



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Cork & Kerry CHO Operational 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

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Introduction

The National Service Plan 2017 sets out the type and volume of health and personal social services to be provided by the Health Service Executive (HSE) in 2017 within the funding available. The plan seeks to balance priorities across the full range of service areas that will deliver on our *Corporate Plan 2015 – 2017*. Priorities for the Minister for Health and Government as set out in *A Programme for a Partnership Government* are also incorporated. The 2017 National Service Plan recognises that underpinning these actions is the goal of improving the health and wellbeing of the population and of ensuring the services we deliver are safe and of high quality.

Total funding available to Cork & Kerry Community Healthcare Organisation (CHO) in 2017 will be €600.625m. This represents an increase of 2.4% on 2016 which reflects the Government commitment to placing the health service on a sustainable financial footing.

Cork & Kerry Community Healthcare Organisation continues to deliver services in an environment where the population is growing, the number of people seeking to access services is higher than ever before and where public expectations for quality of services continue to increase. Balancing demands and needs within the funding available will be an on-going and significant management challenge in 2017.

Key priorities for Cork & Kerry CHO in 2017 include:

- ▶ To complete an implementation plan of a Healthy Ireland Plan for Cork & Kerry CHO and commence implementation of same. This will set out the actions to be taken locally to improve the health and wellbeing of staff, service users and the communities we serve.
- ▶ To complete a local implementation plan for *Connecting for Life*, Ireland's national strategy to reduce lives lost through suicide, and commence implementation of same in alignment with the national framework.
- ▶ To further develop Primary Care centres which together with a planned new GP contract and on-going investment in services such as diagnostics, chronic illness, etc., will assist in reducing demand on acute hospitals.
- ▶ To reduce waiting lists and waiting times for specific Primary Care services including Speech & Language Therapy, Occupational Therapy, Ophthalmology, Podiatry and other targeted areas such as Child & Adolescent Mental Health.
- ▶ To reduce waiting lists and waiting times for assessment under the disability act.
- ▶ To provide services for people with disabilities leaving school or training in 2017.
- ▶ To respond within available resources to prioritised emergency needs for residential care, residential respite care or home supports for people with disabilities and/or mental health issues while also making optimal use of the available service capacity.
- ▶ To assist residents in St. Raphael's Centre, Cluain Fhionnáin (Killarney) and in Ashville (Cope Foundation) to move to community living.
- ▶ To commence an integrated care service across acute hospital and community settings for frail older people to either avoid or reduce hospital stays and to improve outcomes.
- ▶ To expand the falls prevention programme in the greater Cork City areas.
- ▶ Maximise access to home help services within available resources in order to continue to support older people living at home.
- ▶ To commence services in Deer Lodge residential facility in Killarney for people with mental illness facilitating the closure of St. Finan's psychiatric hospital.
- ▶ To recruit appropriate qualified staff to fill vacancies and replace staff retiring or resigning, in particular in areas such as Nursing and Consultant posts.

- ▶ To commence a new palliative care inpatient service in University Hospital Kerry.
- ▶ To continue to work to improve health outcomes for the most vulnerable in society including those with addiction issues, the homeless, refugees, asylum seekers, traveller and Roma communities.
- ▶ To complete the reconfiguration of Children's Multi-Disciplinary Early Intervention and School Age Teams into Children's Network Disability Teams.
- ▶ To ensure plans are in place to achieve compliance with HIQA and Mental Health Commission standards and national guidance.
- ▶ To reduce dependency on agency and overtime through review of staffing levels, skill mix and through proactive recruitment.
- ▶ To continue to monitor pathways between acute hospitals and community services with a focus on allowing acute hospitals reduce both the numbers waiting and the time awaiting discharge.
- ▶ To implement the HSE Performance Achievement Programme in order to improve the connection of staff with the organisation and lead to improvements in service quality and outcomes.

This year will see an increase in the resource available to support Quality and Patient Safety. This will enable a greater focus on systematic improvement of quality including initiatives based on service user feedback and increased user participation.

New CHO Management Structure

In 2016, the Management Team for Cork & Kerry CHO was recruited. This will enable us in 2017 to strengthen the coordination and standardisation of services across Cork and Kerry including the sharing of best practice and to work in a collaborative partnership with National Divisions in order to improve service delivery. The priority in the implementation of the *Community Healthcare Organisations – Report and Recommendations of the Integrated Service Area Review Group (2014)* in 2017 will be on reviewing and improving patient pathways within Community Healthcare Networks. This includes pathways between different community services as well as between community services and acute hospital services.

Content of the Operational Plan

- ▶ Outline the initiatives and programmes in place to improve Health Services in the section *Building a Better Health Service*.
- ▶ Focuses on our workforce who are fundamental in delivering care across the CHO. Their contribution and commitment, much of which was showcased in the Health Service Excellence Awards 2016, is at the heart of an effective Health Service.
- ▶ Describes the financial framework that supports the plan identifying the expenditure limits along with specific areas for investment in 2017.
- ▶ Identify the priorities for each of the main service areas, Health & Wellbeing, Primary Care, Social Care and Mental Health.
- ▶ Lists the performance indicators against which performance will be measured.

Risks to the delivery of the Cork & Kerry CHO Operational Plan 2017

There are a number of risks to the successful delivery of the CHO Operational Plan. While every effort will be made to manage these risks, it may not be possible to eliminate them in full and they may impact on planned levels of service delivery or the achievement of targeted performance. Particular focus will be required to mitigate risk in the following areas:

- ▶ Increased demand for services beyond the funded levels.
- ▶ Meeting the level of changing needs and emergency placements in Disability Services, Mental Health and the need to provide complex paediatric discharges within Primary Care.
- ▶ Regulatory requirements in Residential Services for Older People, in Residential Services for People with Disabilities and in Mental Health Services which must be responded to within the limits of the revenue and capital funding available.

- ▶ Control over pay costs and staffing levels while maintaining specific regulatory demand and practice driven pressures and while seeking to ensure the recruitment and retention of a highly skilled and qualified workforce.
- ▶ The significant requirement to reduce agency and overtime expenditure given the scale and complexity of this task including the level of recruitment required in the areas where staff availability is limited.
- ▶ Unavoidable cost growth arising from public pay policy in areas that have not been funded.
- ▶ Managing within the limitations of our clinical, business information, financial and HR systems.



Ger Reaney,
Chief Officer,
Cork & Kerry Community Healthcare Organisation

Building a Better Health Service

On-going Work to improve our Health Service

Services in Cork & Kerry Community Healthcare Organisation have a long standing commitment to innovation and on-going service improvement. This section identifies some of the initiatives which will take place in 2017 to give improved service outcomes for users and better value for money.

Health and Wellbeing

Cork and Kerry Community Healthcare Organisation will promote better health and wellbeing as part of everything we do so that staff, patients and the general population will be healthier. A culture-centred approach to prevention and early intervention is underpinned and prioritised in all aspects of our service delivery. Health & Wellbeing in collaboration with Primary Care, Social Care & Mental Health Services is working towards a society in which all people with on-going health care needs have as much independence, optimism and control as possible, at all stages of their life.

Cork and Kerry Community Healthcare Organisation is committed to prioritising health & wellbeing development in the coming year and beyond to reduce inequalities and improving the overall health and wellbeing of all. Energy, vision and commitment will be required to deliver demonstrable change and we believe that working together we can make this a reality.

Providing Care in a more Integrated Way

Our aim is to provide community healthcare which is available to people where and when they need it and to provide the best outcomes that can be achieved. In 2017, we will continue to work with the National Clinical and Integrated Care Programmes, in particular in the areas of:

- ▶ Older People
- ▶ Chronic Disease Prevention
- ▶ Mental Health

We will build on the existing effective linkages with acute hospitals to ensure that patients receive the services they require in a timely way and in an appropriate setting.

We will map and review the pathways for service users within new community healthcare networks in partnership with acute hospitals.

Health Service Improvement

As outlined earlier, staff and services in Cork and Kerry CHO have a track record of continuous improvement.

In 2017, a programme management office will be established in each CHO as part of the Programme for Health Service Improvement. The objective is to support the development of services within the Community Healthcare Organisation, progress the implementation of the '*Community Healthcare Organisations – Report and Recommendations of the Integrated Service Area Review Group (October 2014)*' and support on-going service improvements in the areas of access, quality and value for money.

The CHO will develop a process to deliver and manage the change required to implement the recommendations of the Community Healthcare Organisations Report consistent with the national processes and engagements. This process is likely to include:

- ▶ Working with the programme office to develop a number of prototype Community Healthcare Networks.

- ▶ Identify local service improvement programmes that prioritise quality and patient safety that support the implementation of integrated models of care as set out in the CHO report including:
 - Work with allied health professionals in Primary Care to maximise use of existing capacity and reduce waiting lists
 - Completion of the review of day services for older people
 - Continue to focus on the rollout of children's disability network teams.
 - Implementation of the team co-ordinator policy across community mental health teams
 - Further roll out of the Dialectical Behavioural Therapy (DBT)

Developing an Accountable Health Service

We will continue to focus on improving the performance of our services and our accountability for those services 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 our workforce.

With the goal of improving services, our Performance and Accountability Framework 2017 sets out the means by which the HSE and in particular the national divisions, Hospital Groups, CHOs, NAS, PCRS, and individual managers are held to account for their achievable performance. The focus of the performance and accountability framework is on recognising good outcomes while continually improving the performance within our services. In 2017 we will:

- ▶ Implement the HSE's Performance and Accountability Framework 2017, including strengthened processes for escalation, support to and intervention in underperforming service areas.
- ▶ Measure and report on performance against the key performance indicators (KPIs) set out in the National Service Plan (NSP) as part of the monthly performance reporting cycle.
- ▶ Continue to strengthen and oversee the HSE's Governance Framework with its funded section 38 and section 39 agencies through the national Compliance Unit and strengthen the management of the CHO's relationship with its funded agencies.
- ▶ Develop data gathering, reporting processes and systems to support the Performance and Accountability Framework.

Business Supports and Infrastructure

Cork & Kerry Community Healthcare Organisation will work with Health Business Services (HBS) in relation to the supports available in areas such as:

- ▶ Recruitment
- ▶ Procurement
- ▶ Information and Communication Technology
- ▶ Shared Services in Payroll and Accounts Payable
- ▶ Developing and maintaining health service infrastructure in the CHO
- ▶ Replacement of end of life equipment
- ▶ The delivery of a SAP HR System
- ▶ Mid-term review of the Health Service's Capital Plan

In 2017, progress will be achieved in developing health service infrastructure in the following areas:

- ▶ On-going programme of development of Primary Care Centres.
- ▶ Accommodation to support transfer of people with disabilities from institutional settings to community living.
- ▶ Upgrading of environment in Residential Services for Older People.

Priority will also be given in 2017 to ensuring that appropriate plans are in place to address:

- ▶ The ICT requirements to support service delivery and integration of services within the CHO
- ▶ Availability of fit for purpose infrastructure in areas not covered by current infrastructural programmes.

Quality and Patient Safety

Quality and patient safety has been identified as one of the key business support pillars within the Community Healthcare Organisation (CHO). Despite limited existing resources, significant work has been undertaken to develop a quality and patient safety governance structures and to strengthening processes to support incident reporting, risk management and quality improvement initiatives. It is envisaged that the development of the quality and patient safety function in the Cork and Kerry CHO will support the work that has been done to date along with being instrumental in delivering on the CHO's quality and patient safety obligations going forward.

Development of the QPS function	Lead	Q	CP Goal
▶ Appoint a Quality and Patient Safety Manager and additional Quality and Patient Safety Advisors	Chief Officer	Q1	
▶ Engage with other CHOs and National QPS Leads to ensure consistency in approach across divisions and across CHOs.	QPS Manager	Q1-Q4	
▶ Support and guide the realignment of Quality and Patient Safety Governance Structures within the CHO at Head of Service and local levels.	QPS Manager	Q1-Q4	
▶ Establish standardised processes in relation to risk and incident management within the CHO at Head of Service and local levels.	QPS Manager	Q1-Q4	
▶ Develop and implement a work plan to deliver upon the quality and patient safety priority actions identified in the Operational Plan.	QPS Manager	Q1-Q4	

The key commitments for the CHO are set out as follows:

Cross Divisional - Priority Actions	Lead	Q	CP Goal
Strengthen the QPS structures at head of service & local level to compliment the current CHO quality committee	HOS	Q1	
<ul style="list-style-type: none"> Determine structures to be in place under each HOS First meeting of these structures to be held by Q2 		Q1 Q2	
▶ Progress the work of the clinical audit committee to co-ordinate clinical audits within the CHO:	Chair of Committee	Q1	
<ul style="list-style-type: none"> Create and populate an audit database Develop clinical audit tools. Clinical Audit Training 		Q2 Q3-Q4 Q2	
Healthcare Associated Infections (HCAI)	HOS HWB		
▶ Establish a HCAI Committee at CHO level		Q1	
▶ Support the implementation of the HCAI agenda through the Cork and Kerry HCAI Committee by:	Each HOS	Q1-Q4	
<ul style="list-style-type: none"> Using the 2016 HALT prevalence data on HCAI to support participants to implement national recommendations to reduce HCAI risk. Using the 2016 HALT prevalence data on antimicrobial use to support participants to implement national recommendations to promote appropriate antimicrobial use. Roll out of the National Hand Hygiene Programme (HCAI/AMR National Clinical Programme/National Taskforce) across the CHO Surveillance and analysis of outbreaks of infections to reduce HCAI risk to clients and staff and continue service delivery. 			
▶ Establish a Drugs and Therapeutic Committee at CHO level	QPS Manager	Q4	
Incident Reporting and Management	HOS		
▶ Support a process to ensure that recommendations from incident investigations, reviews, inspection reports and other sources of best practice		Q2	

Cross Divisional - Priority Actions	Lead	Q	CP Goal
<p>are implemented and audited for effectiveness across the CHO</p> <ul style="list-style-type: none"> ▶ Further develop processes for learning opportunities through reviewing systems analysis investigation's findings & implementing recommendations utilising the "Shared Learning Template". ▶ Continue to provide Safety Incident Management Team training for staff. ▶ Facilitate staff that have completed part 1 of the 3 part Systems Analysis Investigation training to complete all modules. ▶ Implement the MHC/HIQA Standards for the Review of Patient Safety Incidents. 	HOS / QPS Manager	Q2 Q1	
Quality Improvement Initiatives			
<ul style="list-style-type: none"> ▶ Support quality improvement initiatives as identified within the CHO in line with the implementation of the <i>Framework for Improving Quality in our Health Services</i> <ul style="list-style-type: none"> – Leadership for quality – Person and family engagement – Staff engagement – Use of improvement methods – Measurement for quality – Governance for quality 	Each HOS / QPS Manager	Q4 Q1-Q4	
<ul style="list-style-type: none"> ▶ Conduct annual service user experience survey amongst representative samples of population. 	HOS	Q1-Q4	
<ul style="list-style-type: none"> ▶ Support the implementation of the HSE National PPPG Framework and National Clinical Effectiveness Committee (NCEC) Guidelines and Standards for Clinical Practice. 	HOS / QPS Manager	Q4	
<p>Risk Identification Management & Monitoring</p> <ul style="list-style-type: none"> ▶ Implement the revised Risk Management Policy 2016. ▶ Continue to maintain the CHO risk register. ▶ Development of risk registers at Head of Service level. ▶ Continue to provide training on the completing risk assessments & developing risk registers. 	Each HOS	Q1-Q4	
<ul style="list-style-type: none"> ▶ Continue to raise awareness with service users, families and staff of the role of the Confidential Recipient. 	HOS	Q1	
<ul style="list-style-type: none"> ▶ Assign a complaints manager to co-ordinate the complaints management process, promote shared learning and implement the recommendations identified in the Ombudsman's Report. 	CO	Q2	
<ul style="list-style-type: none"> ▶ Support and implement the roll out of the Open Disclosure (OD) policy within the CHO. 	HOS	Q1-Q4	
<ul style="list-style-type: none"> ▶ Implement quality & patient safety walk around using the toolkit provided by the national division. <ul style="list-style-type: none"> – Promote and demonstrate the use of the toolkit to head of service & head of discipline – Service Managers to implement quality & patient safety walk rounds using the toolkit 	HOS / QPS Manager	Q1-Q4 Q2-Q3	
<ul style="list-style-type: none"> ▶ Support the roll out of pressure ulcer to zero initiative. 	HOS	Q1-Q4	

Health & Wellbeing Division specific – Priority Actions	Lead	Q	CP Goal
► The CHO will support and collaborate with the HCAI/AMR clinical care programmes in prioritising key areas for development in 2017.	HOS	Q1	

Mental Health Division specific – Priority Actions	Lead	Q	CP Goal
► Report on Mental Health Quality Dashboard.	HOS	Q1	
► Strive to achieve compliance across all domains of Mental Health Commission (MHC) inspections at good or excellent levels of compliance including on-going development and monitoring of corrective and preventive action (CAPAs) and completion of minor upgrading works	HOS	Q1-Q4	
► Establish a working group to review identify and prioritise policies for standardisation across the approved centres in Cork and Kerry to ensure best practice is adopted and shared.	HOS	Q2	
► Participate in the Investigation Mentorship Programme being rolled out by the National Mental Health Division	HOS	Q1-Q4	

Primary Care Division specific – Priority Actions	Lead	Q	CP Goal
► Reporting on Primary Care Quality Dashboard.	HOS	Q1	
► Continue to implement a self-assessment against the National Standards for Safer Better Healthcare with a focus on quality improvement plans.	HOS	Q1-Q4	
► Implement quality improvement programmes e.g. Measure Service-Users' Experiences of Primary Care Team.	HOS	Q1-Q4	

Social Care Division specific – Priority Actions	Lead	Q	CP Goal
► Reporting on Social Care Quality Dashboard.	HOS	Q1	
► Continue to establish Residents Councils/Family Forums/Service User Panels or equivalent in Social Care Service settings.	HOS	Q4	
► Continue to implement the Safeguarding Vulnerable Persons at risk of abuse policy within Social Care Services.	HOS	Q1	
Compliance with National Quality Standards	HOS	Q1-Q4	
► Continue to implement the National Quality Standards for Residential Care Settings for Older People.			
► Continue to implement the National Quality Standards for Residential Care Settings for People with Disabilities.			
► Implement system to review trends from the collation of HIQA Notification Forms submitted by HSE provided-services			
► Medication Management: Distribute medication management framework within the services for older persons & disability services and monitor effectiveness through audit.	HOS	Q2	

Quality Balance Scorecard	Target
► % of Serious Reportable Events to be notified within 24 hours to designated officer	99%
► % of Mandatory investigations commenced within 48 hours of incident occurrence	90%
► % of Mandatory investigations completed within 4 months of notification of incident occurrence	90%
► % of Incidents, near misses and no harm incidents being reported on NIMS within 30 days of occurrence to designated officer	90%
► % of compliance with outcomes of designated centre following HIQA. inspections by CHO	80%

Finance

Budget 2017 V Budget 2016

The total funding available to this CHO in 2017 is €601m. This represents an increase of 2.4%.

CHO Budget tables

Cork & Kerry CHO	2017 NSP Budget €m	2016 Closing Budget €m
Primary Care	152.357	152.223
Mental Health	110.751	106.174
Social Care	334.665	326.249
Laboratory Service	2.852	2.986
Full details of the 2017 budget are available in appendix 1		

		Final Budget 2016	Expenditure 2016	Budget 2017
		000's	000's	000's
Primary Care	Primary Care (excl Community schemes)	98,058	98,682	98,607
	Community Schemes (demand led)	28,882	28,943	29,441
	Social Inclusion	16,631	17,415	15,989
	Palliative Care	8,652	8,778	8,320
	Total Primary Care	152,223	153,818	152,357
	Laboratory Service	2,986	2,998	2,852
Social Care	Older Persons Services	120,710	120,397	123,171
	Disability Services	205,539	207,631	211,494
	Total Social Care	326,249	328,028	334,665
Total Mental Health		106,174*	108,730	110,751
Total Cork & Kerry CHO		587,632	593,574	600,625

*includes once off funding in 2016

Summary of 2017 Initial Budget Allocation Cork & Kerry CHO

Division		Pay	Non-Pay	Income	Total
		000's	000's	000's	000's
Primary Care	Primary Care (excl Community schemes)	69,368	31,914	-2,675	98,607
	Community Schemes (demand led)		29,441		29,441
	Social Inclusion	2,354	13,638	-3	15,989
	Palliative Care	610	7,955	-245	8,320
	Total Primary Care	72,332	82,948	-2,923	152,357
	Laboratory Service	2,223	701	-72	2,852
Social Care	Older Persons Services	136,120	58,328	-71,277	123,171
	Disability Services	19,746	197,375	-5,627	211,494
	Total Social Care	155,866	255,703	-76,904	334,665
Total Mental Health		96,507	17,069	-2,825	110,751
Total Cork & Kerry CHO		326,928	356,421	-82,724	600,625

The cost of providing the existing services at the 2016 level will grow in 2017 due to a variety of factors including national pay agreements / public pay policy requirements, quality and safety requirements, new drug and other clinical non-pay costs, price rises, etc.

Additional base funding budget has been provided within the 2017 budget and this will assist in dealing with the underlying causes of the 2016 operating deficit with the balance to be dealt with by way of additional savings and other financial measures and assumptions.

2017 Funding for New Initiatives and Service Pressures

Additional funding has been provided in the following areas for new developments or in response to service pressures. These areas include:

- ▶ Mental Health:
 - Funding to open Deer Lodge residential centre;
 - Funding to provide external placements for a number of individuals identified as requiring same;
- ▶ Primary Care:
 - Additional funding for local demand led schemes;
 - Palliative Care – funding to open a '15' bedded in-patient Palliative Care Unit, University Hospital Kerry;
- ▶ Social Care:
 - Funding for services for places for young adults with disabilities leaving school or availing of training. The level of funding will be based on the number and profile of services users.
 - Additional funding for Residential Services provided on an emergency basis in 2016 and some provision for similar needs in 2017.
 - Funding for Home Care for Older People under the Winter Initiative 2016/2017.

Savings and Efficiency Measures

Given the underlying base funding pressures and the shortfall in the pay requirement, the 2017 budgetary environment will be challenging and will require:

- ▶ The requirement to adhere to a balanced pay budget will continue to be a critical component to deliver an overall balanced position in 2017
- ▶ Efforts to eliminate or reduce agency and changes in skill mix will continue to deliver savings and we will encourage and support service improvement initiatives that maximise throughput in a safe and effective manner
- ▶ Governance – intense focus on budgetary management through enhanced accountability framework
- ▶ Income – standardise and where possible improve the level of income generation achieved in 2016
- ▶ Activity – examine efficiency, effectiveness and value as part of the performance management process
- ▶ Specific cost reduction measures in disability services in the areas of transport, procurement and high cost residential places.

Financial Risks

In identifying potential risks to the delivery of the Financial Plan, it is acknowledged that while every effort will be made to mitigate these risks, it may not be possible to eliminate them in full. These financial risks largely resulting from increased demand for services, increased regulatory requirements and staff recruitment and retention issues.

Finance Tables by Division

Mental Health Services Budget Framework 2017

Summary of Mental Health Initial Budget Allocation as per National Mental Health Operational Plan

The budget for Cork & Kerry Mental Health Services in 2017 is €110.751m.

This is a 4.5% increase on 2016 budget and is 13% of the national mental health budget.

Mental Health	€m
Base Budget	104.726
Pay Cost Pressures (PCP)	1.305
PFG Posts 2013-2015 to be appointed during 2017	3.651
Other Non Pay Once Offs	1.069
Budget 2017	110.751

Primary Care Budget Framework 2017

The budget for Cork & Kerry Primary Care Services in 2017 is €152.36m. This is a 0.7% increase on 2016 budget and represents 15% of the national primary care budget

Summary of Primary Care Initial Budget Allocation

Primary Care	Primary Care €m	Palliative Care €m	Social Inclusion €m	Local DLS €m	Total €m
Opening Base Budget 2017	96.657	8.313	15.954	28.882	149.806
Speech & Language Posts	0.635				0.635
New ELS Funding					
Pay Cost Pressures	0.733	0.007	0.035		0.775
Medical Surgical Supplies	0.535				0.535
2017 Allocation				0.559	0.559
Primary Care Centres Additional Costs	0.048				0.048
	1.316	0.007	0.035	0.559	1.917
Initial Budget 2017	98.61	8.320	15.989	29.441	152.36

Laboratory Services Budget Framework 2017

The budget for Cork & Kerry Laboratory Service in 2017 is €2.852m. There is no change in the budget from 2016. This service will come under the control of Primary Care in 2017.

Summary of Laboratory Service Budget Allocation

Division	Pay €m	Non-pay €m	Income €m	Total €m
Laboratory Service	2,223	699	-70	2,852

Social Care Budget Framework 2017

Summary of Social Care Initial Budget Allocation as per National Social Care Operational Plan

The budget for Cork & Kerry Disability Services in 2017 is €211.494m. This is a 2.9% increase on 2016 budget and represents 12.5% of the national disability services budget

Social Care	Disabilities
	€m
Base Budget	201.722
Pay Cost Pressures (PCP)	1.713
HIQA 2016 FYC	1.800
Emergency Placements 2016 FYC	0.900
School Leavers 2016	1.096
HIQA 2017	1.800
Emergency Placements 2017 (Indicative)	2.050
PA/Home Support	0.663
2017 Cost Reduction	
Procurement & Transport	(0.250)
2017 Total Allocation Disability	211.494
2017 Expenditure Reduction Measures	
Agency	0.957
Cost Management & Control Measures	0.450
Total Cost Reductions	1.407

The budget for Cork & Kerry Older Persons Services in 2017 is €123.171m. This is a 2% increase on 2016 budget and represents 16% of the national budget for Older People.

Social Care	Older Persons
	€m
Base Budget	116.858
Additional Allocation 2017	
Cost Pressures (PCP)	1.565
Home Care & Winter Initiative (2016)	3.319
Home Care & Winter Initiative (2017)	0.876
Home Care 2017 Demographic related costs	0.553
Total Budget Allocation 2017	123.171
Cost Reduction Measures 2017	0.279

Workforce

The Health Services People Strategy

Cork & Kerry CHO has a workforce of 6,579 Whole Time Equivalent staff who deliver care across Cork & Kerry 365 days per year. *The People Strategy in 2015–2018* was developed in recognition of the vital role our workforce plays in delivering quality health and personal social care services.

Cork & Kerry CHO will continue to implement *The People Strategy 2015-2018*, working collectively to address the issues raised in the staff surveys. This is a strategy that extends to the entire workforce and managers at all levels. The strategy is underpinned by a commitment to engage, develop, value and support our workforce.

The key priorities for 2017 include:

- ▶ Proactively addressing issues from the 2016 Annual Staff Survey and promoting participation in the 2017 Survey.
- ▶ Phased implementation of the Performance Achievement Framework.
- ▶ Optimising the quantum and quality of services delivered within the pay budget allocation, continuing the transition from the Employment Control Framework to a funded workforce plan.
- ▶ Proactively improving communication with staff with the aim of ensuring that staff have access to information that is relevant and/or of interest from the HSE in a timely manner.
- ▶ Work with HR Directorate and Leadership Academy to provide a range of opportunities for staff learning, education and development.

Pay and Staff Numbers Strategy 2017

The Pay and Staff Numbers Strategy 2017 is a continuation of the strategy that was approved in July 2016, central to which is compliance with allocated pay expenditure budgets to ensure effective allocation and deployment of available resources. Overall pay expenditure, which is made up of direct employment costs, overtime and agency will continue to be monitored, managed and controlled. This will ensure compliance with allocated pay budgets as set out in the annual funded workforce plan at divisional and service delivery unit level.

Pay and staff monitoring, management and control at all levels will be an area of significant focus in 2017 in line with the Performance and Accountability Framework. Early intervention and effective plans to address any deviation from the approved funded workforce plans will be central to maximising full pay budget adherence at the end of 2017.

There is a continuous review of the cost and reliance on agency staff to ensure that the level used is appropriate to meet the needs of service delivery and that agency use is reduced or service need met by the recruitment of staff paid directly by the organisation where appropriate.

Particular attention will be paid to the further development and implementation of measures to support the recruitment and retention of nursing, consultant psychiatry and other discipline where there are identified shortages.

The Lansdowne Road Public Service Stability Agreement 2013–2018

The LRA, which represents an extension of the *Haddington Road Agreement* (HRA), was negotiated between Government and unions in May 2015 and will continue until September 2018. The agreement is endorsed by the majority of health sector unions and provides for the commencement of a phased approach towards pay restoration, targeted primarily at those on lower pay scales.

European Working Time Directive

The Cork & Kerry CHO is committed to maintaining and progressing compliance with the requirements of the European Working Time Directive including non-consultant hospital doctors (NCHDs) and staff in the social care sector. Key indicators of performance agreed with the European Commission include a maximum 24 hour shift, maximum average 48 hour week; 30 minute breaks every six hours, 11 hour daily rest / equivalent compensatory rest and 35 hour weekly / 59 hour fortnightly / equivalent compensatory rest. We will continue to progress improved performance against these targets within the overall parameters of the service plan.

Other key priorities

- ▶ Health & Safety
 - Health & Safety Committees in place at CHO, Head of Service and local level.
 - Provide appropriate supports and training to ensure safety statements are up to date.
- ▶ IT / HR systems
 - Work with HBS nationally on the potential to commence SAP Payroll / HR system
 - E-Rostering System – implementation of same across Cork & Kerry Mental Health Services

Delivery of Services 2017

Cross cutting priorities

A multi-year system-wide approach

The following 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.

Finance, governance and compliance

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

Workforce

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

Cross Divisional Actions

There are a number of initiatives that will be implemented in 2017 across each division in Cork & Kerry CHO. Details of these initiatives have been set out below:

Children First

- ▶ Complete the Children First eLearning module available on HSEland by all HSE and HSE funded services for children and adult staff.
- ▶ Provide report of staff that have completed the e-learning module by division.
- ▶ Continue the work of the CHO Children First Implementation Committee and liaise appropriately with the National Children First and divisional oversight groups.

Service Arrangements

- ▶ To ensure that Service Arrangements are completed in line with the target timelines.
- ▶ Monitor the quantum and quality of service delivered against the levels set out in the Service Arrangements.

Internal Audit

- ▶ Implement actions to address internal audit findings in a timely manner and in accordance with the targets set by Internal Audit.

Communications

- ▶ To complete a communication plan for Cork & Kerry CHO and to commence implementation.
- ▶ Improve communication to staff, service users and public in relation to the range and quality of work carried out in Cork & Kerry CHO.
- ▶ Plan for a communication initiative in relation to a minimum of '1' per service division each quarter.
- ▶ Aim to ensure that all relevant information is available to provide a full and balanced picture on serious incidents and news items of public concern.
- ▶ Work on establishing the Community Healthcare Organisation brand.

Health and Wellbeing

Introduction

Improving the health and wellbeing of Ireland's population is a national priority and a key element of healthcare reform. As part of this reform and in response to Ireland's changing health and wellbeing profile, the *Healthy Ireland (HI): A Framework for Improved Health and Wellbeing 2013-2025* was adopted by the Irish Government. This Framework was published on March 28th, 2013. This commitment is also reflected in the HSE's Corporate Plan, *Building a high quality health service for a healthier Ireland 2015-2017*, which identifies the promotion of 'health and wellbeing as part of everything we do' within its five over-arching Corporate Goals.

Within the HSE, the Health and Wellbeing Division is responsible for driving and coordinating the health service response to this agenda. Our services are focussed on helping people to stay healthy and well, reducing health inequalities and protecting people from threats to their health and wellbeing. Identifying successful mechanisms to address the broader determinants of health and the unequal patterns in health outcomes in the population is central to this work.



A major milestone in formulating the health services response to the *HI Framework* was achieved in 2015, with the publication of our *Healthy Ireland in the Health Services National Implementation Plan 2015-2017 (HI Implementation Plan)* which specifically focuses on the HSE, our workforce, our services and the people to whom we provide services.

The appointment of the Head of Service Health and Wellbeing to the Senior Management team in Cork & Kerry Community Healthcare Organisation is a significant enabler to the translation of the goals and actions set out in the *HI Implementation Plan* within communities.

Key developments in health and wellbeing will be delivered in 2017 and which will impact on services to the public in Cork and Kerry CHO include:

- ▶ Within the Child Health area, the augmentation of the current Primary Childhood Immunisation (PCI) schedule to address agreed public health priorities. In addition, the implementation of the revised evidence-based universal child health screening and development programme will commence on a phased basis as will the key components of the Nurture, Infant Health and Wellbeing Programme.
- ▶ The completion of a National Brief Intervention Framework for implementation.
- ▶ The further advancement of the programme of work supporting the continued development of integrated care across health and social care services.
- ▶ The continued work of national policy priority programmes in areas such as Tobacco Free Ireland, Healthy Eating and Active Living (HEAL), Healthy Childhood Programme, Alcohol, Wellbeing and Mental Health, Positive Ageing and Sexual Health to address the burden of chronic illness.
- ▶ Finalise and implement the development of Healthy Ireland (HI) plan for the Cork & Kerry CHO which will advance the overall objectives set out in the *Healthy Ireland in the Health Services Implementation Plan 2015-2017*, focusing on, inter alia, initiatives to support staff health and wellbeing and the concept of *making every contact count*.

Health and Wellbeing comprises a range of services to improve the health of the population. These include a mix of local and national staff and services:

Health and Wellbeing Staff Managed Directly by the National Director	Health and Wellbeing Services Managed by Cork & Kerry CHO
<ul style="list-style-type: none"> ▶ Public Health including the National Immunisation Office (NIO) and the Health Protection Surveillance Centre (HPSC) ▶ Health Promotion and Improvement ▶ Environmental Health ▶ National Screening Services 	<ul style="list-style-type: none"> ▶ Immunisations

Healthy Ireland in the Health Services in Cork & Kerry CHO

The Healthy Ireland Framework is an implementation plan specifically focused on the HSE, our workforce, our services and the people we care for. The plan sets out three clear priorities for action on:

- ▶ Reducing Chronic Disease - the biggest risk to our population's health and our services,
- ▶ Staff Health and Wellbeing – ensuring we have a resilient and healthy workforce and
- ▶ System Reform – ensuring that the direction and the effect of the significant reforms underway result in a health system that prioritises health and prevention as it does hospitals and treatment.

Healthy Ireland involves every part of society in improving the health and wellbeing of the nation which is a national priority of the Government. It sets out four central goals for our health and wellbeing, and clear routes and strategies to achieve these goals, in which all people and all parts of our society can participate. This framework is needed because the health and wellbeing of our country is changing, and there are many trends that are leading us toward an unhealthy and extremely costly future. Evidence and experience from around the world clearly shows that to create positive health and wellbeing change takes the involvement of the whole community, the whole Government and all of society working in unison.

The Healthy Ireland Vision

A healthy Ireland; where everyone can enjoy physical and mental health and wellbeing to their full potential; where wellbeing is valued and supported at every level of society and is everyone's responsibility. Achieving this vision will be complex and will take place at a growing pace over the coming 10-20 years. Influencing current health trends, reversing them and moving toward a better future will take senior Government and societal commitment, will take time, planning and strong leadership. It will also take good systems of measurement and implementation and will result ultimately with supporting people to make healthy choices, day by day, as they go about their daily lives.

Healthy Ireland's four high-level goals will be at the heart of all actions and activities. They are:

- ▶ Increasing the proportion of people who are healthy at all stages of life,
- ▶ Reducing health inequalities,
- ▶ Protecting the public from threats to health and wellbeing and
- ▶ Creating an environment where every sector of society can play its part.

This implementation plan is packaged to support both national and local level implementation, with 126 actions which require leadership and commitment at corporate and local levels for implementation.

In 2017, Cork & Kerry CHO will complete the development of a local implementation plan for *Healthy Ireland* and will commence roll out of the plan. This will involve jointly working with Health and Wellbeing Staff, both locally and nationally.

Priorities for 2017

- ▶ 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.
- ▶ Staff Health & Wellbeing Initiatives will be rolled out in 2017.
- ▶ There are a number of Immunisation actions which will be prioritised in 2017.

Risks to the delivery of the Cork & Kerry CHO Operational plan

- ▶ There is a risk to the completion of the implementation of the recommendations from the review of delivery and governance of immunisation services.
- ▶ There is a risk of a decrease in uptake of the HPV immunisation due to the intense *regret campaign* currently active in Cork & Kerry

Quality & Patient Safety

Cork & Kerry CHO will continue to deliver quality & patient safety initiatives throughout 2017; full details of these actions are set out in the QPS chapter of this plan on page 7.

2017 Health and Wellbeing Key result areas and priority actions

Priority Actions	Lead	Q	CP Goal
Healthy Ireland			
Conclude the development of Healthy Ireland (HI) plan for Cork & Kerry and commence implementation in partnership with H&WB and all relevant stakeholders: <ul style="list-style-type: none"> ▶ Complete Healthy Ireland consultation and communication process in Cork & Kerry CHO ▶ Establishment of site specific Healthy Ireland groups in a number of locations across Cork & Kerry CHO e.g. St. Finbarr's Hospital ▶ Implementation of Healthy Ireland actions across Cork & Kerry CHO ▶ Completion of Cork & Kerry CHO Healthy Ireland plan by 31st March 2017. ▶ Roll out of Healthy Ireland initiatives in a number of sites across the CHO. ▶ Each Service Unit to identify & deliver two priority Healthy Ireland actions in 2017. 	HOS HWB	Q1-Q4 Q1 Q2-Q4 Q1-Q4	1
<ul style="list-style-type: none"> ▶ Cork & Kerry CHO will support the development of HSE Staff Health & Wellbeing strategy in implementing an agreed governance structure in conjunction with the National Office ▶ Implementation across Cork & Kerry of the approved Staff Health & Wellbeing Initiatives funded by HWB: <ul style="list-style-type: none"> – Installation of an additional bicycle shelter in the St. Finbarr's Hospital campus – Installation of shower facilities for staff in an approved location. – Delivery of Mindfulness training and practice across Cork & Kerry for all divisions. . This is a stress reducing initiative for staff. – Delivery of '<i>It's not all about weight, it's about fitness – the importance of physical activity for health</i>' across Cork & Kerry (Education Programme and Pedometer Scheme) – Develop local action plans to support staff to create a healthier workplace 	HOS HWB	Q2	4
<ul style="list-style-type: none"> ▶ Commence implementation of Making Every Contact Count (MECC) in Cork & Kerry on a phased basis with support of National MECC implementation team in line with the recommendation of the National MECC Framework ▶ Train CHO cohort of staff in line with targets for 2017 – based on targets for brief intervention smoking cessation (BISC) and screening and brief intervention (SBI) for alcohol. 	HOS to support and lead HWB	Q1- Q4	1

Priority Actions	Lead	Q	CP Goal
▶ Commence CHO rollout of training package for MECC Q4 once service provider appointed			
▶ Appoint a CHO Self-Management Support coordinator	HOS HWB	Q1- Q4	1
▶ Commence CHO implementation of SMS framework as outlined in the National Framework for Self-Management Support			
▶ Develop signposting directories of local community and voluntary resources to support Self-Management Support.			
▶ Facilitate the development of peer support through voluntary and community organisations in the CHO			
Reduce Levels of chronic disease and improve the health and wellbeing of the population			
Clinical guidelines and audits			
▶ Support the development and implementation of relevant national clinical guidelines and audits (asthma, chronic obstructive pulmonary disease, diabetes, HCAI, under-nutrition, hepatitis C screening, smoking cessation).	HOS HWB	Q1- Q4	1
Tobacco Free Ireland			
▶ Continue to monitor compliance with the HSE Tobacco Free Campus Policy			
▶ 50% of Approved and Residential Mental Health sites will implement the HSE Tobacco Free Campus Policy	HOS HWB / HOS MH	Q1- Q4	1
▶ 100% of Residential Disability Services (HSE, Section 38&39) will implement the HSE Tobacco Free Campus Policy	HOS HWB / HOS SC	Q1- Q4	1
▶ All services in the CHO (Mental Health, Disability, Older Persons Services and Primary Care) will actively participate in the European Network of Smokefree Healthcare Service (ENSH) -Global process	HOS HWB / HOS SC / HOS MH / HOS PC	Q1- Q4	1
▶ Complete annual on-line self-audit and commence a process to validate implementation of ENSH-Global Standards	HOS HWB / HOS SC / HOS MH / HOS PC	Q1- Q4	1
▶ Release 171 front line staff in Cork & Kerry CHO to attend BISC training to support the routine treatment of tobacco addiction as a Healthcare issue.	HOS HWB	Q1- Q4	1
▶ Display QUIT support resources in all appropriate services	HOS HWB	Q1- Q4	1
▶ Ensure staff are aware of the QUIT campaign and refer patients/clients to Quit and other appropriate smoking cessation services	HOS HWB	Q1- Q4	1
Healthy Eating and Active Living (HEAL)			
▶ Implement calorie posting and healthier vending policies in all sites within Cork and Kerry.	HOS HWB / HOS PC	Q1- Q4	1
▶ Support planning for the provision of enhanced community-based, weight-management programmes and specialist treatment services			
▶ Support the embedding of an evidence based framework for the prevention of childhood obesity into Cork & Kerry child health operating structures			
▶ Support the delivery of structured community based cooking programmes (Healthy Food Made Easy and Cook It!)			
▶ Release 104 PHNs to train in the Nutrition Reference Pack for infants aged 0-12 months			
▶ Supporting the roll out of Making Every Contact Count through training to staff			

Priority Actions	Lead	Q	CP Goal
preparing food while recognising the individualised requirements of all clients.			
▶ Supporting the implementation of a Healthy Food and Nutrition Policy.			
▶ Continue to support a variety of Community Growing Garden Projects in Cork & Kerry CHO	SI Lead	Q1- Q4	1
▶ Pilot project to supply vegetables and herbs to Cork University Hospital which is a collaboration between Churchfield Community Trust, Health Action Zone (HAZ) and Cork University Hospital to develop a “growing project” between the hospital and the community	SI Lead	Q1- Q4	1
Implement actions in support of national policy priority programmes for tobacco, alcohol, healthy eating active living, healthy childhood, sexual health, positive ageing and wellbeing and mental health			
▶ Healthy Childhood - Support the Implementation of the National Healthy Childhood Programme which encompasses the Nurture Programme-“Infant Health and Wellbeing”	HOS HWB / HOS PC	Q1- Q4	1
▶ Healthy Childhood - Support the implementation of the National Healthy Childhood Programme	HOS HWB / HOS PC	Q1- Q4	1
▶ Healthy Eating Active Living - Support roll out of CAREpals training for staff working in residential and daycare services for older people.	HOS HWB / HOS SC	Q1- Q4	1
▶ Connecting for Life - Support the engagement and consultation process in the development of the National Plan through staff participation and partner implementation of finalised plan	HOS to support / HOS MH to Lead	Q1-Q4	1
Alcohol			
▶ Support the key actions of the 3 year HSE Alcohol Programme Implementation Plan.	HOS HWB / SI Lead	Q1-Q4	1
▶ 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.			
▶ Implement the Cork & Kerry Alcohol Strategy	SI Lead	Q1-Q4	1
Positive Ageing			
▶ Rollout health promotion initiatives across Cork and Kerry including:	HOS HWB	Q2-Q3	1
– Explore additional health promotion activities for older persons and persons with disabilities and to devise & implement a proposal and action plan regarding same.		Q3	
– Review and revise current positive aging initiatives e.g. Dementia Café with a view to implementing QIPs.		Q4	
– Organise a healthy aging day in Cork.		Q3	
Progress implementation of the Breastfeeding in a Healthy Ireland - Health Service Breastfeeding Action Plan 2016–2021			
▶ Improve the % of babies breastfed (exclusively and not exclusively) at the first PHN visit and at 3 month PHN developmental check.	HOS HWB / HOS PC	Q1-Q4	
Dementia UnderStandTogether campaign			
▶ Support the building of a network of local and national partnerships under the Dementia UnderStandTogether campaign to increase awareness and create compassionate inclusive communities for people with dementia and their carers	HOS HWB / HOS SC	Q1-Q4	

Priority Actions	Lead	Q	CP Goal
Protect the population from threats to health and wellbeing			
Immunisations			
► Support Health and Wellbeing to develop a revised child health and immunisation model for implementation in the context of the Immunisation Review.	HOS HWB	Q1-Q4	1
► Complete implementation of the Rotavirus and Men B vaccination programmes within available resources.	HOS HWB	Q1-Q4	1
► Continue to work to improve immunisation rates locally through engagement with GPs.	HOS HWB	Q1-Q4	1
► Improve influenza vaccine uptake rates amongst staff in frontline settings and among persons aged 65 and over through: <ul style="list-style-type: none"> – Delivery of 'Peer Vaccinators' training across Cork and Kerry for all Divisions. – Promote and increase the awareness of the Flu vaccination programme amongst staff 	HOS HWB	Q4 Q4 Q4	1
► Improve uptake rates for the School Immunisation Programmes (SIP) with a particular focus on HPV vaccine	HOS HWB	Q1-Q4	1
► Develop and implement a flu plan for 2017/2018 to improve influenza vaccine uptake rates amongst staff in frontline settings and persons aged 65 and over	HOS HWB	Q1-Q4	1
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	HOS HWB	Q1-Q4	1
► Promote the BreastCheck Programme among female staff who are new to the BreastCheck age cohort (i.e. female staff in the 50 to 52 yrs age group) in collaboration with the National Screening Service	HOS HWB	Q1-Q4	1
Create and strengthen cross-sectoral partnerships for improved health outcomes and address health inequalities			
► Develop local structure where required to support HSE representative on Local Community Development Committees, co-ordinate inputs etc	HOS HWB	Q1-Q4	1
► Participation & engagement in Cork city LCDC and Kerry LCDC.	HOS HWB	Q1-Q4	1
► Engage with Cork County Council in relation to HSE representation on the LCDCs.	HOS HWB	Q1-Q4	1
► Improve co-ordination and input to multi-agency partnerships / committees to ensure joined up approaches to public health priorities (CYPSCs; Healthy Cities; Age-Friendly etc)	HOS HWB	Q1-Q4	1
► Continue to support Healthy Cities and Counties in collaboration with Health & Wellbeing	HOS HWB	Q1-Q4	1
Diabetes			
► The CHO will progress the service for people with type 2 Diabetes further to the recent recruitment of two Senior Dieticians.	HOS PC / HOS HWB	Q1-Q4	2
► The recently recruited Diabetes Nurse Specialist will work with primary care staff to progress services for people with diabetes in line with the National Clinical Programme for Diabetes.	HOS PC / HOS HWB	Q1-Q4	2

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:

- ▶ 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.

Over the last number of years work has been underway to realise the vision for primary care services whereby the health of the population is managed, as far as possible, within a primary care setting, with people very rarely requiring admission to a hospital. This approach is now aligned with the Healthy Ireland framework, noting the importance of primary care to the delivery of health improvement gains. Primary Care will play a central role in co-ordinating and delivering a wide range of integrated services in collaboration with other service areas. The primary care team (PCT) is the central point for service delivery which actively engages to address the medical and social care needs of the population in conjunction with a wider range of Health and Social Care Network (HSCN) services.

Primary care services include primary care teams (GPs, Nurses, PHNs, SLTs, Physiotherapists, Occupational Therapists, Dieticians, Practice Nurses, Admin staff) ophthalmic, audiology, podiatry, dental, Community Intervention Teams, schemes reimbursement, social inclusion and palliative care services.

Primary Care Schemes

The Primary Care Schemes are the means through which the health system delivers a significant proportion of primary care services. Scheme services are delivered by primary care contractors e.g. general practitioners, pharmacists, dentists, optometrists and/or ophthalmologists. Services are provided to people in the Cork and Kerry through approximately 1,148 Primary Care Contractors.

The schemes include:

- General Medical Services (GMS) – Medical Card Scheme including GP Visit Cards.
- Drug Payment Scheme.
- Long Term Illness Scheme.
- Dental Treatment Services Scheme (DTSS).
- High Tech Drug Arrangements.
- Primary Childhood Immunisation Scheme.
- Community Ophthalmic Scheme.
- Certain services under Health (Amendment) Act 1996 and Redress for Women Resident in Certain Institutions Act 2015.
- Methadone Treatment Scheme.

Staff in local offices in the CHO process applications for all Primary Care Schemes with the exception of the GMS Scheme. Applications for the GMS Scheme are processed by Primary Care Reimbursement Services

Cork & Kerry CHO	2017 Budget €m	2016 Closing Budget €m
Primary Care	98.607	98.058
PCRS	-	-
Local Demand-Led Schemes	29.441	28.882
Social Inclusion	15.989	16.631
Palliative Care	8.320	8.652
Laboratory Services *	2.852	2.986
Full details of the 2017 budget are available in appendix 1		
* The Public Analyst & Public Health Microbiology Laboratories will be managed under the Primary Care Division from 2017.		

(PCRS). The local offices also serve as resource to the PCRS and provide assistance and information to local people applying for Medical Cards and GP visit cards.

Risks to the delivery of the Cork & Kerry CHO Operational plan

- ▶ While a number of initiatives are underway to maximise the output of the existing Allied Health Professional resources, 2017 Stretch Metrics in the areas of OT, Podiatry & Psychology are at potential risk of achievement when considering the ELS budget resource allocation.

Priorities for 2017

- ▶ Improve access, responsiveness and safety of primary care services including:
 - Working with Allied Health Professional (AHP) Managers in OT, Physiotherapy, SLT & Psychology through the therapy capacity group to ensure the funded AHP service in Cork & Kerry CHO is maximised to meet the priority needs.
 - Maintain existing levels of service in 2017 that are at minimum equal to what was provided in 2016.
 - Working with the national division to address waiting lists in Occupational Therapy, Psychology, Orthodontics, Audiology, Speech & Language Therapy and Ophthalmic Service.
- ▶ Continue to work to sustain rural GP practices in peripheral areas. Work with the national division to secure supports for rural GP practices in peripheral areas, particularly through additional locum cover to support and reduce their on-call rota commitment.
- ▶ Improve access, quality and efficiency of palliative care services in particular by extending the home care service from 5 to 7 days in Kerry and by opening the 15 bedded inpatient palliative care unit in Kerry.
- ▶ Continue to work to improve health outcomes for the most vulnerable in society including those with addiction issues, the homeless, refugees, asylum seekers, Traveller and Roma communities through targeted provision.
- ▶ Continue the development of Primary Care Centres, with Carrigaline and St Mary's Health Campus Cork City to open in 2017.

Quality & Patient Safety

Cork & Kerry CHO will continue to deliver quality & patient safety initiatives throughout 2017; full details of these actions are set out in the QPS chapter of this plan on page 7.

2017 Primary Care Division Key result areas and priority actions

Implementing Priorities 2017

Primary Care Services			
Priority Actions	Lead	Q	CP Goal
Improve quality, safety, access and responsiveness of primary care services to support the decisive shift of services to primary care			
Strengthen governance arrangements to support packages of care for children discharged from hospital with complex medical conditions to funded levels			
▶ Continue to provide for the care of children with complex medical care needs in their home within available resources.	HOS PC	Q1-Q4	2
▶ Review governance arrangements of support packages of care for children discharged from hospital with complex medical conditions.	HOS PC	Q2	2
▶ Implement the nationally agreed protocol for discharge planning for children with complex medical conditions when available.	HOS PC	Q2	2
▶ Implement the nationally agreed clinical and service assessment tool for children with complex medical conditions when available.	HOS PC	Q2	2
Strengthen and expand Community Intervention Team (CIT) / Outpatient Parenteral Antimicrobial Therapy (OPAT) services			
▶ Strengthen and expand Community Intervention Team (CIT) / Outpatient Parenteral	HOS		2

Primary Care Services			
Priority Actions	Lead	Q	CP Goal
<p>Antimicrobial Therapy (OPAT) services in Cork & Kerry as follows:</p> <ul style="list-style-type: none"> – Cork CIT will increase service provision and geographic scope in Cork county to provide service to an additional 83 clients per month – Relocate the CIT team to a suitable clinic and office space in Tralee. – Finalise a plan to deliver CIT/OPAT services to increase and expand the delivery of CIT services in the Kerry catchment area to include support for older persons, palliative care, diabetes care, medicine management etc in conjunction with national primary care. 	PC	Q1 Q1 Q1	
Improve waiting times for therapy services			
▶ Through therapy capacity group maximise the use of Allied Health Professional resource in Cork & Kerry CHO to address waiting lists particularly Speech and Language Therapy, Occupational Therapy and Psychology.	HOS PC	Q1-Q4	2
▶ Reduce all waiting times for audiology assessment to a maximum of 12 weeks.	HOS PC	Q1-Q4	2
▶ Continue to implement the Waiting List initiative in Speech and Language Therapy in liaison with the national division and continue to address SLT Waiting lists.	HOS PC	Q1-Q4	2
▶ The CHO will work with the national division to progress the action plans developed to address Occupational Therapy and Psychology waiting lists within the funding available.	HOS PC	Q1	2
Counselling in Primary Care / Mental Health			
▶ Work with the national division to develop a model of service to provide counselling to children in primary care	HOS PC/ MHS	Q4	1
GP Services			
▶ Commence implementation of the relevant recommendations from the GP out of Hours Review within available resources	HOS PC	Q2	2
▶ Develop a feasibility study on how best to support rural GP practices for 'out of hours' services in conjunction with SouthDoc.	HOS PC	Q2	2
<p>▶ Complete a scoping exercise to identify the methods and funding arrangements by which bloods are currently transported from GP Services to the labs across Cork and Kerry.</p> <ul style="list-style-type: none"> – Carry out a Cost Benefit analysis on existing arrangements to identify how the current level of expenditure can be maximised to support GPs in the area. – Implement an interim arrangement while a procurement process in Cork and Kerry is undertaken. <p>▶ Enhance processes for communication and consultation with GPs in Cork & Kerry CHO.</p>	HOS PC	Q3	2
Consolidate the provision of ultrasound and minor surgery services in primary care sites and expand provision of direct access to x-ray services within existing resources			
▶ Maintain the funded level of provision of ultrasound services in existing sites and work to expand provision of direct access to ultrasound in conjunction with the national division. Provide 4,420 ultrasounds across the Cork & Kerry CHO primary care sites (Cork City, Mallow, Ballyheigue, Kenmare and Mitchelstown)	HOS PC	Q1	2
▶ Develop x-ray service in Caherciveen Community Hospital in partnership with Acute under National Primary Care programme.			
Minor Surgery Initiative			
▶ Work with the National Division and the South/South West Hospital Group to increase the volume of procedures under the minor surgery initiative consistent with findings of evaluation report with the GPs accredited for Minor Surgery.	HOS PC	Q1-Q4	2
Develop primary care eye services			
▶ Agree phased implementation plan for the National Review Recommendations for	HOO	Q1-Q4	2

Primary Care Services			
Priority Actions	Lead	Q	CP Goal
eye care services when the National review report is available			
▶ Review care pathways to ensure best possible pathways are available for patients in conjunction with Community Ophthalmic staff and Acute hospital staff in Cork and Kerry.	HOS PC	Q2	2
▶ Provide change management / team training for CHO primary care eye team staff	HOS PC	Q1-Q4	4
▶ Implement the PHN vision surveillance standard operating procedure (SOP) within our (child health) public health nursing service.	HOO	Q1-Q4	4
▶ Work with the national division to address waiting lists for ophthalmology. The Ophthalmology waiting lists have been clinically prioritised and the first cohort of clinically prioritised children has been seen.	HOS PC	Q1-Q4	2
▶ Finalise the plan to deal with the balance of the waiting list and to reconfigure the service		Q1	
▶ Commence implementation of the waiting list plan within available resources		Q2	
Deliver integrated care programmes for chronic disease prevention and management in primary care			
Diabetes	GM/PC		2
▶ Expand services to patients with Diabetes (2016 Initiative) <ul style="list-style-type: none">– Employ 2 additional Senior Dieticians (Cork and Kerry)– Employ Integrated Care Clinical Nurse Specialist for Diabetes x 1 (Cork city but with a remit which includes West Cork)		Q2	
▶ These posts once filled will enable Cork & Kerry CHO to: <ul style="list-style-type: none">– Extend provision of structured education programmes for patients with type 2 diabetes in the community– Progress the implementation of the chronic disease demonstrator projects– Progress the implementation of the Diabetes integrated model of care making best use of the existing Clinical Nurse Specialists for Diabetes			
Primary Care Accommodation			
▶ Complete the construction of the Primary Care Centre (PCC) in Carrigaline and commence delivery of Primary Care Services from the new building.	HOS PC/ESTATES	Q4	5
▶ Complete the construction of St Mary's PCC Gurrabraher, Cork City	HOS PC/ESTATES	Q4	5
▶ Commence the commissioning process on completion of the construction			
▶ Review the governance arrangements for St. Mary's Health Campus and St. Finbarr's Hospital Campus including the monitoring, control and appropriate allocation of expenditure.	GM/PC	Q2	5
▶ The Estates Department and Primary Care Management will work in 2017 to progress the development of Primary Care Centres in the following areas where a letter of intent has issued to developers:- Bandon, Bantry, Ballincollig, Castletownbere, Clonakilty, Cobh, Newmarket, Carrigtwohill, Fermoy, Caherciveen, Castleisland, Killarney and Rathmore.	HOS PC	Q1-Q4	5
▶ Work with Estates in planning, design and preparatory work in the case of further Primary Care Centres which are at Stage 3, where property offers have been received. These are:- Togher, Kanturk and Tralee	HOS PC	Q1-Q4	5
▶ Assess any expressions of interest received following re-advertisement for Blarney, Bishopstown, Mayfield and Listowel.			
▶ Ensure existing and planned primary care centres are used to the maximum potential to meet the presenting health and wellbeing needs of the population and to reduce demand on acute hospital services.	HOS PC	Q2	5
▶ Further to a consultative process and scoping exercise finalise a plan to agree what	HOS PC	Q2	5

Primary Care Services			
Priority Actions	Lead	Q	CP Goal
Services can transfer to Mallow Primary Health Care Centre to maximise its capacity and identify funding streams for same.			
► Work with the Estates department to prepare an accommodation plan for primary care services which will not be accommodated in PCCs	HOS PC/ Estates	Q2	5
Improve access to Oral Health Services including children's oral health services and access to orthodontic services for children			
► Review existing Oral Health resources and functions with the aim of refocusing to more targeted interventions of agreed groups (highest need/waiting list time etc.)	Oral Health Lead	Q1-Q4	2
► Continue to co-operate with the current National Waiting List Initiative for children's orthodontic services through initially conducting a review of those who are longest on the treatment waiting list and facilitate offers of places onto the National Waiting List Initiative with the overall aim of reducing the current treatment waiting times.	Oral Health Lead	Q1-Q4	2
► Work with the National Oral Health Office to develop any further new initiatives to improve waiting times for orthodontic and general anaesthetic dental services in the CHO.	Oral Health Lead	Q2	2
► Continue to work with the National ICT Office on the completion of the replacement of the "Bridges" IT System with the National Dental Patient Management IT System "System of Excellence (SOEL)"	Oral Health Lead	Q1	2
► Agree an IT solution to ensure that the former ("Bridges") System will be maintained as a read only patient archive.	Oral Health Lead	Q1	2
► Continue to ensure appropriate care pathways for hypodontia, cancer and other complex care pathways that are referred from oral health and/ or orthodontics to acute hospital settings (including maxillofacial services).	Oral Health Lead	Q1	2
► Implement the SMILES programme for under three year olds in Cork & Kerry CHO.	Oral Health Lead	Q3	2
Primary care island services			
► Commence implementation of the recommendations from the Review of Primary Care Island Services within available resources	HOS PC	Q1-Q4	2
► Communicate the recommendations to relevant stakeholders	HOS PC	Q1	2 & 4
► Work to establish a local interagency group comprising of the HSE island nurse (s), GPs, the GP out of hours service local authorities, lifeboats, coastguard, fire service, Garda Siochana etc. to implement the plans emerging from this review.	HOS PC	Q2	2 & 4
► Develop a specific job description for an island nurse taking account of the needs of island populations and professional and geographical challenges.	HOS PC	Q2	2 & 4
► Support island nurses to attend the specific island nurse training programme in partnership with NMPDUs and further training to support island nurses maintain their professional skills.	HOS PC	Q1-Q4	2 & 4
► Participate in a review of governance with regard to lone working and satisfactory senior management support for island.	HOS PC	Q1-Q4	4
► Prominently display public information for all residents and visitors to all islands about the emergency procedures.	HOS PC	Q2	5
► Participate in the development of a major accident plan specific to each island and the key stakeholders will attend regular practice scenarios	HOS PC	Q2	2 & 4
► Participate in the development of a standard protocol for medication dispensing when the GP is on the mainland	HOS PC	Q1 – Q4	2 & 4
► Work in partnership with PCT and island community to promote community	HOS PC	Q1-Q4	2 & 4

Primary Care Services			
Priority Actions	Lead	Q	CP Goal
resilience with regard to self-management and anticipatory care			
Transfer GP training to ICGP			
► Work with the national division to ensure that a SLA for the training programme for GPs that meets the needs of the CHO is agreed with ICGP.	HOS PC	Q1	4
Integrated Falls Pathway			
► Continue to roll out Integrated Falls Pathway in Cork and Kerry as detailed in the Social Care programme of this plan.	HOS PC/SC	Q1-Q4	2
InterAgency Collaboration			
► Progress Liaison processes and fora between the HSE and TUSLA to assist with joint working and collaboration in relation to children and young people with families.	GM	Q4	2
ED Taskforce and Winter Planning			
► Provide primary care services to support hospital avoidance and early discharge including GP out of hours services, community intervention team services and aids and appliances	HOS PC	Q4	2
Community Healthcare Service Networks			
► Progress the development of community healthcare service networks consistent with the national processes on implementing the Community Healthcare Organisation report.	HOS PC	Q1-Q4	5
Public Analyst & Public Health Microbiology Laboratories			
► Engage and work to progress IT issues in the public analyst lab (server, LIMs etc.) with reconfigured ICT Directorate	Public Analyst	Q1-Q4	2 & 4
► Progress business case to support IT systems nearing end of life in the public health microbiology labs (LIMS, Server, Database Maintenance etc)	Chief Medical Scientist	Q4	5
► Develop molecular testing service to improve work processes and capacity to respond to public health risks in the public health microbiology labs	Chief Medical Scientist	Q4	2 & 5
► Maintain accreditation for existing scope of accreditation (ISO17025:2005 standard)	Public Analyst & Chief Medical Scientist	Q1-Q4	2 & 4
► Extend scope of accreditation to include customer requirements	Public Analyst & Chief Medical Scientist	Q1-Q4	2 & 4
► Work with HSE South Health and Safety Officer to ensure a new Gas Alarm System is installed in the Public Analyst & Public Health Microbiology Laboratories	Public Analyst & Chief Medical Scientist	Q1-Q2	1 & 4
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			
► Healthy Childhood - Support the Implementation of the National Healthy Childhood Programme which encompasses the Nurture Programme-“Infant Health and Wellbeing”	HOS HWB / HOS PC	Q1- Q4	1

Primary Care Services			
Priority Actions	Lead	Q	CP Goal
Progress implementation of the Breastfeeding in a Healthy Ireland - Health Service Breastfeeding Action Plan 2016–2021			
▶ Continue to improve the % of babies breastfed (exclusively and not exclusively) at the first PHN visit and at 3 month PHN developmental check.	HOS HWB / HOS PC	Q1-Q4	
Strengthen accountability and compliance across all services and review contractor arrangements			
Implement community funded schemes projects			
▶ Implement the guidance and recommendations from the National Committee Review Guidance when available i.e. to progress and implement projects respiratory products, orthotics, prosthetics and specialised footwear, incontinence wear, urinary, ostomy and bowel care, nutrition, and bandages & dressings.	HOS PC	Q1-Q4	2
Progress and implement policy and value for money projects for community demand-led schemes in relation to aids and appliances, respiratory products, orthotics, prosthetics and specialised footwear, incontinence wear, urinary, ostomy and bowel care, nutrition, bandages and dressings			
▶ Review current processes for the management of Aids and Appliances, consumables, including waiting lists, prioritisation methods, budget, governance, policies and procedures to ensure consistency across the CHO and in co-operation with the South/South/West hospital group. The national standardised list and procurement contracts completed in 2016 will be utilised locally	HOS PC	Q2	2
▶ Engage with national and local procurement to: <ul style="list-style-type: none"> – Identify end of life equipment for Kerry/Cork – Replacement of equipment will be funding dependent – Ensure appropriate updated risk assessments are completed in the following areas: <ul style="list-style-type: none"> • Aids & Appliances • Oral Health & Orthodontics • Public Analyst Laboratory • Public Health Microbiology Laboratory 	GM GM GM GM Public Analyst Manager / Chief Medical Scientist	Q1-Q2	5
▶ Monitor increased costs in relation to incontinence wear provision for clients resident in nursing homes.	GM	1-4	5
▶ Compare the cost of incontinence wear in private nursing homes against public residential beds	GM	1-4	5
Civil Registration Review Report Operational Plan Actions			
▶ Implement, on a phased basis and within existing resources, recommendations from the Civil Registration Review Report.	Supt. Registrar	Q1-Q4	2

Social Inclusion Services			
Priority Actions	Lead	Q	CP Goal
Improve health outcomes for the most vulnerable in society including those with addiction issues, the homeless, refugees, asylum seekers, Traveller and Roma communities			
► Improve access to addiction treatment services for adults and children, with a particular focus on services for the under 18s	SI Lead	Q4	
► Ensure that adults deemed appropriate for treatment for substance use receive treatment within one calendar month (National Drug Strategy, 2009-2016, Action 32).	SI Lead	Q4	
► Ensure that children deemed appropriate for treatment for substance use receive treatment within one week.	SI Lead	Q4	
► Implement Phase 1 of the Accommodation Plan for Addiction Services - completion of review of all leases & planning and design work in relation to new base in Cork city.	SI Lead	Q4	5
► Implement the recommendations of the National Drugs Rehabilitation Framework	SI Lead	Q4	5
► Continue to the integrated assessment, key working and care planning in addiction and homeless services			
► Evaluate the person-centred care planning processes of the Drugs Rehabilitation Framework re assessment, key working and care planning in addiction and homeless services.			
► Provide pathways from Harm Reduction support services to Rehabilitation services for people with addiction issues.	SI Lead	Q4	5
► Implement the Naloxone initiative in the Cork & Kerry CHO by prescribing Naloxone to approx. 100 new clients in 2017	SI Lead	Q4	2
► Engage in the buprenorphine naloxone, buprenorphine products training programme for addiction staff, level 2 GPs and pharmacists.			
► Ensure the provision of pharmacy needle exchange matches demand in Cork & Kerry CHO.	SI Lead	Q4	2
► Develop integrated care pathways and referral pathways from pharmacy needle exchange to other agencies e.g. sexual health, blood borne virus testing			
► Work with the National Primary Care and Mental Health divisions to extend the dual diagnosis services, in consultation with the national program, for people with mental health & addiction issues in the CHO.	SI Lead	Q4	2
► Review of the clinical governance structures in addiction services and implement recommendations as appropriate.	SI Lead	Q4	2
► Implement the Cork & Kerry CHO local Alcohol Strategy.	SI Lead	Q4	1
► Progress specific initiatives under the local alcohol strategy in three pilot sites; Listowel, Youghal and Cork City North West.			
► Each pilot site will:			
– Complete the training programme			
– Roll out the Strengthening Families Programme			
– Provide SAOR (Support Ask Offer Refer) training to 100 staff in community and voluntary organisations			
National Standards for Safer Better Healthcare in Addiction Services	SI Lead	Q4	2
► Continue the self-assessment process against the Standards for Safer Better Healthcare.			
► Address priority gaps following assessment through quality improvement plans.			
Hidden Harm	SI Lead	Q4	1
► Provide, in collaboration with Tusla, co-ordinated response to needs of children of problem alcohol and substance users.			
► Engage with the Train the Trainers Programme on Hidden Harm in Q4 2017			

Social Inclusion Services			
Priority Actions	Lead	Q	CP Goal
Improve health outcomes for people experiencing or at risk of homelessness, particularly those with addiction and mental health needs by providing key worker, case management, general practitioner (GP) and nursing services			
► Provide supports including key worker, case management, general practitioner (GP) and nursing services	SI Project Manager	Q4	2
► Implement the health actions set out in <i>Rebuilding Ireland, Action Plan for Housing and Homelessness</i> , on a phased basis, in order to provide the most appropriate primary care and mental health services to those in homeless services and improve their ability to sustain a normal tenancy.	SI Project Manager	Q4	2
► Provide targeted screening through the National Screening Bus Initiative.	SI Project Manager	Q4	2
► Identify suitable location for Stabilisation Service in Cork city. ► Complete a plan for Stabilisation Service	SI Project Manager	Q4	2
► Implement Acute Services National Homeless Discharge Policy	SI Project Manager	Q3	2
Improve services for vulnerable groups including, refugees, asylum seekers, Traveller and Roma communities.			
► Implementation of the 2017-2020 Cork & Kerry Traveller Health Unit (THU) plan	SI Lead	Q1-Q4	2
► Deliver a targeted programme to travellers to support them in self-managing chronic conditions such as diabetes, asthma and cardiovascular health.	SI Lead	Q1-Q4	2
► Provide primary care health screening and primary care services for refugees, asylum seekers and Roma communities	SI Project Manager	Q1-Q4	2
► Support the implementation of interagency initiatives in relation to St. Anthony's Park Halting Site & Spring Lane Halting Site.	SI Lead	Q1-Q4	2
► Work with Transgender Equality Network Ireland (TENI) to deliver targeted training to an additional two groups of health service staff in 2017	SI Lead	Q1-Q4	4
► Continue to deliver the Health Action Zone project in Cork & Kerry across all Divisions with a range of new initiatives in 2017.	SI Lead	Q1-Q4	1
► Develop a series of initiatives with the focus on the Roma Community in line with the National Traveller and Roma Inclusion Strategy.	SI Lead	Q1-Q4	2
► Develop a strategy for LGBT Health Services in Cork & Kerry.	SI Lead	Q1-Q4	2
► Review Community Work service with a view to further enhance & maximise the potential to support services across all divisions	SI Lead	Q1-Q4	3
► Train a minimum of 2 staff on intercultural awareness and practice in health and social care.	SI Lead	Q1-Q4	2
► Implementation & coordination of the HSE element of the Refugee Resettlement Programme in Cork & Kerry including: Support the employment of a Community Worker for one year to support the Refugee Resettlement Programme. ► Deliver a series of support initiatives for Refugees across Cork & Kerry including Parenting Programmes, Art Therapy and Stress Management Initiatives.	SI Lead SI Project Manager	Q1-Q4	2
Domestic, Sexual and Gender-based Violence			
► Implement health related actions in line with National Strategy on Domestic, Sexual and Gender-based Violence 2016–2021	SI Lead	Q1-Q4	2
► Train a minimum of 2 staff in Domestic Sexual and Gender Based Violence on a train the trainer basis.	SI Lead	Q1-Q4	2

Palliative Care Services			
Priority Actions	Lead	Q	CP Goal
Improve access, quality and efficiency of palliative care services			
► Increase the specialist palliative care bed numbers in Cork & Kerry CHO by opening the 15 bedded in patient unit (Kerry Hospice).	Palliative Care Lead	Q3	2
► Extend the Home Care Services in Kerry from '5' to '7' days	Palliative Care Lead	Q3	2
► Implement the model of care for adult palliative care services	Palliative Care Lead	Q1-Q4	2
► Implement a standardised approach to the provision of children's palliative care in the community.	National Palliative Care Lead	Q1-Q4	2
► Implement the Eligibility Criteria Guidelines to ensure equal access to services regardless of diagnosis.	National Palliative Care Lead	Q1-Q4	2
► Participate in the development of a guideline on <i>Care of the Dying Adult in the Last Days of Life</i> for use in non-specialist services	National Palliative Care Lead	Q1-Q4	2
► Implement the National Clinical Effectiveness Committee approved clinical guidelines on the management of cancer pain and the management of constipation in palliative care patients	National Palliative Care Lead	Q1-Q4	2
► Work with the national division to implement the recommendations from the Palliative Care Support Beds review in older persons services throughout Cork & Kerry.	Palliative Care Lead	Q1	2
► Implement the patient charter for palliative care services	National Palliative Care Lead	Q1-Q4	3
► Work with Marymount Hospice to establish a sustainable model of service that will maintain the current levels of service while working to eliminate the financial deficit.	HOS PC	Q1-Q4	5
► Improve the physical environment for patients, families and staff through the Irish Hospice Foundation Design and Dignity Grant Scheme	National Palliative Care Lead	Q1-Q4	2

Primary Care Reimbursement Service (PCRS)			
Priority Actions	Lead	Q	CP Goal
Primary Care Schemes			
► Develop a process with the acute hospitals to put measures in place to control demand led spend within the budget available: <ul style="list-style-type: none"> – Establish stakeholder group – Examine appropriate processes for expenditure approval – Agree appropriate processes for expenditure approval – Identify priority needs 	HOS PC	Q1 Q2 Q3 Q3	2

Mental Health

	2017 Budget €m	2016 Closing Budget €m
Mental Health	110.751	106.174
Full details of the 2017 budget are available in appendix 1		

Introduction

Mental Health Services in Cork and Kerry aim to promote and protect the mental health of the population and to provide effective services to those who need them. These services range from community based mental health teams (child and adolescent, general adult, psychiatry of old age mental health teams etc), acute inpatient units, day hospitals, out-patient clinics and community residential and continuing care settings. In recent years, specialist teams in Cork and Kerry have been developed to support certain patient populations including Mental Health Intellectual Disability Teams, Psychiatry of Old Age and an Assertive Outreach Team from the Psychiatric Intensive Care Unit in Cork.

A key focus for 2017 will be to develop and implement standardised pathways for the management of complex cases who require mental health services, along with input from other divisions, in particular social care, and to streamline processes with our acute hospital colleagues. 2017 will see the launch of local Connecting for Life (CfL) plans in Cork and Kerry. Aligned to the national CfL plan, the local plan outlines a multi-agency approach to achieve reductions in suicide and self-harm, and will be implemented in conjunction with colleagues from a variety of other agencies, community and voluntary groups and the HSE.

The expected increase in population for people older than 65 years (expected increase of 17.2% between 2016 and 2021) is expected to have a considerable impact on the newly established Psychiatry of Old Age services. In addition, the rise in the number of children will place a considerable demand on child & adolescent mental health teams (CAMHS) and on the regional children's inpatient unit (Eist Linn) which accepts children from the South East (CHO 5) in addition to children from the Cork and Kerry area.

2017 will see the opening of Deer Lodge, a purpose built '40' bedded residential unit in Killarney. The opening of Deer Lodge will provide for a modern, single room accommodation facility to replace the old O'Connor Unit which is currently in use and of an inadequate standard. There will be an increase in the number of beds from 32 in the existing O'Connor Unit to 40 in Deer Lodge to provide for the needs of Kerry Mental Health Services.

The programme of ongoing refurbishment works in the acute unit in University Hospital Kerry which commenced in 2014, will be completed in 2017. Refurbishment works completed to date at the Sliabh Mis Acute Unit include development of a purpose built four-bedded close observation unit, dedicated therapy area, refurbishment of main reception, and full refurbishment of the Valentia ward in the unit. This work is now completed and the ward is fully functionally and operational. The next and final phase of the refurbishment includes refurbishment of Reask Ward, the main corridor and day room/ living areas. The high observation unit is currently functioning as general admission beds, to facilitate refurbishment of the rest of the Sliabh Mis Unit and will be available to transition to a high observation unit once all refurbishment works are complete.

The Head of Mental Health Engagement will be appointed in 2017 and will work closely with Mental Health Management Teams for Cork and Kerry. The Head of Mental Health Engagement will work closely with the National Lead for Mental Health Engagement and other members of the national team. The Cork and Kerry CHO lead will progress the development of local and area fora to improve engagement with service users, family members and carers.

Priorities for 2017

Cork and Kerry Mental Health Services will continue to support the population to achieve their optimal mental health through five strategic multi annual priorities. These will continue to be delivered through the following specific 2017 priorities that build capacity for sustained service improvement and mental health reform:

- ▶ Implement the Reference Group recommendations towards enhanced service user and carer engagement by appointing the local lead for Mental Health Engagement and progressing the development of local and area fora
- ▶ Finalise and launch the local Cork and Kerry plans for *Connecting for Life*, aligned to national frameworks and implement by adopting a multi-agency approach
- ▶ Continue to working with the clinical programmes to improve early intervention services within Cork and Kerry
- ▶ Improve youth mental health services, including opening of Jigsaw in Cork in early 2017 and development of primary care based therapeutic responses for under 18s
- ▶ Increase community mental health service capacity across all specialties throughout Cork and Kerry
- ▶ Increase services to meet the needs of those with severe and enduring mental illness with complex presentations through improving links with other Divisions and in particular with local primary care services aligned to national model of care
- ▶ Continue to work with the mental health clinical programmes to implement specialist clinical responses
- ▶ Continue to enhance the safety of mental health services, including improved regulatory compliance and incident management
- ▶ Ensure a key focus on governance arrangements and performance improvement to ensure effective use of resources

Quality & Patient Safety

Cork & Kerry CHO will continue to deliver quality & patient safety initiatives throughout 2017; full details of these actions are set out in the QPS chapter of this plan on page 7.

2017 Mental Health key result areas and priority actions

Mental Health			
Priority Actions	Lead	Q	CP Goal
Mental Health Strategic Priority 1 – Promote the mental health of the population in collaboration with other services and agencies including loss of life by suicide			
<ul style="list-style-type: none"> ▶ Implement 'Connecting for Life' Strategy - promote the mental health of our population in collaboration with other services and agencies including reducing loss of life by suicide <ul style="list-style-type: none"> – Complete local suicide prevention plans for Cork & Kerry – Align with actions, objectives and goals of national plan – Commence implementation of local suicide prevention plan ▶ In line with 'Connecting for Life' training strategy, provide the following types of training to target numbers outlined: <ul style="list-style-type: none"> – Two-hour suicide prevention awareness to 300 people – Half day Safe Talk programme to 1,000 people – One day understanding self harm programme to 320 people – Two day Applied Suicide Intervention Skills (ASIST)¹¹ programme to 200 people – One day STORM® Suicide Programme to 108 people – One day STORM® Self Injury Programme to 108 people – Two hour postvention training for communities in the aftermath of suicide to 300 people – One day postvention training for frontline staff to 150 people ▶ Cork & Kerry MHS will work with community and voluntary partners to develop health promotion and recovery capacity 	HMHS SPO's HMHS SPO's	Q2 Q2 Q3 Q1-Q4	1
<ul style="list-style-type: none"> ▶ Ensure appropriate pathways are in place to support the physical health needs of mental health service users 	HMHS	Q1-Q4	1
<ul style="list-style-type: none"> ▶ Cork & Kerry CHO has been identified as an ICGP pilot project site on prevention / early intervention 	National Division	Q1-Q4	1

Mental Health			
Priority Actions	Lead	Q	CP Goal
Mental Health Strategic Priority 2 – Design integrated, evidence based and recovery focused mental health services			
<ul style="list-style-type: none"> Implement Team-Coordinator Standard Operating Procedure (SOP) for Cork General Adult MHS through: <ul style="list-style-type: none"> Review of existing SOP Amend and 'sign off' revised SOP Roll out standardised role of Team Co-Ordinator 	HMHS, ECD, Area DON HOD	Q1 Q2 Q3	2
<ul style="list-style-type: none"> Work with the national team to scope implementation of Team Co-ordinators to improve uptake and standardised approach in implementation 	HMHS	Q3	2
<ul style="list-style-type: none"> Support implementation of CAMHS SOP based on review of current level of implementation across teams, including 16/17 years protocol 	HMHS, ECD, Area DON	Q1-Q4	2
<ul style="list-style-type: none"> Investigate the feasibility of developing rapid access Autism Spectrum Disorder (ASD) assessments for children in Mental Health Services in conjunction with Disability Services 	HMHS HSC	Q2	2
<ul style="list-style-type: none"> Implement lead NCHD initiative in Cork & Kerry CHO 	ECD	Q2	2
<ul style="list-style-type: none"> Implement perinatal initiative in Cork & Kerry CHO aligned to national model of care 	HMHS	Q1-Q4	2
<ul style="list-style-type: none"> Appointment of individual placement support workers in line with First Episode Psychosis Clinical Programme 	CD North Lee	Q4	2
<ul style="list-style-type: none"> Enhance Self Harm responses in Emergency Departments in line with Self Harm Clinical Programme 	CDs	Q1-Q4	2
<ul style="list-style-type: none"> Ensure continued focus on patient recovery through further roll out of Dialectical Behavioural Therapy (DBT) across Cork and Kerry, including: <ul style="list-style-type: none"> Completion of a gap analysis to investigate the need for a CAMHS DBT service in Kerry Roll out further DBT training to additional team members for all existing teams in Cork and to train CAMHS team (West Cork) 	HMHS in conjunction with National DBT Team	Q1 Q4	2
<ul style="list-style-type: none"> Ensure continued focus on implementing a routine outcomes monitoring system in CAMHS teams: <ul style="list-style-type: none"> Disseminate learning from the 12 month pilot project implemented across 3 Cork CAMHS teams in 2016 Extend routine outcomes monitoring system to the remaining CAMHS teams in Cork and Kerry 	Head of Psychology Cork	Q2 Q4	2
<ul style="list-style-type: none"> Build on relationships with county councils and housing agencies so as to promote Tenancy Sustainment Models of support for service users living in community residences 	HMHS	Q1-Q4	2
<ul style="list-style-type: none"> Through funding from the Service Reform Fund and working with Genio, we will: <ul style="list-style-type: none"> Provide training in Open Dialogue for 8 regional team leaders. Support service users to look beyond mental health accommodation to explore opportunities to live more independently in the wider community, and in doing so free up capacity in high support hostels. Expand the roll out of Integrating Employment and Mental Health Supports from its current site in West Cork to the wider CHO, targeting adults with severe mental health difficulties who are not working. Develop new initiatives in conjunction with other agencies to help homeless individuals with mental health issues to secure and maintain tenancies. 	HMHS	Q4	2
<ul style="list-style-type: none"> Building on existing work in Cork and Kerry, roll out the Advancing Recovery Ireland Project into North Cork (Mallow and Kanturk Community Mental Health Teams) 	HMHS ECD	Q4	3
<ul style="list-style-type: none"> Current mental health education services 'City Links' will be placed under the umbrella of the Institute of Recovery which will co-ordinate education and training for service users, connected others, the general public and mental health staff for the Cork Area. 	Area DON Cork	Q1	2

Mental Health			
Priority Actions	Lead	Q	CP Goal
<ul style="list-style-type: none"> ▶ The launch of the Institute of Recovery in the Cork city area will take place by June 2017 ▶ The Institute of Recovery in conjunction with the Cork Mental Health Services will commence the roll out of the EOLAS project in 2017. Proposed roll out is as follows: <ul style="list-style-type: none"> – Site 1 Early interventions team: March 2017 involving 10 service users and 10 family members – Site 2 North Lee EOLAS: September 2017 involving 10 service users and 10 family members – Site 3 South Lee EOLAS : September 2017 involving 10 service users and 10 family members 		Q2 Q1 Q3 Q3	
Mental Health Strategic Priority 3 – Deliver timely, clinically effective and standardised safe mental health services in adherence to statutory requirements			
▶ Strive to achieve compliance across all domains of Mental Health Commission (MHC) inspections at good or excellent levels of compliance including ongoing development and monitoring of Corrective and preventive action (CAPAs) and completion of minor upgrading works	HMHS	Q1-Q4	3
▶ Strive to achieve compliance across all domains for HIQA inspections in Mount Alvernia and Unit 1 St. Stephens Hospital	HMHS	Q1-Q4	3
▶ Cork & Kerry CHO will work in collaboration with the National Mental Health Services Division to address deficits in the provision of a meaningful day for residents to improve quality of service provided and to achieve compliance with MHC inspections. This will include exploration of means to: <ul style="list-style-type: none"> – Enhance therapy input to long stay units (Psychology, OT, Social Work) – Extend the pilot of speech and language therapy for adult services initiated in 2016. 	HMHS	Q1-Q4	3
▶ Rollout audit framework for MHC Judgement Framework across all approved centres	Area DON Cork	Q4	3
▶ Develop a plan to identify how staff in Mental Health Services can access training in relation to the <i>Safeguarding Vulnerable Adults</i> national policy	HMHS	Q2	3
▶ Support the establishment of a new Jigsaw service in Cork	HMHS	Q1	1
▶ On-going provision of Counselling in Primary Care in line with 2016 levels	HMHS CIPC	Q1-Q4	1
▶ Establish cross divisional governance arrangements for the development and delivery of primary care based counselling services for those aged under 18 years	HMHS CIPC / HOS PC	Q4	1
▶ New Prison In-reach Service/Assertive Outreach to be designed and established	HMHS, ECD, Area DON	Q3	2
▶ Continue development of specialist MH teams across the CHO in line with development funding provided, in the following priority areas where deficits have been identified: <ul style="list-style-type: none"> – Psychiatry of Old Age (consultant in North Cork commenced November 2016) – Mental Health Intellectual Disability (0.5 consultant post in place) – Homelessness (recruitment underway for additional Consultant) – Prison Services (recruitment to commence in early 2017) – Acute Hospital Adult Liaison Services (recruitment underway) – CAMHS Liaison Services (recruitment underway) 	HMHS ECDs	Q4	2
▶ Continue to develop innovative models of care to accommodate for consultant vacancies in CAMHS teams. Locum consultants to be recruited and partnership arrangement to continue with external providers if required.	HMHS ECDs	Q1-Q4	2
▶ Assign Peer Support Workers in a number of Community Mental Health Teams: <ul style="list-style-type: none"> – Recruit 6 x 0.5 WTE Peer Support workers 	HMHS	Q1	3

Mental Health			
Priority Actions	Lead	Q	CP Goal
– Assign Peer Support Workers to Community Mental Health Teams		Q3	
► Improved responses in Mental Health Services through increased Liaison Psychiatry capacity subject to Consultant recruitment	HMHS	Q1-Q4	2
► Continue to develop specialist Mental Health Intellectual Disability (MHID) Community Mental Health Services for adults and children in line with national mental health division model of care.	HMHS	Q4	
► Scope the development of integrated pathways / services including behavioural assessment / stabilisation units, transitional care and residential placements for persons with complex needs spanning mental health and social care and / or disability services.	Clinical Projects Facilitator	Q1-Q4	5
► Implement recommendations of the Meridian Review in relation to processes and flows in inpatient units.	HMHS	Q4	5
Mental Health Strategic Priority 4 – Ensure that the views of service users, family members and carers are central to the design and delivery of mental health services			
► Appoint a Head of Mental Health Engagement as Area Lead for mental health engagement to Area Mental Health Management Teams in Cork & Kerry CHO	HMHS	Q1	3
► Develop local and area fora for Cork and Kerry Mental Health Services to include service users / family carers	Head of Mental Health Engagement	Q4	3
► Progress Liaison processes and fora between the HSE and TUSLA to assist with joint working and collaboration in relation to children and young people.	GM	Q4	2
► Commence the roll out the Open Dialogue (OD) model into Kerry and South Lee Mental Health services (MHS) – Complete training of the teams in Kerry and South Lee – Finalise policies and procedures for the OD model in these areas – Commence OD model into Kerry and South Lee MHS – Evaluate the effectiveness of OD in Cork & Kerry MHS	HMHS ECD	Q2 Q3 Q4 Q4	3
Mental Health Strategic Priority 5 – Enable the provision of mental health services by highly trained and engaged staff and fit for purpose infrastructure			
► Implement recommendations of the Workplace Relations Committee (WRC) following agreements reached in August 2016, subject to the availability of funding.	HMHS Area DONs	Q2	5
► All financial assessments to be completed in accordance with legislative frameworks	Area Administrator South Lee	Q1	5
► Ensure compliance with the introduction of Residential Support Services Maintenance & Accommodation Contributions (RSSMACs – long stay contributions)			
► Enhance the use of current performance indicators and performance reporting data to improve use of resources and service delivery	HMHS	Q4	5
► Deliver Resilience Training Programmes for staff in Cork & Kerry: – 175 staff to complete Phase I training – Phase II training to consist of 6 workshops for 35 staff; available to staff who have completed Phase I training; will embed resilience in various work settings	Cork Area Administrator s and Projects Manager Kerry	Q4	1
► Deliver the Enhancing Teamwork programme to up to 6 Community Mental Health Teams and review the effectiveness of the programme	HMHS	Q4	5
► Develop frontline ownership initiatives in collaboration with staff from Kerry MHS and the National Quality Improvement Division (NQID). These will be based on the outputs of 5 listening sessions completed in Kerry Mental Health Services in 2016.	Projects Manager KMHS	Q4	5
► Enhanced monitoring and reduction of agency and overtime to reverse current upward trend in certain areas.	HMHS Area DONs	Q1-Q4	5
► Continue training of staff in all the HSE national guidance and standards	PMAY	Q1-Q4	5

Mental Health			
Priority Actions	Lead	Q	CP Goal
▶ Continue to roll out & audit Prevention and Management of Violence (PMAV) training in all areas of Cork & Kerry across divisions (in-house trainers in place) NQID	Co-ordinators & HMHS		
▶ Support and enhance continued third level education and post graduate placements across all disciplines. Work with national division and other divisions to secure additional funding for new trainee psychology students commencing in September 2017, as per 2016 levels	HMHS	Q1-Q4	5
▶ Open Deer Lodge (40 bed purpose built unit) for the transfer of residents from the O'Connor Unit representing an expansion in capacity from 32 to 40 beds	Kerry Management Team	Q1	5
▶ Complete prioritised assessment of current physical infrastructure: <ul style="list-style-type: none"> – Ensure minor capital is targeted at Quality Patient Safety (QPS) priorities (address anti-ligature measures etc) – Review the infrastructure / accommodation needs of all community based mental health services and prepare plans to address same – Prepare an accommodation plan for residential services 	HMHS	Q2	5
▶ Identify funding to progress necessary upgrade works at Unit 1 St Stephens Hospital and Mount Alvernia Hospital in line with HIQA requirements	HMHS	Q4	5
▶ In the context of review of the Capital Plan progress necessary upgrade works at St. Michaels Unit, Mercy University Hospital and the Centre for Mental Health Care and Recovery in Bantry General Hospital.	HMHS	Q4	5
▶ Assess the relocation options in North Cork CAMHS Team (current premises unsuitable) and progress relocation (subject to funding)	HMHS	Q2	5
▶ Complete the renovation of the Acute Mental Health Unit at University Hospital Kerry	HMHS	Q4	5
▶ Continue to provide for the accommodation needs of CMHT's & CAMHS teams as appropriate in the development of primary care centres	HMHS	Q1-Q4	5
▶ As part of the national roll out, Cork and Kerry CHO will implement eRostering to Mental Health Services	HMHS	Q1-Q4	5
▶ Develop an ICT strategic plan for mental health services in Cork and Kerry in conjunction with the Mental Health Division and working with the Office of the Chief Information Officer	HMHS	Q1-Q4	5

Social Care

Introduction

Social care services in Cork and Kerry 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. These Specialist services provided include:
 - Residential services. These range from supports for individuals and small groups to live in community settings to larger residential settings
 - Day services
 - Respite
 - Personal assistant services
 - Aids and appliances
- ▶ 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. The specialist supports for older people include:
 - Home care including home help, home care packages, nursing care, therapy services, aids and appliances
 - Day care centres
 - Residential care
 - Respite and convalescent care
 - Assessment and Treatment Centre

Cork & Kerry CHO	2017 Budget €m	2016 Closing Budget €m
Disability Service	211,494	205,539
Older Persons Services	123.171	120.710
Social Care Total	334,665	326,249
Full details of the 2017 budget are available in Appendix 1		

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 continues to be a key priority for 2017.

Context for Cork & Kerry CHO Social Care 2017 Operational Plan

The expected increase in the aged 65 years and older and 85 years and older population in Ireland will result in an increase in age dependency from 18.1(2012) to 21.2 (2017) and 24.3 (2022) which will result in an increased demand for services. In Cork and Kerry the population of this age category is to increase from 95,000 in 2016 to 110,000 in 2021.

The combined impact of an increase in those aged 65 years and over and the ageing profile of carers continues to result in an increasing demand for both residential and home care services. Of the population providing informal care to another person, the greatest increase in numbers occurs in those aged 75 years and older. Increased complexity of need is reflected in the dependency ratios and case mix of older people in acute hospital transition, which requires the Community Healthcare Organisation to respond with more specific rehabilitation services, re-enablement programmes, home care and day care services, to enable older people to live as well and independently as possible in their own homes and communities. The provision of appropriate home care and other community services is essential to minimise unnecessary admissions to acute facilities and to delay long stay care admission.

Census 2011 reports that 13% of the population report at least one disability and one in 10 adults of working age report a disability. To respond to the projected increase in the number of people living with a disability in conjunction with the age profile and increased life expectancy of those with a disability, it is necessary for more affordable and sustainable models of services to be established. put in place. Demand for services requires the creation of additional capacity in all areas of service.

Priorities for 2017

Key deliverables in disability services in Cork and Kerry in 2017 include:

- ▶ Implement the recommendations of the value for *Money and Policy Review of Disability Services in Ireland* in line with the Transforming Lives Programme
- ▶ Further implement the Progressing Disability Services and Young People (0-18) Programme
- ▶ Provision of additional training and day places, as required, to meet the needs of young people due to leave school and rehabilitative training programmes and commence the reconfiguration of existing day services in line with New Directions
- ▶ Improve compliance with Disability Act timelines.
- ▶ Respond, within available resources, to emergency requirements for services.
- ▶ Six-step change programme to improve the safety, welfare and quality of life for people with a disability in residential settings
- ▶ Enhance governance for service arrangements.

Key deliverables in older people's services in Cork and Kerry in 2017 include:

- ▶ Continue to monitor patient flow with continued focus on delayed discharges and hospital avoidance
- ▶ Increase the number of people supported by the Nursing Home Support Scheme in Cork & Kerry
- ▶ Manage Home Care services to maximise the delivery of direct care hours within the budget, taking account of seasonal pressures.
- ▶ Commence the integrated care initiative with community facing geriatrician and team in Cork City.
- ▶ Implementation of dementia strategy.
- ▶ Further develop the Single Assessment Tool (SAT).
- ▶ Progression of the 2016-2021 capital programme to upgrade community hospitals in the context of national residential standards for older people.
- ▶ Continue to improve compliance with national residential standards as regulated by the Health Information and Quality Authority (HIQA) with a particular focus on a number of large residential settings.

Risks to delivery of the Plan in 2017

Disability Services

- ▶ Risks to the ability to maintain the current volume and quality of services in light of:
 - existing financial pressures
 - level of savings required in 2017
 - pay restoration process in particular in providers funded under Section 39
 - costs arising from de-congregation targets
 - inability to achieve expenditure reduction targets
- ▶ Ability to recruit nursing and suitably qualified care staff is challenging causing a significant issue in regard to service governance and sustainability.
- ▶ Capacity to accommodate complex residential placements.
- ▶ Challenges currently faced in achieving HIQA compliance and those that may emerge in achieving compliance.

Actions to mitigate risk

- ▶ Ensure that each individual agency has a cost containment plan to address their funding shortfall to include a detailed risk register and contingency where possible in relation to service user impacts.
- ▶ Align current processes for responding to emergency placements with national proposals.

- ▶ Work with providers to increase capacity for complex cases within resources available.
- ▶ Continue to work with all service providers to manage HIQA regulatory issues and ensure there is a contingency plan to meet HIQA standards where required. Where there is a resource requirement, which will vary across agencies and may require limited additional staffing in some instances.

Older Persons

- ▶ Ability to meet the need for Home Care in light of the waiting lists and prioritisation of discharges from acute hospitals
- ▶ Limited capacity to accommodate complex residential placements for older people with particular needs.
- ▶ Ability to recruit nursing and suitably qualified care staff is challenging causing a significant issue in regard to service governance and sustainability.

Actions to Mitigate Risk

- ▶ Continue to review the existing waiting list for the home care service and deliver intensive home care packages to address prioritised needs within the available resources
- ▶ Work with providers and HR to ensure effective recruitment processes are in place and to identify contingency arrangements including different skill mix.
- ▶ Develop improved pathways for older people with behavioural or other particular needs.

Quality & Patient Safety

Cork & Kerry CHO will continue to deliver quality & patient safety initiatives throughout 2017; full details of these actions are set out in the QPS chapter of this plan on page 7.

2017 Social Care Key result areas and priority actions

Social Care Services			
Priority Actions	Lead	Q	CP Goal
Safeguarding Vulnerable Persons at Risk of Abuse Policy			
<ul style="list-style-type: none"> ▶ Implement the training plan to provide Safeguarding Vulnerable Persons at Risk of Abuse awareness training to staff as required. ▶ Ensure Safeguarding policy is consistently implemented within the statutory and non-statutory sector including services for older people and people with disability. ▶ Enhance requirement for compliance with the 'Safeguarding Policy' as part of the annual Service Arrangement process. ▶ Work with the national office in relation to the allocation of additional Professional Qualified Social Workers to support the increasing workload of the Safeguarding teams. 	PSW	1-4 Q2	3
Safeguarding Vulnerable Persons at Risk of Abuse Policy in Residential Services: <ul style="list-style-type: none"> ▶ Explore the possible expansion of the link worker function for Safeguarding that is currently in situ in St. Finbarr's Hospital. ▶ Establish suitable sites for implementation of link worker functions 	GM	Q4	2
Assisted Decision Making Capacity Act 2015			
<ul style="list-style-type: none"> ▶ Participate in needs assessment in Q1 2017 	HOS	Q1-Q3	2
<ul style="list-style-type: none"> ▶ Ensure key issues arising from impact/needs assessment are used to inform the preparation of national and local guidance, training and education programmes and communication plan. 	HOS	Q1-Q4	2
<ul style="list-style-type: none"> ▶ Engage with national office in relation to the establishment of a working group in Cork & Kerry CHO to develop an implementation plan for the Assisted Decision Making (Capacity) Act 2015 and the UN Convention for the Rights of People with Disabilities. 	HOS	Q1-Q4	2

Disability Services																																						
Priority Actions				Lead	Q	CP Goal																																
Transforming Lives – Operational Implementation																																						
Transforming Lives Implementing a time to move on from congregated settings: a strategy for community inclusion																																						
<ul style="list-style-type: none">▶ Continue to implement the recommendations of the Value for Money and Policy Review of Disability Services in Ireland in line with the Transforming Lives Programme.▶ Complete and/or update a housing need profile for 2017-2021 by each service provider to identify how accommodation for those moving from congregated settings will be sourced.▶ Work with approved housing bodies, housing authorities and HSE Estates to develop, agree and progress the plan for meeting the housing requirement for people prioritised for transitioning from congregated settings in 2017;▶ 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.▶ Liaise with HSE Primary Care and Community Work Services to build capacity within local communities to ensure that people transitioning to homes within the area can integrate with ease and to their greatest ability.▶ Continue the transition of ‘41’ people from institutional settings to community based living in line with Time to Move On from Congregated Settings policy from the 2016 prioritised sites as follows: <table><tr><th>Centre</th><th>Table to be populated</th><th>No of individuals to transition</th><th>Completion Qtr</th><th>Q1</th><th>Q2</th><th>Q3</th><th>Q4</th></tr><tr><td>St Raphael’s Centre</td><td></td><td>29</td><td>Q1</td><td>12</td><td>7</td><td>10</td><td></td></tr><tr><td>Cluain Fhionnáin</td><td></td><td>8</td><td>Q4</td><td></td><td>8</td><td></td><td></td></tr><tr><td>Ashville, COPE</td><td></td><td>4</td><td>Q3</td><td></td><td></td><td></td><td>4</td></tr></table>				Centre	Table to be populated	No of individuals to transition	Completion Qtr	Q1	Q2	Q3	Q4	St Raphael’s Centre		29	Q1	12	7	10		Cluain Fhionnáin		8	Q4		8			Ashville, COPE		4	Q3				4	GM	1-4	2
				Centre	Table to be populated	No of individuals to transition	Completion Qtr	Q1	Q2	Q3	Q4																											
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<ul style="list-style-type: none">▶ Continue consultation with staff and unions within national agreements and frameworks to process de-congregation of facilities within the targeted timeframes.					1-4																																	
<ul style="list-style-type: none">▶ De-congregation, St. Raphael’s Centre: The specific actions and timelines for St. Raphael’s Centre in order to progress the transition to community living are as follows:<ul style="list-style-type: none">– Continue to progress towards meeting regulatory requirements to ensure the best outcomes for clients;– Work to ensure the completion of the closure plan in consultation with stakeholders including residents, families and staff;– Complete the refurbishment of ‘4’ houses and ensure registration with HIQA is achieved;– Complete the purchase of 3-4 additional houses in early 2017 to complete the transition of all residents;– Implement a plan identifying how the care supports will be configured to support individuals living in the community and finalise staffing arrangements in community houses.– Complete Industrial Relations engagement with staff and staff representative associations– Continue to engage with residents and their families regarding the transition process.– Devise an action plan to close Youghal Community Hostels with a view to				PM and DOS		2																																
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Disability Services			
Priority Actions	Lead	Q	CP Goal
closing in Q1 2018.			
De-congregation Cluain Fhionnain:			2
<ul style="list-style-type: none"> ► The specific actions for Cluain Fhionnain in order to progress de-congregation are as follows: <ul style="list-style-type: none"> – Transfer 8 residents to two community houses allowing for closure of Bridgeview Unit by 30 April 2017. – Put in place a social care delivery model in Archview Unit focussing on increasing individualised supports and enhancing the social skills and activities of daily living of the remaining 13 residents, in line with individual plans. – Review and update plans for transfer of all residents to community living. 	DM and A'DON	2 2 2	
Ashville, COPE:			2
<ul style="list-style-type: none"> ► The specific actions for Ashville, COPE in order to progress de-congregation are as follows: <ul style="list-style-type: none"> – Work to ensure the completion of the action plan to support the transition of 4 residents to community living in consultation with all stakeholders including residents, families and staff. – Continue to progress the action plan to support the transition of all remaining residents to a new model of service. – Put in place a Community Living Transition Plan to identify how each person will be supported to transition into the community, which has been developed with the meaningful involvement of the person, their family and /or advocates in line with community transition guidelines. – Develop and implement a plan identifying how the care supports will be reconfigured / developed to support individuals living in the community. – Ensure that the pre-transition assessment being developed by the Transforming Lives Working Group 1 is administered for all individuals being supported to move in 2017. – Implement a full programme of communication / engagement with residents and their families where appropriate. 	GM/ COPE Foundation	4 1-4 2 1-4 2 2	
Beaufort, St. John of Gods:			2
<ul style="list-style-type: none"> ► The specific actions for Beaufort, St. John of Gods in order to progress de-congregation are as follows: <ul style="list-style-type: none"> – Cork & Kerry CHO to work with St. John of Gods to agree high level de-congregation plan for the known specific priority units. – Cork and Kerry CHO to ensure that SJOG undertake a review of the individual assessments of each of the residents. This will include discussions with residents and their families regarding the results of these assessments as part of a person-centred care-planning process. – Cork & Kerry CHO to work with SJOG to develop a communication plan to ensure that residents and families are aware of the de-congregation process and are actively involved in action planning. This will include the implementation of a partnership group consisting of family representatives, SJOG and HSE staff members. – Family Forum meetings will be organised with the support of Inclusion Ireland and the HSE. – Cork & Kerry CHO to ensure that Service Provider puts in place a Community Living Transition Plan to identify how each person will be supported to transition into the community, which has been developed with the meaningful involvement of the person, their family and /or advocates in line with community transition guidelines. – Cork & Kerry CHO to work with Service Providers to ensure an agreed 	DM and A'DON	1 1-4 1 1-2 1-2 1-4	

Disability Services											
Priority Actions	Lead	Q	CP Goal								
implementation plan is developed identifying how the care supports will be reconfigured / developed to support individuals living in the community.											
New Directions Programme for Adult Day Services											
► Reconfigure day services including school leavers and Rehabilitation Training in line with New Directions by setting up a New Directions group to oversee the reconfiguration of day services.	DM	1-4	2								
► Participate in the piloting and review of the self-assessment tool to support the implementation of the Interim Standards.	GM	2	2								
► Arrange for the self-assessment tool to support the implementation of the Interim Standards to be rolled out on a phased basis in each area.	GM	4	2								
► Complete a training needs analysis to develop a schedule for person centred planning training in line with identified priorities.	GM	4	2								
► Develop RT programmes focused on the transition of young people from school to HSE funded services.	GM	3	2								
► Participate in the work required to ensure that accurate data is collated in regard to the total cohort currently in receipt of day services.	GM	1-4	2								
► Identify the remaining cohort of adults involved in Sheltered Work and advance plans to regulate this element of day service provision where it still exists.	GM	4	2								
► Identify those involved in Supported Employment and discussions will be advanced at national level with DOH and DSP in regard to this element of day service provision.	GM	4	2								
► Participate in the examination of the current OGS database and its user group to establish its suitability to fully capture all day service recipients.	GM	1	2								
► Participate in the examination of current day service KPIs and advance work to address outcomes based KPIs in line with New Directions.	GM	3	2								
► Continue to support the implementation of the recommendations attributed to the HSE in the Comprehensive Employment Strategy.	DM	1-4	2								
Programme for School Leavers and RT Graduates 2017											
► Provide additional day service supports for approximately 252 school leavers and 65 graduating from RT programmes in 2017 that have a requirement.	DM	1-4	2								
<table border="1"> <thead> <tr> <th>CHO</th><th>RT Leaver</th><th>School Leaver</th><th>Total</th></tr> </thead> <tbody> <tr> <td>Cork & Kerry CHO</td><td>65</td><td>252</td><td>317</td></tr> </tbody> </table>	CHO	RT Leaver	School Leaver	Total	Cork & Kerry CHO	65	252	317			
CHO	RT Leaver	School Leaver	Total								
Cork & Kerry CHO	65	252	317								
► Provide updated data regarding all individuals requiring a HSE funded day service in 2017 (Mid-January 2017).	DM	1	2								
► Identify the capacity available from within current resources to meet the needs of school leavers and those graduating from RT in 2017.	DM	1	2								
► Advise on the accommodation requirements for new day service entrants 2017 and prepare a plan to address same.	DM	1	2								
► Complete the Profiling exercise for each individual by end of January 2017.	DM	1	2								
► Assess the capacity within existing services	DM	1	2								
► Put in place plans to meet the gap for additional capacity within available resources	DM	1	2								
► Provide detailed information regarding the final agreed allocation of new funding to all service providers.	DM	3	2								
► Provide final data reports regarding the commencement of school leavers in services.	DM	4	2								
► Participate in the validation of the school leaver funding process for 2016 and 2017.	DM	1-4	2								

Disability Services			
Priority Actions	Lead	Q	CP Goal
Progressing Disability Services			
<ul style="list-style-type: none"> ▶ Further implement the Progressing Disability Services and Young People (0-18) Programme following confirmation from the national division regarding the team manager post. <ul style="list-style-type: none"> – North Cork will reconfigure its children's services into 2 x 0-18 teams – North Lee will reconfigure its children's services into 3 x 0-18 teams – South Lee will reconfigure its children's services into 4 x 0-18 teams 	GM	Q1-3	2
▶ Continue to rollout accommodation programme for teams to co-locate in conjunction with the National Division. This will need to deliver in tandem with the team manager recruitment.	GM	3	2
▶ Kerry will increase Individual Family Service Plan (IFSP) rate to 60%*	GM	3	2
▶ Kerry will continue to strengthen and review the management and governance structure for the Kerry Intervention & Disability Services in line with national guidance. The Management Governance Group will continue to support the development of the family forum which was formed in 2015	GM	1-4	2
▶ West Cork (4 Team Bases) will achieve a 75% rate of IFSPs and will review non-attendance procedure to optimise use of available resources.	GM	3	2
Residential Care including Emergency Places			
Emergency Places and Supports Provided to People with a Disability			
▶ Put in place a Cork & Kerry CHO <i>Residential Care/Executive Management Committee</i> that will have overarching responsibility of managing and co-ordinating residential placements and supports (including emergency placements). The management committees will be led by the 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.	GM	1	2
▶ Continue to implement the internal emergency disability process to include the implementation of the Disability Supports Application Management Tool.	GM	1	2
▶ Work with the National Division on the delivery of workshops for HSE Staff and local Service providers.	GM	1-4	2
▶ Establish a residential placement register for Disability Services	GM	1	
▶ Implement IT based residential bed management / tracking system for capturing residential services and emergency places.	GM	1-4	2
▶ Monitor new Emergency Disability Residential Placement cases in 2017 with on-going review of the waiting list from 2014, 2105 and 2016.	GM	1-4	2
Neuro-Rehabilitation Strategy			
<ul style="list-style-type: none"> ▶ Work with the South/South West Hospitals Group (SSWHG) to develop an integrated plan for the development of Neuro-Rehabilitation services in Cork & Kerry in line with the national implementation framework for provision of Neuro-Rehabilitation services in Ireland by: <ul style="list-style-type: none"> – Agree with SSSWHG outline scope and stakeholder analysis – Setting up local implementation group – Mapping existing services and phased plan 	GM	4 1 2 4	2
InterAgency Collaboration			
▶ Progress Liaison processes and fora between the HSE and TUSLA to assist with joint working and collaboration in relation to children and young people with disabilities.	GM	4	2
Voluntary Agencies:			
▶ Complete all service arrangements by 28th February 2017.	GM	1	2
▶ Complete all Grant Aid agreements of a value great than €100k by 28th February 2017.	GM	1	2

Disability Services			
Priority Actions	Lead	Q	CP Goal
▶ Ensure that each individual agency has a cost containment plan to address their funding shortfall to include a detailed risk register and contingency where possible in relation to service user impacts.	GM	1-4	2
▶ Where Voluntary Agencies in Cork & Kerry CHO identify a shortfall in funding to pay costs, an agreed impact statement and contingency plan will be devised.			5
▶ Continue to work with all service providers to manage HIQA regulatory issues and ensure there is a contingency plan to meet HIQA standards where required.	GM	1-4	2
▶ Work in conjunction with HR, HSE and voluntary services to reduce the current level of agency usage in service rosters including St. John of Gods, Brothers of Charity Southern Services, St. Joseph's Foundation and St. Raphael's Centre.	GM	4	5
▶ Implement the improvements from the findings / signposts of the completed SIT based reports: <ul style="list-style-type: none"> – Review each report and prioritise recommendations through engagement with service providers and Service Improvement Team 	GM	1-4	2
Disability Act Compliance			
▶ Implement the plan to improve compliance with Disability Act timelines.	GM	1-4	2
▶ Provide additional administrative resources to expedite processing of applications under Disability Act	GM	1-4	2
▶ Review capacity in multi-disciplinary services in Primary Care, Early Intervention Teams and ASD Teams to ensure that assessments can be delivered in a more timely manner.	GM	1-4	2
▶ Finalise and implement a plan to address the ASD waiting lists in Cork as follows: <ul style="list-style-type: none"> – Review and reconfigure OT resources; in consultation with Primary Care Services to ensure that OT assessments are completed within the timelines as required by the Disability Act. – Recruit additional senior psychologists ASD team members to implement a waiting list initiative. – Implement the waiting list initiative; – Ensure that a plan is in place for ASD waiting lists to facilitate the introduction of Children's network teams 	GM	2 2 3 3	2
▶ Investigate the feasibility of developing rapid access Autism Spectrum Disorder (ASD) assessments for children in Mental Health Services in conjunction with Disability Services	HMHS HSC	2	2
Service Improvement Team			
▶ Work with the Service Improvement Team in the development of a <i>Resource Allocation and Cost Model</i> that will involve a deeper analysis of the cost base in the sector.	HOS	1-4	2
Respite Services Including Home Sharing			
▶ Review clients availing of Home Sharing across the CHO.	GM	1	2
▶ Ensure those services providing Home Sharing as an option do so in line with the Guidelines and Guidance outlined in the Home Sharing in Intellectual Disability Services in Ireland 2016.	GM	1-4	2

Older Person Services									
Priority Actions	Lead	Q	CP Goal						
Maintain focus on the reduction of Delayed Discharges in acute hospitals									
<ul style="list-style-type: none">Continue to provide older people with appropriate supports following an acute hospital episode to ensure timely discharge / hospital avoidance including home care, the provision of convalescence and short stay beds as required.Complete the SFH rehabilitation patient flow project and evaluate the recommendations to optimise patient flows through this discharge.	HOS	1-4 1-3	2						
<ul style="list-style-type: none">Continue to provide additional dedicated home care supports as part of the 2016/2017 Winter Initiative to acute hospitals approved for Jan/Feb 2017. Total 3 additional HCPs as follows:<table><tr><th>CHO</th><th>HCPs per week</th><th>Total</th></tr><tr><td>Cork & Kerry CHO</td><td>3</td><td>18</td></tr></table>	CHO	HCPs per week	Total	Cork & Kerry CHO	3	18	GM	1	2
CHO	HCPs per week	Total							
Cork & Kerry CHO	3	18							
<ul style="list-style-type: none">Continue to support acute discharge processes using interim homes support packages, enhanced and intensive home care packages to meet the 72 hour discharge timeline.Allocate Aids & Appliances as appropriate in conjunction with primary careContinue to prioritise early communication in regard to patient needs with acute hospitals, community services patients & their families.	HOS	1-4	2						
Nursing Homes Support Scheme (NHSS)									
<ul style="list-style-type: none">In conjunction with the national division, increase the average number of people per week (average bed weeks) supported under the scheme. The projected number of applicants to be processed in Cork & Kerry in 2017 is 1,577 applications.	GM	1-4	2						
<ul style="list-style-type: none">Maintain maximum of four week waiting time for funding for the NHSS.	GM	1-4	2						
<ul style="list-style-type: none">Continue to provide access to clear information for the public, in relation to the scheme	HOS	1-4	2						
<ul style="list-style-type: none">Work with the national division and CHO5 to plan and implement the consolidation of the Nursing Homes Support Offices to create regional centres to maintain efficiency and responsiveness.	HOS	1-2	2						
Home Care Provision									
Continue to maximise the provision of Home Care and Community Supports to enable Older People to live in the community for as long as possible:	HOS	1-4	5						
<ul style="list-style-type: none">Deliver HCPs to 1,517 people by year end in Cork & Kerry CHO in 2017 (includes WI 2016/17 additional 18 HCPs)Deliver 1,983,000 Home Help Hours in Cork & Kerry CHO in 2017Continue to provide Intensive Home Care packages in Cork and Kerry and implement additional packages which are to be allocated for people with dementia.	GM	1-4	5						
<ul style="list-style-type: none">Manage, review and monitor wait lists for home care within available resources using the standardised approach to the management and reporting of waiting lists.	GM	1-4	2						
<ul style="list-style-type: none">Monitor impact of cost increases arising from the new home care tender for individual cases and advise Social Care nationally.	GM	1-4	5						
<ul style="list-style-type: none">Provide on-going training for Home Care staff on Safety Incident Management and Reporting through:<ul style="list-style-type: none">Management of serious reportable events to be completed. (8-10 staff)On-going awareness training of home help staff re these policies (100).	GM	1-4	4						
Actions to Implement Home Care Improvement Plan									
<ul style="list-style-type: none">Work with the national social care team to roll out the Home Care and Community Supports Service Improvement Plan as follows:<ul style="list-style-type: none">Continue work of Cork and Kerry CHO Governance Group which commenced meetings in Q4 2016.	HOS	1-4	2						

Older Person Services			
Priority Actions	Lead	Q	CP Goal
<ul style="list-style-type: none"> Finalise terms of reference for the Cork & Kerry Governance Group. Establish 4 work streams to deliver the objectives set out in the 2017 Cork and Kerry CHO Operational Plan as follows: <ol style="list-style-type: none"> PPPG Development: Service Development & Quality Improvements: Dementia /Specialist Services Group Access Support the development of a national plan for a revised home care model, governance structures, single funding of home care and consumer involvement in line with the national working group. Devise a local implementation plan for this within the Cork & Kerry CHO. Implement the service improvement plan. Progress implementation of <i>National Standards for Safer Better Healthcare</i> (NSSBH) as applicable to home care services for older people Engage with Communications Manager to devise a plan to ensure clear communications around home care service to staff and public 			
▶ A tailored training programme for home help co-ordinators will be rolled out	GM		2
▶ Develop an audit function to ensure Quality in Home Care Services	HOS		2
▶ Progress the pilot rostering initiative in South Kerry	GM		2
Dementia Strategy			
▶ Coordinate the implementation of the Dementia Strategy using the Home Care Governance Group to address the need for home care and community support models of service as part of this defined work stream.	GM	1	2
▶ Establish and co-ordinate the initiative to deliver intensive home care packages for people with dementia.	GM	1	2
▶ Ensure that initiatives to deliver intensive home care packages/dementia specific packages are co-ordinated across Primary Care and Social Care Services			
▶ Disseminate learning and outcomes from Genio funded dementia projects across Cork and Kerry.	GM	1	2
▶ Mainstream the model of personalised support for people with dementia in Kinsale through the use of confirmed Genio funding available for 2017.	GM	3	5
▶ Support the building of a network of local and national partnerships under the Dementia UnderStandTogether campaign to increase awareness, and create compassionate inclusive communities for people with dementia and their carers	GM	1-4	2
▶ Support the roll out of Dementia Training to staff and carers	GM	1-4	2
▶ Deliver a dementia specific educational programme for Primary Care Teams and GP's as part of the Primary Care Education, Pathways and Research in Dementia (PREPARED) Project (joint approach with the Primary Care Division).	GM	2-4	2
▶ Complete a mapping of services for people with dementia and carers currently across Cork & Kerry CHO to inform future development and identify gaps in the service.	GM	2-4	2
▶ Map services to identify areas of good practice and establish where shared learning can take place	GM	2-4	2
Day Care Centres (DCC)			
▶ Continue to deliver day care services for Older People within available resources	GM	2	2
▶ Complete the review of day care centres in Cork & Kerry commenced in 2015 by the end of Q2 2017 with the remaining deliverables: <ul style="list-style-type: none"> Carryout a review of current relevant policies to assist in providing clarity regarding role and purpose of DCCs within the continuum of care for older persons. Policies Procedures, Protocols and Guidelines (PPPGs) currently governing 	GM	1-4 1 4	2

Older Person Services			
Priority Actions	Lead	Q	CP Goal
<p>DCC provision will be standardised from the perspective of fitness for purpose, compliance with NFR; and National Standards for Safer Better Healthcare.</p> <ul style="list-style-type: none"> Complete an analysis of pay and non-pay costs associated with provision of service and quantum of service will be undertaken including review of service agreement documentation in place with voluntary providers and in tandem with the cost containment plan in this regard. Assess the impact of the changes of the rural transport scheme on the provision of day care and identify any associated costs. Continue on-going public consultation and service user representation to inform the model of service delivery and to inform the final report. Finalise a preliminary report in respect of the DCC review in Cork & Kerry and implement a revised work plan which will be finalised further to the preliminary report of the working group. 		1 2 3 1 1	
<p>► Complete a scoping exercise regarding the expansion of day care services across Cork and Kerry:</p> <ul style="list-style-type: none"> New services: Macroom, Youghal, Douglas, Bishopstown and Ballincollig areas. Expansion of current services: Charleville and Listowel. 	GM	2 3	2
Single Assessment Tool (SAT)			
► Finalise project management arrangements to the SAT Project.	GM	2	2
► Progress the implementation of Single Assessment Tool (SAT) in selected priority sites. In 2017, the actions are as follows:	HOS	2	2
<ul style="list-style-type: none"> Staff across both community and acute settings will be educated in the use of SAT. The priority sites for the South are; <ul style="list-style-type: none"> Cork University Hospital South Lee Primary Care. All older persons applying for NHSS, HCP's and HH will be assessed using the SAT in the South Lee area. Review the capacity to expand the scope to include the Mercy University Hospital. 	HOS HOS	3 1	2 2
Public Residential Care Services			
► Work with managers of residential care services providing guidance and support in relation to the provision of services in a safe, equitable and cost efficient manner and in accordance with relevant standards.	GM	1-4	5
► Review the cost of care in all community hospitals and take appropriate action where cost of care is showing upward trajectory.	GM	1-4	5
► Focus on the cost of care in St. Finbarr's Hospital to align the cost of care with local and national norms and ensure the monitoring, control and appropriate allocation of expenditure.	GM	4	5
► Review bed occupancy in units where ongoing bed utilisation is less than 95% Community Hospitals within available funding.	GM	1-4	2
► Open additional '9' beds in Kenmare and '8' in Dingle West Kerry Community Hospitals in consultation with key stakeholders.	GM	1	2
► Continue to work with the Voluntary Organisations providing residential care services.	GM	1-4	2
Integrated Care Teams			
<p>► Team to work jointly with CUH & MUH to test and embed a model of integrated working including:</p> <ul style="list-style-type: none"> Improve access of frail older persons to acute care by providing alternatives to attending ED, where appropriate; 	GM	1	2

Older Person Services			
Priority Actions	Lead	Q	CP Goal
<ul style="list-style-type: none"> – Improve the process of acute care when frail older people attend ED; – Improve access of frail older people from hospital to community with appropriate support. 			
<ul style="list-style-type: none"> ▶ Review existing proposal for integrated care for Kerry and submit for consideration. 			
<ul style="list-style-type: none"> ▶ Finalise scoping the integrated care proposal for Kerry and submit for consideration by the national integrated care programme for Older People and the national Services for Older People Office. 	GM	1	2
<ul style="list-style-type: none"> ▶ Scope the development of integrated pathways / services including behavioural assessment / stabilisation units, transitional care and residential placements for persons with complex needs spanning mental health and social care and / or disability services. 	Clinical Projects Facilitator Mental Health	1-4	5
Falls Strategy			
<ul style="list-style-type: none"> ▶ In the context of the Falls Strategy continue to roll out Integrated Falls Pathway in Cork City and environs by: <ul style="list-style-type: none"> – Establish 3 additional FRAX (Falls risk assessment) clinics further to the 5 rolled out in 2016. – Enhance capacity of existing falls service and CR&ST to support intervention in response to demand generated by additional assessment capacity introduced in 2016. – Recruit the rehabilitation assistant to support the implementation of the falls strategy in Cork (action from 2016) – Plan and test options for access to community based exercise opportunities to keep older persons free of falls in Cork city and environs as the initial geographic scope in conjunction with Health Promotion and the Community Work department. – Continue to monitor the approach taken in community hospitals and ensure adherence to site specific plans in Cork by conducting site visits, monthly audits, introduction of a falls pathway and falls policy. 	GM	1-4	1
	GM	3	5
	GM	1-4	1
	GM	3	2
	GM	1	2
Carers Strategy			
<ul style="list-style-type: none"> ▶ In association with <i>Age Friendly cities and counties</i> the CHO will ensure that a senior manager continues to work with the local Older Persons Councils to ensure the views and experiences of older people in relation to health issues within the age friendly cities concept are considered in health service reviews and planning. 	HOS	1-4	1
Other Older Persons Initiatives			
<ul style="list-style-type: none"> ▶ Review the governance arrangements for St. Mary's Health Campus including the monitoring, control and appropriate allocation of expenditure. 	GM	4	5
IV & Antibiotics			
<ul style="list-style-type: none"> ▶ Continue to maximise the use of short stay beds to address efficient discharge from acute hospitals, and acute hospital avoidance by enhancing nursing services such as IV Hydration and IV Antibiotics as is currently provided in Macroom, Skibbereen, Killarney, Kenmare and Dingle Community Hospitals and will extend this to Midleton, Kinsale, Fermoy, and Listowel Community Hospitals 	GM	3	2
Establishment of Payment Model – Pilot Site			
<ul style="list-style-type: none"> ▶ A national review of service provision and capacity of short stay residential care to maximise potential to rehabilitate older people as part of an integrated care approach is on-going. This will include a 'money follows the person' approach to funding services 	GM	3	2
<ul style="list-style-type: none"> ▶ St. Finbarr's, Youghal, Killarney and Listowel Community Hospitals are the 4 pilot sites in Cork & Kerry. 	GM	2	2

Older Person Services			
Priority Actions	Lead	Q	CP Goal
Person-centred Care Programme			
► Implement person-centred care programme across residential services in Cork and Kerry.	GMs	1-4	3
Advanced Care Directive (ACD)			
► Continue to roll out Advanced Care Directive (ACD) care planning across residential units in Cork.	GM	1-4	3
► Provide training programmes for staff to support this programme in Cork. (All Kerry Community Hospitals have had ACD training and directives are in place for all long stay residents).	GM	4	3
► Continue to implement ACD training in private nursing homes.			
Reduction in Agency			
► Implement a plan to minimise the use of agency in residential services. <ul style="list-style-type: none"> ○ Review staffing levels and skill-mix. ○ Put in place and implement a plan to recruit required number of staff ○ Establish a panel for temporary vacancies. ○ Implement a strict control process for the use of agency and overtime. 	GM	1-4	5
Succession Management			
► Work with Learning and Development to identify a suitable programme to enhance readiness of nursing staff for CNM2 and further management roles.	GM	3	2
Capital Programme			
► Progress the HSE's Capital Plan 2016-2021 through continued collaboration with Estates.	Estates	1-4	5
► Design Team Stage <ul style="list-style-type: none"> – Complete the tender for the design teams for Killarney, Caherciveen and Listowel and approve design teams 			
► Design Team Appointed: <ul style="list-style-type: none"> – Macroom and Youghal Community Hospitals. 			
► Design Team Appointed and plans near completion: <ul style="list-style-type: none"> – Kinsale, Dunmanway, Skibbereen and Castletownbere Community Hospitals. 			
► Design Brief Stage: <ul style="list-style-type: none"> – Cois Abhainn, Youghal, Co. Cork. 			
► Under Construction <ul style="list-style-type: none"> – Building work on-going in Bandon Community Hospital (estimated completion date Q3 2018). 			

Social Care Quality and Access Indicators of Performance Disability Services

Quality and Safety	Access
All Divisions <ul style="list-style-type: none"> Serious reportable events (SREs): investigations completed within 120 days Complaints investigated within 30 working days Safeguarding and screening <ul style="list-style-type: none"> 100% of CHO Heads of Social Care who can evidence implementation of the HSE's Safeguarding Vulnerable Persons at Risk of Abuse policy throughout the CHO as set out in Section 4 of the policy 100% of CHO Heads of Social Care that have established CHO wide organisational arrangements required by the HSE's <i>Safeguarding Vulnerable Persons at Risk of Abuse</i> policy throughout the CHO as set out in Section 9.2 of the policy 100% of preliminary screenings for adults with an outcome of reasonable grounds for concern that are submitted to the safeguarding and protection teams accompanied by an interim safeguarding plan <ul style="list-style-type: none"> Adults aged 65 and over Adults under 65 years HIQA inspection compliance <ul style="list-style-type: none"> 80% compliance with inspected outcomes following HIQA inspection of disability residential units 	<ul style="list-style-type: none"> Disability service: 0-18 years <ul style="list-style-type: none"> 100% of Children's Disability Network Teams established <i>Disability Act</i> compliance <ul style="list-style-type: none"> 100% of assessments completed within the timelines provided for in the regulations Congregated settings <ul style="list-style-type: none"> Facilitate the movement of 41 people from congregated to community settings Supports in the community: PA hours and home support <ul style="list-style-type: none"> 123,179 PA service hours delivered to adults with a physical and/or sensory disability 419 adults with a physical and/or sensory disability in receipt of a PA service 210,548 home support hours delivered to persons with a disability 646 people with a disability in receipt of home support services (ID/autism and physical and sensory disability)
Finance	Human Resources
All Divisions <ul style="list-style-type: none"> Pay and non-pay control Income management Service arrangements Audit recommendations (internal and external) Reputational governance and communications stewardship 	All Divisions <ul style="list-style-type: none"> Staffing Levels Absence

Services for Older People

Quality and Safety	Access
All Divisions <ul style="list-style-type: none"> Serious reportable events (SREs): investigations completed within 120 days Complaints investigated within 30 working days Safeguarding and screening <ul style="list-style-type: none"> 100% of CHO Heads of Social Care who can evidence implementation of the HSE's Safeguarding Vulnerable Persons at Risk of Abuse policy throughout the CHO as set out in Section 4 of the policy 100% of CHO Heads of Social Care that have established CHO wide organisational arrangements required by the HSE's <i>Safeguarding Vulnerable Persons at Risk of Abuse</i> policy throughout the CHO as set out in Section 9.2 of the policy 100% of preliminary screenings for adults with an outcome of reasonable grounds for concern that are submitted to the safeguarding and protection teams accompanied by an interim safeguarding plan <ul style="list-style-type: none"> Adults aged 65 and over Adults under 65 years HIQA inspection compliance 80% compliance with inspected outcomes following HIQA inspection of disability residential units 	<ul style="list-style-type: none"> Home Care Services for Older People <ul style="list-style-type: none"> 1,517 people in receipt of a HCP/DDI HCP (Monthly target) including delayed discharge initiative HCPs 1,983,000 home help hours provided for all care groups (excluding provision of hours from HCPs) 8,149 people in receipt of home help hours (excluding provision of hours from HCPs) (Monthly target) NHSS: <ul style="list-style-type: none"> 23,603 people funded nationally under NHSS in long term residential care at year end 1,034 NHSS beds in public long stay units 308 short stay beds in public long stay units 2.9 years national average length of stay for NHSS clients in public, private and saver long stay units Delayed discharges <ul style="list-style-type: none"> 152 national average weekly transitional care beds available to acute hospitals 15 additional weekly national transitional care beds winter plan (October 16 – February 17) 7,200 people in acute hospitals nationally approved for transitional care to move to alternative care settings
Finance, Governance and Compliance	Workforce
All Divisions <ul style="list-style-type: none"> Pay and non-pay control Income management Service arrangements Audit recommendations (internal and external) Reputational governance and communications stewardship 	All Divisions <ul style="list-style-type: none"> Staffing Levels Absence

Appendix 1:

Cork & Kerry CHO - Financial Tables

Primary Care

Primary Care	Pay	Non Pay	Gross Budget	Income	Net Budget
	€m	€m	€m	€m	€m
Cork & Kerry CHO					
Primary Care	67.89	31.21	99.09	(2.32)	96.77
Social Inclusion	2.35	13.64	15.99	(0.00)	15.99
Palliative Care	0.61	7.95	8.56	(0.25)	8.32
Core Services	70.85	52.80	123.65	(2.57)	121.08
Local DLS	0.00	29.44	29.44	0.00	29.44
Total	70.85	82.24	153.09	(2.57)	150.52
Cork Dental					
Primary Care	1.48	0.71	2.19	(0.35)	1.84
Social Inclusion	0.00	0.00	0.00	0.00	0.00
Palliative Care	0.00	0.00	0.00	0.00	0.00
Core Services	1.48	0.71	2.19	(0.35)	1.84
Local DLS	0.00	0.00	0.00	0.00	0.00
Total	1.48	0.71	2.19	(0.35)	1.84
Total Cork & Kerry CHO (Incl. Cork Dental)					
Primary Care	69.37	31.92	101.28	(2.67)	98.61
Social Inclusion	2.35	13.64	15.99	(0.00)	15.99
Palliative Care	0.61	7.95	8.56	(0.25)	8.32
Core Services	72.33	53.51	125.84	(2.92)	122.92
Local DLS	0.00	29.44	29.44	0.00	29.44
Total	72.33	82.94	155.28	(2.92)	152.36

Mental Health

Division	Pay	Non-Pay	Income	Total
	000's	000's	000's	000's
Total Mental Health	96,507	17,069	-2,825	110,751

2016 projected Closing Spend	2017 Opening Budget	2017 Pay cost pressures funding (exc community allowances)	2017 community allowances funding	2017 Revised Opening Budget	Posts / TRS 2013 - 2015 full year	Re-assigned once-off non-pay funding	Re-assigned once-off pay funding	2017 Revised Budget
107,629	104,726	1,138	167	106,031	3,651	800	268	110,751

Social Care

Summary of Social Care Initial Budget Allocation as per National Social Care Operational Plan

The budget for Cork & Kerry Disability Services in 2017 is €211.494m. This is a 2.9% increase on 2016 budget and represents 12.5% of the national disability services budget

Social Care	Disabilities
	€m
Base Budget	201.722
Pay Cost Pressures (PCP)	1.713
HIQA 2016 FYC	1.800
Emergency Placements 2016 FYC	0.900
School Leavers 2016	1.096
HIQA 2017	1.800
Emergency Placements 2017 (Indicative)	2.050
PA/Home Support	0.663
2017 Cost Reduction	
Procurement & Transport	(0.250)
2017 Total Allocation Disability	211.494
2017 Expenditure Reduction Measures	
Agency	0.957
Cost Management & Control Measures	0.450
Total Cost Reductions	1.407

The budget for Cork & Kerry Older Persons Services in 2017 is €123.171m. This is a 2% increase on 2016 budget and represents 16% of the national disability services budget

Social Care	Older Persons
	€m
Base Budget	116.858
Additional Allocation 2017	
Cost Pressures (PCP)	1.565
Home Care & Winter Initiative (2016)	3.319
Home Care & Winter Initiative (2017)	0.876
Home Care 2017 Demographic related costs	0.553
Total Budget Allocation 2017	123.171
Cost Reduction Measures 2017	279

Service Arrangement Funding

Services for Older People

Older Persons Services – Total Funding	Older Persons Total €	Cork & Kerry CHO €
S39 – SA	97,717,581	11,813,008
S39 – GA	15,811,541	4,185,838
Total S39	113,529,122	15,998,846
Total Voluntary	167,624,404	15,998,846
For Profit – SA	65,491,433	7,737,807
Total Commercial	65,579,433	7,737,807
Total All	233,203,837	23,736,652

Agencies in receipt of funding in excess of €1m

Parent agency	Older Persons Total €	Cork & Kerry CHO €
Section 39 Service Arrangement Agencies		
Alzheimer Society of Ireland	10,736,161	1,501,824
Family Carers Ireland	5,291,726	171,500
CareBright Limited	3,172,731	372,569
St. Luke's Home	1,892,031	1,892,031
Marymount University Hospital and Hospice Limited	1,551,874	1,551,874
St. Joseph's Nursing Home - Killorglin	1,422,498	1,422,498
Nazareth House - Cork	1,226,000	1,226,000
Valentia Community Health and Welfare Association Limited	1,175,143	1,175,143
Section 39 Service Arrangements Funding Over €1m	26,468,164	9,313,439
For Profit Service Arrangements Agencies		
Elder Home Care Limited	12,617,237	1,119,864
Byzantium MOD Limited	1,133,779	1,133,779
For Profit – SAs Funding €1m	13,751,016	2,253,643

Disability Services

Summary	Care Group	Disability funding €	Cork & Kerry CHO €
S38 – SA	Disability	723,276,230	99,930,648
S39 – SA	Disability	428,048,401	57,472,180
S39 – GA	Disability	5,653,847	262,223
Total S39	Disability	433,702,248	57,734,403
Total Voluntary	Disability	1,156,978,477	157,665,051
For Profit – SA	Disability	68,051,117	5,305,951
Out of State – SA	Disability	8,230,736	77,020
Total Commercial	Disability	76,281,853	5,382,971
Total All	Disability	1,233,260,330	163,048,021

Section 38 Service Arrangements

Parent agency	Disability Funding €	Cork & Kerry CHO €
Saint John of God Community Services Limited	109,853,353	16,319,256
COPE Foundation	44,331,970	44,331,970
Brothers of Charity Southern Services	39,010,690	39,010,690
Brothers of Charity (Clare)	12,828,332	268,732
Total All	206,024,345	99,930,648

Section 39 Service Arrangements – Agencies in Receipt of funding in excess of €5m

Parent agency	Disability Funding €	Cork & Kerry CHO €
Rehabcare	44,098,844	3,209,022
Enable Ireland	35,709,903	5,943,297
I.W.A. Limited	29,588,489	3,750,303
The Cheshire Foundation in Ireland	23,935,810	3,127,302
National Learning Network Limited	14,631,040	3,062,312
St. Joseph's Foundation	14,297,459	7,586,693
Camphill Communities of Ireland	10,802,117	589,342
Peter Bradley Foundation Limited	10,271,127	635,611
Kerry Parents & Friends Association	9,369,269	9,369,269
NCBI Services	6,499,935	792,647
CoAction West Cork	6,391,064	6,391,064
Section 39 Service Arrangements Funding (> €5m) Total	205,595,057	44,456,862

Agencies in receipt of funding in excess of €1m

Parent agency	Disability Funding €	Cork & Kerry CHO €
Section 39 Service Arrangement Agencies		
Rehabcare	44,098,844	3,209,022
Enable Ireland	35,709,903	5,943,297
I.W.A. Limited	29,588,489	3,750,303
The Cheshire Foundation in Ireland	23,935,810	3,127,302
National Learning Network Limited	14,631,040	3,062,312
St. Joseph's Foundation	14,297,459	7,586,693
Camphill Communities of Ireland	10,802,117	589,342
Peter Bradley Foundation Limited	10,271,127	635,611
Kerry Parents & Friends Association	9,369,269	9,369,269
NCBI Services	6,499,935	792,647
CoAction West Cork	6,391,064	6,391,064
Cork Association for Autism	4,416,193	4,416,193
The National Association for the Deaf	3,822,609	313,417
L'Arche Ireland	2,918,041	1,473,845
Headway (Ireland) Ltd - The National Association for Acquired Brain Injury	2,607,621	961,461
The Multiple Sclerosis Society of Ireland	2,575,578	195,667
Centre for Independent Living (CIL) - Cork Ltd	1,573,518	1,573,518
St. Vincent's Centre	1,481,350	1,481,350
Muscular Dystrophy Ireland	1,139,285	93,751
Doorway to Life Ltd (Abode Hostel and Day Centre)	1,000,094	1,000,094
Section 39 Service Arrangements Funding over €1m	227,129,346	55,966,158
For Profit Service Arrangement Agencies		
Nua Healthcare Services	18,404,265	3,704,836
Talbot Group	12,822,543	142,272
Resilience Healthcare Ltd	1,980,781	1,366,059
For Profit Service Arrangements Funding above €1m	33,207,589	5,213,167

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

Workforce Position: Staff Category Information as at September 2016

Cork & Kerry CHO	Medical/ Dental	Nursing	Health & Social Care Profession als	Manageme nt/ Admin	General Support Staff	Patient & Client Care	WTE Sep 16
Primary Care							
<i>HSE (as stated in NSP, excluding Public Analyst & Public Health Microbiology Laboratories)</i>	112	334	285	239	6	69	1,044
<i>HSE (Including Public Analyst & Public Health Microbiology Laboratories)</i>	112	334	305.03	241	6	69	1,066.03
<i>Section 38</i>	18	9	3	25	10	27	92
Primary Care Total	129	343	308.03	266	16	96	1,159
Mental Health							
HSE	94	595	164	80	74	106	1,114
Section 38	20	182	31	14	29	18	293
Mental Health Total	114	777	195	94	103	124	1,407
Social Care							
HSE	25	706	98	140	181	844	1,994
Section 38	2	415	329	102	121	975	1,943
Social Care Total	27	1,121	427	242	301	1,818	3,937
Total	270	2,241	930	602	420	2,038	6,503

Cork & Kerry CHO		Actual WTE Dec 15	Actual WTE Dec 16
Primary Care	Cork	780.57	798.59
	Kerry	230.36	226.72
Social Inclusion	Cork	41.8	61.98
	Kerry	1.2	1.20
Palliative Care	Cork	1	1.00
	Kerry	11.52	13.11
Section 38	Cork	87.58	95.18
	Kerry	0	0.00
Primary Care Total	Cork	910.95	956.75
	Kerry	243.08	241.03
	Primary Care Total	1,154.03	1,197.79
Disabilities	Cork	1,868.73	1,958.77
	Kerry	282.65	297.97
Older People	Cork	1,247.39	1,278.49
	Kerry	418.18	439.02
Social Care	Cork	3,116.12	3,237.26
	Kerry	700.82	736.99
	Social Care Total	3,816.94	3,974.25
Mental Health	Cork	1,079.33	1,113.79
	Kerry	295.04	293.19
	Mental Health Total	1,374.37	1,406.98
Cork Total		5,106.40	5,307.80
Kerry Total		1,238.94	1,271.21
Cork & Kerry CHO Total		6,345.35	6,579.01

Appendix 3 - KPI Information

System Wide – Full Metrics/KPI Suite

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

Health and Wellbeing Performance Indicator Suite

Key Performance Indicators Service Planning 2017 Metric Titles		NSP / DOP	Reported at National / CHO / HG Level	Reporting Frequency	Expected Activity / Target 2017 Cork & Kerry CHO
Tobacco	No. of smokers who received intensive cessation support from a cessation counsellor	NSP	CHO/National Quitline	M	900
	No. of frontline staff trained in brief intervention smoking cessation	NSP	CHO	M	171
	% of smokers on cessation programmes who were quit at one month	NSP	National	Q 1 qtr in arrears	45%
Active Living	No. of 5k Parkruns completed by the general public in community settings	DOP	CHO	M	30,296
	No. of unique runners completing a 5k parkrun in the month	DOP	CHO	M	16,304
	No. of unique new first time runners completing a 5k parkrun in the month	DOP	CHO	M	6,852
Healthy Eating	No. of people who have completed a structured patient education programme for diabetes	NSP	CHO	M	323
	% of PHNs trained by dieticians in the Nutrition Reference Pack for Infants 0-12 months	DOP	CHO	Q	104
	No. of people attending a structured community based healthy cooking programme	DOP	CHO	M	150
HP&I	% 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%
	% 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%
Immunisations and Vaccines	% children at 12 months of age who have received two doses of the Pneumococcal Conjugate vaccine (PCV2)	DOP	CHO	Q 1 qtr in arrears	95%
	% children at 12 months of age who have received 1 dose of the Meningococcal group C vaccine (MenC2)	DOP	CHO	Q 1 qtr in arrears	95%
	% children aged 24 months who have received 3 doses Diphtheria (D3), Pertussis (P3), Tetanus (T3) vaccine, Haemophilus influenzae type b (Hib3), Polio (Polio3), hepatitis B (HepB3) (6 in 1)	NSP	CHO	Q 1 qtr in arrears	95%
Immunisations and Vaccines	% 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%
Immunisations and Vaccines	% 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%
Immunisations and Vaccines	% 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%
Immunisations and Vaccines	% 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 Sept 2016 to Apr 2017					

Primary Care Performance Indicator Suite

Primary Care

Primary Care Key Performance Indicators Service Planning 2017	NSP / DOP	KPI Type Access/ Quality /Access Activity	Report Frequency	2016		2017		
				2016 National Target / Expected Activity	2016 Projected Outcome	2017 National Target / Expected Activity	Reported at National / CHO / HG	Expected Activity / Target Cork & Kerry CHO
Community Intervention Teams (No. of referrals)				24,202	27,033	32,861		3,661
Admission Avoidance (includes OPAT)	NSP	Quality	M	914	949	1,187	CHO	182
Hospital Avoidance	NSP	Quality	M	12,932	17,555	21,629	CHO	1,846
Early discharge (includes OPAT)	NSP	Quality	M	6,360	5,240	6,072	CHO	799
Unscheduled referrals from community sources	NSP	Quality	M	3,996	3,289	3,972	CHO	834
Outpatient Parenteral Antimicrobial Therapy (OPAT) Re-admission rate %	DOP	Access /Activity	M	≤5%	2.3%	≤5%	HG	≤5%
Community Intervention Teams Activity (by referral source)				24,202	27,033	32,861	CHO	3,661
ED / Hospital wards / Units	DOP	Access /Activity	M	13,956	18,042	21,966	CHO	1,884
GP Referral	DOP	Access /Activity	M	6,386	5,619	7,003	CHO	855
Community Referral	DOP	Access /Activity	M	2,226	1,896	2,212	CHO	671
OPAT Referral	DOP	Access /Activity	M	1,634	1,476	1,680	CHO	251
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	28,260
No. of patients seen for a first time assessment	DOP	Activity	M	160,017	163,596	163,596	CHO	24,396
No. of patients treated in the reporting month (monthly target)	DOP	Activity	M	36,430	37,477	37,477	CHO	4,888
No. of face to face contacts/visits	DOP	Activity	M	775,864	756,000	756,000	CHO	103,272
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	2,694
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	DOP	Access	M	No target	624	No target	CHO	No target

Primary Care Key Performance Indicators Service Planning 2017	NSP / DOP	KPI Type Access/ Quality /Access Activity	Report Frequency	2016		2017		
				2016 National Target / Expected Activity	2016 Projected Outcome	2017 National Target / Expected Activity	Reported at National / CHO / HG	Expected Activity / Target Cork & Kerry CHO
assessment waiting list at the end of the reporting period > 52 weeks								
% of new physiotherapy patients seen for assessment within 12 weeks	NSP	Access	M	70%	81%	81%	CHO	81%
% of physiotherapy patients on waiting list for assessment ≤ 26 weeks	DOP	Access	M	90%	88%	88%	CHO	88%
% of physiotherapy patients on waiting list for assessment ≤ 39 weeks	DOP	Access	M	95%	95%	95%	CHO	95%
% of physiotherapy patients on waiting list for assessment ≤ to 52 weeks	NSP	Access	M	100%	98%	98%	CHO	98%
Occupational Therapy								
No. of service user referrals	DOP	Activity	M	89,989	93,264	93,264	CHO	9,636
No. of new service users seen for a first assessment	DOP	Activity	M	86,499	87,888	90,605	CHO	11,022
No. of service users treated (direct and indirect) monthly target	DOP	Activity	M	20,291	20,675	20,675	CHO	2,267
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	4,677
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	NSP	Access	M	100%	82%	92%	CHO	92%

Primary Care Key Performance Indicators Service Planning 2017	NSP / DOP	KPI Type Access/ Quality /Access Activity	Report Frequency	2016		2017		
				2016 National Target / Expected Activity	2016 Projected Outcome	2017 National Target / Expected Activity	Reported at National / CHO / HG	Expected Activity / Target Cork & Kerry CHO
users on waiting list for assessment ≤ to 52 weeks								
Speech and Language Therapy								
No. of patient referrals	DOP	Activity	M	50,863	52,584	52,584	CHO	6,924
Existing patients seen in the month	DOP	Activity	M	New 2016	16,958	16,958	CHO	2,736
New patients seen for initial assessment	DOP	Activity	M	41,083	44,040	44,040	CHO	6,576
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	1,916
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	1,380
% 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%
Speech and Language Therapy Service Improvement Initiative								
New patients seen for initial assessment	DOP	Activity	M	New 2017	New 2017	17,646	CHO	1,512
No. of speech and language therapy initial therapy appointments	DOP	Access	M	New 2017	New 2017	43,201	CHO	6,524
No. of speech and language therapy further therapy appointments	DOP	Access	M	New 2017	New 2017	39,316	CHO	6,230
Podiatry								
No. of patient referrals	DOP	Activity	M	11,589	11,148	11,148	CHO	1,380
Existing patients seen in the month	DOP	Activity	M	5,210	5,454	5,454	CHO	1,485
New patients seen	DOP	Activity	M	8,887	9,192	9,504	CHO	1,022
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	597
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	NSP	Access	M	75%	44%	44%	CHO	44%

Primary Care Key Performance Indicators Service Planning 2017	NSP / DOP	KPI Type Access/ Quality /Access Activity	Report Frequency	2016		2017		
				2016 National Target / Expected Activity	2016 Projected Outcome	2017 National Target / Expected Activity	Reported at National / CHO / HG	Expected Activity / Target Cork & Kerry CHO
for treatment ≤ 12 weeks								
% 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 ≤ 52 weeks	NSP	Access	M	100%	78%	88%	CHO	88%
No of patients with diabetic active foot disease treated in the reporting month	DOP	Quality	M	133	140	166	CHO	32
No. of treatment contacts for diabetic active foot disease in the reporting month	DOP	Access /Activity	M	532	561	667	CHO	126
Ophthalmology								
No. of patient referrals	DOP	Activity	M	26,913	28,452	28,452	CHO	5,328
Existing patients seen in the month	DOP	Activity	M	4,910	5,281	5,281	CHO	402
New patients seen	DOP	Activity	M	16,524	23,616	33,779	CHO	3,923
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	3,444
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%
Audiology								
No. of patient referrals	DOP	Activity	M	18,317	22,620	22,620	CHO	3,108
Existing patients seen in the month	DOP	Activity	M	2,850	2,740	2,740	CHO	386
New patients seen	DOP	Activity	M	16,459	15,108	23,954	CHO	3,706
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	1,579

Primary Care Key Performance Indicators Service Planning 2017	NSP / DOP	KPI Type Access/ Quality /Access Activity	Report Frequency	2016		2017		
				2016 National Target / Expected Activity	2016 Projected Outcome	2017 National Target / Expected Activity	Reported at National / CHO / HG	Expected Activity / Target Cork & Kerry CHO
No. of audiology patients on the treatment waiting list at the end of the reporting period 0 - ≤ 12 weeks	DOP	Access	M	No target	5,956	No target	CHO	No target
No. of audiology patients on the treatment waiting list at the end of the reporting period >12 weeks - ≤ 26 weeks	DOP	Access	M	No target	3,352	No target	CHO	No target
No. of audiology patients on the treatment waiting list at the end of the reporting period >26 weeks but ≤ 39 weeks	DOP	Access	M	No target	1,856	No target	CHO	No target
No. of audiology patients on the treatment waiting list at the end of the reporting period >39 weeks but ≤ 52 weeks	DOP	Access	M	No target	1,340	No target	CHO	No target
No. of audiology patients on the treatment waiting list at the end of the reporting period > 52 weeks	DOP	Access	M	No target	2,146	No target	CHO	No target
% of audiology patients on waiting list for treatment ≤ 12 weeks	NSP	Access	M	60%	41%	50%	CHO	50%
% of audiology patients on waiting list for treatment ≤ 26 weeks	DOP	Access	M	80%	64%	64%	CHO	64%
% of audiology patients on waiting list for treatment ≤ 39 weeks	DOP	Access	M	90%	76%	76%	CHO	76%
% of audiology patients on waiting list for treatment ≤ to 52 weeks	NSP	Access	M	100%	85%	95%	CHO	95%
Dietetics								
No. of patient referrals	DOP	Activity	M	27,858	31,884	31,884	CHO	7,584
Existing patients seen in the month	DOP	Activity	M	5,209	3,480	3,480	CHO	1,007
New patients seen	DOP	Activity	M	21,707	22,548	23,457	CHO	5,158
Total no. of dietetics patients on the treatment waiting list at the end of the reporting period	DOP	Access	M	5,479	8,843	8,843	CHO	1,240
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%

Primary Care Key Performance Indicators Service Planning 2017	NSP / DOP	KPI Type Access/ Quality /Access Activity	Report Frequency	2016		2017		
				2016 National Target / Expected Activity	2016 Projected Outcome	2017 National Target / Expected Activity	Reported at National / CHO / HG	Expected Activity / Target Cork & Kerry CHO
% 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%
Psychology								
No. of patient referrals	DOP	Activity	M	12,261	13,212	13,212	CHO	888
Existing patients seen in the month	DOP	Activity	M	2,626	2,312	2,312	CHO	184
New patients seen	DOP	Activity	M	9,367	10,152	10,152	CHO	420
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	957
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%
Nursing								
No. of patient referrals	DOP	Activity	M	159,694	135,384 Data Gap	135,384 Data Gaps	CHO	72,840 Data Gaps
Existing patients seen in the month	DOP	Activity	M	64,660	46,293 Data Gap	64,660 Data Gaps	CHO	26,441 Data Gaps
New patients seen	DOP	Activity	M	123,024	110,784 Data Gap	123,024 Data Gaps	CHO	49,450 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	NSP	Quality	M	95%	94%	95%	CHO	95%

Primary Care Key Performance Indicators Service Planning 2017	NSP / DOP	KPI Type Access/ Quality /Access Activity	Report Frequency	2016		2017		
				2016 National Target / Expected Activity	2016 Projected Outcome	2017 National Target / Expected Activity	Reported at National / CHO / HG	Expected Activity / Target Cork & Kerry CHO
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 within 72 hours of discharge from maternity services	NSP	Quality	Q	97%	98%	98%	CHO	98%
% of babies breastfed (exclusively and not exclusively) at first PHN visit	NSP	Quality	Q	56%	57%	58%	CHO	58%
% of babies breastfed (exclusively and not exclusively) at three month PHN visit	NSP	Quality	Q	38%	38%	40%	CHO	40%
Oral Health Primary Dental Care								
No. of new patients attending for scheduled assessment	DOP	Access /Activity	M	Unavailable	47,904 Data Gap	Unavailable	CHO	Unavailable
No. of new patients attending for unscheduled assessment	DOP	Access /Activity	M	Unavailable	25,476 Data Gap	Unavailable	CHO	Unavailable
% of new patients who commenced treatment within three months of assessment	NSP	Access	M	80%	88% Data Gap	88%	CHO	88%
Orthodontics								
No. of patients receiving active treatment at the end of the reporting period	DOP	Access	Q	16,887	18,404	18,404	National/ 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	NSP	Quality	Q	798	212	586	National	64

Primary Care Key Performance Indicators Service Planning 2017	NSP / DOP	KPI Type Access/ Quality /Access Activity	Repo rt Freq uenc y	2016		2017		
				2016 National Target / Expecte d Activity	2016 Projecte d outturn	2017 National Target / Expecte d Activity	Reporte d at National / CHO / HG	Expected Activity / Target Cork & Kerry CHO
cardholders who were reviewed								
Healthcare Associated Infections: Medication Management								
Consumption of antibiotics in community settings (defined daily doses per 1,000 population)	NSP	Quality	Q	<21.7	27.6	<21.7	National	
Tobacco Control								
% of primary care staff to undertake brief intervention training for smoking cessation	DOP	Quality	Q	5%	5%	5%	CHO	5%

Social Inclusion

Social Inclusion Key Performance Indicators Service Planning 2017	NSP / DOP	KPI Type Access/ Quality /Access Activity	Report Freque ncy	2016		2017		
				2016 National Target / Expected Activity	2016 Proje cted outtur n	2017 National Target / Expected Activity	Report ed at Natio nal / CHO	2017 Expected Activity / Target Cork & Kerry CHO
Substance Misuse								
No. of substance misusers who present for treatment	DOP	Access	1 Qtr in arrears	6,972	6,760	6,760	CHO	512
No. of substance misusers who present for treatment who receive an assessment within two weeks	DOP	Quality	1 Qtr in arrears	4,864	4,748	4,748	CHO	280
% of substance misusers who present for treatment who receive an assessment within two weeks	DOP	Quality	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	1 Qtr in arrears	5,584	5,932	5,932	CHO	440
No. of substance misusers (over 18) for whom treatment has commenced within one calendar month following assessment	DOP	Quality	1 Qtr in arrears	5,024	5,304	5,304	CHO	440
% of substance misusers (over 18 years) for whom treatment has commenced within one calendar month following assessment	NSP	Access	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	1 Qtr in arrears	268	348	348	CHO	32
No. of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment	DOP	Access	1 Qtr in arrears	260	296	296	CHO	32
% of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment	NSP	Access	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	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	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	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	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	1 Mth in Arrears	9,515	9,560	9,700	CHO	438
No. of clients in opioid substitution treatment in clinics	DOP	Access	1 Mth in Arrears	5,470	5,466	5,084	CHO	326
No. of clients in opioid substitution treatment with level 2 GP's	DOP	Access	1 Mth in Arrears	1,975	2,083	2,108	CHO	13
No. of clients in opioid substitution	DOP	Access	1 Mth in	2,080	2,011	2,508	CHO	99

Social Inclusion Key Performance Indicators Service Planning 2017	NSP / DOP	KPI Type Access/ Quality /Access Activity	Report Freque ncy	2016		2017		
				2016 National Target / Expected Activity	2016 Proje cted outtur n	2017 National Target / Expected Activity	Repor ted at Natio nal / CHO	2017 Expected Activity / Target Cork & Kerry CHO
treatment with level 1 GP's			Arrears					
No. of clients transferred from clinics to level 1 GP's	DOP	Access	1 Mth in Arrears	300	288	300	CHO	18
No. of clients transferred from clinics to level 2 GP's	DOP	Access	1 Mth in Arrears	134	81	140	CHO	8
No. of clients transferred from level 2 to level 1 GPs	DOP	Access	1 Mth in Arrears	119	21	150	CHO	10
Total no. of new clients in receipt of opioid substitution treatment (outside prisons)	DOP	Access	1 Mth in Arrears	617	552	645	CHO	101
Total no. of new clients in receipt of opioid substitution treatment (clinics)	DOP	Access	1 Mth in Arrears	498	449	507	CHO	100
Total no. of new clients in receipt of opioid substitution treatment (level 2 GP)	DOP	Access	1 Mth in Arrears	119	103	138	CHO	1
Average waiting time (days) from referral to assessment for opioid substitution treatment	NSP	Access	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	1 Mth in Arrears	28 days	31 days	28 days	CHO	28 days
No. of pharmacies providing opioid substitution treatment	DOP	Access	1 Mth in Arrears	653	654	654	CHO	69
No. of people obtaining opioid substitution treatment from pharmacies	DOP	Access	1 Mth in Arrears	6,463	6,630	6,630	CHO	429
Alcohol Misuse								
No. of problem alcohol users who present for treatment	DOP	Access	1 Qtr in Arrears	3,540	3,736	3,736	CHO	552
No. of problem alcohol users who present for treatment who receive an assessment within two weeks	DOP	Access	1 Qtr in Arrears	2,344	1,900	1,900	CHO	272
% of problem alcohol users who present for treatment who receive an assessment within two weeks	DOP	Access	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	1 Qtr in Arrears	3,228	3,424	3,424	CHO	496
No. of problem alcohol users (over 18 years) for whom treatment has commenced within one calendar month following assessment	DOP	Access	1 Qtr in Arrears	3,228	2,956	2,956	CHO	496
% of problem alcohol users (over 18 years) for whom treatment has commenced within one calendar month following assessment	DOP	Access	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	1 Qtr in Arrears	56	36	36	CHO	8
No. of problem alcohol users (under 18 years) for whom treatment has commenced within one week following assessment	DOP	Access	1 Qtr in Arrears	56	28	28	CHO	8
% of problem alcohol users (under 18 years) for whom treatment has	DOP	Access	1 Qtr in Arrears	100%	78%	100%	CHO	100%

Social Inclusion Key Performance Indicators Service Planning 2017	NSP / DOP	KPI Type Access/ Quality /Access Activity	Report Freque ncy	2016		2017		
				2016 National Target / Expected Activity	2016 Proje cted outtur n	2017 National Target / Expected Activity	Repor ted at Natio nal / CHO	2017 Expected Activity / Target Cork & Kerry CHO
commenced within one week following assessment								
% of problem alcohol users (over 18 years) for whom treatment has commenced who have an assigned key worker	DOP	Quality	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	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	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	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	1 Qtr in Arrears	300	397	778	CHO	100
Needle Exchange								
No. of pharmacies recruited to provide Needle Exchange Programme	DOP	Quality	TRI M, 1 Qtr in Arrears	119	112	112	CHO	21
No. of unique individuals attending pharmacy needle exchange	NSP	Access	TRI M, 1 Qtr in Arrears	1,731	1,647	1,647	CHO	383
Total no. of clean needles provided each month	DOP	Access	TRI M, 1 Qtr in Arrears	New 2017	New 2017	23,727	CHO	5,221
Average no. of clean needles (and accompanying injecting paraphernalia) 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	295 (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	395 (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	130 (70%)
No. and % of service users admitted to homeless emergency accommodation hostels / facilities whose health needs have been assessed within two weeks of admission	NSP	Quality	Q	1,311 (85%)	1,022 (68%)	1,272 (85%)	CHO	448 (85%)
No. and % of service users admitted to homeless emergency accommodation	DOP	Quality	Q	80%	1,128 (76%)	1,017 (80%)	CHO	358 (80%)

Social Inclusion Key Performance Indicators Service Planning 2017	NSP / DOP	KPI Type Access/ Quality /Access Activity	Report Freque ncy	2016		2017		
				2016 National Target / Expected Activity	2016 Proje cted outtur n	2017 National Target / Expected Activity	Repor ted at Natio nal / CHO	2017 Expected Activity / Target Cork & Kerry CHO
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								
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	321
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	321

Palliative Care

Palliative Care Key Performance Indicators Service Planning 2017	NSP / DOP	KPI Type Access/ Quality /Access Activity	Report Freque ncy	2016		2017		
				2016 National Target / Expected Activity	2016 Project ed outturn	2017 Nationa l Target / Expecte d Activity	Reporte d at Nationa l / CHO / HG Level	Expected Activity / Target Cork & Kerry CHO
Inpatient Palliative Care Services								
Access to specialist inpatient bed within seven days (during the reporting month)	NSP	Access	M	98%	97%	98%	CHO/H G	98%
No. accessing specialist inpatient bed within seven days (during the reporting month)	NSP	Access	M	New 2017	New 2017	3,555	CHO/H G	728
Access to specialist palliative care inpatient bed from eight to 14 days (during the reporting month)	DOP	Access	M	2%	3%	2%	CHO/H G	2%
% patients triaged within one working day of referral (Inpatient Unit)	NSP	Quality	M 2016 Q4 Reportin g	90%	90%	90%	CHO/H G	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/H G	127
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/H G	790
No. of admissions to specialist palliative care inpatient units (monthly cumulative)	DOP	Access /Activity	M	3,310	3,708	3,815	CHO/H G	910
% patients with a multidisciplinary care plan documented within five working days of initial assessment (Inpatient Unit)	NSP	Quality	M 2016 Q4 Reportin g	90%	90%	90%	CHO/H G	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	600
No. of new patients seen by specialist	DOP	Access	M	9,353	9,864	9,610	CHO	1,550

Palliative Care Key Performance Indicators Service Planning 2017	NSP / DOP	KPI Type Access/ Quality /Access Activity	Report Freque ncy	2016		2017		
				2016 National Target / Expected Activity	2016 Project ed outturn	2017 Nationa l Target / Expecte d Activity	Reporte d at Nationa l / CHO / HG Level	Expected Activity / Target Cork & Kerry CHO
palliative care services in their normal place of residence		/Activity						
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	120
No. of new patients who received specialist palliative day care services (monthly cumulative)	DOP	Access	M	985	996	1,010	CHO	375
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	31
Children's Palliative Care Services								
No. of children in the care of the children's outreach nurse	NSP	Access /Activity	M	New 2017	New 2017	269	CHO	29
No. of new children in the care of the children's outreach nurse	DOP	Access /Activity	M	New 2017	New 2017	New metric 2017	CHO	To be set in 2017
No. of children in the care of the specialist paediatric palliative care team in an acute hospital setting in the month	NSP	Access /Activity	M	New 2017	New 2017	20	HG	
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	2,064
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	2,056
Bereavement Services								
No. of family units who received bereavement services	DOP	Access /Activity	M	621	670	671	CHO	60

Mental Health Performance Indicator Suite

Mental Health Key Performance Indicators Service Planning 2017	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	Cork & Kerry CHO
% of accepted referrals / re-referrals offered first appointment within 12 weeks / 3 months by General Adult Community Mental Health Team	Quality	M	90%	93%	90%	CHO	90%
% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks / 3 months by General Adult Community Mental Health Team	Quality	M	75%	73%	75%	CHO	75%
%. of new (including re-referred) General Adult Community Mental Health Team cases offered appointment and DNA in the current month	Access /Activity	M	18%	23%	20%	CHO	20%
% of accepted referrals / re-referrals offered first appointment within 12 weeks / 3 months by Psychiatry of Old Age Community Mental Health Teams	Quality	M	98%	99%	98%	CHO	98%
% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks / 3 months by Psychiatry of Old Age Community Mental Health Teams	Quality	M	95%	97%	95%	CHO	95%
%. of new (including re-referred) Old Age Psychiatry Team cases offered appointment and DNA in the current month	Access /Activity	M	3%	2%	3%	CHO	3%
Admissions of children to Child and Adolescent Acute Inpatient Units as a % of the total number of admissions of children to mental health acute inpatient units.	Quality	M	95%	79%	85%	National	N/A
Percentage of Bed days used in HSE Child and Adolescent Acute Inpatient Units as a total of Bed days used by children in mental health acute inpatient units	Quality	M	95%	96%	95%	CHO	95%
% of accepted referrals / re-referrals offered first appointment within 12 weeks / 3 months by Child and Adolescent Community Mental Health Teams	Quality	M	78%	76%	78%	CHO	78%
% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks / 3 months by Child and Adolescent Community Mental Health Teams	Quality	M	72%	66%	72%	CHO	72%
%. of new (including re-referred) child/adolescent referrals offered appointment and DNA in the current month	Access /Activity	M	10%	14%	10%	CHO	10%
Total No. to be seen for a first appointment at the end of each month.	Access /Activity	M	2,449	2,643	2,599	CHO	552
Total No. to be seen 0-3 months	Access /Activity	M	1,308	1,344	1,546	CHO	287
Total No. on waiting list for a first appointment waiting > 3 months	Access /Activity	M	1,141	1,299	1,053	CHO	265
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	2,016
Median length of stay	Access	Q in	10	11.5	10	CHO	10

Mental Health Key Performance Indicators Service Planning 2017	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	Cork & Kerry CHO
	/Activity	arrears					
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	79.5
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	25.3
Acute re-admissions as % of admissions	Access /Activity	Q in arrears	67%	67%	67%	CHO	68%
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	54.2
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	25.4
No. of adult involuntary admissions	Access /Activity	Q in arrears	1,724	2,060	2,096	CHO	280
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	8.9
Number of General Adult Community Mental Health Teams	Access	M	114	114	114	CHO	17
Number of referrals (including re-referred) received by General Adult Community Mental Health Teams	Access /Activity	M	43,637	43,801	44,484	CHO	7,236
Number of Referrals (including re-referred) accepted by General Adult Community Mental Health Teams	Access /Activity	M	41,448	38,953	42,348	CHO	6,912
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	7,836
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	6,504
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	1,332
% of new (including re-referred) General Adult Community Mental Health Team cases offered appointment and DNA in the current month	Access /Activity	M	18%	23%	20%	CHO	20%
Number of cases closed/discharged by General Adult Community Mental Health Teams	Access /Activity	M	33,158	24,108	33,876	CHO	5,544
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	684
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	648
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	768
No. of new (including re-referred) Old Age	Access	M	10,083	8,908	11,448	CHO	744

Mental Health Key Performance Indicators Service Planning 2017	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	Cork & Kerry CHO
Psychiatry Team cases seen in the current month	/Activity						
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	24
% of new (including re-referred) Old Age Psychiatry Team cases offered appointment and DNA in the current month	Access /Activity	M	3%	2%	3%	CHO	3%
Number of cases closed/discharged by Old Age Psychiatry Community Mental Health Teams	Access /Activity	M	8,866	6,992	9,204	CHO	516
No. of child and adolescent Community Mental Health Teams	Access	M	66	65	66	CHO	10
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	36
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	2,208
No. of child / adolescent referrals (including re-referred) accepted by mental health services	Access /Activity	M	15,092	13,101	15,180	CHO	1,764
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	2,196
No. of new (including re-referred) child/adolescent referrals seen in the current month	Access /Activity	M	12,628	12,415	14,484	CHO	1,992
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	204
% 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	1,416
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	552
i) 0-3 months	Access /Activity	M	1,308	1,344	1,546	CHO	287
ii). 3-6 months	Access /Activity	M	585	613	603	CHO	141
iii). 6-9 months	Access /Activity	M	346	322	310	CHO	76
iv). 9-12 months	Access	M	210	146	140	CHO	48

Mental Health Key Performance Indicators Service Planning 2017	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	Cork & Kerry CHO
	/Activity						
v). > 12 months	Access /Activity	M	0	235	0	CHO	0

Social Care Performance Indicator Suite

Social Care Key Performance Indicators Service Planning 2017	2017 National Target / Expected Activity	Cork & Kerry CHO
Safeguarding		
% of CHO Heads of Social Care who can evidence implementation of the HSE's <i>Safeguarding Vulnerable Persons at Risk of Abuse</i> 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 <i>Safeguarding Vulnerable Persons at Risk of Abuse</i> 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	100%	100%
- Adults aged 65 and over		
- Adults under 65 years		
Total no. of preliminary screenings for adults under 65 years	7,000	1192
Total no. of preliminary screenings for adults aged 65 and over	3,000	467
No. of staff trained in safeguarding policy	17,000	3,071

Services for Older People

Services for Older People Key Performance Indicators Service Planning 2017	2017 National Target / Expected Activity	Cork & Kerry CHO
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	100%	100%
Deliver on Service Improvement priorities.		
Home Care Services for Older People	16,750	1,517
Total no. of persons in receipt of a HCP/DDI HCP(Monthly target) including delayed discharge initiative HCPs		
No. of new HCP clients, annually	8,000	685
Intensive HCPs number of persons in receipt of an Intensive HCP including AP funded IHCPs.	190 Nationally	
% of clients in receipt of an IHCP with a key worker assigned	100%	100%
% of clients in receipt of an IHCP on the last day of the month who were clinically reviewed (includes initial assessment for new cases) within the last 3 months	100%	100%
No. of home help hours provided for all care groups (excluding provision of hours from HCPs)	10,570,000	1,983,000
No. of people in receipt of home help hours (excluding provision of hours from HCPs) (Monthly target)	49,000	8,149
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 Common Summary Assessment Reports (CSARs) processed within 6 weeks	90%	-
No. in receipt of subvention	168	14
No. of NHSS Beds in Public Long Stay Units.	5,088	1,034
No. of Short Stay Beds in Public Long Stay Units	1,918	308
Average length of Stay for NHSS clients in Public, Private and Saver Long Stay Units	2.9 years	-
% of population over 65 years in NHSS funded Beds (based on 2011 Census figures)	4%	-
No of population over 65 in NHSS funded beds at the last date of the month along with the number on Subvention/Section 39 (x 95.3% as estimate over 65s)	21,416	-
Transitional Care		
Number of TCB approvals within the month (in arrears)	152	167 for Jan and Feb 152 from Mar to Dec

Disability Services

Disability Services Key Performance Indicators Service Planning 2017	2017 National Target / Expected Activity	Cork & Kerry CHO
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%
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	41
Disability Act Compliance No. of requests for assessments received	6,234	1,331
% 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%
% of service statements 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% (17/17)
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	320
No. of people with a disability in receipt of work / work-like activity services (ID/Autism and Physical and Sensory Disability)	3,253	923
Other Day services No. of people with a disability in receipt of Other Day Services (excl. RT and work/like-work activities) - Adult (Q2 & Q4 only) (ID/Autism and Physical and Sensory Disability)	18,672 *	2,436
Rehabilitative Training No. of Rehabilitative Training places provided (all disabilities)	2,583	355
No. of people (all disabilities) in receipt of Rehabilitative Training (RT)	2,870	394
No. of people with a disability in receipt of residential services (ID/Autism and Physical and Sensory Disability)	8,885	1,201
Respite Services No. of new referrals accepted for people with a disability for respite services (ID/Autism and Physical and Sensory Disability)	1,023	215
No. of new people with a disability who commenced respite services (ID/Autism and Physical and Sensory Disability)	782	142
No. of existing people with a disability in receipt of respite services (ID/Autism and Physical and Sensory Disability)	5,964	835
No. of people with a disability formally discharged from respite services (ID/Autism and Physical and Sensory Disability)	591	115
No. of people with a disability in receipt of respite services (ID/Autism and Physical and Sensory Disability)	6,320	743

Disability Services Key Performance Indicators Service Planning 2017	2017 National Target / Expected Activity	Cork & Kerry CHO
No. of overnights (with or without day respite) accessed by people with a disability (ID/Autism and Physical and Sensory Disability)	182,506	25,495
No. of day only respite sessions accessed by people with a disability (ID/Autism and Physical and Sensory Disability)	41,000	2,373
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	10
PA Service		
No. of new referrals accepted for adults with a physical and / or sensory disability for a PA service	271	11
No. of new adults with a physical and / or sensory disability who commenced a PA service	223	11
No. of existing adults with a physical and / or sensory disability in receipt of a PA service	2,284	415
No. of adults with a physical or sensory disability formally discharged from a PA service	134	1
No. of adults with a physical and /or sensory disability in receipt of a PA service	2357	419
Number of PA Service hours delivered to adults with a physical and / or sensory disability	1,412,561	123,179
No. of adults with a physical and / or sensory disability in receipt of 1 - 5 PA Hours per week	957	270
No. of adults with a physical and / or sensory disability in receipt of 6 - 10 PA hours per week	538	101
No. of adults with a physical and / or sensory disability in receipt of 11 - 20 PA hours per week	397	29
No. of adults with a physical and / or sensory disability in receipt of 21 - 40 PA hours per week	256	10
No. of adults with a physical and / or sensory disability in receipt of 41 - 60 PA hours per week	73	1
No. of adults with a physical and / or sensory disability in receipt of 60+ PA hours per week	83	0
Home Support		
No. of new referrals accepted for people with a disability for home support services (ID/Autism and Physical and Sensory Disability)	1,416	321
No. of new people with a disability who commenced a home support service (ID/Autism and Physical and Sensory Disability)	1,273	299
No. of existing people with a disability in receipt of home support services (ID/Autism and Physical and Sensory Disability)	6,380	676
No. of people with a disability formally discharged from home support services (ID/Autism and Physical and Sensory Disability)	466	53
No of people with a disability in receipt of Home Support Services (ID/Autism and Physical and Sensory Disability)	7,447	646
No of Home Support Hours delivered to persons with a disability (ID/Autism and Physical and Sensory Disability)	2,749,712	210,548
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	413
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	174
No. of people with a disability in receipt of 11 – 20 Home Support hours per week (ID/Autism and Physical and Sensory Disability)	753	95
No. of people with a disability in receipt of 21- 40 Home Support hours per week (ID/Autism and Physical and Sensory Disability)	402	38
No. of people with a disability in receipt of 41 – 60 Home Support hours per week (ID/Autism and Physical and Sensory Disability)	97	6
No. of people with a disability in receipt of 60 +Home Support hours per week (ID/Autism and Physical and Sensory Disability)	127	15
* subject to variance in respect of where school leavers will be receiving day services		

Appendix 4:

Public Long Stay Residential Care Beds

Services for Older People

CHO Area	County	Name of Unit	No. of Beds at 31st December 2017	
			NHSS	Short Stay
Cork & Kerry CHO Area	Cork	Kanturk Community Hospital	30	10
	Cork	St Joseph's Community Hospital, Millstreet	20	2
	Cork	St Patrick's Community Hospital, Fermoy	54	18
	Cork	Cois Abhainn	15	7
	Cork	Youghal Community Hospital	30	8
	Cork	Macroom Community Hospital	33	5
	Cork	Middleton Community Hospital	46	7
	Cork	Heather House	50	0
	Cork	Bandon Community Hospital	18	7
	Cork	Kinsale Community Hospital	28	12
	Cork	St Finbarrs Hospital	89	76
	Cork	Ballincollig CNU	80	20
	Cork	Farranlea CNU	85	5
	Cork	Bantry General Hospital	16	6
	Cork	Clonakilty Community Hospital	108	11
	Cork	Skibbereen Community Hospital	27	13
	Cork	Dunmanway Community Hospital	19	4
	Cork	Schull Community Hospital	16	5
	Cork	Castletownbere Community Hospital	20	11
	Kerry	Caherciveen Community Hospital	28	5
	Kerry	Kenmare Community Hospital	21	7
	Kerry	Listowel Community Hospital	24	16
	Kerry	Killarney Community Hospital	92	41
	Kerry	West Kerry Community Hospital	42	12
	Kerry	Tralee Community Nursing Unit	43	0
Cork & Kerry CHO Total			1,034	308

Appendix 5: - CHO Capital Infrastructure

This appendix outlines capital projects that were completed in 2015 / 2016 but not operational, projects due to be completed and operational in 2017 and projects due to be completed in 2017 but not operational until 2018

Facility	Project details	Project Completion	Fully Operational	Additional Beds	Replacement Beds	Capital Cost €m		2017 Implications	
						2017	Total	WTE	Rev Costs €m
MENTAL HEALTH									
University Hospital Kerry, Tralee, Co. Kerry	Refurbishment and upgrade of the acute Mental Health Unit (phase 2)	Q3 2017	Q4 2017	0	34	1.50	2.10	0	0.00
PRIMARY CARE									
St. Finbarr's Hospital, Cork	Audiology services, ground floor, block 2	Q1 2017	Q1 2017	0	0	0.96	1.50	0	0.00
St. Mary's, Gurrabraher, Cork City	Primary Care Centre	Q4 2017	Q4 2017	0	0	11.00	18.33	0	0.00
Ballyheigue, Co. Kerry	Primary Care Centre, refurbishment of existing health centre	Q1 2017	Q2 2017	0	0	0.14	0.14	0	0.00
Carrigaline, Co. Cork	Primary Care Centre, by lease agreement	Q3 2017	Q4 2017	0	0	0.00	0.00	0	0.00
University Hospital Kerry, Tralee, Co. Kerry	Palliative Care Development – 15-bed inpatient unit funded and directly contracted by Kerry Hospice Association. Enabling works funded by HSE in 2015 (€0.4m)	Q2 2017	Q2 2017	15	0	0.21	6.11	42.8	3.00
SOCIAL CARE – Disability Services									
National	47 units at varying stages of purchase and refurbishment to meet housing requirements for 165 people transitioning from congregated settings	Phased 2017	Phased 2017	0	0	20.00	100.00	0	0.00
SOCIAL CARE – Services for Older People									
Bandon Community Hospital, Co. Cork	Extension and refurbishment (phase 1) - upgrade of existing beds	Q2 2017	Q3 2017	0	25	2.37	4.46	0	0.00
Dunmanway Community Hospital, Co. Cork	Refurbishment and upgrade (to achieve HIQA compliance)	Q4 2016	Q1 2017	0	0	0.03	0.26	0	0.00
Castletownbere Community Hospital, Co. Cork	Refurbishment and upgrade (to achieve HIQA compliance)	Q2 2017	Q2 2017	0	0	0.75	1.04	0	0.00
Cois Abhainn, Youghal, Co. Cork	Refurbishment and upgrade (to achieve HIQA compliance)	Q2 2017	Q2 2017	0	0	0.25	0.35	0	0.00

Appendix 6: - Abbreviations

Abbreviations			
A'DON	Assistant Director of Nursing	IV	Intravenous
ACD	Advanced Care Directive	KPIs	Key Performance Indicator
AHP	Allied Health Professional	LCDC	Local Community Development Committee
AMR	Antimicrobial Resistance	LGBT	Lesbian, Gay, Bi-Sexual, Transgender
ASD	Autism Spectrum Disorder	LIMs	Laboratory Information Management System
ASIST	Applied Suicide Intervention Skills	MECC	Making Every Contact Count
BISC	Brief Intervention Smoking Cessation	MH	Mental Health
CAMHS	Child and Adolescent Mental Health Services	MHC	Mental Health Commission
CAPA	Choice and Partnership Approach	MHC	Mental Health Committee
CD	Clinical Director	MHID	Mental Health Intellectual Disability
CFL	Connecting for Life	MHS	Mental Health Service
CHO	Community Healthcare Organisation	MUH	Mercy University Hospital
CIT	Community Intervention Team	NAS	National Ambulance Service
CMHT	Community Mental Health Teams	NCEC	National Clinical Effectiveness Committee
CNM2	Clinical Nurse Manager 2	NCHD	Non-Consultant Hospital Doctor
CR&ST	Community Rehabilitation & Support Team	NFR	National Financial Regulations
CUH	Cork University Hospital	NHSS	National Home Support Scheme
CYPSC	Children and Young People's Services Committees	NIMS	National Incident Management System
DBT	Dialectical Behavioural Therapy	NIO	National Immunisations Office
DCC	Day Care Centre	NMPDU	Nursing & Midwifery Planning & Development Unit
DDI	Delayed Discharge Initiative	NQID	National Quality Improvement Division
DLS	Demand Led Schemes	NSP	National Service Plan
DLS	Demand Led Schemes	NSSBH	National Standards for Safer Better Healthcare
DM	Disability Manager	OD	Open Dialogue
DNA	Did Not Attend	OGS	Occupational Guidance Service
DOH	Department of Health	OPAT	Outpatient Parenteral Antimicrobial Therapy
DON	Director of Nursing	OT	Occupational Therapy
DOP	Divisional Operational Plan	PA	Personal Assistant
DOS	Director of Services	PCC	Primary Care Centre
DSP	Department of Social Protection	PCI	Primary Childhood Immunisation
DTSS	Dental Treatment Services Scheme	PCP	Pay Cost Pressures
ECD	Executive Clinical Director	PCRS	Primary Care Reimbursement Scheme
ED	Emergency Department	PCT	Primary Care Team
ELS	Existing Level of Service	PFG	Programme for Government
ENSH	European Network of Smokefree Healthcare Service	PHN	Public Health Nurse
EWTD	European Working Time Directive	PI	Performance Indicator
FRAX	Falls Risk Assessment	PIC	Person in Charge
FYC	Full year Cost	PM	Project Manager
GM	General Manager	PMAV	Prevention and Management of Violence
GMS	General Medical Service	PPIM	Persons Participating in Management
GP	General Practitioner	PPPGs	Policies, Procedures, Protocols and Guidelines
H&WB	Health & Well Being	QIPs	Quality Improvement Plans
HALT	The HALT project is a survey in all long-term care facilities which will include HCAI, Antibiotic use, Infection prevention, control processes and practices and antibiotic resistance	QPS	Quality & Patient Safety
HAZ	Health Action Zone	RSSMAC	Residential Support Services Maintenance & Accommodations Contributions
HBS	Health Business Services	RT	Rehabilitative Training
HCA	Health Care Assistant	SAOR	Support Ask Offer Refer
HCAI	Health Care Acquired Infection	SAP	Systems, Applications and Products in data processing

Abbreviations			
HCP	Home Care Package	SAT	Single Assessment Tool
HEAL	Healthy Eating and Active Living	SBI	Screening and Brief Intervention
HH	Home Help	SFH	St Finbarr's Hospital
HHWB	Head of Service Health & Wellbeing	SIP	School Immunisation Programme
HI	Healthy Ireland	SIT	Service Improvement Team
HIQA	Health Information and Quality Authority	SJOG	St. John of God
HMHS	Head of Service Mental Health	SLA	Service Level Agreement
HOS	Head of Service	SLT	Speech and Language Therapy
HOS PC	Head of Service Primary Care	SOEL	System of Excellence
HOS SC	Head of Service Social Care	SOP	Standard Operating Procedure
HPSC	Health Protection Surveillance Centre	SPO	Suicide Prevention Officer
HPV	Human papillomavirus	SRE	Serious Reportable Event
HR	Human Resources	SSWHG	South/South West Hospital Group
HSCN	Health and Social Care Network	STORM	Skills-based Training on Risk Management
HSE	Health Service Executive	TENI	Transgender Equality Network Ireland
ICGP	Irish College General Practitioners	THU	Traveller Health Unit
ICT	Information Communication Technology	UN	United Nations
ID	Intellectual Disability	WRC	Workplace Relations Committee
IFSP	Individual Family Service Plan	WTE	Whole Time Equivalent
IT	Information Technology		

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