mid-West in 2017. It aids our staff and teams in guiding their work and is also a source of information for the public to understand some of the key points as to what we do and how we do it. Service delivery models will be reviewed on an ongoing basis in order to maximise the quantity and quality of services provided.

National and Local Primary Care 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 those 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
- Strengthen accountability and compliance across all services

2017 Operational Plan Actions to support Service Plan Priorities

Priority Actions	Quarter
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.	
Diabetes Progress the implementation of the diabetes integrated model of care making best use of the existing integrated care diabetes clinical nurse specialist and the five additional posts provided, Senior Podiatrist (1), Senior Dieticians (2) and Integrated Care Clinical Nurse Specialists (2).	Q2
Establish an integrated governance group (CHO/UHL Group) for the implementation of the integrated care programme (Diabetes)	Q1
Strengthen governance and reporting in relation to Outpatient Parenteral Antimicrobial Therapy (OPAT) services	
Provide treatment for in excess of 4,600 referrals.	Q4
Strengthen governance and reporting of the Community Intervention Services and ensure shared learning in relation to best practice	Q1-Q4
Increase the number of patients supported and trained to self administer compounded IV antibiotics and S-OPAT	Q1-Q4
Audit the Community Intervention Team Outpatient Parenteral Antimicrobial Therapy Service, develop a quality improvement plan to address the findings and commence the implementation of the quality improvement plan.	Q1-Q4
CIT services will explore further initiatives with GPs and the acute hospitals to reduce demands on the acute services.	Q2
Expand GP access to ultrasound services.	
Consolidate and expand the primary care ultrasound services by providing 2,080 ultrasounds in St Camillus Hospital, Limerick.	Q4
See all urgent referrals within 5 days of referral.	
See all routine referrals within 10 days of referral.	
Monitor onward referral rates to a hospital setting for further radiological/medical investigations.	
Strengthen governance arrangements to support packages of care for children discharged from hospital with complex medical conditions to funded levels	Q4
Support packages of care for children discharged from hospital with complex medical conditions.	Q1-4
Establish a governance group for the management of children with complex medical conditions in the community.	Q1
Implement a national protocol for discharge planning for children with complex medical conditions in the community .	Q2

Priority Actions	Quarter
Implement a national clinical & service assessment tool for children with complex medical conditions in the community.	Q2
Implement the recommendations of the GP Out of Hours and Primary Care Eye Services.	
Implement within existing resources, the recommendations from GP out of hours review	Q3
Review the current Shannondoc, out of hours General Practitioner Service locations and accessibility to maximise the efficiency and effectiveness of the service.	Q1 & Q4
Primary Care Eye Services Review Report Operational Plans Actions	
Primary care eye team staff will participate in change management/team training.	Q2
Explore employment of optometrists to implement an enhanced triage service	Q2
Improve waiting times for therapy services by implementing a revised model of care for children's speech and language therapy services and psychology services and develop new models for physiotherapy services and occupational therapy services.	
Conclude the recruitment of 7 (WTEs) 6 additional Speech and Language Therapists and 1 Clerical Officer for the implementation of the Speech and Language Therapy service improvement initiative in CHO 3.	Q2
Implement and monitor the speech & language therapy initiative to reduce waiting times for assessment and treatment for children aged between 0 and18 years	Q1-Q4
Provide in excess of 9,110 additional speech and language assessment/therapy appointments as part of the 2016 service improvement initiative.	Q1-Q4
Implement the revised psychology service model with a focus on children and adolescents.	Q4
Validate audiology and ophthalmology waiting lists and reconfigure resources to ensure equity of provision across the Mid West	Q1
Develop and implement specialist seating clinic (Occupational Therapy)	Q2
Establish a governance structure for the management of social workers in primary care	Q2
Standardise business processes across primary care services (audiology, ophthalmology, physiotherapy, occupational therapy, speech & language therapy, nursing)	Q2 – Q4
Initiate performance achievement system for line managers in Primary Care Service	Q2
Develop primary care action plan for staff engagement in planning and reviewing Primary Care services in 2017	Q1
Review management structure for aids & appliances.	Q1-Q2
Improve access to children's oral health services and orthodontic services for children	
Provide treatment for 11-13 year old children screened, prioritising public dental health i.e. fissure sealants.	Q3
Continue the waiting list initiative for children's orthodontic services for "long waiters," by reducing the waiting list to three years or under.	Q4

Priority Actions	Quarter
Extend reconstructive dentistry service (increase x 0.2 WTE) (Service expansion will be provided within current resources)	Q1
Implement integrated clinics between community orthodontic service and acute maxillo-facial service.	Q1
Quality and Safety Operational Plan Actions.	
Support the roll out of the HSE Framework for "Improving Quality in our Health Service".	Q1-Q4
Develop primary care action plan for increased compliance with HIQA standards for Safer Better Health Care.	Q1-Q4
Support the implementation of national safety programmes such as pressure ulcers to zero collaborative, HCAI, falls prevention and decontamination.	Q1-Q4
Establish primary care quality & patient safety committee	Q1
Implement Risk Management Policy 2016	Q1-Q4
Conduct patient experience surveys using the revised primary care patient experience survey tool.	Q3-Q4
Implement Children First Initiatives and Support	
Implement the Children First Policy	Q1-Q4
Improve Audiology Services	
Continue to implement the audiology waiting list initiative	Q1
Progress employment of audiology distractor in service to improve efficiency	Q2
ED Taskforce and Winter Planning	
Continue to 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.	Q1-Q4
Outpatient Services Operational Plan	
Implement Outpatient Services Performance Improvement Programme referral pathways from primary care to outpatient services for orthopaedics, urology, dermatology, ENT and ophthalmology when agreed.	Q4
Social Inclusion Services	
Improve health outcomes for the most vulnerable in society including those with addiction issues, the homeless, refugees, asylum seekers, Traveller and Roma communities	
Improve addiction services	
Improve access to treatment services for adults and children with a particular focus on Services for under 18s.	
Continue the provision of treatment services for adults and children	Q1-Q4

Priority Actions	Quarter
Improve access to treatment services for adults and children through roll-out of weekly drop-in screens in each of the 3 counties; provision of services on a satellite & outreach basis and active management of waiting lists. Circulation of service offerings and access routes, consultation with services regarding the efficacy of current access. Listening Sessions will be run for with Clients in 2017, to improve service access.	Q4
Implement the recommendations of the National Drugs Rehabilitation Framework.	
Work with relevant services in relation to the roll out of the Rehabilitation Framework in relation to key-working, care planning and case management. Active management of key working, care planning and case management within our own service and documentation of same in written policy across the service. Carry out clinical audits to monitor adherence to these policies in the Mid-West Drug and Alcohol Service and in the relevant funded agencies.	Q1-Q4
Expand access to naloxone to approximately 65 new people in CHO 3	Q1-Q4
Implement the relevant findings from the *Naloxone Demonstrator Evaluation Project* as advised by the National Programme,	Q3
Provide training and briefing sessions for 25 frontline staff and the broader community on the Naloxone Project in the mid west.	Q4
Develop a mental health clinical programme for co-morbid mental illness and substance misuse (dual diagnosis)	Q3
Work with Mid-West CHO3 Mental Health Services in relation to the development of a dual diagnosis pilot programme. Undertake more active engagement with mental health sector relating to all current service users who's needs span both services.	Q1-Q4
Undertake an audit of HSE addiction services and tier 4 residential services and ensure compliance with clinical guidelines	Q4
Undertake clinical audit of staff and clinical audit of the Mid West Regional Drug and Alcohol Programme (MWRDAF) funded project and Section 39 funded agencies which provide addiction services.	Q4
Implement the recommendations of the *Evaluation Report by Liverpool John Moores University for the Pharmacy Needle Exchange.*	Q1-Q4
Undertake a service users experience survey and address findings	Q1-Q3
Train 50 staff on SAOR screening and brief intervention for problem alcohol and substance use.	Q1-Q4
Engage in the **buprenorphine naloxone, buprenorphine products** training programme for addiction staff, level 2 GPs and pharmacists.	Q1-Q4
Pharmacy Needle Exchange • Ensure the provision of pharmacy needle exchange matches demand in each CHO. • Develop integrated care pathways and referral pathways from pharmacy needle exchange to other agencies e.g. sexual health, blood borne virus testing	 Q1-Q4 Q1-Q2
National Standards for Safer Better Healthcare in Addiction Services • Continue the self assessment process against the Standards for Safer Better Healthcare. • Address priority gaps following assessment through quality improvement plans.	 Q1-Q4 Q1-Q4

Priority Actions	Quarter
Homeless Services	
Implement the HSE 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 homes services and improve their ability to sustain normal tenancy.	Q1-Q4
Audit the implementation of the discharge protocol for homeless persons in acute hospitals and mental health facilities.	Q3
Provide the required health services to support the extended housing led approach focusing on rough sleepers and long term homeless households.	Q1-Q4
Develop an action plan for self assessment against the *National Quality Standards for Homeless Services* and implement a quality improvement plan in relation to achievement of the standards.	Q2
Review existing in reach speciality primary care and mental health services in order to improve mental health and primary care services by enhancing services within homeless accommodation.	Q1-Q4
Improve health outcomes for people experience or at risk of homelessness, particularly those addiction and mental health needs, by providing key worker, case management, general practitioner (GP) and Nursing services.	Q1-Q4
Support the Homeless Action Teams (HATs) to ensure key support is in place including key working, case management, GP and Nursing Service, to address the needs of homeless people.	Q4
Engage with Key Stakeholders in the development of quality standards for homeless services which are aligned to *Better Safer Health Care.*	Q2
Review existing service arrangements with Section 39 service providers to ensure a stronger focus on addressing the health needs of homeless persons including development of targets, outcomes, quality standards, enhanced monitoring and evaluation.	Q4
Ensure that the discharge protocol for homeless persons in acute hospitals and mental health facilities is developed and implemented in CHO 3.	Q3
Improve health outcomes for vulnerable groups	
Provide health screening and primary care services to refugees, asylum seekers, Traveller and Roma communities	Q1-Q4
Continue to meet the health needs of asylum seekers, programme refugees and migrants particularly targeting recently arrived programme refugees.	Q1-Q4
Support the provision of the national Mobile Screening Unit Initiative to provide targeted screening for refugees, asylum seekers, Traveller and Roma communities.	Q3
Provide intercultural health care training to 60 front line staff.	Q2
Implement health related actions in line with *National Strategy on Domestic, Sexual and Gender based Violence*	Q1-Q4
Continue to support the work of the partnership for health equity project in Limerick, which provides a free GP service regardless of eligibility status.	Q1-Q4
Complete a strategic plan for traveller health in the Mid West CHO.	Q3

Priority Actions	Quarter
Continue to operate the annual Rathkeale triage clinic, which will provide services to around 300 clients during the 2017 Christmas period.	Q4
Provide family support in North Tipperary to the Traveller community and expand the Primary Healthcare Project in North Tipperary.	Q4
Training will be provided on positive mental health to 60 people from the Traveller Community.	Q2
Roll out the national traveller preventative education programme for *Heart Disease and Diabetes "Small Changes – Big Difference*" through the primary healthcare programmes.	Q3
Implement health related actions in line with national strategy on domestic, sexual and gender based violence as guided nationally. Train a minimum of 2 staff on domestic, sexual and gender based violence and develop a quality improvement plan to further roll out this training.	Q1-Q4
Consult, develop and implement the *Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) Practice Policy*	Q3
Palliative Care Services	
Improve access, quality and efficiency of palliative care services	
Ensure patients with a primary non-cancer diagnosis have equal access to services as per the eligibility criteria guideline.	Q1-Q4
Implement the Eligibility Criteria Guideline.	Q1-Q4
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	Q3
Implementation of the national clinical effectiveness committee approved clinical guidelines on the management of cancer pain and the management of constipation in palliative care patients will continue	Q1-Q4
Milford Care Centre will 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.	Q1-Q4
Support the development of national standards, protocols and pathways to ensure a standardised approach in the provision of children's palliative care in the community.	Q1-Q4
Improve the physical environment for patients, families and staff through the Irish Hospice Foundation design and dignity grant scheme.	Q1-Q4
Implement the recommendations from the *Palliative Care Support Beds Review*.	Q1-Q4
Review the admissions policy to the palliative care support beds.	Q3
Implement the patient charter for palliative care services when published.	Q4
Strengthen accountability and compliance across all services and review contractor arrangements.	
Ensure compliance with service arrangements and internal audit findings	Q1-Q4
Embed new primary care management structure	Q1
Implement recommendations from the national project groups for aids and appliances, respiratory products, orthotics, prosthetics and specialised footwear, incontinence wear, urinary, ostomy and bowel care, nutrition, and bandages and dressings	Q4

Priority Actions	Quarter
GP training	
Provide training for 24 GP trainees	Q1-Q4

Mental Health Services

Introduction

The HSE Mid-West Catchment area provides a comprehensive, accessible community based service to a population of 379,327 persons, which comprises geographically of Limerick (191,809 population), Clare (117,196 population) and North Tipperary (70,322 population).

	2017 NSP Budget €m	2016 Budget * €m
Mental Health	62.901	58.824
Full details of the 2017 budget are available on Page 11		
*2016 Budget carried forward into 2017 would not include some once off allocations in 2016.		

Adult Services

In this CHO there are eleven discrete sectors encompassing 13 CMHT's which are spread across a large geographical area providing mental health assessment, interventions, treatment and outreach support services, which meet the needs of individuals in terms of their age, location and specialist care requirements. Community Mental Health Centres and Day Care Centres are a feature of our community services. The service spectrum takes a lifespan approach to mental health care delivery and includes Adult Community Mental Health Services, Rehabilitation Services, Liaison Psychiatry Services, Psychiatry of Older Persons, Forensic Services and Psychotherapy Services. There are currently four Approved Centres in the Mid-West.

Child and Adolescent Mental Health Services (CAMHS)

Child and Adolescent Mental Health Services are consultant led community based services provided by five multidisciplinary teams in Limerick City, Limerick County and Clare (0-18 age group) and North Tipperary (0-17 age group). The service provides assessment, diagnosis and treatment for children and adolescents and their families with mental health requirements. The service operates an emergency referral system 24 / 7 and children and adolescents presenting in crisis are generally responded to within 24 hours.

National Counselling Service / Counselling in Primary Care (CIPC)

This service helps adults who have experienced abuse, neglect or trauma in their childhood to cope better in their life and relationships now and in the future. Currently, the service is providing counselling services and developing linkages through the delivery of counselling services in primary care (CIPC) in response to development funding received in recent years.

Services Provided

Service	No. Provided	Service	No. Provided
No. of Adult Acute In Patient Beds	89 (currently operating between 79 and 84) pending commissioning of High Observation Area in the APU Limerick.	**Psychiatry of Old Age** **POA Acute Inpatient Beds**	5 beds designated in APU Limerick 5 beds designated in APU Ennis, Clare.
General Adult			
No. of non acute beds for adults	52	Number of Day Hospitals	Day hospital operates 1 day per week in Limerick
No. of Day Hospitals/ Community Mental Health Headquarters	11	No. of Community Mental Health Teams	4*
No. of Community Mental Health Teams	13	Number of Day Centres	0
Number of Day Centres	10	**Specialist Mental Health Services**	
No. of High Support Community Residences	9	**No. of Rehab and Recovery Teams**	2
No. of Low and Medium support Community Residences	16	**No. of Liaison Psychiatry Teams**	1
CAMHS		**No. of MHID Teams**	0**
Number of In Patient Beds	0		
No. of Day Hospitals	0	**Other**	Forensic In-reach to Limerick Prison
Community Mental Health Teams	6		

* The 4th Psychiatry of Old Age Team is currently in development

** The MHID Team is currently in development

Action Plan 2017

Key Result Area	Actions to Achieve Key Results	Qtr
Mental Health Priority 1:- Promote the mental health of the population in collaboration with other services and agencies including loss of life by suicide.		
Implement Tobacco Free Campus Policy in Mental Health settings	100% of Approved Centres and community residences implementing the *Tobacco Free Campus Policy* Continue our efforts in ensuring compliance with Tobacco Free Campus Policy	**Q1** **Q1 – Q4**
Promote the up-skilling of staff in the mental health services to screen and support smokers to quit.	Uptake improved and staff facilitated to attend Brief Intervention Smoking Cessation Training.	**Q4**
Develop structures for implementation of *Connecting for Life* recommendations in mental health services and support the implementation of local CHO suicide prevention action plans by regional suicide prevention officers	Finalise development of the Mid West action plan and commence implementation of same aligned to agreed national framework. Monitor progress against actions.	**Q1 - Q4**
Ensure knowledge transfer among those working in suicide prevention across all sectors.	Provide the most up to date suicide and self-harm data in Ireland. (CFL Strategic Goal 1, 101.1-101.2 , 101.3)	**Q4**
	Share knowledge on Suicide Prevention including supporting and Promoting the #littlethings campaign across a variety of platforms and with groups and communities in the Mid West	**Q1-Q4**
	Resource Officers to undergo media training to support knowledge transfer and awareness raising with the general public	**Q1**
Deliver NOSP training and awareness programmes in line with the National Training Plan.	Relevant training programmes delivered to statutory and community organisations. (CFL Strategic Goal 2,102.3)	**Q1-Q4**
	Improve training opportunities through Identifying new Trainers to participate in available Training 4 Trainers and consolidating skills through shadowing current ASIST Trainers	**Q2**
	Deliver New Training Programmes and Support Templemore Garda Training College in delivering training to new recruits and existing gardai in co-operation with the NOSP Training Strategy.	**Q1-Q4**
Mental Health Priority 2:-Design integrated, evidence based and recovery focused mental health services		
Embed ARI support in all mental health teams and support the implementation of	Provide ARI support to all mental health teams in the CHO supporting the implementation of the Service Reform Fund Initiative.	**Q1**

Key Result Area	Actions to Achieve Key Results	Qtr
Service Reform Fund Initiative **Further implement, following evaluation, the Advancing Recovery in Ireland Project**	Complete the roll -out of recovery principles training for all staff with particular emphasis on acute services and specialist teams. The completion of the development phase of the ARIES Genio funded project of co-produced recovery – oriented education modules across the community and on the professional programmes attached to the University of Limerick. Identify the methods and resources required to ensure the ongoing delivery and evaluation of the modules developed within the ARIES project. Provide evidence engagement of service users and family members across the majority of CMHT's and the acute services.	**Q4** **Q4** **Q4** **Q4**
Implement the Clinical Programme for First Episode Psychosis	Behavioural Family Therapy in place for all families on first episode psychosis programme	**Q4**
Mental Health Priority 3: Deliver timely, clinically effective and standardised safe mental health services in adherence to statutory requirements.		
Traveller Health	Develop engagement with Traveller groups when the appointment of the Traveller Mental Health Co-Ordinator is made.	**Q4**
Improve access to primary care for the physical health care of people with severe and enduring mental illness with particular reference to Physiotherapy, SLT, Dietetics and Chiropody.	Head of Services (Mental Health & Primary Care) to set up a cross divisional working group to examine and agree improved access arrangements. Care pathways will be developed between the relevant services.	**Q4** **Q4**
CAMHS: Increase Capacity of Teams to 75% recommended workforce per Vision for Change.	All approved posts which are currently vacant are filled as speedily as possible and prioritise approval of new posts to assist in achieving 75% capacity on each CAMHS Team.	**Q2**
Develop Adult and CAMHS MHID teams	Mid West Mental Health Intellectual Disability Service developed under the management and governance of Mid West Mental Health Services in line with national agreed model of care.	**Q4**
Increase Forensic Capacity	Forensic Service capacity increased by bedding in new resources acquired from 2015 and 2016 NSP funding.	**Q3**
Complete development of a Specialist Mental Health Dementia Unit in Clare	Finalise arrangements for the transfer of a Specialist Mental Health Dementia unit in Clare under the remit of Mental Health.	**Q3**
Further develop Community Mental Health	Continue to fill vacant posts and posts approved from 2015	**Q3**

Key Result Area	Actions to Achieve Key Results	Qtr
Teams and Psychiatry of Later Life Teams.	development monies provided in 2016 for the new NR Tipperary Later Life Team.	
Develop Peri-natal Mental Health Services capacity funded from 2016 Programme for Government	Recruit required staff for Peri-Natal Mental Health Services in line with national agreed model of care.	**Q4**
Strengthen communications between Management, Clinical Directors and NCHD's.	Appoint a lead NCHD in line with proposals from the NDPT and HR Division to enhance communication between Management, Clinical Directors and NCHD's.	**Q1**
Implement the Eating Disorders Clinical Programme	Multi-disciplinary steering group will assimilate information with a view to developing an implementation plan appropriate to available resources and to provide some clinical review on a case by case basis.	**Q3**
Implement the Self Harm Clinical Programme	Progress the implementation of the self harm clinical programme in line with national direction in the Mid West.	**Q1-Q4**
Support Implementation of the National Incident Management System	Continue to utilise the National Incident Management System and monitor our compliance against the standards.	**Q4**
Ensure all recommendations from Systems Analysis Investigations are implemented	Review and enhance the system currently in place to ensure recommendations are implemented in a timely manner.	**Q1-Q4**
Support the implementation of Children First in line with national plan as it relates to mental health staff	Ensure regulatory requirements in relation to Children First are notified to all Mental Health Staff and that staff undertake the Children First E-Learning programme and provide the appropriate evidence of certification to their line managers and in line with the new best practice guidance for mental health services.	**Q4**
Continue our efforts to achieve optimal Legal and Regulatory compliance requirements as governed by the Mental Health Commission by communicating the requirements, implementing action plans to achieve regulatory compliance and undertaking regular audits with specific reference to Individual Care Plans- Complete audits on a monthly basis.	Ensure CAPA's are developed and implemented following each inspection of our mental health approved centres. Ongoing monitoring and auditing of CAPA's.	**Q1** **Q1-Q4**
Finalise the reconfiguration of the General Adult CMHTs to serve populations of 50,000 as recommended in A Vision for Change and in line with the requirements of the Community Health Care Organisations Report. Prioritise the recruitment of the two additional Consultant	Sectors agreed and established Identify gaps and reallocate existing staff if appropriate to maximise capacity within Community Mental Health Teams.	**Q4** **Q3**

Key Result Area	Actions to Achieve Key Results	Qtr
Psychiatrist posts allocated from 2014 development funding and develop a business case for additional funding / posts from 2015 development funding to fill gaps.	Develop a business case and seek additional funding from 2017 development funds as required.	**Q3**
Enable the extension of services to 17 year olds in Tipperary NR	Develop a business case and seek additional funding from 2017 development funds as required.	**Q2**
Incrementally open new High Observation Unit in Limerick APU	Prioritise recruitment of new posts and fill as speedily as possible.	**Q2**
Provision of counselling service to adults who have experienced childhood abuse	Offer initial assessment to 60% referred within a 2 month period	**Q1-Q4**
Develop Early Intervention and Prevention services to ensure that children and young people can access assessments and interventions at the appropriate stage	Support the introduction of the Jigsaw programme in Limerick as a member of the implementation team alongside the Head of Service who supports the Jigsaw programme in their endeavours to commence the project and recruit the required staff	**Q4**
Mental Health Priority 4:- Ensure that the views of service users, family members and carers are central to the design and delivery of mental health services.		
Implement the Reference Group recommendations, including the appointment of a Service User/Family Member/Carer (SUFMC) to each CHO Area Mental Health Management Team	Implement the Reference Group recommendations in relation to engaging with Service User Family Member Carer across the region by appointing a Mental Health Engagement Lead to the Mid West Mental Health Management Team and following the appointment of the Mental Health Engagement Lead to establish the existing structures for engagement and to draft a plan to further develop the family member and carer engagement in line with local needs through the establishment of Local Area Forums	**Q1 – Q4**
Identify, and promote the development of, programmes which enhance collaboration and partnership with service users, family members and carers.	Service Users / Family Members and carers co producing and actively participating in the development and delivery of recovery oriented programmes by completing the development of recovery orientated modules for delivery to community, staff and students. Complete the Evaluation of the FRIENDS model of family peer support within the local mental health service	**Q4Q** **Q4**
Promote better service user, carer and family member involvement in service design and delivery of mental health services.	Working with the National Directorate of Mental Health and have in place Mental Health Engagement Lead participation on Area Management Team in line with Vision for Change.	**Q1**
Enhance and continue to improve Multi Disciplinary Team care planning with service user involvement	Continue ensuring regulatory compliance with our care planning processes with service user involvement across the service in line with required National Standards. Continue our local monitoring of compliance with our quarterly	**Q4**

Key Result Area	Actions to Achieve Key Results	Qtr
	audits of individual care plans	Q1-4
Review current out of hours services.	Carry out a review of current out of hours services.	Q3
Finalise the review of the pilot on the role / benefits of team co-ordinators and action as appropriate.	Work in conjunction with the National Division on the self improvement project and complete evaluation of the benefits of the existing Team Co-Ordinators'.	Q1
Review and update the NCS client evaluation system	Draft new questionnaire and collate results of returned client evaluation forms	Q1-Q4
Mental Health Priority 5:- Enable the provision of mental health services by highly trained and engaged staff and fit for purpose infrastructure		
Optimise the recruitment and retention of staff and maximise the available skill sets	Engagement with national recruitment services as required and utilise local HR if NRS are not able to action / progress posts	Q1
	Embed the enhancing team working approach across the mental health services	Q1
Further develop training for staff that includes a focus on service users and their families and carers	Service Users / Family Members and carers co producing and actively participating in the development and delivery of all recovery oriented training programmes including the Genio project and Mid West ARI.	Q2
A prioritised maintenance plan will be prepared for each of our residential facilities.	Prioritised maintenance plan in place for each of our residential facilities.	Q1
Continue engagement / discussions with Estates Department to identify / upgrade facilities or provide appropriate alternative accommodation, as required and to refurbish existing Approved Centres	Discussions with estates department held regularly to identify / upgrade facilities or provide appropriate alternative accommodation as required for services and develop plans as required. Complete Minor Works Initiative for existing projects in Tearmann and APU Ennis	Q2 Q4
Prepare proposals / submissions for capital / minor capital funding as appropriate.	Proposals / submissions for capital and minor capital funding prepared and submitted as appropriate.	Q1
Review nursing rosters across the region and implement changes to address where efficiencies are identified	Roster review undertaken and efficiencies identified and implemented ahead of implementation of national e-rostering system for mental health.	Q2
Develop the management capacity within the Mental Health Management Teams and ensure the Mid West Mental Health Service Management Team and the three Local Management Teams have the necessary skills, training, mentoring and support to deliver services.	Management capacity enhanced with the appointment of the Mental Health Engagement Lead. Further capacity developed through provision of additional training following the Enhanced Teambuilding training which was provided to some teams to date.	Q1 Q4
Complete the Audit of Community Mental Health Team to ensure they have returned a	Audit completed, results collated and analysed and readiness questionnaire completed for any team who has not previously	Q3

Key Result Area	Actions to Achieve Key Results	Qtr
readiness questionnaire for inclusion on the Enhanced Teambuilding Programme	submitted one.	
Progress the implementation of the National Mental Health ICT Framework Programme.	Information provided to National Mental Health ICT framework re local ICT specifically with regard to the notifications from the EPEX software provider regarding the EPEX system becoming redundant on the 31/12/17.	**Q2**
NCS: Further develop the business support infrastructure of the service to ensure a more user friendly, efficient and accessible service	Improve access by auditing and reviewing referral and appointment management systems.	**Q3**
Progress work to secure appropriate dedicated accommodation for delivery of Counselling and Psychotherapy	Identify possible accommodation solutions in conjunction with Primary Care Services	**Q3**

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 the voice of service users and their families are heard and involved in planning and improving services to meet needs
- Maximising the potential of older people, their families and local communities to maintain people in their own homes and communities and delivering high quality residential care when required
- Reforming services to maximise the use of existing resources, developing sustainable models of service provision with positive outcomes for service users and delivering best value for money.

	2017 NSP Budget €m	2016 Budget * €m
Disability Service	145.262	139.305
Older Persons Services	66.508	59.600
Total Social Care	211.770	198.905
Full details of the 2017 budget are available on Page 11		

*2016 Budget carried forward into 2017 would not include some once off allocations in 2016.

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.

Priority Actions	End Q
Safeguarding Vulnerable People at Risk of Abuse	
Achieve training and awareness raising target of 1,865	
A safeguarding and protection committee in place	Q1
Maintain accurate Designated Officer listings	Q1
Assisted Decision Making ACT	
Participate in Needs Assessment workshops	Q1

Priority Actions	End Q
Children's First	
Ensure that 95% of HSE/HSE funded staff working in children's 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

- Implement the recommendations of the Value for Money and Policy Review of Disability Services in Ireland in line with the Transforming Lives Programme and in accordance with National Guidelines.
- Accelerate Implementation of a Time to Move on from Congregated Settings with a particular focus on the agreed priority sites
- 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 Disability Network Teams.
- Commence implementation of *Outcomes for Children and their Families, an Outcomes Focused Performance Management and Accountability Framework for Children's Disability Network Teams* in accordance with National Guidelines.
- Enhance governance for Service Arrangements including the process for the management of emergency placements. This will include the establishment of the Residential Executive Management Committee with overall responsibility for the management and oversight of the existing residential base as well as emergency placements.
- Develop 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
    - Reconfiguration of existing resource towards community based person centred model of service
    - Implement the 6 Step Programme and Quality Improvement Team initiatives to improve HIQA Compliance
    - Transfer learning from McCoy Review to secure system wide change
    - Involvement of Volunteer/Advocacy & Family Fora

Priority Actions	End Q
Disability Services	
Transforming lives operational Implementation Congregated Settings	
***Transforming Lives* Implementing a time to move on from congregated settings - : a strategy for community inclusion** Complete the move of 11 people from the large institutional settings to a community based models reducing the total number of people identified in the Time to Move On from Congregated Settings Report. Identify and work with the individuals who are to transition in 2017 in line with Community Tranistion Guidelines	1-4

Priority Actions	End Q
Faciliate the transfer of the following residents to community settings - DOC St Anne's Roscrea -4 - DOC St Vincent's centre Lisnagry Limerick -4 - BOC Bawnmore -3	Q4
Ensure all master datasets are comprehensively completed and returned Work with providers to develop clear action plans by each service provider to identify how service providers will transition residents from congregated settings into the community in line with policy	Q1-Q4 Q4
Support the Service providers to develop a housing need profile for 2017-2021 by each service provider to identify how accommodation for those moving from congregated settings will be sourced	Q4
Participate in a national review of the current residential provision to determine and agree the recommendations in relation t o the appropriate model of service for individuals with significant specialist care needs. - 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	Q1-Q4 Q1-Q4 Q2 Q1-Q4
National and Local Consultative process	
Each CHO will 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 We will co-operate with, and participate as required with the established national groups.	Q1 - Q4
New Directions	
New Direction Programme for School leavers and RT Graduates 2017	
Provide additional day service supports for approx 150 school leavers (69 + 51) and those graduating from RT programmes in 2017 that require a HSE funded day service.	Q3
Provide 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
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

Priority Actions	End Q
When notified of the resource being allocated to meet the needs of school leavers we 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	Q1-2
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	
We will participate in the piloting and review of the self assessment tool to support the implementation of the Interim Standards within existing resources	Q2
We will commence the use of the self assessment tool to support the implementation of the Interim Standards within existing resources.	Q4
We will complete a training needs analysis to develop a schedule for person centred planning training in line with identified priorities	Q4
In association with national guidance we 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 Young People (0-18s) Programme	
Support the National System in the roll out HSE Midwest's MIS (Management Information System) in partnership with OCIO as an interim measure for Children's Disability Network Teams to support child and family centred practice model underpinned by the *Outcomes for Children and their Families Framework.* Roll out of the HSE MIS as an interim solution for Children's Disability Network Teams who currently do not have IT systems Continue Phase 2 roll out of *Outcomes for Children and their Families Framework* across Children's Disability Network Teams	Q4 Q1-Q4
Support the implementation of National Policy on Access to Services for Children with a Disability or Developmental Delay in collaboration with Primary Care with children's disability network teams as they are established	Q1-Q4
Support the programme to monitor effectiveness of National Policy on Access to Services for Children with a Disability or Developmental Delay in collaboration with Primary Care	Q1-Q4
6 x 0-18 teams are already established in CHO3 and will continue to operate in 2017 and will continue to support the implementation of the programme with the following milestones: - Reconfigure 0–18s disability services into children's disability network teams - Implement the National Access Policy in collaboration with primary care to ensure one clear pathway of access for all children with a disability into their local services - Evaluate the effectiveness of the national policy on access to services for children with a disability or developmental delay in collaboration with primary care - Improve *Disability Act* Compliance for assessment of need with a particular emphasis on putting in place improvement plans for CHOs that have substantial compliance operational challenges. We will continue to engage with services and work towards full compliance with the time frames associated with the Disability Act as resources and the expanding cohort of clients allows.	Q1-Q4 Q1-Q4

Priority Actions	End Q
Residential Care including Emergency Places	
We will put 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.	Q1-Q4
Neuro-Rehabiliation Strategy	
Participate in the mapping of existing resources Identify one area in each CHO where services both statutory and non statutory could work together to avoid hospital admission and provide better outcome for the service user	Q1-Q4
Enhance Governance for Service Arrangements	
Complete all service arrangements by 28th February 2017	
Complete all Grant Aid agreements by 28th February 2017	
Monitor service arrangement to ensure that resources are appropriately recorded and deployed	
Service Improvement Team	
Implement the improvements from the findings / signposts of the completed SIT based reports in accordance with National Guidelines.	Q1-Q4
Quality & Safety	
Governance For Quality and Safety	
Residents Councils / Family Forums / Service User Panels or equivalent in Social Care will be established	Q4
Quality & Safety Committee(s) will be in place.	Q1
HCAI or infection control Committee will be in place.	Q1
Drugs and Therapeutic Committee will be in place.	Q1
Health & Safety Committee established.	Q1
Report monthly on the Social Care Quality and Safety Dashboard.	Q1
Review and analyse incidents (numbers, types, trends)	Each Q
Implement process 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
Provide active integrated Social Care Risk Register.	Each Q
Record compliance with outcomes of HSE designated centres following HIQA inspections	Q1 – Q4
Review trends in the submission of HIQA forms submitted by HSE provided services	Q1 -Q4
Engage in and follow through on advice and support provided by SCD/QID	Q1- Q4
Disseminate positive learning across the sector	Q1-Q4

Services for Older People

Priorities and Actions 2017

- Ensure older people are provided with the appropriate supports following an acute hospital episode by maintaining of focus on the reduction of Delayed Discharges in acute hospital.
- Support the implementation of the Home Care Service Improvement Plan
- Implement an audit and quality review process for home care when the review team is established
- Progress all key actions from the National Dementia Strategy through the National Dementia office in accordance with national direction.
- Roll out the Integrated Care Programme for Older People in conjunction with CSPD
- Implement the outstanding recommendations of the 'Review of the NHSS' in line with national direction.

Priority Actions	End Q
Maintain focus on the reduction of Delayed Discharges in acute hospitals.	
Provide older people with appropriate supports following an acute hospital episode	
Continue to provide Dedicated Home Care Supports to the acute hospital network as part of the 2016/2017 Winter Initiative.	
Prioritise transition care resources to support acute hospital discharge	
Continue to provide Dedicated Home Care Supports as part of the 2016/2017 Winter Initiative to the acute hospital network approved for Jan/Feb 2017 at a rate of 6 per week, total 36.	Q1
Nursing Home Support Scheme	
Increase the average number of people per week (average bed weeks) supported under the scheme by 278, from 22,989 [expected 2016 outturn is 22,989] to 23,267, with a total of 23,603 people nationally receiving support by the end of 2017. The provision of the additional €18.5m on expected 2016 outturn will fund estimated increase in activity during 2017. (2017 Budget - €940m).	Q1-Q4
Maintain an average wait time of 4 weeks.	
Implement outstanding recommendations of the Review of the Nursing Homes Support Scheme	
Support the reduction in the number of Nursing Homes Support Offices to create regional centres to improve efficiency and responsiveness We will work with National Services for Older People to review the NTPF Process and ensure consistency with National guidance. Mid West CHO will work with the National Office in progressing the implementation of the national recommendations of the NHSS review	Q1- Q2 Q1 - Q4 Q1-Q4
Home Care Provision	
Deliver HCPs to 1107 people by year end (*includes WI 2016/17 additional HCPs)* Deliver 933,000 Home Help Hours Deliver intensive HCPs to 130 people (national figure) at any time plus an additional 60 based on agreement of funding with Atlantic Philanthropies, specific to people with dementia, who would otherwise be in long term care or acute hospitals.	Ongoing
Actions to implement home care improvement plan	
Communicate homecare service improvements to staff and public. Continue to develop national standard service delivery process as appropriate to support model of home care having regard to local implementation.	Q4 Q1-Q4

Maintain an average wait time of 4 weeks.	
Prioritise available services to need and demand to ensure that older people needing homecare support can be discharged in a timely manner from hospital.	
Priority Actions	End Q
Implement an audit and quality review process for home care when the review team is established.	Q4
Transitional Care	
Provide transitional Care Beds (as apportioned nationally) per week to Acute Hospitals to support older people moving to long stay care and/ or requiring convalescence.	Ongoing
Single Assessment Tool (SAT)	
We will cooperate with the implementation of SAT	Ongoing
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	Q1-Q4
Support the implementation of the 'money follows the patient' payment model from pilot phase to full implementation across all the Mid West in accordance with national direction.	
Continue to try to implement a reduction of reliance on agency staffing and to provide for a sustainable workforce into the future in accordance with available resources and staff availability.	
Support the local managers of residential services to focus on the following range of measures	
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	
Support the DON's and the leadership in the Community Hospitals and residential settings to implement a best practice model within the resources available	
Review nursing management structures in order to strengthen governance arrangements in public residential care facilities	
National Dementia Strategy	
Actions from the Dementia Strategy Implementation Plan	
Complete a Mapping of services for people with Dementia and Carers across the Midwest.	**Q**4
Work with the National Dementia office to implement where possible key priorities from the Mapping exercise.	Q1-Q4
Support the development of integrated working to deliver personalised Home Care Packages for people with dementia.	Q1-Q4
Support the delivery of 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 the Mid West.	Q1-Q4
Support the implementation of the National Dementia Understand Together Campaign across the CHO area.	Q1-Q4

Priority Actions	End Q
Intregrated Care Programme for Older Persons	
Roll out the Integrated Care Programme in the Mid west.	Q4
Service Improvement Initiatives	
Home Care and Community Support	
Establish a regional assistive technology library for people with dementia in St Camillus Hospital	Q3
Establish the Consumer Directed Home Care Project in the Mid West and implement across identified pilot sites.	Q4
Keeping Older People Well	
Support the implementation of Healthy Ireland in the Health Services National Implementation Plan 2015-2017 and the Positive Ageing Strategy.	Q1-Q4
Continue to provide day care services and other community supports either directly or in partnership with voluntary organisations so as to ensure that older people are provided with the necessary supports to remain active and participate in their local communities.	Q1-Q4
Roll out the implementation of integrated care pathway for falls prevention and bone health across the Mid West.	Q4
The National Carers Strategy	
We will collaborate with Local Authorities to support the concept of Age Friendly Cities and local Older Persons Councils.	
We will support the work of the HSE multi divisional Review Group to review respite services, to determine the requirements for respite care and identify the gaps in service provision.	Q1 – Q4
Service User Engagement	
Work alongside SAGE, the National Advocacy Service for Older Persons, to strengthen existing advocacy services for older persons.	Q1 – Q4
Ensure that all service users and their families are aware of the role of the Confidential Recipient	Q1 – Q4
Service Arrangements	
Complete and monitor the SLAs –Part 1 and 2 Schedules for services commissioned by service for older people by CHOs within nationally agreed timelines	Q1
All SLAs to be completed by February 28th 2017.	Q1
Monitor and report compliance as required.	Q1 to 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	Q1
HCAI or infection control Committee in place	Q1

Priority Actions	End Q
Drugs and Therapeutic Committee in place	Q1
Health & Safety Committee in place	Q1
Report monthly on the Social Care Quality and Safety Dashboard	Q1
Safe Care & Support	
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
Open Disclosure	
Provide assurance that the Open Disclosure Policy is in place and demonstrate implementation by having a named open disclosure lead.	Q1
Open Disclosure Trainers providing an on-going training programme which will be recorded on a national database and will be monitored by the Social Care Division. Mid West will co-operate with the national training programme.	Q1
Support the recording of usage of the Open Disclosure Policy on the National Incident Management System (NIMS)	Q1
Person Centred Care & Support	
Conduct annual service user experience surveys amongst representative samples of their social care service user population	
Effective Care & Support	
Record % of compliance with outcomes of HSE designated centres following HIQA inspections by CHO	Each Q
Ensure system is in place to review the trends from the collation of HIQA Notification Forms submitted by HSE provided-services	Each Q
Emergency Planning	
All Older Persons residential units and other HSE older person services will have in place; • Emergency plans • Evacuation Plans • Severe Weather Warning Plans • CHO Emergency Plan	Q1 – Q2
All HSE funded older person services in the Mid West must have in place as appropriate; • Emergency plans • Evacuation Plans • Severe Weather Warning Plans	
Assisted Decision Making Capacity	
We will co-operate with and be involved in needs assessment .	Q1
Ensure key issues arising from impact/needs assessment inform the preparation of national guidance, training and education programmes and communication plan.	
Develop an ADM Implementation plan for older persons services once national guidance and documentation is complete	

Priority Actions	End Q
Children First	
Ensure that 95% of HSE/HSE funded staff working in children's and adult services will complete the e learning Children First module.	Q4
Review self assessed Children First Compliance Checklists of HSE and HSE funded services and their related actions and timelines for achieving compliance.	Q1-Q4

Appendix 1: Financial Tables

Table 1 2017 Mid West CHO Net Expenditure Allocations.

Mid West CHO	Pay	Non Pay	Gross Budget	Income	Net Budget
Care Group	€m	€m	€m	€m	€m
Primary Care	38.09	18.07	56.16	(1.48)	54.68
Social Inclusion	1.90	6.56	8.45	(0.04)	8.42
Palliative Care	0.00	11.62	11.62	0.00	11.62
Core Services	39.99	36.25	76.24	(1.52)	74.72
Local DLS	0.00	11.94	11.94	0.00	11.94
Total Primary Care Pillar	39.99	48.19	88.18	(1.52)	86.66
Care Group					
Disabilities	5.05	142.65	147.71	(2.45)	145.26
Elderly Care Services	56.01	36.61	92.61	(26.10)	66.51
Total Social Care Pillar	61.06	179.26	240.32	(28.55)	211.77
Total Mental Health Pillar	53.73	9.79	63.53	(0.62)	62.91
Total CHO3 Budget for 2017	154.78	237.24	392.02	(30.69)	361.33

Social Care

Disability Services Service Level Agreements.

Table 2. Total Mid West Disability Service Level Agreement Funding.

Summary	Care Group		CHO Area 3 €
Section 38– Service Agreements	Disability		79,344,426
Section 39 Service Agreements	Disability	46,687,268	
Section 39 – Grant Aid	Disability	268,770	
Total Section 39	Disability		46,956,038
Total Voluntary	Disability		126,300,464
For Profit – Service Arrangements	Disability	3,463,450	
Out of State – Service Arrangements	Disability	94,240	
Total Commercial	**Disability**		**3,557,690**
Total All	**Disability**		**129,858,154**

Table 3. Section 38 Service Agreements

Parent agency	CHO Area 3 €
Saint John of God Community Services Limited	41,675
Daughters of Charity Disability Support Services Limited	39,908,201
Brothers of Charity (Limerick)	26,480,689
Central Remedial Clinic (CRC)	354,261
Brothers of Charity (Clare)	12,559,600
Total All	**79,344,426**

Table 4. Section 39 Service Arrangements – Agencies in Receipt of funding from Mid West

Parent agency	CHO Area 3 €
Rehabcare	12,600,148
Enable Ireland	8,513,444
I.W.A. Limited	4,984,598
The Cheshire Foundation in Ireland	2,326,789
Ability West	35,685
National Learning Network Limited	775,449
St. Joseph's Foundation	6,710,766
Camphill Communities of Ireland	189,897
Peter Bradley Foundation Limited	1,665,891
NCBI Services	423,390
Section 39 Service Arrangements Funding Total	**38,226,057**

Table 5– Other Agencies in receipt of Section 39 funding from the Mid West

Parent agency	CHO Area 3 € -Clare -Limerick -N. Tipperary
Rehabcare	12,600,148
Enable Ireland	8,513,444
I.W.A. Limited	4,984,598
The Cheshire Foundation in Ireland	2,326,789
Ability West	35,685
National Learning Network Limited	775,449
St. Joseph's Foundation	6,710,766
Camphill Communities of Ireland	189,897
Peter Bradley Foundation Limited	1,665,891
NCBI Services	423,390
Irish Society for Autism	113,085
The National Association for the Deaf	302,241
Catholic Institute for Deaf People (CIDP)	50,970
Headway (Ireland) Ltd - The National Association for Acquired Brain Injury	229,032
The Multiple Sclerosis Society of Ireland	64,673
Anne Sullivan Foundation for Deaf/Blind	192,934

Parent agency	CHO Area 3 € -Clare -Limerick -N. Tipperary
North West Parents & Friends	5,755
Moorehaven Centre	403,358
St. Gabriel's Centre	2,076,020
West Limerick Independent Living Limited	1,585,997
St. Cronan's Association Limited	987,731
Áiseanna Tacaiochta Ltd	163,052
Section 39 Service Arrangements	**44,400,905**
Nua Healthcare Services	816,178
Talbot Group	1,797,453
Resilience Healthcare Ltd	78,318
For Profit Service Arrangements Funding	**2,691,949**

Note:

Information is taken from the SPG On-line system (Service Provider Governance) as at 26th October 2016. Funding may be subject to variation, and additional Agencies may be in receipt of €100K or above once 2016 arrangements are finalised.

Older Persons Service Level Agreements.

Table 6. Total Mid West Older Persons Service Level Agreement Funding.

Summary	Care Group		CHO Area 3 €
			-Clare -Limerick -N. Tipperary
Section 39 Service Agreements	Older Persons	13,844,151	
Section 39 – Grant Aid	Older Persons	1,816,383	
Total Section 39	Older Persons		15,660,534
Total Voluntary	Older Persons		15,660,534
For Profit – Service Arrangements	Older Persons	6,311,361	
Total Commercial	Older Persons		6,311,361
Total All	Older Persons		21,971,895

Table 7. Agencies in Receipt of funding from Mid West

Parent agency	CHO Area 3 €
	-Clare -Limerick -N. Tipperary
Alzheimer Society of Ireland	1,395,422
Clarecare Limited	5,540,727
Family Carers Ireland	2,170,211
CareBright Limited	2,800,162
Section 39 Service Arrangements	**11,906,521**
Elder Home Care Limited	1,732,388
Blackwell & Wright Senior Care Ltd	1,794,811
Limerick Senior Care Ltd	2,011,220
For Profit Service Arrangements Funding	**5,538,419**

Note:

Information is taken from the SPG On-line system (Service Provider Governance) as at 26th October 2016. Funding may be subject to variation, and additional Agencies may be in receipt of €100K or above once 2016 arrangements are finalised.

Appendix 2: HR information

Table 1. HSE Mid West Workforce Numbers: Staff Category Information.

	Medical/ Dental	Nursing	Health & Social Care Professionals	Management/ Admin	General Support Staff	Patient & Client Care	WTE Sept 16*
Health & Well Being							
Primary Care	71	199	101	199	44	50	665*
Mental Health	56	392	157	66	48	80	798*
Social Care	9	283	90	100	98	338	918*
Total CHO 3	136	874	348	365	190	468	2381*

Table 2. Mid West Section 38 Agencies Workforce Numbers.

	Medical/ Dental	Nursing	Health & Social Care Professionals	Management/ Admin	General Support Staff	Patient & Client Care	WTE Sep 16*
Section 38 Agencies	4	370	277	64	71	749	1,534*
Total CHO 3	4	370	277	64	71	749	1,534*

Table 3. Total Mid West Workforce Numbers (Table 1 + Table 2).

	Medical/ Dental	Nursing	Health & Social Care Professionals	Management/ Admin	General Support Staff	Patient & Client Care	WTE Sep 16*
	137	874	348	365	190	468	2,381*
Section 38 Agencies	4	370	277	64	71	749	1,534*
Total CHO 3	141		655	429	261	1,217	3,915*

*Source Health Service Personnel Census -

Appendix 3: National Scorecard and Performance Indicator Suite

National Scorecard.

Quality and Safety

All Divisions
- Serious reportable events (SREs): investigations completed within 120 days
- Complaints investigated within 30 working days

Health and Wellbeing
- Environmental Health: food inspections

Community Healthcare

Primary Care services
- Community Intervention Teams
- Child Health

Mental Health services
- CAMHs: admission of children to CAMHs inpatient units
- CAMHs: bed days used

Social Care services
- Safeguarding and screening
- HIQA inspection compliance

Access

Health and Wellbeing
- Screening (breast, bowel, cervical and diabetic retina): uptake

Community Healthcare

Primary Care services
- Medical card: turnaround within 15 days
- Therapy waiting lists: access within 52 weeks
- Palliative services: inpatient and community services
- Substance misuse: commencement of treatment for under and over 18 years of age.

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

Social Care: Services for Older People
- Home care services
- NHSS: no. of persons funded
- Delayed discharges

Social Care: Disability Services
- Disability service: 0-18 years
- *Disability Act* compliance
- Congregated settings
- Supports in the community: PA hours and home support

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

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

Key Performance Indicators Service Planning 2017				2016	2016	2017		2017 Expected Activity / Target
KPI Title	NSP / DOP	KPI Type Access / Quality /Access Activity	Report Freq-uency	2016 National Target / Expected Activity	2016 Projected outturn	2017 National Target / Expected Activity	Reported at National / CHO	CHO 3
Budget Management including savings								
Net Expenditure variance from plan (within budget) Pay – Direct / Agency / Overtime	NSP		M	≤0.33%	2016 Annual Financial Statements	≤0.1%	CHO	≤0.1%
Non-pay	NSP		M	≤0.33%	2016 Annual Financial Statements	≤0.1%	CHO	≤0.1%
Income	NSP		M	≤0.33%	2016 Annual Financial Statements	≤0.33%	CHO	≤0.1%
Capital								
Capital expenditure versus expenditure profile	NSP		Q	100%	100%	100%	CHO	100%
Audit								
% of internal audit recommendations implemented within 6 months of the report being received	NSP		Q	75%	75%	75%	CHO	75%
% of internal audit recommendations implemented, against total number of recommendations, within 12 months of being received	NSP		Q	95%	95%	95%	CHO	95%
Service Arrangements / Annual Compliance Statement								
% of number of service arrangements signed	NSP		M	100%	100%	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	CHO 3
% of the monetary value of service arrangements signed	NSP		M	100%	100%	100%	CHO	100%
% of annual compliance statements signed	NSP		A	100%	100%	100%	CHO	100%
Workforce								
% absence rates by staff category	NSP		M	≤3.5%	4.3%	≤3.5%	CHO	≤3.5%
% adherence to funded staffing thresholds	NSP		M	>99.5%	>99.5%	>99.5%	CHO	>99.5%
Health and Safety								
No. of calls that were received by the National Health and Safety Helpdesk	NSP		Q	15% increase	15%	10% increase		10% increase
Service User Experience								
% of complaints investigated within 30 working days of being acknowledged by the complaints officer	NSP		M	75%	75%	75%	CHO	75%
Serious Reportable Events (SREs)								
% of Serious Reportable Events being notified within 24 hours to the senior accountable officer	NSP	Quality	M	99%	40%	99%	CHO	99%
% of investigations completed within 120 days of the notification of the event to the senior accountable officer	NSP	Quality	M	90%	0%	90%	CHO	90%
Safety Incident Reporting								
% of safety incidents being entered on the National Incident Management System (NIMS) within 30 days of occurrence by CHO	NSP	Quality	Q	90%	50%	90%	CHO	90%
Extreme and major safety incidents as a % of all incidents reported as occurring	NSP	Quality	Q	New PI 2017	New PI 2017	Actual to be reported in 2017	CHO	Actual to be reported in 2017
% of claims received by State Claims Agency that were not reported previously as an incident	NSP	Quality	A	New PI 2016	55%	40%	CHO	40%

*** All incidents including SREs are to be reported on NIMS.**

Performance Indicator Suite: Health and Wellbeing

	Key Performance Indicators Service Planning 2017 Metric Titles	NSP/DOP	Reported at National / CHO / HG Level	Reporting Frequency	Expected Activity / Target 2017 CHO 3
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	111
	% 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	11,670
	No. of unique runners completing a 5k parkrun in the month	DOP	CHO	M	6,423
	No. of unique new first time runners completing a 5k parkrun in the month	DOP	CHO	M	2,991
	No. of people who have completed a structured patient education programme for diabetes	NSP	CHO	M	272
	% of PHNs trained by dieticians in the Nutrition Reference Pack for Infants 0-12 months	DOP	CHO	Q	59
	No. of people attending a structured community based healthy cooking programme	DOP	CHO	M	150
	% 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	DOP	CHO	Q 1 qtr in arrears	95%

Key Performance Indicators Service Planning 2017 Metric Titles	NSP/DOP	Reported at National / CHO / HG Level	Reporting Frequency	Expected Activity / Target 2017 CHO 3
group C vaccine (MenC2)				
% 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)	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)	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%

* The current influenza season is the period Sept 2016 to April 2017.

Primary Care Division Balanced Scorecard

Primary Care			
Quality and Safety	**Expected Activity/ Target 2017**	**Access**	**Expected Activity/ Target 2017**
Primary Care		**Primary Care**	
Healthcare Associated Infections: Medication Management		**GP Activity**	
▪ Consumption of antibiotics in community settings (defined daily doses per 1,000 population)	<21.7	▪ Number of contacts with GP out of hours service	116,880
Community Intervention Teams (CITs) – Number of referrals		**Nursing**	
▪ Admission avoidance (includes OPAT)	4,612	▪ % of new patients accepted onto the caseload and seen within 12 weeks	100%
▪ Hospital avoidance	98	**Physiotherapy and Occupational Therapy**	
▪ Early discharge (includes OPAT)	2,787	▪ % of new patients seen for assessment within 12 weeks	81%
▪ Unscheduled referrals from community sources	1,045	▪ % on waiting list for assessment ≤ 52 weeks	98%
Health Amendment Act: Services to persons with State Acquired Hepatitis C	682	**Occupational Therapy**	
▪ Number of Health Amendment Act cardholders who were reviewed	40	▪ % of new service users seen for assessment within 12 weeks	72%
Primary Care Reimbursement Service		▪ % on waiting list for assessment ≤ 52 weeks	92%
Medical Cards		**Speech and Language Therapy**	
▪ % of medical card/GP visit card applications, assigned for medical officer review, processed within five days	91%	▪ % on waiting list for assessment ≤ 52 weeks	100%
▪ % of medical card/GP visit card applications which are accurately processed from a financial perspective by National Medical Card Unit staff	95%	▪ % on waiting list for treatment ≤ 52 weeks	100%
Social Inclusion		**Podiatry**	
Homeless Services		▪ % on waiting list for treatment ≤ 12 weeks	44%
▪ Number and % of service users admitted to homeless emergency accommodation hostels/facilities whose health needs have been assessed within two weeks of admission	173	▪ % on waiting list for treatment ≤ 52 weeks	88%
Traveller Health		**Ophthalmology**	
▪ Number of people who received health information on type 2 diabetes and cardiovascular health	351	▪ % on waiting list for treatment ≤ 12 weeks	50%
Palliative Care		▪ % on waiting list for treatment ≤ 52 weeks	81%
Inpatient Palliative Care Services		**Audiology**	
▪ % of patients triaged within one working day of referral (inpatient unit)	90%	▪ % on waiting list for treatment ≤ 12 weeks	50%
▪ % of patients with a multidisciplinary care plan documented within five working days of initial assessment (inpatient unit)	90%	▪ % on waiting list for treatment ≤ 52 weeks	95%
Community Palliative Care Services		**Dietetics**	
▪ % of patients triaged within one working	90%	▪ % on waiting list for treatment ≤ 12 weeks	48%
		▪ % on waiting list for treatment ≤ 52 weeks	96%
		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%
		Primary Care Reimbursement Service	
		Medical Cards (National)	
		▪ % of completed medical card/GP visit card	96%

Primary Care			
Quality and Safety	**Expected Activity/ Target 2017**	**Access**	**Expected Activity/ Target 2017**
day of referral (community)		applications processed within 15 days ▪ Number of persons covered by medical cards as at 31st December ▪ Number of persons covered by GP visit cards as at 31st December **Social Inclusion** **Substance Misuse** ▪ % of substance misusers (over 18 years) for whom treatment has commenced within one calendar month following assessment ▪ % of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment **Opioid Substitution** ▪ Number of clients in receipt of opioid substitution treatment (outside prisons) ▪ Average waiting time from referral to assessment for opioid substitution treatment ▪ Average waiting time from opioid substitution assessment to exit from waiting list or treatment commenced **Needle Exchange** ▪ Number of unique individuals attending pharmacy needle exchange **Palliative Care** **Inpatient Palliative Care Services** ▪ Access to specialist inpatient bed within seven days ▪ Number accessing specialist inpatient bed within seven days **Community Palliative Care Services** ▪ Access to specialist palliative care services in the community provided within seven days (normal place of residence) ▪ Number of patients who received treatment in their normal place of residence **Children's Palliative Care Services** ▪ Number of children in the care of the children's outreach nurse ▪ No. of children in the care of the specialist paediatric palliative care team in an acute hospital setting (during the reporting month)	1,672,654 528,593 100% 100% 294 4 days 28 days 279 98% 593 95% 485 32 0
Child Health ▪ % of children reaching 10 months within the reporting period who have had child development health screening on time or before reaching 10 months of age ▪ % of newborn babies visited by a PHN	95%		

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

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

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

Primary Care								
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 3
Community Intervention Teams (No. of referrals)				**24,202**	**27,033**	**32,861**		**4,612**
Admission Avoidance (includes OPAT)	NSP	Quality	M	914	949	1,187	CHO	98
Hospital Avoidance	NSP	Quality	M	12,932	17,555	21,629	CHO	2,787
Early discharge (includes OPAT)	NSP	Quality	M	6,360	5,240	6,072	CHO	1,045
Unscheduled referrals from community sources	NSP	Quality	M	3,996	3,289	3,972	CHO	682
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**	**4,612**
ED / Hospital wards / Units	DOP	Access /Activity	M	13,956	18,042	21,966	CHO	2,964
GP Referral	DOP	Access /Activity	M	6,386	5,619	7,003	CHO	720
Community Referral	DOP	Access /Activity	M	2,226	1,896	2,212	CHO	784
OPAT Referral	DOP	Access /Activity	M	1,634	1,476	1,680	CHO	144
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	15,396
No. of patients seen for a first time assessment	DOP	Activity	M	160,017	163,596	163,596	CHO	11,304
No. of patients treated in the reporting month (monthly target)	DOP	Activity	M	36,430	37,477	37,477	CHO	2,140
No. of face to face contacts/visits	DOP	Activity	M	775,864	756,000	756,000	CHO	47,136
Total no. of physiotherapy patients on the assessment waiting list at the end of the reporting period	DOP	Access	M	28,527	30,454	30,454	CHO	3,644
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	NSP	Access	M	70%	81%	81%	CHO	81%

Primary Care								
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 3
within 12 weeks								
% of physiotherapy patients on waiting list for assessment ≤ 26 weeks	DOP	Access	M	90%	88%	88%	CHO	88%
% of physiotherapy patients on waiting list for assessment ≤ 39 weeks	DOP	Access	M	95%	95%	95%	CHO	95%
% of physiotherapy patients on waiting list for assessment ≤ to 52 weeks	NSP	Access	M	100%	98%	98%	CHO	98%
Occupational Therapy								
No. of service user referrals	DOP	Activity	M	89,989	93,264	93,264	CHO	8,220
No. of new service users seen for a first assessment	DOP	Activity	M	86,499	87,888	90,605	CHO	7,380
No. of service users treated (direct and indirect) monthly target	DOP	Activity	M	20,291	20,675	20,675	CHO	1,419
Total no. of occupational therapy service users on the assessment waiting list at the end of the reporting period	DOP	Access	M	19,932	25,874	25,874	CHO	1,339
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	4,332
Existing patients seen in the month	DOP	Activity	M	New 2016	16,958	16,958	CHO	1,239
New patients seen for initial assessment	DOP	Activity	M	41,083	44,040	44,040	CHO	3,492
Total no. of speech and language patients waiting initial assessment at end of the reporting period	DOP	Access	M	13,050	14,164	14,164	CHO	1,052

Primary Care								
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 Projecte d outturn**	**2017 National Target / Expected Activity**	**Reporte d at National/ CHO / HG**	**CHO 3**
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	507
% of speech and language therapy patients on waiting list for assessment ≤ to 52 weeks	NSP	Access	M	100%	97%	100%	CHO	100%
% of speech and language therapy patients on waiting list for treatment ≤ to 52 weeks	NSP	Access	M	100%	85%	100%	CHO	100%
Primary Care – Speech and Language Therapy Service Improvement Initiative								
New patients seen for initial assessment	DOP	Activity	M	New 2017	New 2017	17,646	CHO	920
No. of speech and language therapy initial therapy appointments	DOP	Access	M	New 2017	New 2017	43,201	CHO	2,240
No. of speech and language therapy further therapy appointments	DOP	Access	M	New 2017	New 2017	39,316	CHO	5,950
Primary Care – Podiatry								
No. of patient referrals	DOP	Activity	M	11,589	11,148	11,148	CHO	1,020
Existing patients seen in the month	DOP	Activity	M	5,210	5,454	5,454	CHO	565
New patients seen	DOP	Activity	M	8,887	9,192	9,504	CHO	918
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	504
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%

Primary Care								
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 3
No of patients with diabetic active foot disease treated in the reporting month	DOP	Quality	M	133	140	166	CHO	15
No. of treatment contacts for diabetic active foot disease in the reporting month	DOP	Access /Activity	M	532	561	667	CHO	61
Primary Care – Ophthalmology								
No. of patient referrals	DOP	Activity	M	26,913	28,452	28,452	CHO	2,232
Existing patients seen in the month	DOP	Activity	M	4,910	5,281	5,281	CHO	521
New patients seen	DOP	Activity	M	16,524	23,616	33,779	CHO	3,680
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	1,682
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	1,392
Existing patients seen in the month	DOP	Activity	M	2,850	2,740	2,740	CHO	188
New patients seen	DOP	Activity	M	16,459	15,108	23,954	CHO	1,571
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	1,222
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

Primary Care								
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 3**
No. of audiology patients on the treatment waiting list at the end of the reporting period >12 weeks - ≤ 26 weeks	DOP	Access	M	No target	3,352	No target	CHO	No target
No. of audiology patients on the treatment waiting list at the end of the reporting period >26 weeks but ≤ 39 weeks	DOP	Access	M	No target	1,856	No target	CHO	No target
No. of audiology patients on the treatment waiting list at the end of the reporting period >39 weeks but ≤ 52 weeks	DOP	Access	M	No target	1,340	No target	CHO	No target
No. of audiology patients on the treatment waiting list at the end of the reporting period > 52 weeks	DOP	Access	M	No target	2,146	No target	CHO	No target
% of audiology patients on waiting list for treatment ≤ 12 weeks	NSP	Access	M	60%	41%	50%	CHO	50%
% of audiology patients on waiting list for treatment ≤ 26 weeks	DOP	Access	M	80%	64%	64%	CHO	64%
% of audiology patients on waiting list for treatment ≤ 39 weeks	DOP	Access	M	90%	76%	76%	CHO	76%
% of audiology patients on waiting list for treatment ≤ to 52 weeks	NSP	Access	M	100%	85%	95%	CHO	95%
Primary Care – Dietetics								
No. of patient referrals	DOP	Activity	M	27,858	31,884	31,884	CHO	2,760
Existing patients seen in the month	DOP	Activity	M	5,209	3,480	3,480	CHO	132
New patients seen	DOP	Activity	M	21,707	22,548	23,457	CHO	1,320
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	514
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								
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 3
Primary Care – Psychology								
No. of patient referrals	DOP	Activity	M	12,261	13,212	13,212	CHO	396
Existing patients seen in the month	DOP	Activity	M	2,626	2,312	2,312	CHO	107
New patients seen	DOP	Activity	M	9,367	10,152	10,152	CHO	84
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	483
No. of psychology patients on the treatment waiting list at the end of the reporting period 0 - ≤ 12 weeks	DOP	Access	M	No target	1,979	No target	CHO	No target
No. of psychology patients on the treatment waiting list at the end of the reporting period >12 weeks - ≤ 26 weeks	DOP	Access	M	No target	1,584	No target	CHO	No target
No. of psychology patients on the treatment waiting list at the end of the reporting period >26 weeks but ≤ 39 weeks	DOP	Access	M	No target	1,026	No target	CHO	No target
No. of psychology patients on the treatment waiting list at the end of the reporting period >39 weeks but ≤ 52 weeks	DOP	Access	M	No target	694	No target	CHO	No target
No. of psychology patients on the treatment waiting list at the end of the 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	18,648 Data Gaps
Existing patients seen in the month	DOP	Activity	M	64,660	46,293 Data Gap	64,660 Data Gaps	CHO	21,934 Data Gaps
New patients seen	DOP	Activity	M	123,024	110,784 Data Gap	123,024 Data Gaps	CHO	16,509 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)	NSP	Quality	Q	56%	57%	58%	CHO	58%

Primary Care								
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 3**
at first PHN visit								
% 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/ 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	40
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								

Primary Care								
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 3**
% of primary care staff to undertake brief intervention training for smoking cessation	DOP	Quality	Q	5%	5%	5%	CHO	5%

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

Primary Care								
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	CHO 3
Substance Misuse								
No. of substance misusers who present for treatment	DOP	Access	Q, 1 Qtr in arrears	6,972	6,760	6,760	CHO	288
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	256
% 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	240
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	148
% 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	4
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	4
% 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	294
No. of clients in opioid substitution treatment in clinics	DOP	Access	M, 1 Mth in Arrears	5,470	5,466	5,084	CHO	134
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	35

Primary Care								
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	CHO 3
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	125
No. of clients transferred from clinics to level 1 GP's	DOP	Access	M, 1 Mth in Arrears	300	288	300	CHO	9
No. of clients transferred from clinics to level 2 GP's	DOP	Access	M, 1 Mth in Arrears	134	81	140	CHO	2
No. of clients transferred from level 2 to level 1 GPs	DOP	Access	M, 1 Mth in Arrears	119	21	150	CHO	6
Total no. of new clients in receipt of opioid substitution treatment (outside prisons)	DOP	Access	M, 1 Mth in Arrears	617	552	645	CHO	40
Total no. of new clients in receipt of opioid substitution treatment (clinics)	DOP	Access	M, 1 Mth in Arrears	498	449	507	CHO	37
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	3
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	44
No. of people obtaining opioid substitution treatment from pharmacies	DOP	Access	M, 1 Mth in Arrears	6,463	6,630	6,630	CHO	279
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	28
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	20
% 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	20
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	20
% 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

Primary Care								
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	CHO 3
% of problem alcohol users (under 18 years) for whom treatment has commenced within one week following assessment	DOP	Access	Q, 1Qtr in Arrears	100%	78%	100%	CHO	100%
% of problem alcohol users (over 18 years) for whom treatment has commenced who have an assigned key worker	DOP	Quality	Q, 1 Qtr in Arrears	100%	60%	100%	CHO	100%
% of problem alcohol users (over 18 years) for whom treatment has commenced who have a written care plan	DOP	Quality	Q, 1 Qtr in Arrears	100%	91%	100%	CHO	100%
% of problem alcohol users (under 18 years) for whom treatment has commenced who have an assigned key worker	DOP	Quality	Q, 1 Qtr in Arrears	100%	89%	100%	CHO	100%
% of problem alcohol users (under 18 years) for whom treatment has commenced who have a written care plan	DOP	Quality	Q, 1 Qtr in Arrears	100%	67%	100%	CHO	100%
No. of staff trained in SAOR Screening and Brief Intervention for problem alcohol and substance use	DOP	Quality	Q, 1 Qtr in Arrears	300	397	778	CHO	50
Needle Exchange								
No. of pharmacies recruited to provide Needle Exchange Programme	DOP	Quality	TRI M, 1 Qtr in Arrears	119	112	112	CHO	16
No. of unique individuals attending pharmacy needle exchange	NSP	Access	TRI M, 1 Qtr in Arrears	1,731	1,647	1,647	CHO	279
Total no. of clean needles provided each month	DOP	Access	TRI M, 1 Qtr in Arrears	New 2017	New 2017	23,727	CHO	4,394
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	204 (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	152 (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	29 (70%)

Primary Care								
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	CHO 3
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	173 (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	138 (80%)
Traveller Health								
No. of people who received health information on type 2 diabetes and cardiovascular health	NSP	Quality	Q	3,470 20% of the population in each Traveller Health Unit	3,481	3,481	CHO	351
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	351

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

Primary Care								
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 3 University of Limerick 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	593
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	70
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	400
No. of admissions to specialist palliative care inpatient units (monthly cumulative)	DOP	Access /Activity	M	3,310	3,708	3,815	CHO/HG	580
% 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	485

Primary Care								
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 3 University of Limerick 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	910
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	40
No. of new patients who received specialist palliative day care services (monthly cumulative)	DOP	Access	M	985	996	1,010	CHO	120
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	19
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	32
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	
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	878
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	846
Bereavement Services								
No. of family units who received bereavement services	DOP	Access /Activity	M	621	670	671	CHO	125

Mental Health Performance Indicator Suite

Mental Health - KPI Review 2017							
Key Performance Indicators Service Planning 2016 KPI Title	KPI Type Access/ Quality /Access Activity	Report Freq.	KPIs 2016		KPIs 2017		
			2016 National Target / Expected Activity	2016 Estimate outturn	2017 National Target / Expected Activity	Reported at National / CHO / HG Level	2017 CHO3 Target
% 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%

Mental Health - KPI Review 2017							
Key Performance Indicators Service Planning 2016	KPI Type Access/ Quality /Access Activity	Report Freq.	KPIs 2016		KPIs 2017		
KPI Title			2016 National Target / Expected Activity	2016 Estimate outturn	2017 National Target / Expected Activity	Reported at National / CHO / HG Level	2017 CHO3 Target
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	255
Total No. to be seen 0-3 months	Access /Activity	M	1,308	1,344	1,546	CHO	133
Total No. on waiting list for a first appointment waiting > 3 months	Access /Activity	M	1,141	1,299	1,053	CHO	122
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	1,016
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	70.0
First admission rates to adult acute units (that is, first ever admission), per 100,000 population in mental health catchment area	Access /Activity	Q in arrears	23.1	24.0	23.1	CHO	18.6
Acute re-admissions as % of admissions	Access /Activity	Q in arrears	67%	67%	67%	CHO	73%
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	51.4
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	20.8
No. of adult involuntary admissions	Access /Activity	Q in arrears	1,724	2,060	2,096	CHO	124
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	10.5
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	4,260

Mental Health - KPI Review 2017							
Key Performance Indicators Service Planning 2016	KPI Type Access/ Quality /Access Activity	Report Freq.	KPIs 2016		KPIs 2017		
KPI Title			2016 National Target / Expected Activity	2016 Estimate outturn	2017 National Target / Expected Activity	Reported at National / CHO / HG Level	2017 CHO3 Target
Number of Referrals (including re-referred) accepted by General Adult Community Mental Health Teams	Access /Activity	M	41,448	38,953	42,348	CHO	4,068
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	3,792
No. of new (including re-referred) General Adult Community Mental Health Team cases seen in the current month	Access /Activity	M	35,430	28,875	39,396	CHO	3,168
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	624
%. 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	3,240
Number of Psychiatry of Old Age Community Mental Health Teams	Access	M	26	29	29	CHO	2
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	1,128
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	1,080
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	1,056
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	1,020
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	36
%. 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%

Mental Health - KPI Review 2017							
Key Performance Indicators Service Planning 2016	KPI Type Access/ Quality /Access Activity	Report Freq.	KPIs 2016		KPIs 2017		
KPI Title			2016 National Target / Expected Activity	2016 Estimate outturn	2017 National Target / Expected Activity	Reported at National / CHO / HG Level	2017 CHO3 Target
Number of cases closed/discharged by Old Age Psychiatry Community Mental Health Teams	Access /Activity	M	8,866	6,992	9,204	CHO	864
No. of child and adolescent Community Mental Health Teams	Access	M	66	65	66	CHO	5
No. of child and adolescent Day Hospital Teams	Access	M	4	4	4	CHO	0
No. of Paediatric Liaison Teams	Access	M	3	3	3	CHO	0
No. of child / adolescent admissions to HSE child and adolescent mental health inpatient units	Access /Activity	M	281	201	336	CHO	0
No. of children / adolescents admitted to adult HSE mental health inpatient units	Access /Activity	M	30	53	30	National	N/A
i). <16 years	Access /Activity	M	0	7	0	National	N/A
ii). <17 years	Access /Activity	M	0	12	0	National	N/A
iii). <18 years	Access /Activity	M	30	35	30	National	N/A
No. and % of involuntary admissions of children and adolescents	Access /Activity	Annual	15	15	15	National	N/A
No. of child / adolescent referrals (including re-referred) received by mental health services	Access /Activity	M	18,864	17,881	18,984	CHO	2,064
No. of child / adolescent referrals (including re-referred) accepted by mental health services	Access /Activity	M	15,092	13,101	15,180	CHO	1,632
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	1,476
No. of new (including re-referred) child/adolescent referrals seen in the current month	Access /Activity	M	12,628	12,415	14,484	CHO	1,332
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	1,332

Mental Health - KPI Review 2017							
Key Performance Indicators Service Planning 2016 KPI Title	KPI Type Access/ Quality /Access Activity	Report Freq.	KPIs 2016 2016 National Target / Expected Activity	 2016 Estimate outturn	KPIs 2017 2017 National Target / Expected Activity	 Reported at National / CHO / HG Level	 2017 CHO3 Target
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	255
i) 0-3 months	Access /Activity	M	1,308	1,344	1,546	CHO	133
ii). 3-6 months	Access /Activity	M	585	613	603	CHO	69
iii). 6-9 months	Access /Activity	M	346	322	310	CHO	35
iv). 9-12 months	Access /Activity	M	210	146	140	CHO	18
v). > 12 months	Access /Activity	M	0	235	0	CHO	0

Social Care Quality and Access Indicators of Performance

Social Care		
Key Performance Indicators Service Planning 2017		**KPIs 2017**
KPI Title	**2017 National Target / Expected Activity**	**CHO3**
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	514
Total no. of preliminary screenings for adults aged 65 and over	3,000	265
No. of staff trained in safeguarding policy	17,000	1,865

Disability Services

Social Care		
Key Performance Indicators Service Planning 2017		**KPIs 2017**
KPI Title	**2017 National Target / Expected Activity**	**CHO3**
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	11
Disability Act Compliance No. of requests for assessments received	6,234	301
% of assessments commenced within the timelines as provided for in the regulations	100%	100%
% of assessments completed within the timelines as provided for in the regulations	100%	100%
Progressing Disability Services for Children and Young People (0-18s) Programme % of Children's Disability Network Teams established	100%	100%
Children's Disability Network Teams Proportion of established Children's Disability Network Teams having current individualised plans for all children	100%	100%
Number of Children's Disability Network Teams established	100% (129/129)	100% (12/12)
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	241
No. of people with a disability in receipt of work / work-like activity services(ID/Autism and Physical and Sensory Disability)	3,253	383
Other Day services No. of people with a disability in receipt of Other Day Services (excl. RT and work/like-work activities) - Adult (Q2 & Q4 only) (ID/Autism and Physical and Sensory Disability)	18,672 *	1,449

Social Care		
Key Performance Indicators Service Planning 2017		KPIs 2017
KPI Title	2017 National Target / Expected Activity	CHO3
Rehabilitative Training No. of Rehabilitative Training places provided (all disabilities)	2,583	206
No. of people (all disabilities) in receipt of Rehabilitative Training (RT)	2,870	231
No. of people with a disability in receipt of residential services (ID/Autism and Physical and Sensory Disability)	8,885	871
Respite Services No. of new referrals accepted for people with a disability for respite services (ID/Autism and Physical and Sensory Disability)	1,023	119
No. of new people with a disability who commenced respite services (ID/Autism and Physical and Sensory Disability)	782	110
No. of existing people with a disability in receipt of respite services (ID/Autism and Physical and Sensory Disability)	5,964	534
No. of people with a disability formally discharged from respite services (ID/Autism and Physical and Sensory Disability)	591	102
No. of people with a disability in receipt of respite services (ID/Autism and Physical and Sensory Disability)	6,320	639
No. of overnights (with or without day respite) accessed by people with a disability (ID/Autism and Physical and Sensory Disability)	182,506	14,996
No. of day only respite sessions accessed by people with a disability (ID/Autism and Physical and Sensory Disability)	41,000	11524
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	1
PA Service No. of new referrals accepted for adults with a physical and / or sensory disability for a PA service	271	66
No. of new adults with a physical and / or sensory disability who commenced a PA service	223	60
No. of existing adults with a physical and / or sensory disability in receipt of a PA service	2,284	386
No. of adults with a physical or sensory disability formally discharged from a PA service	134	31
No. of adults with a physical and /or sensory disability in receipt of a PA service	2357	418
Number of PA Service hours delivered to adults with a physical and / or sensory disability	1,412,561	292,821
No. of adults with a physical and / or sensory disability in receipt of 1 - 5 PA Hours per week	957	104
No. of adults with a physical and / or sensory disability in receipt of 6 - 10 PA hours per week	538	85
No. of adults with a physical and / or sensory disability in receipt of 11 - 20 PA hours per week	397	82
No. of adults with a physical and / or sensory disability in receipt of 21 - 40 PA hours per week	256	77
No. of adults with a physical and / or sensory disability in receipt of 41 - 60 PA hours per week	73	25
No. of adults with a physical and / or sensory disability in receipt of 60+ PA hours per week	83	27
Home Support No. of new referrals accepted for people with a disability for home support services	1,416	41

Social Care		
Key Performance Indicators Service Planning 2017		KPIs 2017
KPI Title	2017 National Target / Expected Activity	CHO3
(ID/Autism and Physical and Sensory Disability)		
No. of new people with a disability who commenced a home support service (ID/Autism and Physical and Sensory Disability)	1,273	78
No. of existing people with a disability in receipt of home support services (ID/Autism and Physical and Sensory Disability)	6,380	392
No. of people with a disability formally discharged from home support services (ID/Autism and Physical and Sensory Disability)	466	50
No of people with a disability in receipt of Home Support Services (ID/Autism and Physical and Sensory Disability)	7,447	411
No of Home Support Hours delivered to persons with a disability (ID/Autism and Physical and Sensory Disability)	2,749,712	141,279
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	339
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	65
No. of people with a disability in receipt of 11 – 20 Home Support hours per week (ID/Autism and Physical and Sensory Disability)	753	23
No. of people with a disability in receipt of 21- 40 Home Support hours per week (ID/Autism and Physical and Sensory Disability)	402	9
No. of people with a disability in receipt of 41 – 60 Home Support hours per week (ID/Autism and Physical and Sensory Disability)	97	1
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

Social Care		
Key Performance Indicators Service Planning 2017	**KPIs 2017**	
KPI Title	**2017 National Target / Expected Activity**	**CHO3**
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	1,107
No. of new HCP clients, annually	8,000	540
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	933,000
No. of people in receipt of home help hours (excluding provision of hours from HCPs) (Monthly target)	49,000	3,742
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	23
No. of NHSS Beds in Public Long Stay Units.	5,088	346
No. of Short Stay Beds in Public Long Stay Units	1,918	184
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	167 Jan & F 152 Mar-De	

Appendix 4:
Capital Infrastructure

This appendix outlines capital projects for Mid West CHO that were: 1) completed in 2016 and will be operational in 2017; 2) are due to be completed and operational in 2017; or 3) are due to be completed in 2017 and will be operational in 2018.

Facility	Project details	Project Completion	Fully Operational	Additional Beds	Replace-ment Beds	Capital Cost €m		2017 Implications	
						2017	Total	WTE	Rev Costs €m
PRIMARY CARE									
Borrisokane, Co. Tipperary	Extension of primary care facility	Q2 2017	Q3 2017	0	0	0.06	0.46	0	0.00
Lord Edward Street, Limerick City	Primary Care Centre, by PPP	Q4 2017	Q4 2017	0	0	1.10	1.10	0	0.00

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									
Gort Glas, Ennis, Co. Clare	Refurbishment (at front of St. Joseph's Hospital) to provide a head quarters for old age psychiatry including outpatients and day care facilities.	Q4 2017	Q1 2018	0	0	0.51	1.50	0	0.00