Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

CHO 5 Plan 2017

Waterford, Wexford, South Tipperary, Carlow, Kilkenny

Building a Better Health Service

CARE COMPASSION TRUST LEARNING


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


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


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


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


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

Contents

Introduction

This 2017 Plan for Community Healthcare Organisation (CHO) 5 sets out the services to be provided in County Waterford, Wexford, South Tipperary, Carlow and Kilkenny by type and volume within the funding resources provided to the area. CHO5 is one of nine Community Health Care Organisations which provide community services, that is, services as close to home as possible delivered outside of acute services. This plan is based on the National Service Plan 2017 and sets out actions for each of the different services delivered through: Health and Wellbeing; Primary Care; Social Care (Older People and Disabilities); and Mental Health. A key priority for this year is to build on the work undertaken in 2016 to ensure that services delivered in the South East are of high quality safe care with equitable easy access and distribution within the resources given to provide those services. This can sometimes be a challenge but one which CHO5 is committed to achieving. The following table outlines CHO5 2017 budget for service provision.

	2017 Opening Budget €m	Additional Budget 2017	Revised Opening Budget 2017
Primary Care	102,135	1,794	103,929
Mental Health	89,877	4,702	94,579
Social Care	209,826	19,719	229,546
Total	401,838	26,215	428,054
Full details of the 2017 budget are available in Appendix 1			

Health Challenges

There are a number of challenges to both our own individual health and to the health service which is seeking to keep us healthy and well.

Life Expectancy in Ireland has increased so on a positive note, people are living longer. However, for the health service this means there are more older people living in the South East and with old age comes a higher risk of chronic disease and an increased demand on services.

In Ireland, 1 in every 2 people over the age of 50 years currently has at least one chronic disease such as heart disease, diabetes, cancer or depression. This year over a half a million in Ireland will have at least one chronic disease. In 2014, ¾ of all deaths were related to 4 chronic diseases:

- Cancer,
- Cardiovascular,
- Respiratory,
- Diabetes.

Our high levels of overweight and obesity are one of the main causes of these diseases with 3 in 4 adults aged over 50 years overweight or obese.

Research shows that 60% of chronic diseases can be prevented by making changes in four key lifestyle behaviours – stop smoking, limit alcohol consumption, increase physical activity and eat more fruit and vegetables.

Pre-school children are exposed to more than 1,000 adverts for unhealthy food each year. Research shows that children between the ages of 7 to 18 years who are overweight or obese, are five times more likely to be overweight and obese as adults so early intervention to change lifestyle habits is vital.

Although both smoking rates and teenage pregnancies have reduced, a quarter of young people still smoke (this figures is much higher in socially deprived areas) and 27% of 15-17 year olds are reporting that they have engaged in sexual activity.

Over 13% of children are living in consistent poverty.

To bring about sustainable change and better outcomes for our communities we will be focusing on embedding health and wellbeing initiatives in all our service delivery areas.

Cross Organisational Themes

Healthy Ireland

The Healthy Ireland vision is for an 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".

CHO5 has recently appointed a Head of Health and Wellbeing to lead out on the development of a Healthy Ireland plan for this region and across the other care groups of Primary, Social and Mental Health Care.

CHO 5 will aim to enhance the health and wellbeing of staff so that they in turn can more effectively enhance the health and wellbeing of those that access our service. It will seek to reverse the current health trend of increasing levels of chronic disease through promotion and education on health and wellness, in priority areas such as alcohol and tobacco. It will provide supports and enhance the competencies of people with chronic disease to self manage aspects of their condition.

It is clear that the health system alone cannot address chronic illness. Through interagency partnerships, we will work to educate individuals, communities, services and partner organisations on the social determinants of health to create greater awareness of why health is everybody's business.

We will work with our Public Health Department to protect individuals and communities from the spread of preventable viruses through the promotion of immunisations and vaccinations.

The National HSE's Healthy Ireland has six themes including Healthy Childhood, Healthy Eating and Active Living, Wellbeing and Mental Health, Positive Ageing, Alcohol and Tobacco Free.

Children First

Implementation and compliance with the Children First: National Guidance for the Protection and Welfare of Children 2011 is a key cross divisional priority led out by the Head of Primary Care. Children First refers to both Children First legislation and the National Guidance document. CHO5 will establish a cross sector Children First Implementation Committee that will develop an implementation plan specific for CHO5 area. This will include a plan to address the requirement for all staff to access and complete the required training modules. This committee will also: review, and where required, develop CHO policies and procedures in line with national policy, procedures and guidance; monitor and review performance metrics; advise the CO and managers as required; assist services to develop improvement plans; increase the knowledge and visibility of Children First as a requirement both to internal and external stakeholders; provide feedback to Primary Care National Division and other Committees as necessary.

Suicide Prevention

The Regional Suicide Resource Office, reporting to General Manager Mental Health Services, coordinates activities in relation to suicide prevention, intervention and postvention in CHO 5. One of the key responsibilities of the office is the development and implementation of Connecting for Life, Ireland's National Strategy to Reduce Suicide (2015-2020) at local level. In CHO 5 there are five local county plans at various stages of development or implementation aligned to national implementation frameworks. The expected outcomes of the implementation of these action plans at local level are a reduced rate of suicide in the whole population and amongst specified priority groups and a reduced rate of presentations of self-harm in the whole population and amongst priority groups.

The Regional Suicide Resource Office is often the first point of contact in CHO 5 for those affected by issues associated with suicide and self-harm including members of the community, service providers, those experiencing difficulties or in distress and those bereaved by suicide. The office signposts to appropriate services including, Primary Care/G.P.s, SCAN, SHIP, CIPC, MHS, bereavement counselling services, community based and NGO services. The office ensures that individuals and communities are directed to a service appropriate to their specific needs.

The Regional Suicide Resource Office coordinates the HSE Bereavement Counselling Service for Traumatic Deaths which received in excess of one hundred referrals in 2016 and the team supports responses to critical incidents in each of the five counties when the need arises.

The Regional Suicide Resource Office is the coordinating site for the delivery of suicide prevention and self-harm training in CHO 5. A range of programmes is offered to communities, individuals, service providers, mental health professionals and all agencies that have an interest in or have a remit around suicide prevention and mental health. These programmes are esuicideTALK, safeTALK, Applied Suicide Intervention Skills Training (ASIST), Understanding Self Harm and Skills Training on Risk Assessment for Self Injury (STORM).

The office will work with the National Office for Suicide Prevention (NOSP) in 2017 to roll out the new National Training Strategy at local level.

Finally, mental health promotion, preventative work and resilience building underpin all of the activities of the Suicide Resource Office and the team has a significant role in supporting other organisations in their day to day work.

Improving Compliance with Regulatory Framework

The services provided through CHO5 are guided and reviewed from a range of internal and external independent bodies. Mental Health Services are registered and regulated by the Mental Health Commission (MHC). Disability Services and Services for Older People are registered and regulated by the Health and Information Quality Authority (HIQA). All services are also regulated through the Health and Safety Authority, Environmental Health Officers, Fire Officers as well as through planning and environmental laws which apply to most businesses. Internally the Performance and Accountability Framework 2017 sets out how managers are held to account for achievable performance within available resources. We aim to have strengthened governance and processes to support our local teams achieve compliance across the range of standards applicable to the service area. The aim is that this governance structure will flow seamlessly from locally delivered services through to managers and accountable persons. The structure will have capacity to identify early indicators of issues so that proactive plans can be put in place to address and mitigate risks. Where issues arise there will be a process for escalation and support to ensure appropriate management of risks identified.

Risks to the Delivery of this Plan

Services provided for older people (over 65) and people with disabilities both physical and sensory are delivered via the Social Care division. In CHO 5 there are 14 centres which provide a combination of short stay and Nursing Home Support Scheme (Fair Deal) beds. In addition there are 2 HSE intellectual disability residential centres and 3 Section 38 centres. CHO5 acknowledges the very significant investment in Disability Services in 2017 to support the full year costs of a number of services and individuals who require residential supports. CHO 5 Mental Health Services are receiving once off funding from the National Mental Health Division in 2017. We will continue to work with the National Mental Health Division throughout 2017 to ensure a sustainable long term financial position.

All of these services are experiencing a range of challenges including:

- Staff recruitment of appropriate levels and disciplines required to provide safe services;
- Providing services within the allocated budget;
- Achieving full bed occupancy in older style centres in some areas in CHO5.
- Oversight and governance of SLA's in the provision of services through S38 and S39 Agencies.
- Meeting increased demands for disability residential services.
- Meet the needs of people that have changing circumstances.
- People are living longer with better quality of life leading to increasing demands for social care services

Achievement of Performance Metric Targets

The achievement of primary care metric targets in 2017 will present significant challenges for CHO 5. Legacy budget build issues and impact of the paybill management framework on the ability to fill vacant posts and back fill maternity leaves are key factors in this regard. Targets for all services are at risk unless vacant posts are filled as a matter of priority. In addition, occupational therapy, audiology, psychology, dietetics and

ophthalmology require a structured service improvement initiative sponsored by the Primary Care Division to enable the service to meet the metric targets.

Service Demand

- Increasing demand for all primary care services in the context of existing levels of funding
- The capacity to recruit, retain and replace qualified staff across core and network level primary care services
- The capacity to recruit, retain and replace qualified staff in the area of social inclusion, particularly nursing staff for the Methadone Clinics.
- Increasing demand for Social Inclusion services, particularly substance misuse services, homeless services and services to refugees which are often beyond funded levels.

Paediatric Home Care Packages

Maintaining complex paediatric home care packages to funded levels in the context of increasing demand and earlier discharges from acute services will be a particular challenge.

Infrastructural challenges

The absence of ICT solutions to patient /clinical management will continue to impact on service efficiency in 2017.

Risks to the Delivery of the Mental Health Plan

- The budget allocation for Mental Health in 2017 present challenges for the maintenance of existing levels of service for the division
- The capacity to recruit and retain a highly-skilled and qualified workforce, with particular reference to allied health professions/medical and nursing clinical staff
- Access to appropriate inpatient CAMHs beds/Units and Out-of-Hours service
- There is a risk that the continued demographic pressures and increasing demand for services will impact on the ability to deliver services within the agreed paybill management framework.
- Lack of a single health care record (HCR) across CHO 5 MHS continues to pose a risk to the provision of optimum management of service user's care. These challenges will be explored in 2017.
- Lack of manpower due to pending retirements in the nursing division will impact on our ability to comply with statutory requirements due to shortage of nursing staff.
- Lack of appropriate infrastructure and capital funding to support the safe and effective delivery of Clinical Service required to meet Regulatory Compliance
- Delayed Discharges from Acute Units for service users who require ongoing management in supported accommodation

CHO Priorities for 2017

Health and Wellbeing

- Accelerate implementation of Healthy Ireland in the Health Services Implementation Plan 2015 – 2017
- Aim to 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 to address health inequalities

Mental Health

Our vision for mental health services is to support the population to achieve their optimal mental health through the following key priorities. These include:

- Strengthen governance arrangements through the HSE's Accountability Framework to improve performance and effective use of human, financial and infrastructural resources
- Mental Health Service will appoint an Area Lead for Service User engagement to ensure that the views of service users, family members and carers are central to the design and delivery of mental health services
- Design and Develop perinatal interdisciplinary clinical pathways between the mental health services and our acute partners in the Waterford/Wexford catchment area
- Commence training for staff on the Mental Health Commission judgement framework and new national Best Practice Guidance for Mental Health Services
- Continue to enhance Community Mental Health Teams through the recruitment of additional funded posts
- To develop transitional plans for the transfer of the National Counselling service to the remit of CHO 5 Mental Health Services
- Evaluate the role of the Peer Support Worker to enhance service delivery across all settings.

Primary Care, Palliative Care and Social Inclusion

- Improve safety, access and responsiveness of primary care services to support the decisive shift of services to primary care.
- Improve access, quality and efficiency of palliative care services.
- Improve health outcomes for the most vulnerable in society including those with addition issues, the homeless, refugees, asylum seekers, LGBTI, Traveller and Roma communities
- Develop direct GP access to diagnostics (ultrasound and X-Ray) across CHO 5 in collaboration with Primary Care Division
- Progress integrated chronic disease management services for respiratory diseases (asthma and COPD), heart failure and diabetes
- Work with the primary care division towards the development of a Community Intervention Team Service in Wexford
- Continue the process of self assessment against the National Standards for Safer Better Healthcare (2012) and the development and implementation of Quality Improvement Plans (QIPs) as appropriate
- Deliver on the objectives of the Speech and Language Therapy Waiting List Initiative
- Progress the development of primary care centres by PPP arrangement in Carrick on Suir, Waterford City, Dungarvan and Wexford Town with a view to completion in 2018
- Prioritise for progression primary care centres in Thomastown/Ballyhale, Kilkenny City East and Cahir
- Further develop the National Drug Rehabilitation Framework (NDRF) within Substance Misuse Services. Develop and implement the NDRF across all CHO 5 Social Inclusion Themes/ Care Groups
- Devise and implement an improved governance structure for community specialist palliative care services across CHO5

Social Care

Disability Services

- Reconfigure day services including school leavers and rehabilitation training in line with New Directions
- 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 years) Programme
- Enhance governance for Service Arrangements

Services for Older People

- Finalise the Home Care and Community Supports Service Improvement Plan
- Improve patient flow with continued focus on delayed discharges and hospital avoidance
- Roll out the Integrated Care Programme for Older Persons
- Implement the Single Assessment Tool (SAT)
- Progress Key actions from the National Dementia strategy.

Safeguarding

- Continue training of designated officers and awareness-raising of frontline staff
- Further enhance the safeguarding service through recruitment of additional staff
- Develop local CHO5 systems & processes regarding National Safeguarding Policy

Other Significant CHO Priorities

There are a number of other key priorities identified specifically for CHO5 in 2017.

Systems

In 2017 CHO5 will:

- Introduce a CHO5 wide 'bed stock' management information system to assist patient flows from Acute Hospital settings.
- Assess, design and action a project specific to creating a person centred record and file management system commencing with disability services
- Further develop and support the safeguarding team to meet the increasing needs in the South East
- Foster a culture of continuous quality improvement through the implementation of recommendations and disseminate learning from a range of different sources such as the Confidential Recipient, Your Service Your Say, Protected Disclosures, Quality Audits and regulatory reports.
- Develop a new system for file storage (both clinical & non clinical) including a plan to move to electronic files, particularly for non-clinical data e.g. Financial & HR

People

In 2017 CHO5 will:

Appoint a service user representative to the Mental Health Executive Management Team.

- Establish a reference group to work on planning and developing a Citizens Advocacy Project for and with people with disabilities in South East.

- Enhance Communications across the CHO area, to better connect service users, staff and service providers to the goals and desired outcomes to be achieved and enhance staff and service user engagement through the implementation of "Healthy Ireland".
- Engage with our workforce in the implementation of performance achievement and commence the process of succession planning across all divisions.

Capital infrastructure

In 2017 CHO 5 will:

Design work to commence for the redevelopment of ninety five beds in the CNU in Community Hospital, Dungarvan, Waterford in Q3

- Design work on refurbishment of Gorey District Hospital, Wexford to commence in Q2
- Construction works have already commenced on 4 new Primary Care Centres in Waterford City East, Wexford Town, Dungarvan Co. Waterford, Carrick on Suir, Co Tiperary. These are funded under Primary Care PPP process and should be ready for use in 2018.
- Expand the acute section of the Department of Psychiatry, University Hospital Waterford to include a day dining room
- Construction work on the one hundred bed Community Nursing Unit in St. Patrick's Hospital, Waterford is due to commence in Q2 2017.
- Assist the Board and Management team of St Patrick's Centre, Kilkenny to meet their de-congregation plan targets with 29 identified people moving to homes in the community in 2017.
- Continue the upgrade works in the Carlow District Hospital supported through funding from Carlow Hospice Group to be completed in Q2.
- Design of upgrade works of Sacred Heart Hospital, Carlow to commence in Q3
- Design for the replacement of the Community Nursing Unit, St. Columba's Hospital, Thomastown, Kilkenny to commence in Q3
- Design for the replacement of the Community Nursing Unit in St. Patrick's Hospital, Cashel to commence in Q3
- Progress the vision for Cashel Health Campus providing community based non acute services
- In partnership with the Friends of Clogheen District Hospital, Co Tipperary, commence works to refurbish the hospital and to provide a small extension for end of life care for Q2

Conclusion

CHO5 welcomes an increase in the budget for 2017; however, there are significant financial challenges when consideration is given to the increasing demand in services arising from a growing and aging population. The additional funding will support maintenance of 2016 ELS while delivering some new initiatives as set out in the Letter of Determination. Achieving the targets as set out will be very challenging as we re-structure our services in this CHO whilst ensuring equality of services across the south east in an ever increasing demand led environment. However, our dedicated teams and staff will continue to work towards maximising all resources to provide safe and effective services within the funding provided. Delivery of CHO 5 2017 Plan will be underpinned by the Accountability Framework and through the strengthening of governance arrangements in CHO5. All teams will be working to key performance indicators as set out in this plan and closely monitoring and reporting on the four core components of access, quality and safety, finances and workforce.

Every effort will be made to mitigate the risks outlined above. Acknowledging that it may not be possible to eliminate them in full within the current budgetary envelope, we will work within the given structures to manage these, and other risks, while continuing to advocate for and work with our communities to provide safe and effective services. We look forward to working with our communities, the people that avail of our services and their families, our staff, internal and external partners to deliver on the 2017 Plan for the south east region.

Aileen Colley
Chief Officer
Community Healthcare Organisation 5

Building a Better Health Service

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

Programme for Health Service Improvement

Health services are required to be organised in a way that can respond to the local needs of communities to deliver integrated services of high quality based on evidenced based clinical pathways. As one of nine CHOs we will continue to build on work being undertaken to fully establish the governance and structures required for devolving decision making and accountability. The HSE has a Programme for Health Service Improvement with CHO5 fully engaged and represented from local to senior levels to progress the work as set out in the Community Healthcare Organisation Report 2014. In late 2016 CHO5 successfully recruited and appointed Heads of Services roles. In 2017 we will further develop structures and processes in line with changes throughout the system. This will include adding expertise to the local team by appointment of appropriately trained programme management staff to assist us with our key priorities of quality and patient safety; integrated models of care; performance and accountability; assessing and responding to the needs of our workforce.

Demographic Trends

Based on the 2016, National Census, there are 511,070 people living within CHO 5. The *Health Information Paper 2015/2016 – Trends and Priorities to Assist Service Planning 2016* (www.hse.ie) has highlighted that the population of Ireland is projected to increase by 4% or 188,600 persons between 2016 and 2021. This means that there will be 107,600 additional persons aged 65 and over by 2021 and an additional 15,200 people aged 85 years and over.

The following table shows highlights the percentage change in population per county in CHO5 using preliminary census data.

	Population 2011 (Number)	Population 2016 (Number)	Males 2016 (Number)	Females 2016 (Number)	Actual change 2011-2016 (Number)	Percent change 2011-2016 (%)
Carlow / Kilkenny	130315	135931	67824	68107	5616	4.3
Wexford	145320	149605	73632	75973	4285	2.9
South Tipperary	94136	94712	47419	47293	576	0.6
Waterford	127807	130822	65082	65740	3015	2.4
Total CHO 5	**497,578**	**511,070**	**253,957**	**257,113**	**13,492**	**2.7**

Parallel to this, life expectancy has increased by almost 3 years since 2003 and mortality rates for circulatory system diseases have fallen by 30% and for cancer by 10% over the same period.

These changes to our demographic profile will not only mean an increase in life expectancy and a rapid increase in older age groups, but also that we will continue to experience a greater demand on our health services due to the needs of an aging population.

The total population in CHO 5 has increased by 2.7% since 2011. According to the preliminary results of the 2016 Census County Carlow had the highest increase; 2,263 persons or 4.1% over the five years. Waterford City has seen a growth of 2.5% compared with only 1.4% for the county. During the same period South Tipperary grew by less than 1%. Table 1 presents the change in population within CHO 5 from 2011.

Table 1: CHO 5 Population profile 2011 and 2016

County	2011	2016			Change in Population 2011-2016	
	Persons	Persons	Males	Females	Actual	Percentage
Carlow	54,612	56,875	28,472	28,403	2,263	4.1
Kilkenny	95,419	99,118	49,479	49,639	3,699	3.9
South Tipperary	88,432	89,071	44,595	44,476	639	0.7
Waterford	113,795	116,401	57,779	58,622	2,606	2.3
of which Waterford City	46,732	48,369	23,850	24,519	1,637	3.5
of which Waterford County	67,063	68,032	33,929	34,103	969	1.4
Wexford	145,320	149,605	73,632	75,973	4,285	2.9
CHO 5	497,578	511,070	253,957	257,113	13,492	2.7

Source: CSO preliminary census 2016 and census 2011

In CHO 5 28.5% of the population (145,600 people) are aged 19 years or under while 14.3% (72,700 people) of the population are over 65 years of age. Estimated population by age group is presented in Table 2.

Table 2: CHO 5 Estimated population profile by age group, 2016

Age Group	Estimated number of people
0 – 4	36,000
5 – 19	109,600
20 – 64	291,800
65 – 74	42,600
75+	30,100

Source: CSO annual population estimates; estimated population by age group, regional authority and year

Non-Irish national accounted for 9.5% of the population of CHO 5 compared with a national average figure of 12%. Table 3 presents the population profile by nationality.

Table 3: CHO 5 Population profile by nationality, 2011

Nationality	Number of people	Nationality	Number of people
Irish	400,314	Elsewhere in EU	7,478
UK	13,747	Elsewhere in world	7,062
Polish	11,838	Not stated	4,275
Lithuanian	2,384		

Source: CSO census 2011 area profiles

Integrated Care and Clinical Programmes

CHO 5 will continue to implement integrated care programmes for chronic disease prevention and management, older people, children and patient flow. Working with our colleagues in the South / South West and Ireland East Hospital Groups we will further develop care pathways between acute and community based services and in so doing improve quality, patient outcomes and patient experiences.

Our aim in CHO 5 is to provide a primary care service which is available to people where and when they need and to provide people with the most appropriate care to achieve the best outcomes. The clinical and integrated care programmes are central to this approach.

A particular focus in primary care is to support people with chronic disease, including older people, to manage their health and care needs and to live independently in their own homes for longer. In this regard CHO 5 has 3 distinct integrated care programmes in operation. These programmes will be further developed during 2017 under the governance of a Local Implementation Governance Group.

The Integrated Care Programmes are:
The Heart Failure Integrated Care Programme operating in Carlow / Kilkenny with two clinical nurse specialists (heart failure) in place. An integrated care pathway between primary, secondary and tertiary care with prompt access to specialist opinion and diagnostics is a key aspect of the programme. GPs are supported in the care of patients through the Virtual Heart Failure Consultation Clinical in St Luke's Hospital, Kilkenny.

The Respiratory Integrated Care Programme (asthma and COPD) will be delivered in Carlow / Kilkenny and Wexford during 2017. A clinical nurse specialist (respiratory) and a senior physiotherapist are in place in Carlow / Kilkenny and a clinical nurse specialist (respiratory) and a senior physiotherapist will commence shortly in Wexford. Integrated care pathways between primary, and secondary with prompt access to specialist opinion and diagnostics is a key aspect of the programme.

The Diabetes Integrated Care Programme has been in place for some time in Wexford and South Tipperary and will commence in early 2017 in Carlow /Kilkenny and Waterford. Clinical nurse specialists are assigned to the programme in Wexford, South Tipperary and Carlow /Kilkenny. Waterford has a podiatrist and senior dietitian dedicated to the programme and a senior dietitian is also part of the South Tipperary programme.

Integrated care pathways between primary and secondary care with prompt access to specialist opinion is a key aspect of the programme. Patient education and self management is a well developed aspect of the integrated care programme across CHO 5.

The Waterford Integrated Care for Older People (WICOP) is a joint project between Waterford Older Persons Services and University Hospital Waterford which will progress the development of a pilot project on Integrated Care for Older People. This project is in line with policy direction of the National Integrated Care Programme for Older Persons (NICP- OP) and National Clinical Programme for Older Persons (NCP- OP). This Project will greatly enhance both specialist and non-specialist services to Older People in Waterford with the initial central focus on the development of the Older Persons Multi-Disciplinary Team based at the Age Related Care Unit in Waterford. This Multi-Disciplinary Team will include Nursing, Occupational Therapy, Social Worker, Senior Physiotherapist, and administration support.

Phase 2 of the project plan is ready to progress which will examine and re-orientate current resource to provide patient-centred integrated care for select patient cohorts.

The Waterford/Wexford MHS will commence the development of perinatal interdisciplinary Clinical Pathways between the MHS, Maternity Unit and Primary Care with a view to identifying the mental health needs of women of child bearing age to ensure a timely response.

CHO 5 will continue the assessment of Self Harm presentations in the Emergency Department in South Tipperary General Hospital and will commence the development of this service in St Luke's Hospital, Kilkenny. We will also support the National Clinical Care Programme of Early Intervention in Psychosis and Eating Disorders, through the continued implementation of the Behavioural Family Therapy programme, including engagement with supervision structure in line with the SOP and the timely return of monthly data.

Quality and Safety

Every person who uses our health service can expect, and should receive, a safe service which is person-centred and of a high quality. In 2017, the integration and development of governance models for quality and patient safety across the four care divisions is a key priority for CHO5.

In line with the National Service Plan and the establishment of a three year National Safety Programme, CHO 5 is committed to develop and implement the following safety priorities and initiatives:

CHO5 will establish a Quality and Safety team that represents the cross divisional relationships and in line with integrated care. This will include the recruitment of a Grade VIII Quality and Safety Lead working with a team in line with the CHO structures now in place.

With support from the National Quality Improvement Division (QID), this team will review current structures and processes and develop and action an implementation plan to improve our capacity to manage safety, risk and improve quality at service level.

Governance structures will include clinical leadership to plan, oversee and implement safety initiatives as agreed in CHO5 such as falls prevention, pressure ulcer prevention and care; healthcare associated infection control and implementation of related National Clinical Guidelines and Standards for Clinical Practice Guidelines

All services within CHO5 will work towards full compliance with all national guidance, standards and regulations as they relate to quality and safety.

We will build on the learning from training provided in 2016 in relation to reporting incidents and will participate in enhanced systems analysis and clinical audit training in 2017.

We will continue to promote service user engagement and learn from the feedback provided by patients' experience survey undertaken in 2016. Mental Health Services in CHO 5 will develop the role of an Area Lead for Service User engagement. This role will be proactive in the presentation of the views of Service Users, family members and carers throughout the Mental Health Services. This will include full membership of the Executive Management Team with active participation in all related processes.

The role will also facilitate the development of structures which will allow for the involvement of Service Users, Family Members and Carers in the planning, design, implementation and evaluation of mental health services

We will be streamlining and improving our complaint management processes, ensuring that the learning from issues raised is taken into account in the future delivery of services.

Safeguarding & Protection Team

The Safeguarding Vulnerable Persons at risk of abuse National Policy and Procedure supports the commitment to promoting the welfare of vulnerable adults and safeguarding them from abuse. The policy outlines the importance of a number of key principles in supporting vulnerable adults to maximise their independence and safeguard them from abuse. These include promotion of human rights, person centred approach to care, empowerment to individuals and respect to confidentiality. The Safeguarding Team processes referrals of abuse from both the community and from service providers. The team consists of Social Worker staff and administrative staff with additional staff due to commence in 2017.

It is known that Older People and Persons with disability can become vulnerable to abuse even in settings which are intended to be places of care, safety and support. This safeguarding policy builds on and incorporates responding to allegations of elder abuse; HSE Elder Abuse Policy.

Effective safeguarding requires that services need to be provided through a person centred model of care in a collaborative way with shared responsibility between the service users, and their families and carers, health and social care professionals, service organisations and society as a whole.

The Safeguarding Committee commenced in Q4 of 2016 and will focus on governance of safeguarding in 2017.

Performance and Accountability Framework

The HSE's Accountability Framework, introduced in 2015 and recently updated, sets out in detail how a Community Healthcare Organisation (and Hospital Group) will be held to account under four key areas of performance in relation to access, finance, quality and workforce. This plan is directly linked through the metrics and indicators set out. Throughout 2017, CHO5 will measure, report, and interrogate data on our performance against the indicators agreed on a monthly basis.

The Accountability Framework describes in detail the means by which the HSE, and in particular Hospital Groups and Community Healthcare Organisations, will be held to account in 2017. A key feature of the Accountability Framework will be the introduction of formal Performance Agreements. These Agreements will be put in place at two levels. The first level will be the National Director Performance Agreement between the Director General and each National Director for services. The second level will be the Community Healthcare Organisation Chief Officer Performance Agreement, which will be with the relevant National Directors. The full document detailing the processes can be found on www.hse.ie.

Another feature of the Accountability Framework will be explicit arrangements for escalating areas of underperformance and specifying the range of interventions to be taken in the event of serious or persistent underperformance; this will be reviewed as part of the monthly performance reviews.

The HSE nationally also provides funding of more than €3 billion annually to the non-statutory sector to provide a range of health and personal social services which is governed by way of Service Arrangements and Grant Aid Agreements. A new Service Arrangement and Grant Aid Agreement will be put in place for 2017 and will be the principal accountability agreement between the Social Care, Primary Care and Mental Health Divisions and relevant Section 38 and 39 funded Agencies.

Finance

Context

The CHO 5 portion of the Letter of Determination, dated 25th October 2016, provides for a net revenue budget of €428.054 for 2017 versus €392.047 in 2016. This represents an increase of €36.007m (9.2%) year on year of which €9.791m was provided in 2016 and €26.215m is provided in 2017.

CHO Budget Tables

	2016 Original Budget €m	2016 Additional Budget €m	2017 Opening Base Budget €m	2017 Additional Budget €m	2017 Budget €m
Primary Care	101.720	0.415	102.135	1.794	103.929
Mental Health	89.962	-0.085	89.877	4.702	94.579
Social Care	200.365	9.461	209.826	19.719	229.546
Total	**392.047**	**9.791**	**401.838**	**26.215**	**428.054**

Please see detailed table in Appendix 1.

Existing Level of Service

The cost of maintaining existing services increases each year due to a variety of factors including:

- Incremental costs of developments commenced during 2016
- Impact of national pay agreements
- Increases in drugs and other clinical non-pay costs
- Inflation-related price increases
- Additional costs associated with demographic factors.

Full year effect of 2016 developments - €13.649m

The incremental cost of developments and commitments approved in 2016 is €13.649m. This includes the cost of providing services, which commenced part way through 2016, over a full year in 2017.

Pay rate funding (including Lansdowne Road Agreement) - €3.289m

This funding is provided in respect of the growth in pay costs associated with the *Lansdowne Road Agreement* (LRA), Labour Relations Commission recommendations and other pay pressures. It is provided to offset the increased cost of employing existing levels of staff and does not allow for an increase in staff numbers. It is noted that some unavoidable pay-related costs, identified as part of the estimates process, were not funded within the overall allocation. This includes the net cost of increments, which must be paid in line with approved public pay policy, which has been estimated at €0.495m for 2017. A breakdown of the pay rate funding allocation by division is provided at Appendix 1.

Non-pay and demographic related costs - €3.664m

Additional funding of €3.914m has been received to off-set increases in non-pay costs and the impact of demographics on maintaining services in 2017. There is also a specific cost reduction target of €250k to be achieved via Procurement and Transport Savings.

Expanding existing services / developing new services - €5.614

Within the total allocation of €428.054m, funding of €5.614m will be applied to enhance or expand existing services, including responding to demographic pressures, and to commence new approved service developments.

Funding held by Department of Health

Within the total funding shown as available to the HSE in 2017 a sum of €15m for Mental Health is held to initiate new developments in 2017 with a recurring full year value of up to €35m. CHO 5 would typically receive approx 12% of this funding but the allocation method for 2017 is not yet known.

Approach to 2017 Financial Challenge

Delivering the maximum amount of services, as safely and effectively as possible, within the limits of the available funding will remain a critical area of focus and concern in 2017. The Chief Officer, Heads of Service and other senior managers will face specific challenges in respect of ensuring the type and volume of safe services to be delivered within the resources available. However, the scale of the challenge will present particular difficulties within disability services in the areas of emergency placements, de-congregation and HIQA compliance, as well as in primary care services particularly in terms of responding to the growing numbers of complex paediatric discharges. This is on top of the additional demands of treating an ageing population and the growing cost of drugs and medical technologies.

The key components of the CHO5 approach to addressing the financial challenge will be applied to our overall base budget. This will involve pursuing increased efficiency, value for money and budgetary control and will include:

- Governance – continued focus on budgetary control through the Performance and Accountability Framework, which covers the four domains of *Access* to services, the *Quality and Safety* of those services, doing this within the *Financial resources* available and effectively harnessing the efforts of our Workforce
- Pay – adherence to the Pay and Numbers Strategy for 2017 which sets out the Pay Budget and Headcount for 2017. This includes significant conversion of agency staff.
- Non-pay – implement targeted cost-containment programmes for specific high-growth categories
- Income – sustain and improve wherever possible the level of income generation achieved in 2016

The HSE and CHO 5 will prioritise its requirement to plan for an overall breakeven across the totality of the resource available. However it is our assessment that pressures exist in a number of areas and, similar to previous years, it has not been possible to identify a contingency amount that can be held in the event that costs exceed what is planned. Accordingly it is not expected that overruns in one area can be offset against surpluses in other areas to any great extent beyond what has already been factored in and this plan is

prepared and approved on that basis.

Areas of focus for cost savings across all funded providers of health services in CHO 5 (statutory, voluntary and funded agencies) include but are not limited to the following;

- Agency conversion and reduction
- Skill-mix
- Procurement
- Travel and Transport
- Cost Management and Control - Shared services resource management, management & administration and other back office expenditure reductions
- Insurance costs – State Claims Agency

Exceptional cost pressures within Disability Services

There is a pressing need to ensure an appropriate response to the increasing need for residential places for people with a disability and to maintain funded levels of personal assistant and home support hours. To meet this need, the HSE nationally has reprioritised a total of €35m in funding from within the indicative allocations for acute hospital services (€10m), PCRS (€5m) and State Claims Agency (€20m) to support disability services. It has also been necessary to provide for stretched savings and income targets within disability services in order to support the delivery of services albeit these carry a high delivery risk. There is an overriding requirement for CHO 5 to maximise the provision of essential services within the totality of the funding available.

In respect of agency reduction targets a key area of focus are on areas where slippage was experienced on delivering on the target in 2016. Detailed financial & service work plans, including the PNS, identifying the specific milestones and actions to deliver on theses cost reduction measures will be finalised at service delivery unit level to support the implementation of these initiatives.

Costs related to new drugs and medicines or new indications for existing medications

The 2016 Framework Agreement on the Supply and Pricing of Medicines with the Irish Pharmaceutical Healthcare Association (IPHA) is beneficial in terms of mitigating the annual growth in the cost of drugs and medicines and therefore facilitating access for patients to necessary medicines. Savings targets related to the agreement have been factored into this plan. It is noted that the savings targets are based primarily on the analysis of community and hospital drug costs commissioned as part of the preparation for the discussions which led to the framework agreement.

Finance – Supporting Service Delivery

Finance provides strategic and operational financial support, direction and advice to services within the HSE to achieve the organisational goals of providing high quality, integrated health and personal social services. The objectives of the finance team are to support the HSE to secure and account for the maximum appropriate investment in health and social care and to support our services to deliver and demonstrate value for money in the widest sense of that phrase (including safe, effective and efficient services).

Priorities for 2017

- Prepare for the implementation of the Finance Reform Programme including development of a single national financial and procurement system (IFMS).
- Improve corporate reporting and budgeting capacity.
- Improve controls and compliance.
- Further develop capacity and expertise to forecast and analyse pay (in line with the Pay and Numbers Strategy) as well as income and non-pay.
- Progress a community costing framework, including drafting an initial approach to the development of funding models to promote and support integrated care.
- Support the development of a commissioning framework for health and social care services.

Risks to the Delivery of the CHO 5 Plan

- **Service Demand –** The increasing demand for services which are often beyond funded levels e.g. demographic changes nationally over the next 12 months will result in almost 20,000 more people aged 65 years and over, and approximately 6,000 more people living with a disability, with increasing levels of dependency and changing needs. Capacity to meet the needs of this cohort will present a significant challenge.
- **Paybill Management -** Control over pay and staff numbers while seeking to ensure recruitment and retention of highly skilled and qualified staff. The impact of continued Paybill Management in 2017 will be particularly evident in certain areas e.g. access waiting times for physiotherapy, occupational therapy, ophthalmology, audiology, dietetics, podiatry etc and in relation to dental services.
- **Regulatory Requirements -** Regulatory requirements in public long-stay residential care facilities and the disability sector which must be responded to within the limits of the revenue and capital funding available.
- **Paediatric Home Care Packages -** Maintaining complex paediatric home care packages to funded levels in the face of increasing demand and a pattern of earlier discharge from acute facilities is a particular challenge.
- **Systems -** Managing within the limitations of our clinical, business information, financial and HR systems to support an information driven health service
- **New Models of Service Delivery -** Managing the scale of change required to support new models of service delivery and structures while supporting innovation.

Workforce

Introduction

The HSE Corporate Plan 2015-2017 *Building a high quality health service for a healthier Ireland* acknowledges the central and critical role played by staff at all levels and across all settings to the achievement of the goals of the HSE to provide the best possible care in the most cost-effective manner to our patients and service users. Goal 4 of the Corporate Plan clearly sets out the commitment of the HSE to engage, develop and value our workforce so that they can provide the best possible care and service to those that depend on them.

The health sector's workforce is at the core of the delivery of healthcare services working within and across all care settings in communities, hospitals and healthcare offices. The health service will continue to nurture, support and develop a workforce that is dedicated to excellence, welcomes change and innovation, embraces leadership and teamwork, fosters inclusiveness and diversity and maintains continuous professional development and learning. The People Strategy 2015–2018 has been developed in recognition of the vital role the workforce plays in delivering safer and better healthcare. The strategy is underpinned by its commitment to engage, develop, value and support the workforce.

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

The People's Strategy identifies eight people management priorities. The Plan for CHO5 details actions under these eight priorities:

1. Leadership & Culture

In consultations with Learning and Development develop an education and training plan for CHO5 to support managers at all levels and staff to achieve their potential by the use of evidence and knowledge to improve Human Resource transactional processes.

- Access to Leadership development programmes will be explored and supported within the CHO Area.
- Support and participate in Leadership Development Programmes at all levels as set out in the Leadership and Management Development Strategy.
- Working with HR Leadership, Education and Development, CHO5 will put in place a multidisciplinary leadership development programme to commence no later than Q3 of 2017.
- Engage with participants from previous Succession Management Programmes from the services now covered by CHO5 to assess the impact of their participation on the programme and to inform further developments at national level. This review will be completed in Q2 of 2017.
- Undertake a Level 4/5 Leadership Development Programme for the Management Team and their direct reports, in partnership with the National HR LED Team.

2. Staff Engagement

Employee engagement is a core and central theme to the People Strategy 2015–2018 with a focus on developing mechanisms for more effective internal communications to support listening and learning across the whole sector, involving staff more in planning and decision-making and enabling them to propose and act on their ideas to improve the quality of care.

Undertake the following actions to ensure that staff have a strong sense of connection to services and are facilitated in taking personal responsibility for achieving better outcomes and support team colleagues to deliver results:

- Develop an action plan to implement the recommendations from the staff survey (end Q2 2017).
- In partnership with the Staff Health & Well Being Unit and the Head of Health & Well Being, support staff in managing their own health and well being, with a particular focus on the management of absenteeism and supports available to staff and managers (end Q3 2017).
- Develop and implement in partnership with National Investigating Unit a positive, robust mechanism to improve efficiency locally in respect of managing complaints and investigations within the specified timelines.
- Roll-out a series of engagement workshops in 2017 in partnership with the National HR Lead for engagement, to commence by Q2 of 2017.

3. Learning & Development

Based on the various staff engagements CHO 5 will develop an analysis of the training needs within the area. Following this analysis an action plan will be developed to promote a learning culture to ensure staff are equipped to confidently deliver, problem solve and innovate safer, better healthcare:

- Develop an integrated learning and development plan for CHO5 with an agreed funding stream in partnership with HR Leadership, Education and Development by Q3 of 2017.
- Promote coaching and mentoring as supportive interventions by arranging a minimum of four information workshops in CHO5 by Q3 of 2017.
- Promote HSELAND as a development vehicle by arranging a series of information sessions across CHO5 in partnership with HR Leadership, Education and Development to be completed by Q2 of 2017.
- Promote Personal Development Planning through a series of information workshops across CHO5 to support staff development and inform discussions under Performance Achievement to commence in Q2 of 2017.
- Funding permitting, the re-introduction of a specific Academic Study Scheme, to cater for a scholarship for a number of Diploma and Degree Programmes would be a positive intervention, in CHO5 which will assist in relation to retention and recruitment of staff
- Particular focus will be placed on providing briefings and training in the area of Trust in Care and Dignity at Work-Q2 2017.

4. Workforce Planning

Government policy on public service numbers and costs is focused on ensuring that the numbers of people employed are within the pay budgets available. Workforce management in 2017 will be aligned with the

allocated pay envelope, adhering to government policy on public sector numbers, pay and workforce related costs.

- Review and engagement process will take place in 2017 to align staff across and within the divisions.
- Improved PayBill Management Systems will be introduced in 2017 within CHO5, which will facilitate a far higher degree of forecasting capability, supporting the "Funded Workforce Plan" initiative and ultimately ensuring the resources are in place to meet future staff and service requirements.
- Pay envelope ceilings will be allocated at departmental level. This will be underpinned by a revised and strengthened Accountability Framework management and pay costs will continue to be managed through funded workforce plans at divisional and service delivery unit level.
- Reconfigure all existing CHO5 staff into the new Heads of Services and Heads of Functions (Q2 2017).
- Development and implementation of the sub-structure under the Heads of Service and Function to achieve maximum staff efficiency and effectiveness.
- In conjunction with National Workforce Planning Team develop and introduce workforce planning tool-kit for line managers/Heads of Service.

5. Evidence & Knowledge

CHO5 will undertake the following actions to ensure that work practices and client pathways are evidence based and decision making is based on real time and reliable data:

- In partnership with the National ERPS Team within HBS develop a comprehensive HR Dashboard/activity reporting system, where timely relevant and accurate data, will be at the disposal of local service management and the National offices, working off consistent information and agreed monitoring criteria (Q2, 2017.
- Implement the HR Early Warning System in CHO5 which is being piloted in CHO1 (Q2, 2017). This HR Early Warning project uses HR indices as a means to identify potential problems in service areas under key, identified criteria (Absenteeism / Dignity at Work / Disciplinary / Grievance / Trust in Care) and prevent or mitigate risk to service users and staff.
- Review learning from employee relations issues to inform supports required to position employee relations as a proactive service to line managers and inform any national work on this (Q2, 2017).
- Systematic approach to the management of Absenteeism across CHO5 with a view of reaching target of 3.5%.

6. Performance

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

- Following the reconfiguration of staff to the Heads of Service and functions, each staff member will receive clarity on the role, professional responsibilities, reporting relationship and fit within the CHO5 (Q2, 2017).
- Identify and agree pilot sites for implementation of the revised and redesigned performance management system (Q2, 2017)
- Programme of support for managers in conducting Performance Achievement discussions to be in place by Q2 of 2017.

7. Partnering

CHO5 will undertake the following actions to effectively develop and support partnership with staff, service managers and other relevant stakeholders:

- The Head of Human Resources will ensure that the voice of the service user is included in all appropriate training that is delivered to staff within the CHO5
- Establish through discussion with the trades unions and National HR appropriate mechanisms for engagement to create a workplace culture and environment that supports good employee relations.
- Engage with leaders of HR in the Hospital Groups that interact with CHO5 and the key voluntary service providers to identify opportunities for collaborative working. This will commence in 2017 and will be ongoing.
- The Head of Human Resources will meet with the HR Managers in the key voluntary organisations to identify projects that can be progressed in partnership by June 2017.

8. Human Resource Professional Services

CHO5 will undertake the following actions to design HR services that create value, enhance people capacity to deliver CHO priorities:

- Subject to completion of the work on sub-structures at national level, the HR Operating Model for CHO5 will be developed and communicated by Q1 of 2017.
- The Head of HR will define the role and develop the HR Delivery Model for the CHO5 and communicate to all relevant stakeholders by April 2017.
- In partnership with National Recruitment Services (NRS), a comprehensive and mutually understood SLA between HBS and the CHOs for all HR related services, must be signed off and communicated (Q1, 2017). Effectiveness of SLA be reviewed and evaluated in November 2017.
- In partnership with National Recruitment Services (NRS), will agree and implement specific actions to improve the recruitment process between the parties and this will be finalised by June 2017. It's effectiveness will be reviewed and evaluated in November 2017.

Maximising labour cost reductions, efficiencies, and value for money

There is a need to further reduce costs and reliance on overtime and agency staff. The use of agency staffing and/or overtime will continue to be strictly controlled in 2017 in order to deliver the services set out in the CHO5 Plan. To assist in the control of costs and ensure value for money while maintaining safe levels of service for our users, Human Resources will in partnership with CHO management:

- Actively support CHO5 PayBill Management group process in reviewing all applications for replacement and development posts in order to ensure equity and transparency in relation to approval process for new and replacement posts.
- Work with Heads of Service / Service managers to put in place further measures to assist in the management and to control the frequency and cost of agency staffing / overtime across both HSE and HSE funded services.
- Seek derogation for the creation of local panels to allow services access temporary staffing (where approved) to further reduce reliance on external staffing and overtime.
- Work with service managers in reviewing existing rostering arrangements with a view to maximisation of working hours available and to maximise opportunities for increasing skill-mix across all services and staffing groups.

The Lansdowne Road Public Service Stability Agreement 2013–2018

Lansdowne Road Agreement builds on previous agreements i.e. H*addington Road Agreement* and Croke Park Agreement in supporting the continued achievement of significant cost reductions. The focus will continue to maximise the flexibility provided by the enablers and provisions so as to reduce the overall cost base in health service delivery in the context of the reform and reorganisation of our services as set out in *Future Health*, the VFM policy review and the other Public Service Reform Plans of 2011 and 2013. It will continue to assist clinical and service managers to more effectively manage their workforce through the flexibility measures it provides. The *Lansdowne Road Agreement* enablers and provisions include:

- Continuing the vision for public sector reform, including improved outcomes, delivery channels and cross organisational co-ordination & planning.
- Introduction of new ways of working and delivery of services.
- Investment in staff to increase and expand capacity.
- Delivering greater productivity and sustain the delivery of progressive, high quality public services.
- Consolidate and re-organise work practices, and maximise the benefits of modern technology.
- Maximise the use of innovative models of service delivery.
- Best practice management of our human resources.
- Develop management capacity and accountability.
- Ensuring performance achievement and accountability of both the organisation & individuals is maximised.
- Modernising employee relations practices.

Attendance Management

This continues to be a key priority area and service managers and staff with the support of HR will continue to build on the progress made over recent years in improving attendance levels. The performance target for 2017 remains at ≤ 3.5% staff absence rate. Human Resources will continue to provide support to managers in relation to managing attendance and implementation of managing attendance policy.

European Working Time Directive

The HSE is committed to maintaining and progressing compliance with the requirements of the European Working Time Directive (EWTD) for both non-consultant hospital doctors (NCHDs) and staff in the social care sector. There are particular challenges in relation to EWTD compliance in social care. Actions to achieve EWTD compliance in relation to NCHDs will be progressed in mental health services. Actions to progress EWTD compliance in relation to social care staff will be progressed by-social care services.

Code of Conduct for Health and Social Care providers

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

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

Health, Safety and Welfare at Work

In 2017 safer workplaces will be created by reviewing and revising the Corporate Safety Statement, developing key performance indicators (KPIs) in Health and Safety Management and Performance, launching a new statutory occupational safety and health training policy, and developing and commencing a national proactive audit and inspection programme.

Key delivery areas will include policy, training, information and advice, inspection and auditing. HR will promote the roll out of the recently developed e-learning modules on Health, Safety & Welfare, made available on HSEland from September 2016.

Staff will be supported to become healthier in their workplaces and an Occupational Health Business Unit will be established.

Delivery of Services 2017

Cross cutting priorities

A multi-year system-wide approach

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

Promote health and wellbeing as part of everything we do

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

Quality, safety and service improvement

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

Finance, governance and compliance

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

Workforce

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

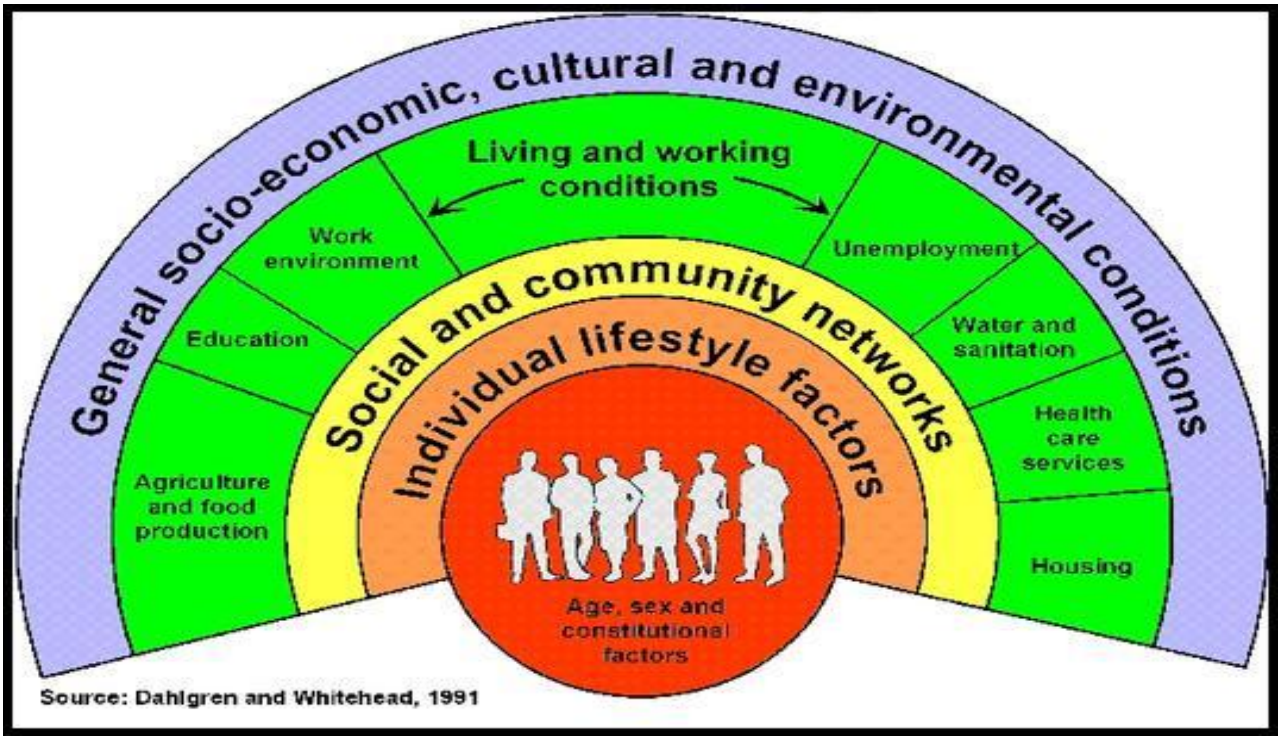
Health & Wellbeing

The Government's vision of a Healthy Ireland is one "w*here 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".* The government's plan is built on 4 key goals which are to:

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

In 2013, the Government launched their plan for how we could achieve this by working together. It was recognised that in order to improve people's health we needed to improve people's lives in the areas that impact on both their physical and mental health such as their living environment, access to education, housing and to employment. Given that all of these areas impact on a person's health, partnership working is seen as key to how we can improve the health of individuals and families and thereby impact on the health of whole communities. We call the factors that impact on a person's health, the social determinants of health.

The figure below sets out type of elements included:



The Health Service in Ireland is committed to working with its voluntary and community sector partners to support the government in reaching the shared goal of making Ireland healthy. The importance of reaching

this goal is clear. We are a population that is growing older with greater numbers living longer. This, coupled with an increase in chronic disease, means that unless we ensure that people begin to live healthier lives we will not be in a position to meet the escalating health care costs in future years.

Nationally, the health service has four priority actions for supporting the creation of a healthier Ireland.

These priorities are:

(1) Accelerate implementation of the Health Ireland Framework through the Healthy Ireland in the Health Services Implementation Plan 2015 – 2017.
(2) Reduce levels of chronic disease and improve the health and wellbeing of the population.
(3) Protect the population from threats to health and wellbeing.
(4) Create and strengthen cross-sectoral partnerships to improve health outcomes and address health inequalities.

In 2017, health and wellbeing within the health service will be developing a CHO Area 5 implementation plan based on these four key national priorities.

2017 Health and Wellbeing Key result areas and priority actions

Priority Actions	Q
Accelerate implementation of the Health Ireland Framework through the Health Ireland in the Health Service Implementation Plan 2015	
Develop a Healthy Ireland Implementation Plan in partnership with H&WB National Office and all relevant stakeholders	Q2
Continue to support Healthy Cities and Counties in collaboration with Health and Wellbeing	Q1-Q4
1. Commence implementation of Making Every Contact Count (MECC) in all CHOs on a phased basis with support of National MECC implementation team in line with the recommendation of the National MECC Framework a) Train 100 staff in brief intervention b) Commence rollout of MECC training once service provider has been appointed	Q4
Deliver a CHO 5 demonstrator project for MECC with GP Carlow/Kilkenny	Q1-Q4
Commence implementation of Self Management Support (SMS) Framework by doing the actions below:	
a) Appoint a CHO Self Management Support coordinator	Q2
b) Develop signposting directories of local community and voluntary SMS	Q4
c) Facilitate the development of peer support through voluntary and community organisations in CHO	Q4
Continue to engage with staff in relation to staff health and well being initiatives. Develop local action plans to support staff health and well being as part of CHO5 Healthy Ireland plan.	Q4
Continue to engage with staff in relation to staff health and wellbeing initiatives. Develop local action plans to support staff health and wellbeing as part of CHO5 Healthy Ireland Plan	Q1-Q4

Priority Actions	Q
Review the piloting of standing desks in two sites, Public Health Medicine and new hot desk facility in Lacken	Q4
Reduce levels of chronic disease and improve the health and wellbeing of the population a) Tobacco Free Ireland – Working to reduce the prevalence of smoking amongst the population	
Implement the HSE Tobacco Free Campus Policy in all remaining sites across mental health and social care and strengthen monitoring and compliance in all other services 50% of Approved and Residential Mental Health sites will implement the HSE Tobacco Free Campus Policy. 100% of Residential Disability Services (HSE, Section 38&39) will implement the HSE Tobacco Free Campus Policy.	Q4
All services in the CHO (Mental Health, Disability, Older Persons Services and Primary Care) will actively participate in the European Network of Smoke Free Healthcare Service - Global process – complete annual on-line self-audit and commence a process to validate implementation of ENSH-Global Standards	Q4
Release 100 front line staff to BISC training to support the routine treatment of tobacco addiction as a Healthcare issue	Q1-Q4
Support the development and implementation of relevant national clinical guidelines and audits (asthma, chronic obstructive pulmonary disease, diabetes, HCAI, under-nutrition, hepatitis C screening, smoking cessation).	Q1-Q4
Display QUIT support resources in all appropriate services	Q1
Ensure staff are aware of the Quit campaign and refer patients/clients to Quit and other appropriate smoking cessation services	Q1-Q4
b) Healthy Eating and Acting Living	
Support planning for the provision of enhanced community based weight management programmes and specialist treatment services	Q2
Implement Calorie Posting and Healthier Vending policies in all sites within the CHO.	Q2
Support the embedding of an evidenced based framework for the prevention of childhood obesity into CHO Child Health Operating Structures	Q3
Support the roll-out of CAREpals training for staff working in residential and daycare services for older people.	Q3
Support the delivery of a structured community based cooking programme (Cook It)	Q2
Release 81 PHN's to train in the nutrition reference pack for infants aged 0-12 months	Q1-Q4
c) Healthy Childhood	
Support the implementation of the Nurture Programme – Infant Health and Wellbeing	Q4
Support the implementation of the National Healthy Childhood Programme	Q3
Improve the % of babies breastfed (exclusively and not exclusively) at the first PHN visit and at 3 month PHN developmental check. (As referenced in the Primary Care Action	Q1-Q4

Priority Actions	Q
Plan)	
d) Alcohol	
Support the key actions of the 3 year HSE Alcohol Programme Implementation Plan including: • Supporting the roll out of the national alcohol risk communications campaign • Supporting the HSE internal communications campaign on alcohol harm • Supporting the implementation of the HSE strategic statement on public health messaging on alcohol risk • Supporting the roll out MECC for alcohol • Engaging with the work of the Alcohol Programme Implementation Group on alcohol harm data and analysis.	Q4
e) Wellbeing and Mental Health	
Connecting for Life, support the engagement and consultation process in the development of the mental health promotion plan and support implementation of the finalised plan	Q4
Delivery of Youth Mental Health Promotion Training – 2 courses	Q4
f) Positive Ageing	
Support the development of a national implementation plan to promote positive ageing and improve physical activity levels in collaboration with local agencies, though participation on Age Friendly County Committees and through supporting the implementation of agreed national action through LCDCs and other local partnerships in line with the WHO framework and National strategies such as Healthy Ireland, Dementia Strategy, Positive Ageing Strategy and Carers Strategy.	Q4
Continue to support the National HSE Multi Divisional National Carer Strategy Implementation Group which collates the HSE Annual Progress Report	Q1-Q4
Develop an action plan to take the learning from the Memory Matters pilot programme into our mainstream delivery of services	Q4
Support the building of a network of local and national partnerships under the Dementia Under Stand Together campaign to increase awareness and create compassionate inclusive communities for people with dementia and their carers	Q4
g) Chronic Disease Management	
Work with Clinical Programmes division to integrate prevention, early detection and self-management care into the Integrated Care Programmes (Senior Diabetes Dieticians campaign launched October 2016)	Q1-Q4
Continue to deliver structured patient education for people with Type 2 Diabetes (XPERT programme).	Q1-Q4

Priority Actions	Q
h) Protect the Population from threats to health and wellbeing	
Develop and implement a Flu Plan for 2017/2018 in order to Improve influenza vaccine uptake rates amongst staff in frontline settings and among persons aged 65 and over	Q3
Improve immunisation rates locally	Q1-Q4
Improve vaccination rates on School Immunisation Programmes (SIP) with a particular focus on HPV vaccine	Q1,2 & 4
Improve influenza vaccine uptake rates amongst staff in frontline settings and among persons aged 65 and over	Q1 & Q4
Complete implementation of the Rotavirus and Men B vaccination programmes	Q4
Support Health and Wellbeing Nationally to develop a revised child health and immunisation model for implementation in the context of the Immunisation Review.	Q4
Promote the BowelScreen Programme among the population of CHO5 in the relevant age group (60 – 69 years) in collaboration with the national screening service.	Q1 – Q4
Promote BreastCheck Programme among female staff who are new to the BreastCheck age cohort (ie female staff in the 50 – 52 yrs age group) in collaboration with the National Screening Service	Q1- Q4
i) Create and strengthen cross-sectoral partnerships for improved health outcomes and address health inequalities	
Develop local structures where required to support HSE representatives on Local Community Development Committees; CYPSC's, coordinate inputs etc	Q2
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)	Q3
J) Strengthen governance arrangements and capacity in areas of risk and organisational development	
Support the implementation of agree action plan for HCAIs in line with new governance structures and available resources (resource dependent)	Q4
k) Sexual Health	
Delivery of the 10 day, Foundation Programme in Sexual Health Promotion (FPSP), in two South East locations- Wexford and Clonmel. Minimum of 32 participants across Health, Education and Community based workers.	Q4
Ongoing support for past participants of the FPSP to implement sexual health promotion in their core work inc. provision of updates, the Sexual Health Newsletter and library service.	Q1-Q4
Participation in and support for the work of the regional LGBTI group including support of the S. Tipp & Wexford LGBT Project Workers and the development of a short training in relation to LGB issues	Q1-Q4

Primary Care Services

Primary Care Services Budget 2017

CHO 5		Pay	Non Pay	Gross Budget	Income	Net Budget
Division	Care Group	€m	€m	€m	€m	€m
Primary Care	Primary Care Direct	55.47	24.18	79.65	-3.30	**76.35**
	Social Inclusion	2.26	5.44	7.70	0.00	**7.70**
	Palliative Care	0.21	1.13	1.34	0.00	**1.34**
	Local Demand Led	0.00	18.53	18.53	0.00	**18.53**
Primary Care Total		**57.94**	**49.28**	**107.22**	**-3.30**	**103.92**

Introduction

Primary Care is an approach to care that includes a range of services designed to keep people well, from promotion of health and screening for disease to assessment, diagnosis, treatment and rehabilitation. 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 the population very rarely requiring admission to a hospital.

The further development of the primary care service 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.

Community Healthcare Organisation (CHO) Area 5 will provide clear leadership in implementing primary care and social inclusion initiatives and actions in collaboration with other HSE Divisions and stakeholders. We will deliver on our statutory commitments and work to progress and implement, as appropriate, the key priorities and actions as set out in the Primary Care Division Plan for 2017.

We have been innovative in developing a range of initiatives to respond to the needs of the population in the South East as detailed below. However, the demographics of the area such as the increase in birth rate and an ageing population alongside the rise in chronic disease will place significant challenges on primary care teams and network services in order to meet the presenting needs of the population.

Primary Care Services in CHO 5 are provided to a population of 511,070 (CSO 2016) via:

- 13 Primary Care Networks
- 55 Primary Care Teams

Primary Care Services Include:

Public Health Nursing	Primary Care Social Work	Dental Services
Physiotherapy	GP Out of Hours Service (Caredoc)	Orthodontics
Occupational Therapy	Palliative Care	Civil Registration
Speech and Language Therapy	Community Intervention Teams	Community Schemes
Psychology	Primary Care Counselling	Supports to LGBTI
Dietetics	Audiology	Addiction Services
Ophthalmology	Area Medical Doctors	Support to Travellers, refugees, asylum seekers and Roma communities.

2017 Primary Care Key result areas and priority actions

Priority Actions	Target Q
Primary Care Services	
Improve quality, safety, access and responsiveness of primary care services to support the decisive shift of services to primary care	
Deliver Integrated Care programmes for Chronic disease prevention and management in primary care.	Q3
Establish a Local Implementation Group (LIG) to oversee and guide the integrated care programme for the prevention and management of chronic disease (COPD, asthma, heart failure and diabetes)	Q1
Respiratory Complete recruitment of the Integrated Care Respiratory posts approved in 2016: • One Senior Physiotherapist Wexford • One integrated Clinical Nurse Specialist Wexford	 Q1 Q1
Progress the Respiratory (COPD and Asthma) Integrated Care demonstator site initiative across Carlow/Kilkenny and Wexford with the aim of providing collaboration and support for up to 24 GP practices across the two areas. • Establish and maintain a register of patients with COPD / Asthma within the CNS caseload and facilitate the development of registers within participating GP practices. • Deliver a weekly CNS led COPD / Asthma clinic for patients aged over 16 years with a confirmed diagnosis of COPD/Asthma. • Deliver 4 physiotherapy pulmonary rehabilitation programmes weekly for people with COPD in Carlow (two per week) and Kilkenny (two per week). Each programme will support 10 participants attending for two sessions per week over an eight week period. • Enhance the Respiratory Integrated Care programme in Carlow through the provision of Occupational Therapy education on fatigue management through the delivery of one session on each of the two pulmonary rehabilitation programmes to be delivered in Carlow every eight weeks.	 Q1-Q4 Q1-Q4 Q1-Q4 Q1-Q4

Priority Actions	Target Q
Diabetes • Deliver 14 structured patient education programmes for people with Type 2 Diabetes (X-PERT programme). Six programmes in Carlow / Kilkenny, four in South Tipperary, two in Waterford and two in Wexford,	Q4
Complete the recruitment of Integrated Care Diabetes posts approved in 2016: • One Podiatrist and one Senior Dietitian in Waterford • One Senior Dietitian in South Tipperary • One CNS in South Tipperary	Q1 Q1 Q1
Deliver the diabetes integrated care programme across CHO 5 • Support and collaborate with 32 GP practices and local hospitals in South Tipperary and Wexford to support services users with Type 2 Diabetes • Establish the diabetes integrated care programme in Carlow / Kilkenny through the development of support and collaborative arrangements with 16 GP practices and local hospitals to support services users with Type 2 Diabetes	Q1-Q4 Q3
Heart Failure • Complete recruitment of a second CNS (Heart failure) in Carlow / Kilkenny in 2017	Q1
Provide a structured approach to the diagnosis and care of heart failure patients in the primary care setting in CHO 5 as follows: • Provide point of care testing for natriuretic peptide and ECG within GP practices. • Progress tthe development of integrated care pathways between primary, secondary and tertiary care with prompt access to specialist opinion and diagnostics • Assist participating GP practices in setting up a register for Heart Failure patients. • Support GP practice staff in managing Heart Failure patients in relation to recognition of disease process, treatment options, medication titration, patient education and patient self management. • Implement a Virtual Heart Failure consultation service between St Luke's Hospital Kilkenny and GPs which will provide support and guidance to GP in managing heart failure patients	Q4 Q1-Q4 Q1-Q4 Q1-Q4 Q2-Q4
Promote healthy lifestyles across CHO 5 and address modifiable behaviours which contribute to the development of Chronic Disease:	Q1-Q4
Actions • Deliver eight training sessions on the nutrition reference pack for infants aged 0-12 months to Public Health Nurse and SMOs. Two sessions each in Wexford, Waterford, Carlow/ Kilkenny and South Tipperary. • Deliver two training sessions on Cook It! training for teachers, health professionals and community workers to support delivery of the Cook It programme. One session - each in Carlow/Kilkenny and Waterford.	Q1 - Q4 Q4

Priority Actions	Target Q

• Deliver five group weight management programmes across PCTs. One programme each in Clonmel, Tipperary Town, Carlow, Kilkenny and Gorey.
• Deliver smoking cessation clinics:
  • one per week (demand led) in Waterford
  • one per month in Wexford
  • four per annum in Carlow / Kilkenny
  • two per annum in South Tipperary
• Provide health promotion literature in all primary care waiting areas
• Undertake a survey in physiotherapy services to support smoking cessation, weight reduction and increase in physical activity as part of physiotherapy intervention in Wexford.
• Refer service users to 'Men on the Move Programme' run by the Waterford Sports Partnership as appropriate.
	Q4
	Q4
	Q4
	Q4
	Q4
	Q1
	Q4
	Q1-Q4

Strengthen and expand Community Intervention Team (CIT) / Outpatient Parenteral Antimicrobial Therapy (OPAT) services	**Q2**
Provide treatment for in excess of 4,150 referrals across Carlow/Kilkenny, South Tipperary and Waterford.	Q4
Ensure compliance with service arrangements through existing governance structures for Community Intervention Team (CIT) services in Carlow / Kilkenny and Waterford and the newly established governance arrangements in respect of South Tipperary CIT.	Q1 - Q4
Ensure timely reporting of CIT service activity and shared learning in relation to best practice across CHO 5.	Q1 - Q4
In association with the Primary Care Division secure funding commitment for the establishment of a CIT Service in Wexford.	Q4
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	**Q4**
• Support the expansion by the primary care division of minor surgery sites in GP practices across CHO 5 as appropriate. • Collaborate with the Primary Care Division to facilitate direct access to ultrasound services by GPs in CHO 5. • Collaborate with the Primary Care Division to trial solutions to the provision of direct access to x-ray services by GPs in CHO 5.	Q1- Q4 Q1-Q4 Q1-Q4
Strengthen the governance arrangements to support packages of care for children discharged from hospital with complex medical conditions to funded levels	**Q1-Q4**
• Ensure strengthened governance arrangements are in place to support packages of care for children discharged from hospital with complex medical conditions to funded levels. • Support the implementation of the national protocol for discharge planning for children with	Q1 – Q4 Q2

Priority Actions	Target Q
complex medical conditions once agreed. • Support the implementation of the national clinical and service assessment tool for children with complex medical conditions once agreed. • Collaborate with the Primary Care Division in respect of a quality assurance review of home care packages in place for children with complex medical needs.	Q2 Q2
Implement the recommendations from GP Out of Hours services Review	**Q4**
Implement, within existing resources, the recommendations from GP Out of Hours Review across CHO 5.	Q4
Ensure compliance with service arrangements in respect of the Out of Hours service through the work of the CHO 5 monitoring committee which meets six times per year.	Q1 - Q4
Implement the recommendations from Primary Care Eye Services Review	**Q4**
• In collaboration with the Primary Care Division and within available resources, implement the phased roll out of service model and care pathways. • Facilitate participation in change management / team training provided by the Primary Care Division for CHO 5 primary care eye team staff. • Support the development of eye care algorithms and training for GPs.	Q4 Q2 Q4
Implement, on a phased basis and within existing resources, recommendations from the Civil Registration Review Report.	**Q4**
Support the Implementation of the recommendations from the Civil Registration Review Report as appropriate and within existing resources	Q4
Improve waiting times for therapy services by implementing a revised model of care for children's speech and language therapy services and psychology services and develop new models for physiotherapy, occupational therapy and lymphodema services	**Q4**
Implement revised models of services across CHO 5 within the context of available resources in respect of: • Children's Speech and Language Therapy Services (as per actions below) • Psychology Services (as per actions below) Support and participate as appropriate on governance groups established by the primary care division to develop and agree revised models for primary care: • Physiotherapy • Occupational therapy services. Support the development of a standardised model of care for: • Lymphodema Services Full implementation of models in CHO 5 may be dependent on additional resources	Q1 - Q4 Q1-Q4 Q1-Q4 Q1-Q4 Q1-Q4
Speech and Language Therapy • Conclude the recruitment of 10 WTEs (9 SLTs and 1 clerical WTE) for the implementation of the speech and language therapy waiting list initiative across CHO 5. • Ensure resources allocated under the Speech and Language Therapy Waiting List Initiative	Q1

Priority Actions	Target Q
impact on the SLT 0-18 years waiting lists (assessment, initial therapy and further therapy lists) with the aim of achieving a maximum wait time of less than or equal to eight months on each of the relevant waiting lists.	Q1 - Q4
Implement the mental health and primary care initiative to enhance counselling services with a focus on enhanced counselling interventions for children and adolescents	**Q4**
• Implement the mental health and primary care initiative to enhance counselling services with a focus on enhanced counselling interventions for children and adolescents across CHO 5	Q4
• In collaboration with the Primary Care and Mental Health Divisions recruit assistant psychologists in accordance with allocation of posts, to deliver stepped care for young people with mild to moderate mental health problems	Q4
• In collaboration with the Primary Care and Mental Health Divisions recruit staff grade psychology posts for services for children to provide the necessary governance framework to oversee the stepped care provision of assistant psychologists.	Q4
Collaborate with Mental Health Services to support the delivery of Counselling In Primary Care (CIPC) and SHIP (Self Harm Intervention Programme) in 20 Primary Care locations across CHO 5	
• Support the delivery of 8,000 CIPC counselling sessions	Q1 - Q4
• Support the delivery of 4,000 SHIP counselling sessions	Q1-Q4
Deliver high quality, innovative therapy services that meet the needs of service users across CHO 5	**Q1-Q4**
Deliver physiotherapy services across CHO 5 that are responsive to local needs:	
• Deliver 10 knee pathway programmes in Waterford to support patients with arthritis of the knee. Each programme will be of 4 weeks duration.	Q1 - Q4
• Commence monthly back care triage clinics in West Waterford and Dungarvan to assess suitable candidates and fast track to the primary care specialist medium risk backcare programme in line with the model already in place in Waterford City.	Q1-Q4
• Deliver eight specialist backcare programmes throughout Waterford. Each programme will be of 4 weeks duration	Q1-Q4
• Deliver two falls prevention programmes on a weekly basis in Carlow and Kilkenny, one clinic in each area.	Q1-Q4
• Deliver five falls programmes accross Waterford, each programme is of six weeks duration.	Q1-Q4
• Deliver one weekly falls prevention clinic in Wexford	Q1-Q4
• Deliver one weekly therapy led falls clinic in Wexford	Q1-Q4
• Deliver eight bone health education programmes in Wexford per annum, each programme of five week duration	Q1-Q4
• Deliver one physiotherapy triage drop-in clinic per week in Kilkenny to assist people post fractures to support assessment, home exercise programme and advice pending physiothrapy intervention.	Q1-Q4
• Expand the delivery of the dry needling service as an adjunct to primary care physiotherapy in Wexford to provide county wide cover by end of 2017.	Q1-Q4

Priority Actions	Target Q
• Facilitate the participation of four physiotherapy staff (two in Waterford and two in Wexford) on a UCD six-week on-line training programmes to support the delivery of SOLAS (Self-management of Osteoarthritis and Low back pain through Activity and Skills).	Q1-Q4

Deliver occupational therapy services that are responsive to local needs across CHO 5.
• Deliver four occupational therapy assessment clinics per week in Waterford, Carlow and South Tipperary.
  • Two per week in Carlow / Kilkenny
  • One per week in South Tipperary
  • One per week in Waterford
• Establish two new occupational therapy musculoskeletal clinics per month in Carlow (Shamrock Plaza) to support people with disabilities in Activities of Daily Living.
• Deliver two occupational therapy musculoskeletal clinics per month in Kilkenny
• Deliver one annual Living Well programme for up to 10 elderly service users in Co. Wexford
• Deliver annual fatigue management education programme in Wexford for service users with Multiple Sclerosis (MS). This eight week programme is delivered by primary care occupational therapists in collaboration with the MS Society
• Deliver an annual 'Go Kids Go' skills group in Wexford for children using wheelchairs, their parents and siblings. This group is delivered over a three day period
	
	Q1-Q4
	Q1-Q4
	Q1-Q4
	
	Q2
	
	Q1-Q4
	Q4
	Q4
	
	Q4

Deliver psychology services that are responsive to local needs. • In collaboration with mental health services, progress the psychology research project in Waterford profiling the mental health problems of young people 12 – 18 with the aim of improving initial assessment and referral pathways. • Deliver one annual parent and young people's programme over a two week period in County Wexford. • Deliver two drop clinics per week across Carlow/Kilkenny for psychology assessment and therapy services	Q1-4 Q2 Q3 Q1
Deliver speech and language therapy services that are responsive to local needs. • Enhance the support to children with speech and language delay across CHO 5 through the provision of group training to parents using the following approaches: Hanen, More Than Words and Lamh • Develop an 'Aphasia Friendly' Café in Tramore, Co. Waterford for people with an acquired aphasia, through the provision of communication skills training to staff in this identified café.	Q1-4 Q4
Deliver high quality community nursing services that meet the needs of service users across CHO 5	**Q1-Q4**
Provide Public Health Nursing Services that are responsive to local needs across CHO 5: • Complete Child and Family Health Needs Assessment training commenced in 2016 to remaining 20 PHNs across CHO 5. • Achieve herd immunity vaccination levels of 95% in relation to primary childhood	 Q1-Q4 Q1-Q4

Priority Actions	Target Q
immunisation and associated boosters and promote the uptake of HPV etc in older age children	
• Improve the % of babies breastfed (exclusively and not exclusively) at the first PHN visit and at 3 month PHN developmental check. (As referenced in Health & Wellbeing)	Q1-Q4
• Ensure that 98% of newborn babies are visited by a PHN within 72 hours of discharge from maternity services	Q1-Q4
• Ensure 95% of children have had child development screening on time or before reaching 10 months of age.	Q1-Q4
• Deliver 13 Enuresis and Encopresis clinics, four in Waterford, four in Carlow/Kilkenny and five in South Tipperary	Q1-Q4
• Deliver 4 Enuresis Clinics in Wexford	Q1-Q4
• Deliver 17 nurse led Leg Ulcer Assessment and Wound Management clinics per week across CHO 5 in the following locations: ➢ seven in Carlow / Kilkenny ➢ six in South Tipperary ➢ two in Waterford ➢ two in Wexford	Q1-Q4
Primary Care Mental Health Nurse	
• Deliver a four week mindfulness programme in collaboration with Spafield Family Resource Centre in Cashel	Q2
• In collaboration with Cashel Community School work towards the creation of effective care plans for 15 students experiencing mental health difficulties.	Q3
Deliver high quality audiology services that meet the needs of service users across CHO 5	**Q1-Q4**
Deliver Audiology services which are responsive to local needs across CHO 5:	
• Deliver a weekly minor hearing aid repair clinic in Waterford to provide for service users in Waterford, Carlow/Kilkenny and South Tipperary	Q1-Q4
• Deliver a weekly ear mould clinic in Waterford to provide for service users in Waterford, Carlow/Kilkenny and South Tipperary.	Q1-Q4
• Deliver a monthly minor hearing aid repair and ear mould clinic in Wexford.	Q1-Q4
Deliver high quality primary care social work services that meet the needs of service users	**Q1-Q4**
Enhance the delivery of primary care team services through the actions of primary care social workers in South Tipperary.	
• Co-ordinate a babies and infants feeding and nutrition support group on a fortnightly basis in collaboration with other members of PCTs in South Tipperary for a cohort of families who would benefit from additional advice and support.	Q1-Q4
• Promote parenting skills through the weekly meeting of the Community Mothers Group in Cashel and Carrick on Suir.	Q1-Q4
Improve access to children's oral health services and improve access to orthodontic services for children	**Q4**

Priority Actions	Target Q
• Collaborate with Assistant National Director Oral Health to progress the implementation of Primary Care Cleft Lip and Palate Care Pathway across CHO 5 within available resources	Q4
• Increase existing specialist cover by one clinical session / week from Q2 in Waterford to attempt to reduce waiting times for Orthodontic treatment within existing resources.	Q4
• Continue the waiting list initiative within CHO 5 for children's orthodontic services for 'long-waiters'.	Q4
Implement primary care actions aligned to the action plan for healthcare associated infections (HCAI) in line with new governance arrangements (resource neutral) and ensure governance structures are in place in CHOs to drive improvement and monitor compliance for healthcare associated infections and anti-microbial (AMR) resistance targets	**Q4**
Work with the Primary Care Division to establish appropriate governance structures in CHO 5 to drive improvement and monitor compliance with healthcare associated infections and anti-microbial (AMR) resistance targets	Q4
Complete implementation of National Policy on Access to Services for Children with a Disability or Developmental Delay with children's disability network teams as they are established	**Q4**
Engage with the national primary care office in progressing the completion of the National Policy on Access to Service for Children with a disability or development delay and in establishing appropriate processes between primary care paediatric disability teams and children's disability network teams.	Q4
Promote quality and safe services in line with the Framework for Improving Quality	**Q4**
• Support the roll out of the HSE *Framework for Improving Quality in our Health Service* across CHO 5 as appropriate • Engage in leadership and quality improvement training for primary care management teams in collaboration with Primary Care and Quality Improvement Divisions (QID). • Implementation safety programmes such as pressure ulcers, HCAI, falls prevention and decontamination as appropriate across CHO 5. • Risk Management: - Implement the new Risk Management Policy (2016) with the support of Primary Care Division and in collaboration with the Quality Assurance and Verification Division (QAVD). - Maintain and manage the primary care element of the CHO 5 risk register. • *Incident Management Framework* - Support the development of the new *Incident Management Framework* as appropriate - Develop capability across primary care services in CHO 5 to report, investigate, disseminate and implement learning from safety incidents. - Ensure that the learning from serious incidents are disseminated and implemented across CHO 5 as appropriate - Analyse primary care incidents in CHO 5 on a quarterly basis to elicit key themes and trends which in turn will inform remedial actions.	Q4 Q4 Q4 Q4 Q4
Develop necessary governance structures and processes to deliver services that are safe and provide good quality of care	**Q4**
• Collaborate with the Primary Care Division and QID in the development of quality and safety structures and processes in CHO 5	Q4
• Implementation of the new Policy Procedure Protocol and Guideline (PPPG) Framework within CHO 5 as appropriate	Q4
• Facilitate primary care staff in CHO 5 to participate in education and training for clinical	

Priority Actions	Target Q
audit in collaboration with the Primary Care Division and QID	Q4
Drive the development and implementation of CHO 5 Quality Improvement Plans (QIPs) arising from continuous self assessment and delivery of services in compliance with The National Standards for Safer Better Health Care (2012): **Theme 1: Person Centred Care and Support** • Implement recommendations from the 2016 CHO 5 Primary Care Survey Report. • Undertake the new Patient Satisfaction Survey using the revised primary care patients experience survey tool when available • Implement the National Consent Policy QIP with a specific focus on delivering education and training in relation to the policy • Implement the National Healthcare Charter QIP **Theme 2 Effective Care and Support** • Drive the utilisation of Healthmail across CHO 5 in collaboration with GPs. • Implement stages three and four of Speech and Language Therapy QIP reviewing practice in selected clinical areas to achieve standardisation of interventions across CHO 5 **Theme 3 Safe Care and Support** • Implementation of hand hygiene QIP to prevent, control and reduce the risk of spread of healthcare associated infections. • Build staff capacity in respect of: Clinical Audit, Open Disclosure policy, Management of Serious Reportable Events / Serious Incidents, NIMS and Risk Management **Theme 6** • Identify relevant education/training needs and support staff in completing continuous professional development	Q4 Q4 Q4 Q4 Q4
Implement Children First Initiatives and Supports	**Q4**
Promote participation by staff in the e-learning Children's First training. Ensure compliance with Children First training requirements by HSE funded services as part of the primary care service agreement process as appropriate.	Q4
Select sites and deliver the *Primary Care Education, Pathways and Research in Dementia (PREPARED)* education programme to primary care teams in collaboration with the National Dementia Office and Social Care services.	**Q4**
Engage with the National Primary Care office in relation to the selection of sites for the delivery of the *Primary Care Education, Pathways and Research in Dementia (PREPARED)* education programme to primary care teams in CHO 5 as appropriate.	Q4
Outpatient Services Performance Improvement Programme to develop referral pathways from primary care to outpatient services for orthopaedics, urology, dermatology, ENT and ophthalmology in collaboration with primary care, clinical programmes, health and well-being and other key.	**Q4**
Engage with the national primary care office in relation to the development of referral pathways from primary care to outpatient services for orthopaedics, urology, dermatology, ENT and ophthalmology	Q4

Priority Actions	Target Q
as part of the Outpatients Services Performance Improvement Programme	
Information Communication Technology **Develop requirements for technology that is the best fit for mobile (clinical) workers in primary care and commence deployment of that kit to enable more efficient work practices and better access to information and adoption of e-enabled collaboration capabilities.**	**Q4**
Engage with the national primary care office as appropriate in supporting the development of: • technology that is the best fit for mobile (clinical) workers in primary care and the deployment of that kit to enable more efficient work practices and better access to information and adoption of e-enabled collaboration capabilities. • specification requirements for the primary care activity metrics system	Q4 Q4
Information Communication Technology Projects planned to go live in 2017 include: • Commence implementation of the National Audiology System. • SPG Online System – Section 38 and 39 SLA management system. • CIT/OPAT control portal. • Community Funded Schemes – IT support developed in 2016 to support the Winter Initiative, will be developed for the overall management of aids and appliances.	**Q4** Q4
Collaborate as appropriate with the primary care division in the: • implementation of the National Audiology System in CHO 5 • utilisation of the Service Provider Governance (SPG) on line system • management of aids and appliances through the use of the IT tool once available.	Q4
Healthy Ireland / Health and Wellbeing Cross Divisional Plan Actions	**Q4**
Implement relevant actions from *Healthy Ireland* in the *Health Service Improvement Plan 2015-2017* across primary care sites and services in CHO 5: • 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 across primary care sites and services in CHO 5. • Ensure 5% (54) of primary care staff across CHO 5 attend brief intervention smoking cessation training. Improve the following immunisation rates across CHO 5: • Influenza vaccination rates amongst persons aged 65 years and over. • Influenza vaccination rates among primary care staff in front line settings. • Increase the percentage of children who receive vaccines to the target percentages. Support the implementation of the rotavirus and meningococcal B vaccination programmes across CHO 5 within available resources.	Q4 Q4 Q4 Q4 Q4 Q4
Enhance Capital Infrastructure in CHO 5	**Q4**
• Commence the delivery of GP services, public health nursing, occupational therapy, physiotherapy, speech and language therapy, dental, podiatry, psychology and mental health services from the new Primary Care Centre in Tipperary Town. • Progress the development of Primary Care Centres in Thomastown, Kilkenny City (East) and Cahir, Co. Tipperary	Q1 Q4

Priority Actions	Target Q
• Progress the development of Primary Care Centres by PPP arrangement in Carrick on Suir, Dungarvan, Waterford City and Wexford Town (due for completion 2018).	Q4

2017 Social Inclusion Primary Care Division Key result areas and priority actions

Social Inclusion	
Improve health outcomes for the most vulnerable in society including those with addiction issues, the homeless, refugees, asylum seekers, Traveller and Roma communities	
Addiction Services	
Improve access to addiction treatment services for adults and children, with a particular focus on services for the under 18s	**Q4**
• Improve access to Opiate Substitution Treatment in CHO 5 • Increase involvement of level 1 GPs in the provision of Opiate Substitution Treatment in CHO 5 • Explore development of pilot outreach service for under 18s	Q4 Q4 Q4
Implement the recommendations of the *National Drugs Rehabilitation Framework*	**Q4**
• Work with agencies to further develop and implement the National Drug Rehabilitation Framework (NDRF) within SMS in CHO 5. • Roll out of SAOR Screening and Brief Intervention training for problem alcohol and substance misuse with training of 60 staff.	Q4 Q4
Expand access to naloxone to approximately 600 new clients	**Q4**
• Expand access to Naloxone to all Carlow, Kilkenny and Wexford • Continue to promote and up skill service users in the administration of naloxone.	Q2 Q4
Other Addiction Services Actions	
• Roll out of the pharmacy needle exchange in South Tipperary.	Q2
• Work collaboratively with the MHS in rolling out of clinical programme for dual diagnosis. Support engagement of service users in MHS as appropriate.	Q4
• Continue assessment process, address priority gaps, implement and review across CHO5	Q4
Homeless Services	
Improve health outcomes for people experiencing or at risk of homelessness, particularly those with addiction and mental health needs by providing key worker, case management, general practitioner (GP) and nursing services	**Q4**
• Continue to work in partnership with the Homeless Action Teams in each Local Authority area within CHO 5 to ensure that they have sufficient capacity to meet the complex and diverse health and social care needs of homeless people, particularly those with mental health and addiction problems. • Ensure that the National Hospital Discharge Protocol for homeless persons is developed and implemented within CHO Area 5 in order to ensure continuity of care upon discharge from hospital settings. • Engage with key stakeholders regarding the development and implementation of the National	Q4 Q4

Quality Standards for Homeless Services which are currently in pilot phase and have been aligned with the National Standards for Safer Better Healthcare.	Q4
• Further develop and implement the National Drug Rehabilitation Framework (NDRF). Develop the NDRF across all CHO 5 Social Inclusion Themes/ Care Groups	Q4
Implement the health actions set out in *Rebuilding Ireland, Action Plan for Housing and Homelessness,* on a phased basis, in order to provide the most appropriate primary care and mental health services to those in homeless services and improve their ability to sustain a normal tenancy	**Q4**
• Engage with all HSE Divisions including Mental Health, Social Care, and Acute Services to ensure a coordinated and integrated response in terms of access and delivery of services to those experiencing and/or at risk of homelessness. • Continue to work with Primary Care and Mental Health services to ensure the needs of homeless persons are being supported in terms of improved access and take up of mainstream and specialist services.	Q4 Q4
Traveller, refugees, asylum seeker and Roma communities	**Q4**
Deliver targeted programmes to support Travellers to manage chronic conditions such as diabetes, asthma and cardiovascular disease	**Q4**
• Continue to support Traveller Community Health Projects and Traveller Men's Health Projects in line with the CHO THU Strategic Plan. • Roll out of Traveller Chronic Conditions Heart Health Programme. • Roll out of Positive Mental Health Initiatives with Traveller Community Health Projects and Traveller Men's Health Projects. Work with MHS, Traveller Community Health Projects and Men's Health Projects and Traveller communities to improve access to MHS in line with Vision for Change and Connecting for Life Strategy. • Develop a new pilot Primary Health and Social Care Training programme for Travellers and ROMA in association with the ETB and Dept. of Social Protection	Q4 Q4 Q4 Q4
Expand primary care health screening and primary care services for refugees, asylum seeker and Roma communities	**Q4**
• Continue to meet the health needs of Asylum Seekers, Irish Refugee Protection Programme (IRPP) Refugees and Migrants in CHO 5, particularly targeting recently arrived Refugees. • Further development and training of the Community Health Workers and Roma Health Advocates • Develop a CHO 5 support structure for the Community Health Workers and Roma Health Advocates. • Develop Care and case Management under NDRF • Further development and implementation of targeted immunisation programme for Roma and vulnerable migrants based on assed and analysis of data collected. • Continued development of the Roma health Projects in Wexford and Waterford • Provision of primary care in reach services within EROC. • Support the roll out of Intercultural Healthcare Awareness Training on a Train the Trainer basis as per CHO Area 5 Model. • Conduct research into the health needs of vulnerable migrants and Roma communities in CHO 5 • Develop strategic plans for work with vulnerable migrants and Roma in CHO 5	Q4 Q4 Q4 Q4 Q4 Q4 Q4 Q4 Q4 Q4

• Develop a health outcomes measurement tool for intercultural health work in CHO 5 • Ensure delivery of 'Supporting Transition and Building Resilience Towards Living Healthy Independent Lives' Programme for asylum seekers and Roma in CHO 5 • Support delivery of Health Literacy module of Atelier Roma Men's Training Programme for Roma men in Wexford and Waterford (CHO 5) • Roll out of Asthma Training to Roma Health Advocates and Implementation of Asthma initiatives for Roma community members in CHO 5 • Development and implementation of Mental Health Initiatives to meet identified needs of Roma communities in CHO 5 • Development and roll out of Heart Health Awareness Programme for Roma in conjunction with the Regional Traveller Health Co-ordinator in CHO 5	Q4 Q4 Q4 Q4 Q4 Q4
Domestic, sexual and gender-based violence	
Implement health related actions in line with *National Strategy on Domestic, Sexual and Gender-based Violence 2016-2021*	**Q3**
• Support the implementation of Health related actions, in line with the National Strategy, as directed by the National Office. • Ensuring staff are up skilled in area of domestic, sexual and gender based violence	Q4 Q4
Other Vulnerable Groups Actions	
• Deliver and implement CHO practice policy on LGBTI in CHO 5 • Scope the prevalence of Intersex in CHO 5 • Support TENI in the delivery of Transgender Training within CHO 5 • Implement actions in the CHO 5 QIPS regarding Transgender training and awareness • Develop LGBTI resource document for CHO 5 • Further develop and implement the National Drug Rehabilitation Framework (NDRF). Develop the NDRF across all CHO 5 Social Inclusion Themes/ Care Groups	Q4 Q4 Q4 Q4 Q4

2017 Palliative Care Primary Care Division Key result areas and priority actions

Priority Actions	Target Q
Palliative Care Services	
Improve access, quality and efficiency of palliative care services	
Implement the model of care for adult palliative care services	**Q4**
Implement the model of care for adult palliative care services across CHO 5	Q4
Implement a standardised approach to the provision of children's palliative care in the community	**Q3**
• Work with national palliative care lead to support the development of national standards, protocols and pathways to ensure a standardised approach to the provision of children's palliative care services • Drive the implementation of a standardised approach to the provision of children's palliative care in the community across CHO 5	Q4 Q4

Priority Actions	Target Q
Ensure patients with a primary non-cancer diagnosis have equal access to services as per the Eligibility Criteria Guideline	**Q4**
Ensure patients with a primary non-cancer diagnosis have equal access to services in CHO 5 as per the Eligibility Criteria Guideline	Q4
Implement the National Clinical Effectiveness Committee approved clinical guidelines on the management of cancer pain and the management of constipation in palliative care patients	**Q3**
Implement the National Clinical Effectiveness Committee (NCEC) approved clinical guidelines on the management of cancer pain and the management of constipation in palliative care patients across CHO 5	Q3
Support the development of a guideline on Care of the Dying Adult in the Last Days of Life	**Q4**
CHO 5 will support the develop of a guideline on Care of the Dying Adult in the Last Days of Life	Q4
Improve the physical environment for patients, families and staff through the Irish Hospice Foundation Design and Dignity Grant Scheme	**Q4**
Improve the physical environment for patients, families and staff in CHO 5 through the Irish Hospice Foundation Design and Dignity Grant Scheme	Q4
Implement, on a phased basis, the 10 recommendations from the Palliative Care Support Beds Review	**Q4**
Implement the 10 recommendations from the Palliative Care Support Beds Review in CHO 5 on a phased basis.	Q4
CHO 5 will progress the development of Intermediate Palliative Care Beds in Carlow District Hospital	Q1-Q4
Progress the development of the Specialist Palliative Care In-Patient Unit in Waterford in partnership with South/South West Hospital Group and Waterford Hospice Movement Ltd. Completion and commissioning due 2018	Q1-Q4
CHO 5 will work with the four voluntary hospice committees in the area in putting in place revised governance arrangement regarding community specialist palliative care services	Q1-Q4
Integrate Palliative Care into the revised HSE Patient Charter and support QID in its implementation of the Carter within specialist palliative care services.	**Q3**
CHO 5 will support the Quality Improvement Division in its Implementation of the Charter within specialist palliative care services as appropriate	Q3
Work in partnership with the Palliative Care Quality Improvement Collaborative to support services to develop and implement their quality improvement plans.	**Q4**
CHO 5 will support the work of the Palliative Care Quality Improvement Collaborative through the development and implement their of quality improvement plans in line with National Standards for Safer Better Healthcare	Q4

Mental Health Services

Mental Health Services Budget 2017

CHO 5		Pay	Non Pay	Gross Budget	Income	Net Budget
Division	Care Group	€m	€m	€m	€m	€m
Mental Health		80.88	15.68	96.56	-1.98	**94.58**

Introduction

The CHO 5 MHS area encompassing the counties of Carlow/Kilkenny/South Tipperary/Waterford and Wexford has a total population of 511,070 (CSO, 2016). It has a relatively young population and it is predicted that the older population over 65, in line with the national trends, will significantly increase over the coming years. There are relatively high levels of deprivation dispersed throughout the catchment area.

CHO5 Mental Health Service works with primary care, acute hospitals, services for older people, services for people with disabilities and with a wide range of non-health sector partners.

Our vision for mental health services is to support the population to achieve their optimal mental health through the following key priorities:

- Strengthen governance arrangements through the HSE's Accountability Framework to improve performance and effective use of human, financial and infrastructural resources.
- Mental Health Service will appoint an Area Lead for Service User engagement to ensure that the views of service users, family members and carers are central to the design and delivery of mental health services.
- Design and Develop perinatal interdisciplinary clinical pathways between the mental health services and our acute partners in the Waterford/Wexford catchment area.
- Commence training for staff on the Mental Health Commission judgement framework.
- Continue to enhance Community Mental Health Teams through the recruitment of additional posts.
- To develop transitional plans for the transfer of National Counselling service to the remit of CHO 5 Mental Health Service.
- Develop the role of the Peer Support Worker to enhance service delivery across all settings.
- The development of a recovery focused community mental health service is an on-going priority for CHO 5 Mental Health Services. The Advancing Recovery Initiatives will continue to roll out in 2017 and following significant progress in 2016, the further development of the Recovery College will continue to be a priority

Service Description

There is a focus on delivering Mental Health Services spanning all life stages to include a broad range of primary and community based services including specialised services for children and adolescents, adults and older people. Services are provided in a number of different settings including; outpatient clinics, acute day services (day hospitals), the individual's own home, inpatient facilities. Within CHO Area 5, there are 6 approved centres including two acute units, and four Psychiatry of Later Life units. Community Mental Health Services are delivered by a range of community mental health multi-disciplinary teams using a sectorised population based approach in line with Vision for Change.

Services for people with enduring mental health illness are provided at day centres, community day services and a range of low, medium and high support community residences.

CHO 5 MHS as the statutory service will continue to work with our voluntary partners to ensure the meaningful involvement of the service user in the design and delivery of our mental health service. This will be supported by our on-going engagement with the appointed consumer panels as well as the community mental health forums.

The introduction of an area lead in 2017 on to CHO 5 MHS Management Team to represent the views of Service Users, family members and carers is a significant step in the development of a recovery based mental health service. This initiative along with the planned introduction of Peers Support Workers will be a priority in 2017 for CHO 5 Mental Health Services.

The Senior Management Team in CHO 5 MHS remains committed to ensuring the continued delivery of a high quality patient focused safe service. In this regard the focus for 2017 will be on the ongoing review of overall Service Delivery, the Model of Care and the provision of a safe and effective service in association with the Quality and Safety Executive Committee.

2017 Mental Health Key result areas and priority actions

Priority Actions	Q
Mental Health Strategic Priority 1: Promote the mental health of our population in collaboration with other services and agencies including reducing loss of life by suicide	
Develop structures for implementation of *Connecting for Life* recommendations in mental health services and CHOs	
Develop and implement structures for local Action Plans in Carlow, Kilkenny, South Tipperary, Waterford and Wexford Mental Health Services aligned to national CFL implementation frameworks.	Q1-Q4
Within available resources, The Regional Suicide Office will deliver a range of training interventions from basic suicide awareness to skills based programmes. Options available include: esuicideTALK, safeTALK, Applied Suicide Intervention Skills Training (ASIST), Understanding Self Harm and Skills Training on Risk Assessment for Self Injury (STORM). The ROSP will work with the National Office for Suicide Prevention on the roll out of the new National Training Strategy.	Q1-Q4
Deliver evaluated evidence based programmes through Non-Governmental Organisations including services for priority groups in line with *Connecting for Life*	
The Mental Health Services will work in collaboration with Health & Wellbeing/Primary Care to promote the health and wellbeing of service users and staff, inclusive of healthy eating, exercise, alcohol reduction and resilience.	Q1-Q4
The Mental Health Services will work collaboratively with Health & Wellbeing/Primary Care to promote the health and well being of service users and staff in relation to smoking cessation (including BISC training).	Q1-Q4
Develop standard operating procedures based on an evaluation of suicide bereavement support services	
In conjunction with the GP the SCAN Nurse will devise an individual Care Plan for the	

Priority Actions	Q
individual at risk.	Q1-Q4
Commence work on the roll-out of SCAN in Carlow/Kilkenny/Tipperary in 2017 within available resources	Q3
The Bereavement Counseling Service for Traumatic Deaths, coordinated by the Regional Suicide Resource Office, will continue to be offered to those bereaved by Suicide and other traumatic deaths in CHO 5.	Q1-Q4
Provide training to all relevant professionals and community members to improve recognition of and response to suicide risk and suicide behaviour among those vulnerable to suicide.	Q1-Q4
Ensure appropriate pathways in place to support the physical health needs of mental health service users	
Work with acute partners and Community Mental Health Teams to develop clinical pathways	Q2
Mental Health Strategic Priority 2: Design integrated, evidence based and recovery focused mental health services	
Develop prenatal mental health services capacity (2016 Peg Funding Allocation)	
To commence the development of an Advanced Nurse Practitioner for perinatal mental health services in Waterford/Wexford.	Q3
Develop perinatal Interdisciplinary Clinical Pathways between Mental Health Service and our Acute Partners	Q3
Complete the recruitment of individual placement support workers (2015 funding allocation) in line with the clinical programme for First Episode Psychosis (FEP)	
Develop the role of the Peer Support Worker in a manner which will support the National Clinical Programmes	Q3
Design integrated, evidence based and recovery focused mental health services	
Training and workshops will be provided for people who are experiencing Mental Health Difficulties through the Recovery College established in 2016, the courses are co-produced by people with lived experience of life challenges, carers and professionals.	Q3
Mental Health Strategy Priority 3: Deliver timely, clinically effective and standardised safe mental health services in adherence to statutory requirements	
Establish cross divisional governance arrangements for the development and delivery of counselling services for under 18s in Primary Care	
To work with regional counselling services to continue to enhance governance arrangements through the use of Service Level Agreements.	Q3
Embed Advancing Recovery Ireland support in all mental health teams in CHO5 supporting the implementation of service reform fund initiatives	
To roll-out Recovery Principles Training to staff in CHO5 within the MHS.	Q1-Q4
To map the current service provision (e.g. Residential, Day Services, Education, Training) and	

Priority Actions	Q
the manner in which these services support service users to become active members of their community through approved service reform funding.	Q2
Recruit and train 20 WTE peer support workers (2015 PfG funding allocation)	
To recruit 3 WTE Peer Support Workers in Carlow/Kilkenny/South Tipperary Mental Health Services and facilitate their role, within the Community Mental Health Teams.	Q3
Develop a clear strategic and operational interface between local mental health services and the acute hospitals in relevant catchment areas	
To develop a structure to ensure effective interface between the Mental Health Services and Acute Services.	Q2
CHO5 will recruit an NCHD lead within Mental Health Services	Q3
Improve 7 day response in mental health services	
To develop a 7 day Liaison Nursing Service/Self Harm across CHO5	Q1-Q4
Increase liaison psychiatry capacity	
To develop a Mental Health Liaison Psychiatry Service in Waterford with appointment of Consultant Psychiatrist	Q1-Q4
Further enhance the community mental health team capacity for CAMHs, General adult and {Psychiatry of Old Age (2016 Programme for Government funding allocation)	
To recruit 21 new development posts (2015 funding) to further develop the Community Mental Health Teams in line with Vision for Change	Q1-Q4
To progress the appointment of funded Traveller Mental Health Co-ordinator post.	Q3
Commence the implementation of the HIQA and MHC patient safety incident standards	
To review the structure and procedures for conducting reviews of Patient Safety Incidents in accordance with national guidance and standards across CHO 5.	Q1-Q4
Develop national compliance reporting and monitoring framework against the Mental Health Commission regulatory framework.	
To commence training for staff on the Mental Health Commission Judgement Framework	Q2
To continue the roll-out of training for staff on Risk Management, and Open Disclosure.	Q1-Q4
To monitor the trends from the MHC Inspection Reports and initiate corrective action plans where appropriate.	Q1-Q4
To monitor and report on the National KPI's on a Monthly basis in relation to NIMS, Risk Register, SRE's and SUI's and develop corrective action plans as appropriate.	Q1-Q4

Priority Actions	Q
Support the development and implementation of a framework of assurance relating to incident management.	
To review the Governance arrangements relating to Incident management	Q1-Q4
To enhance patient safety incident reporting systems through training within the Mental Health Service.	Q1-Q4
Mental Health **Strategy Priority 4**: Ensure that the views of service users, family members and carers are central to the designs and delivery of mental health services	
Enhance the service user and carer engagement structures at national and CHO level	
Develop local Consumer Panels across CHO 5.	Q2-Q3
Roll out the development of the Service User Involvement Centres across CHO 5	Q4
Appoint a Service User/Family Member/Carer (SUFMC) as area lead for mental health engagement to each CHO area mental health management team	
Recruit Area Lead for service user engagement and set out programme of work. Area Lead to attend the Executive Management Teams and Quality and Patient Safety Executive Committees across CHO 5.	Q1
Progress the implementation of the *National Carers' Strategy* as it relates to mental health services	
To include Carers in Care planning and decision making, with Service Users consent.	Q1-Q4
To provide access to respite services for service user, within available resources.	Q1-Q4
To promote the availability of user friendly and timely information and advice for service users and carers.	Q1-Q4
To provide further training for EOLAS facilitators, with a plan to extend the EOLAS project across CHO 5.	Q1-Q4
Mental Health Strategic Priority 5: Enable the provision of mental health service by highly trained and engaged staff and fit for purpose infrastructure	
Further develop workforce plan for nursing, medical, allied health professional and administrative/support staff	
To review CHO5 Mental Health Workforce Plan and implement Corrective Action Plan, where appropriate	Q2
To commence the reconfiguration of Community mental Health Teams in accordance with the Community Healthcare Networks.	Q1-Q4
To develop the transition plan for the transfer of National Counselling Service to the remit of CHO 5 Mental Health Services.	Q1
Implement the Postgraduate Nursing Programme, develop postgraduate non-nursing Programme and increase undergraduate nursing numbers	
Increase the number of clinical placement of undergraduate nurses from WIT across the CHO 5 MHS by 8.	Q1
The Clinical Placement Coordinators will attend secondary schools and Waterford Institute of	

Priority Actions	Q
Technology Open Day, to promote the Mental Health Nursing Profession, as a Recruitment initiative.	Q1-Q4
The Skill Mix ratio will be reviewed across CHO 5 and training provided for non nursing posts.	Q1-Q4
Strengthen accountability with the voluntary agencies funded by the HSE including accountability for the clinical services they are mandated to provide	
All Voluntary agencies will be required to sign a Service Level Agreement.	Q1
A process will be established to review all external placements with key stakeholders.	Q3-Q4
Commission survey of mental health capital stock to scope future infrastructural needs of services	
To work with Estates to determine the Infrastructure requirements across CHO 5.	Q2-Q4
To prioritise and develop Infrastructure plan for CHO 5	Q2-Q4

Social Care Services

Social Care Services Budget 2017

CHO 5		Pay	Non Pay	Gross Budget	Income	Net Budget
Division	Care Group	€m	€m	€m	€m	€m
Social Care	Disability	24.54	133.04	157.58	-0.49	**157.10**
	Older Persons	75.77	31.47	107.24	-34.80	**72.44**
Social Care Total		**100.32**	**164.51**	**264.83**	**-35.29**	**229.54**

Introduction

Social care services are focused on enabling people with disabilities to achieve their full potential, living ordinary lives in ordinary places, as independently as possible while ensuring the voice of service users and their families are heard and that they are fully involved in planning and improving services to meet their needs. Social Care is also focused on maximising the potential of older people, their families and local communities to maintain people in their own homes and communities, while delivering high quality residential care when required. CHO5 is aiming to reform services to maximise the use of existing resources, develop sustainable models of service provision with positive outcomes for service users, and deliver best value for money.

The expected increase in the aged 65 years and older and 85 years and older population in Ireland will result in an increase in demand for services. Census 2016 reports there are 62,821 people in the over 65 years of age population in CHO5, resulting in 12.3% of the population in CHO 5 being over 65 years.

Age	Area 5					
65 - 69 years	**Carlow**	**Kilkenny**	**South Tipperary**	**Waterford**	**Wexford**	
70 - 74 years	2036	3845	3676	4823	6172	
75 - 79 years	1565	2748	2906	3657	4785	
80 - 84 years	1146	2229	2243	2897	3470	
85 years and over	818	1518	1621	1855	2190	
65 and over	646	1350	1328	1547	1750	
	6211	**11690**	**11774**	**14779**	**18367**	**62821**

Home Support via the Home Help and Home Care Packages are essential to support older persons remaining in their own homes for as long as possible. Addressing the gap between the demand and resources available will be a signficant challenge in 2017.

The 75 year old age group is the fastest growing group providing informal care. This group is at the greatest risk of developing health problems. Therefore, greater support will be required. An increase in the complexity of need reflected in the dependency ratios and case mix of older people in acute hospital transition requires more specific rehabilitation services, re-ablement programmes, home care services and day care services to maintain older people to live well and as independently as possible in their own homes and communities. The provision of appropriate home care and other community based services can serve to prevent unnecessary admissions to acute facilities and delay long stay care admission. As part of a service model of integrated

care, it is important that complex care is identified, case managed and supported through access to diagnostics and specialist services with an IT based approach to care planning.

CHO5 provides long term care services to Older People in 15 Community Nursing Units (CNUs) across Carlow/Kilkenny/South Tipperary/Waterford and Wexford. These units with a total of 814 beds provide residential, respite and day support services to older people and their families. Home Help services are provided directly by staff employed by the HSE to clients.

The National Intellectual Disability Database (NIDD 2014) reports 3,615 people on their register for CHO5. 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 a more affordable and sustainable model of service to be put in place. Demand is increasing on residential and respite places as 49% of the current population of service users in residential services over the age of 35 are presenting with moderate, severe and profound disability compared to 38% in 1996 or 28.5% in 1974.

In CHO5 there are HSE residential units in South Tipperary/Wexford and Kilkenny, however, the majority of residential places and all respite and day services are provided through Section 38 and Section 39 Agencies. There are three Section 38 Agencies in CHO5 and over 35 Section 39 Residential Agencies. We will work in partnership with our voluntary and private providers to provide agreed levels of service to this client group. €128.8m approximately will be spent in 2017 with Section 38 and Section 39 voluntary and private providers for this purpose.

A key priority for Social Care team in CHO5 is the implementation and development of the sub-structure under the Heads of Service to achieve maximum staff efficiency and effectiveness.

Social Care will actively engage with our Health & Wellbeing division to achieve Healthy Ireland targets.

Safeguarding Vulnerable Persons at Risk of Abuse

In 2017 there will be additional staff joining the Safeguarding and Protection Team (SPT) in CHO5 which their ability to support people vulnerable to abuse and in line with the National Policy & Procedures for Safeguarding Vulnerable at Risk of Abuse.

Goals for the SPT also include providing support through training and education towards the development of a culture which promotes the welfare of vulnerable persons. The SPT will continue to monitor and evaluate the level of referrals received and provide education and support in dealing with same.

The SPT will continue to work collaboratively with the Safeguarding Committee providing information as requested. The SPT will continue to provide services to older persons over 65 regarding allegations of abuse/extreme self neglect and to persons with a disability regarding allegations of abuse/ extreme self neglect.

Social Care Services Priorities and Priority Actions 2017

Priority Actions Social Care	Q
Social Care Services	
Children First	
Ensure that 95% of HSE/HSE funded staff working in childrens and adult services will complete the eLearning Children First module	Q4
Review self assessed Children First Compliance Checklists of HSE and HSE funded services and their related action plans and timelines for achieving compliance	Q1-Q4
Safeguarding Vulnerable People at Risk of Abuse	
Achieve training and awareness raising target of 2,303	Q1-Q4
Assisted Decision Making ACT	
CHO 5 will be involved in needs assessment in Q1 2017	Q1

Disability Services

In 2017, the CHO will deliver social care supports and services to people with a disability across the spectrum of day, residential and home support provision. The financial position in relation to Disability Services remains a challenge in CHO5. The majority of Disability Services in CHO5 are provided through Section 38 and Section 39 funded agencies. The financial resources made available to the CHO as part of the HSEs 2017 National Service Plan is focussed on specific and targeted provision which is set out in the tables detailing agreed priority actions. Specifically, each CHO will maintain existing levels of services in line with financial resources available whilst noting specific developments relating to emergency and home respite support services aswell as day/ rehabilitative training interventions. The CHO is cognisant that the demand for disability supports and services is growing in a significant way and will ensure throughout 2017 effective monitoring of the impact in this area as part of ongoing planning processes with the National Social Care Division in respect of the 2018 estimates process. This plan outlines actions to mitigate this risk including management arrangements and processes to prioritise service needs and ensure standardised waiting list arrangements.

Disabilty Services Priority and Priority Actions 2017

CHO5 will work in conjunction with the division on other key priorities for 2017 including:

- Implementing the recommendations of the value for *Money and Policy Review of Disability Services in Ireland* in line with the Transforming Lives Programme.
- Accelerating the Implementation of a Time to Move on from Congregated Settings with a particular focus on the agreed priority sites, within the 2017 allocated resource.
- Reconfiguring day services including school leavers and rehabilitation training in line with *New Directions.* Risk remains in relation to those school leavers with very high needs.
- Incremental implementation of HSE Compliance Policy in line with resources being made available.

- Further implementation of the Progressing Disability Services and Young People (0-18) Programme
- Completing the Progressing Disability Services and Young People (0-18) Programme with the full establishment of Disability Network Teams.
- Working with the Social Care National division in relation to commencing the implementation of Outcomes for Children and their Families, an Outcomes Focused Performance Management and Accountability Framework for Children's Disability Network Teams.
- Emergency Placements: Work will continue with our voluntary and private providers to cater for emergencies that arise during the year from existing resources. A Residential Care/Executive Management Committee will be established in CHO5 in 2017 to manage all referrals for Residential Care throughout the year in line with National Policy. Review of current placements will be undertaken on a continuous basis.
- Re-alignment of current resources, coupled with approved additional resources will be required to provide appropriate governance of disability services in terms of Safeguarding and Assessment of Need if we are to meet our statutory commitments.

Priority Actions Social Care	Q
Disability Services	
Emergency Places and Supports Provided to People with a Disability	
CHO5 will have in place *Residential Care/Executive Management Committee* that will have the overarching responsibility of managing and co-ordinating residential placements and supports (including emergency placements). This management committee will be led by the CHO Head of Social Care on behalf of the Chief Officer and will include senior management participation by funded relevant section 38 and 39 residential providers. The national Social Care Division will have in place guidance and supports for the operation of the above committees based on clear operating principles, including effective resource management as well as collaborative and partnership working/clear lines of accountability. Additionally, it will also - Deliver two workshops for Social Care Senior Management at CHO area level and ensure further workshops are in place for each CHO in respect of local providers.	Q1 – 4
Day Services	
CHO5 will provide by mid January 2017 updated data regarding all individuals requiring a HSE funded day service in 2017 (Mid-January 2017)	Q1
CHO5 will identify the capacity available from within current resources to meet the needs of school leavers and those graduating from RT in 2017	Q1
CHO5 will advise on the accommodation requirements for new day service entrants 2017	Q1
CHO5 will complete the profiling exercise for each individual by end of January 2017	Q1
CHO5 will be informed of the resource being allocated to meet the needs of School Leavers by the end of March 2017 and will prepare and deliver appropriate service responses with the provider sector during April and May 2017 so that families can be communicated with before the end of May 2017	Q1-Q2

Priority Actions Social Care	Q
CHO5 will provide detailed information regarding the final agreed allocation of new funding to all service providers	Q3
CHO5 will provide final data reports regarding the commencement of school leavers in services	Q4
CHO5 will participate in the validation of the school leaver funding process for 2016 and 2017	Q1-Q4
New Directions Policy Implementation 2017	
CHO5 will participate in the piloting and review of the self assessment tool to support the implementation of the Interim Standards within existing resources	Q2
The National New Directions Group will refine and finalise the self assessment tool in line with CHO feedback	Q3
CHO5 will commence use of the self assessment tool to support the implementation of the Interim Standards within existing resources	Q4
CHO5 will complete a training needs analysis to develop a schedule for person centred planning training in line with identified priorities	Q4
CHO5 will participate in the work required to ensure that accurate data is collated in regard to the total cohort currently in receipt of day services	Q1-Q4
CHO5 in association with national guidance will develop RT programmes focused on the transition of young people from school to HSE funded services	Q3
Transforming Lives	
Support two S38 Agencies to de-congregate 33 people in 2017 into community based supports through our estates department and through our services provision.	13 in Q3 20 in Q4
Support a S38 Agency to complete the community living transition plans for the 21 individuals	Q2
Progress plans to meet housing requirements for people transitioning from congregated settings with engagement with HSE Estates, who will oversee required modifications to community houses in support of these transitions	Q1-Q4
Support consultation with individuals and families around their will and preference in relation to moving to the community	Q1
Establish a strategic group and structure for Disability Committees for CHO5 to include the Consultative Fora for S38/39 Agencies and associated sub committees	Q3
Establish & develop an executive residential management committee in CHO5 to govern effective management of residential places	Q1
Implement the procedure for management of residential placements in CHO5	Q1
Establish a placement register for CHO5	Q2
Roll out the National Disability Assessment Tool (NDAT)	Q3

Priority Actions Social Care	Q
Re-establish children's overnight respite services for Carlow/Kilkenny	Q3
Reconfigure day services including school leavers and rehabilitation training in line with New Directions	
Establish a New Directions Committee for CHO5 with representation from voluntary and statutory agencies	Q1
Provide day services to support 81 RT Leavers and 138 people due to leave school in 2017	Q3
Support continuous quality improvement approach to the implementation of the Interim Standards for Day Services	Q1-Q4
Reconfigure day services in line with New Directions and arrange for a process of shared learning through the New Directions Committee for CHO5	Q1-Q4
Further implement the Progressing Disability Services (PDS) and Young People (0-18) Programme	
Progress the reconfiguration of 0 – 18s disability services into children's disability network teams	Q1-Q4
Enhancing communication with stakeholders through the implementation of the CHO5 Reconfiguration Plan	Q1
Progress plans for development of appropriate accommodation for the Network Teams	Q2
Complete training in the National Policy on Access to Services for Children and Young People with a disability	Q3
Finalise model of service delivery	Q1
Develop Uniform Policy and Procedures across the various agencies	Q4
Confirm and agree identified workforce per network in association with Primary Care	Q3
Implement the report of the Interdepartmental Group on Supporting Access to Early Childhood Care and Education Programme for Children with a Disability in conjunction with Primary Care	Q3
Comprehensive Employment Strategy	
CHO5 will continue to support the implementation of the recommendations attributed to the HSE in the Comprehensive Employment Strategy	Q1-Q4
Progressing Disability Services for Children and Young People (0–18) Programme	
CHO 5 Carlow Kilkenny will progress towards reconfiguring services into three x EIT's and 3 X SAT's. Tipperary will progress towards reconfiguring its remaining services into one EIT and 2 SATs Waterford will progress towards reconfiguring its services into four EITs and 4 SATS Wexford will progress towards reconfiguring its services into four EITs and 4 SATs	Q4

Priority Actions Social Care	Q
Enhance Governance for Service Arrangements	
Embed effective governance and accountability with respect to Section 38 and Section 39 Agencies	Q1
Develop and agree a Service Level Arrangement (SLA) monitoring procedure	Q1
Support service managers through workshop briefings to effectively govern and monitor arrangements	Q2
Engage with agencies in accordance with the required procedures	Q1
Complete all service arrangements by 28th February 2017	Q1
Complete all grant aid agreements by 28th February 2017	Q1
Enhance Governance for Quality & Safety	
CHO5 to establish Residents Councils / Family Forums / Service User Panels or equivalent in Social Care	Q4
Quality and Safety Committees are in place within CHOs	Q2
CHO5 to have a HCAI or Infection Control Committee in place	Q2
CHO5 to have a Drugs and Therapeutic Committee in place	Q2
CHO5 to have a Health & Safety Committee in place	Q1
CHO5 is reporting monthly on the Social Care Quality and Safety Dashboard	Q1
CHO5 to review and analyse incidents (numbers, types, trends)	Each Q
CHO5 will have a process in place to ensure the recommendations of any serious investigations are implemented, and learning shared to include SRE's/Serious Incident Investigations	Each Q
CHO5 will review and analyse complaints (numbers, types, trends)	Each Q
CHO5 to have an active integrated Social Care Risk Register in place	Each Q
CHO5 will nominate appropriate person to hold one workshop for Person in Charge (PIC)/Persons Participating in Management (PPIM's)	Q2
Further to the workshop the positive learning will be disseminated across the sector in the CHO	Q3
Staff will be released to engage with person centred culture programme and to embed person centredness in the disability services.	Q1-Q4

Services for Older People Priority and Priority Actions 2017

- Improve patient flow with continued focus on delayed discharges and hospital avoidance.
- Roll out the Integrated Care Programme for Older Persons.
- Continue to support the implementation of SAT (Single Assessment Tool) in conjunction with Tallaght Hospital while extending the implementation of the SAT to the Community as one of the national pilot sites.
- Home Support via the Home Help and Home Care Packages are essential to support older persons remaining in their own homes for as long as possible. Addressing the gap between the demand and resources availble will be a signficant challenge in 2017.
- Re-organisation of how long term care services are delivered in CHO5 in order to maximise quality, accountability and the value of these services.
- Support the Social Care Division's Home Care and Community Supports Service Improvement Plan.
- Continue to work with the Social Care Division and the Acute Hospitals in our catchment area to improve patient flow with continued focus on delayed discharges and hospital avoidance.
- Work with the Health & Wellbeing division to maximise opportunities to develop ageing initiatives with the public participation networks and other Healthy Ireland initiatives.
- Work with the Primary Care division around issues relating to Chronic Disease Management.
- Implement the outstanding recommendations of the 'Review of the Nursing Homes Support Scheme, A Fair Deal' in line with national direction.

Services for Older People

Finalise the HomeCare and Community Supports Service Improvement Plans

Establish a CHO5 strategic group to review existing service for Older Persons and plan for future services	Q3
Develop a consistent and approved model of home care in line with the home care service improvement plan.	Q4
Take the learnings from the review of day care services in CHO4 and develop a local project plan to implement learning through the governance group meetings	Q3
Deliver HCPs to 1,094 clients in CHO5	Q1-Q4
Deliver 1,304,000 home help hours in CHO5	Q1-Q4
Develop a local Standard Operating Procedure for the allocation of home supports for CHO5	Q2
Continue to provide dedicated home care supports as part of the 2016/2017 Winter Initiative to 10 acute hospitals approved for Jan/Feb 2017. Total additional HCPs as follows:	Q1

CHO	HCPs per week	Total
CHO 5	8	48

Agree the Standard Operating Procedure with relevant stakeholders and implement same.	Q3
Progress proposals for regulation of home care supports in CHO5	Q1-Q4
Develop an audit plan to ensure quality of service and best use of resources within Home Care Supports across CHO5	Q2
Improve patient flow with continued focus on delayed discharges and hospital avoidance	
Continue to provide Community supports, ie Homecare Packages to Hospital Groups in accordance with the Winter Initiative Plan	Q1
Continue to enhance working relations with Hospital. Group Colleagues to improve patient flows through the hospital group/CHO5 steering Groups (South Southwest Hospital Group)	Q1-Q4
Maintain four week waiting time for Nursing Home Support Scheme (NHSS)	Q1-Q4
Review the Homecare Packages Guidelines and work towards the consistent implementation of those Guidelines across CHO5	Q4
Roll out the Integrated Care Programme for Older Persons	
Local Implementation of the learning from pioneer sites established in 2016 through the strategic group for CHO5	Q2
Further develop the Single Assessment Tool (SAT)	
Develop and refine a CHO5 SOP for implementation of SAT	Q1
Roll out training on the SAT in CHO5	Q2
Implement the new SAT	Q3
Public Residential Care Services	
Progress the HSE Capital Plan 2016-2012 through continued collaboration with estates in CHO5	Q1-Q4
Work with Human Resources Department to progress recruitment and conversion of agency staff across CHO5	Q1-Q4
Continue to work with managers to ensure effective reduction of reliance on agency staff and to provide for a sustainable workforce into the future	Q2
Review skill mix ratios	Q1
Review bed occupancy of residential units both long and short stay	Q2
National Dementia Strategy	
Support the development of integrated working to develop personalised home care packages for people with dementia in Waterford	Q1-Q4
Progress the implementation of Health Ireland across Public Residential Units	Q1-Q4

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	Q1-Q4
Support the roll out of Dementia Training to staff and carers	Q1-Q4
Deliver a dementia specific educational programme for Primary Care Teams and GP's as part of the Primary Care Education, Pathways and Research in Dementia (PREPARED) Project (joint approach with the Primary Care Division).	Q2-Q4
Complete a mapping of services for people with dementia and carers currently across CHO 5 area to inform future development and identify gaps in the service	Q2-Q4
Map services to identify areas of good practice and establish where shared learning can take place	Q2-Q4
Expand on the learning from Genio funded projects (South Tipperary Carlow /Kilkenny)	Q1-Q4
Governance for Social Care	
Develop a process to ensure the recommendations of any serious investigations are implemented and shared learning through governance meeting across CHO5	Q1-Q4
Roll out Open Disclosure Training across Social Care Services	Q2
Review the complaints process and work towards consistent implementation of the policy	Q1-Q4
Establish a Standard Operating Procedure for the management of client files	Q1-Q4
Expand national policy and procedures in line with the Safeguarding Vulnerable Persons at Risk of Abuse Policy	
Continue to support statutory and voluntary agencies with implementation of the Safeguarding Policy	Q1-Q4
Develop and embed the function of the CHO5 Safeguarding Committee	Q1-Q4
Engage in and contribute to a national review of the Safeguarding Policy	Q1-Q3
Implement the recommendations of the national review of the Safeguarding Policy	Q4
Further strengthen and enhance the Safeguarding Team through the appointment of additional team members	Q2
Further develop the process for effective management of referrals	Q2
Work towards meeting timeframes as enshrined in the policy	Q2
Implement the training programme for awareness for designated officers and frontline staff in line with national target	Q1-Q4
Prepare for implementation of Assisted Decision Making Act	Q3

Emergency Planning	
All older persons residential units and other HSE older person services must have in place: - Emergency plans - Evacuation Plans - Severe Weather Warning Plans - CHO Emergency Plan	Q1 –Q2
All HSE funded older person services must have in place as appropriate: - Emergency plans - Evacuation Plans - Severe Weather Warning Plans	
Service Arrangements	
All SLAs to be completed by Chief Officers by February 28th 2017	Q1
Quality & Safety	
Governance For Quality and Safety	
CHO5 will establish Residents Councils / Family Forums / Service User Panels or equivalent in Social Care	Q4
Quality & Safety Committees are in place within CHOs	Q2
CHO5 will have a HCAI or infection control Committee in place.	Q2
CHO5 will have a Drugs and Therapeutic Committee in place and develop Medication Management framework	Q2
CHO5 will have a Health & Safety Committee in place	Q1
CHO5 will report monthly on the Social Care Quality and Safety Dashboard	Q1
Safe Care & Support	
CHO5 will review and analyse incidents (numbers, types, trends)	Each Q
CHO5 will have a process in place to ensure the recommendations of any serious investigations are implemented, and learning shared to include SRE's/serious incident investigations	Each Q
CHO5 will review and analyse complaints (numbers, types, trends)	Each Q
CHO5 will have an active integrated Social Care Risk Register in place	Each Q
Person Centred Care and Support	
CHO5 will conduct annual service user experience surveys amongst representative samples of their social care service user population	

Effective Care and Support	
% of compliance with outcomes of designated centres following HIQA inspections by CHO	Q1-Q4
CHO5 will have a system to review the trends from the collation of HIQA Notification Forms submitted by HSE provided-services	Q1-Q4

Appendix 1: CHO 5 Financial Tables

Table 1: Budget per division

	Primary Care	Mental Health	Disability	Older Persons	Total
2017 Opening Base Budget	102.135	89.877	147.673	62.153	**401.838**
Pay Rate Funding	0.560	0.965	0.916	0.848	**3.289**
Existing Level of Service / Full Year Impact of 2016 Initiatives					
Winter Initiative				4.390	**4.390**
HIQA Pressures			3.000		**3.000**
Emergency Placements		0.500	1.800		**2.300**
School Leavers			0.812		**0.812**
Home Support			0.812		**0.812**
Winter Initiative				2.335	**2.335**
Sub-total	**0.000**	**0.500**	**6.424**	**6.725**	**13.649**
2017 Developments	0.542	3.238	1.834		**5.614**
Demographic / Savings	0.692		0.250	2.722	**3.664**
2017 Total Budget	**103.929**	**94.580**	**157.097**	**72.448**	**428.054**

Table 2: Budget by Expense Category

CHO 5		Pay	Non Pay	Gross Budget	Income	Net Budget
Division	Care Group	€m	€m	€m	€m	€m
Primary Care	Primary Care Direct	55.47	24.18	79.65	-3.30	**76.35**
	Social Inclusion	2.26	5.44	7.70	0.00	**7.70**
	Palliative Care	0.21	1.13	1.34	0.00	**1.34**
	Local Demand Led	0.00	18.53	18.53	0.00	**18.53**
Primary Care Total		**57.94**	**49.28**	**107.22**	**-3.30**	**103.92**
Mental Health		80.88	15.68	96.56	-1.98	**94.58**
Mental Health Care Total		**80.88**	**15.68**	**96.56**	**-1.98**	**94.58**
Social Care	Disability	24.54	133.04	157.58	-0.49	**157.10**
	Older Persons	75.77	31.47	107.24	-34.80	**72.44**
Social Care Total		**100.32**	**164.51**	**264.83**	**-35.29**	**229.54**
CHO 5 Total		**239.14**	**229.47**	**468.61**	**-40.57**	**428.04**

Social Care Service Arrangement Funding (2016 Indicative)

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.

Disability Services – CHO 5

Summary	CHO Area 5 € -Carlow /Kilkenny -S. Tipperary -Waterford -Wexford
S38 – SA	53,636,160
S39 – SA	58,699,085
S39 – GA	802,578
Total S39	59,501,663
Total Voluntary	113,137,824
For Profit – SA	6,068,002
Out of State – SA	389,359
Total Commercial	6,457,361
Total All	**119,595,185**

Disability Section 38 Service Arrangements – CHO5

Parent agency	CHO Area 5 € -Carlow /Kilkenny -S. Tipperary -Waterford -Wexford
Stewart's Care Ltd	53,591
Brothers of Charity Services South East	28,376,111
KARE	140,313
Central Remedial Clinic (CRC)	925,944
Sisters of Charity - Kilkenny	14,458,319
Carriglea Cairde Services	9,681,882
Total All	**53,636,160**

Disability Agencies in receipt of funding in excess of €1m nationally

Parent agency	CHO Area 5 € -Carlow /Kilkenny -S. Tipperary -Waterford -Wexford
S39 Service Arrangement Agencies	
Rehabcare	3,082,064
Enable Ireland	1,046,168
I.W.A. Limited	4,473,709
The Cheshire Foundation in Ireland	3,144,813
National Learning Network Limited	1,144,828
Camphill Communities of Ireland	5,781,337
Peter Bradley Foundation Limited	1,125,628
SOS Kilkenny Ltd	8,746,215
NCBI Services	676,455
Autism Spectrum Disorder Initiatives Limited	177,795
Irish Society for Autism	741,744
St. Aidan's Day Care Centre	4,505,676
County Wexford Community Workshop (Enniscorthy) Ltd (CWCW)	4,429,125
The National Association for the Deaf	290,438
Ard Aoibhinn Centre	3,315,927
Waterford Intellectual Disability Association (WIDA)	2,927,527
L'Arche Ireland	968,285
Delta Centre	2,371,653
Headway (Ireland) Ltd - The National Association for Acquired Brain Injury	29,762
The Multiple Sclerosis Society of Ireland	124,486
Anne Sullivan Foundation for Deaf/Blind	646,533
Dara Residential Services Limited	158,552
Moorehaven Centre	1,836,827
CUMAS New Ross	1,626,921
Áiseanna Tacaiochta Ltd	99,528
Muscular Dystrophy Ireland	12,739
Section 39 Service Arrangements Funding over €1m	**53,484,735**
For Profit Service Arrangement Agencies	
Nua Healthcare Services	2,974,706
Talbot Group	319,996
Galro	576,000
For Profit Service Arrangements Funding above €1m	**3,870,702**

Out of State Service Arrangements	
Praxis Care	62,235
Out of State Service Arrangements Funding over€1m	**62,235**

Services for Older People – CHO 5

Older Persons Services – Total Funding	CHO Area 5 € -Carlow /Kilkenny -S. Tipperary -Waterford -Wexford
S38 – SA	0
S39 – SA	3,388,089
S39 – GA	3,015,662
Total S39	6,403,751
Total Voluntary	6,403,751
For Profit – SA	2,845,158
Out of State – SA	0
Total Commercial	2,845,158
Total All	9,248,909

Older Persons Agencies in receipt of Funding in excess of €1m nationally

Parent agency	CHO Area 5 € - Carlow /Kilkenny - S. Tipperary -Waterford -Wexford
Section 38 Service Arrangement Agencies	
Section 38 Service Arrangements Funding Total	**0**
Section 39 Service Arrangement Agencies	
Alzheimer Society of Ireland	869,926
Family Carers Ireland	807,092
Section 39 Service Arrangements Funding Over €1m	**1,677,018**
For Profit Service Arrangements Agencies	
Elder Home Care Limited	354,781
Homecare & Health Services (Ireland) Limited	119,330
Blackwell & Wright Senior Care Ltd	330,469
For Profit – SAs Funding €1m	**804,579**

Appendix 2

HR Information

CHO 5 Workforce							
Workforce Position: Staff Category Information as at September 2016							
	Medical/ Dental	Nursing	Health & Social Care	Management/ Admin	General Support Staff	Patient & Client Care	WTE Sep 16
HSE	153	1,367	494	386	404	591	3,396
Section 38	1	154	113	62	29	612	**971**
CHO 5							**4367**

Primary Care Division Workforce							
Workforce Position: Staff Category Information as at September 2016							
	Medical/ Dental	Nursing	Health & Social Care	Management/ Admin	General Support Staff	Patient & Client Care	WTE Sep 16
HSE	*75*	*258*	*248*	*215*	*27*	*50*	***874***
CHO 5	*75*	*258*	*248*	*215*	*27*	*50*	***874***

Mental Health Division Workforce							
Workforce Position: Staff Category Information as at September 2016							
	Medical/ Dental	Nursing	Health & Social Care	Management/ Admin	General Support Staff	Patient & Client Care	WTE Sep 16
HSE	66	636	118	102	215	75	**1,212**
CHO 5	66	636	118	102	215	75	**1,212**

Social Care Division Workforce							
Staff Category Information as at September 2016							
HSE / Section 38	Medical / Dental	Nursing	Health and Social Care	Management / Admin	General Support Staff	Patient and Client Care	WTE Sept 2016
HSE	12	473	128	69	162	466	**1,310**
Section 38	1	154	113	62	29	612	**971**
CHO 5	**13**	**627**	**241**	**131**	**191**	**1,078**	**2,281**

Appendix 3

2017 Balance Scorecard & Performance Indicator Suites

National Scorecard

Quality and Safety	Access
All Divisions ▪ Serious reportable events (SREs): investigations completed within 120 days ▪ Complaints investigated within 30 working days **Health and Wellbeing** ▪ Environmental Health: food inspections **Community Healthcare** Primary Care services ▪ Community Intervention Teams ▪ Child Health Mental Health services ▪ CAMHs: admission of children to CAMHs inpatient units ▪ CAMHs: bed days used Social Care services ▪ Safeguarding and screening ▪ HIQA inspection compliance	**Health and Wellbeing** ▪ Screening (breast, bowel, cervical and diabetic retina): uptake **Community Healthcare** Primary Care services ▪ Medical card: turnaround within 15 days ▪ Therapy waiting lists: access within 52 weeks ▪ Palliative services: inpatient and community services ▪ Substance misuse: commencement of treatment for under and over 18 years of age. Mental Health services ▪ CAMHs: access to first appointment with 12 months ▪ Adult mental health: time to first seen ▪ Psychiatry of old age: time to first seen Social Care: Services for Older People ▪ Home care services ▪ NHSS: no. of persons funded ▪ Delayed discharges Social Care: Disability Services ▪ Disability service: 0-18 years ▪ *Disability Act* compliance ▪ Congregated settings ▪ Supports in the community: PA hours and home support
Finance, Governance and Compliance	**Workforce**
All Divisions ▪ Pay and non-pay control ▪ Income management ▪ Service arrangements ▪ Audit recommendations (internal and external) ▪ Reputational governance and communications stewardship	**All Divisions** ▪ Staffing Levels ▪ Absence

Health and Wellbeing Balanced Scorecard

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

Health & WellBeing Full Metrics/KPI Suite

	Key Performance Indicators Service Planning 2017 Metric Titles	NSP/DOP	Reported at National / CHO / HG Level	Reporting Frequency	Expected Activity / Target 2017 CHO 5
Tobacco	No. of smokers who received intensive cessation support from a cessation counsellor	NSP	CHO/National Quitline	M	300
	No. of frontline staff trained in brief intervention smoking cessation	NSP	CHO	M	100
	% of smokers on cessation programmes who were quit at one month	NSP	National	Q 1 qtr in arrears	45%
HP&I - Healthy Eating Active Living	No. of 5k Parkruns completed by the general public in community settings	DOP	CHO	M	22,120
	No. of unique runners completing a 5k parkrun in the month	DOP	CHO	M	13,470
	No. of unique new first time runners completing a 5k parkrun in the month	DOP	CHO	M	4,742
	No. of people who have completed a structured patient education programme for diabetes	NSP	CHO	M	145
	% of PHNs trained by dieticians in the Nutrition Reference Pack for Infants 0-12 months	DOP	CHO	Q	81
	No. of people attending a structured community based healthy cooking programme	DOP	CHO	M	540
	% of preschools participating in Smart Start	DOP	CHO	Q	20%
	% of primary schools trained to participate in the after schools activity programme - Be Active	DOP	CHO	Q	25%
Immunisations and Vaccines	% children aged 12 months who have received 3 doses Diphtheria (D3), Pertussis (P3), Tetanus (T3) vaccine Haemophilus influenzae type b (Hib3) Polio (Polio3) hepatitis B (HepB3) (6 in 1)	DOP	CHO	Q 1 qtr in arrears	95%
	% children at 12 months of age who have received two doses of the Pneumococcal Conjugate vaccine (PCV2)	DOP	CHO	Q 1 qtr in arrears	95%
	% children at 12 months of age who have received 1 dose of the Meningococcal group C vaccine (MenC2)	DOP	CHO	Q 1 qtr in arrears	95%
	% children aged 24 months who have received 3 doses Diphtheria (D3), Pertussis (P3), Tetanus (T3) vaccine, Haemophilus influenzae type b (Hib3), Polio (Polio3), hepatitis B (HepB3) (6 in 1)	NSP	CHO	Q 1 qtr in arrears	95%
	% children aged 24 months who have received 3 doses Meningococcal C (MenC3) vaccine	DOP	CHO	Q 1 qtr in arrears	95%
	% children aged 24 months who have received 1 dose Haemophilus influenzae type B (Hib) vaccine	DOP	CHO	Q 1 qtr in arrears	95%
	% children aged 24 months who have received 3 doses Pneumococcal Conjugate (PCV3) vaccine	DOP	CHO	Q 1 qtr in arrears	95%
	% children aged 24 months who have received the Measles, Mumps, Rubella (MMR) vaccine	NSP	CHO	Q 1 qtr in arrears	95%
	% children in junior infants who have received 1 dose 4-in-1 vaccine (Diphtheria, Tetanus, Polio, Pertussis)	DOP	CHO	A	95%
	% children in junior infants who have received 1 dose Measles, Mumps, Rubella (MMR) vaccine	DOP	CHO	A	95%
	% first year students who have received 1 dose Tetanus, low dose Diphtheria, Acellular Pertussis (Tdap) vaccine	DOP	CHO	A	95%
	% of first year girls who have received two doses of HPV Vaccine	NSP	CHO	A	85%
	% of first year students who have received one dose meningococcal C (MenC) vaccine	DOP	CHO	A	95%
	% of health care workers who have received seasonal Flu vaccine in the current* influenza season (acute hospitals) - ***Current influenza season is Sept '16 to Apr '17***	NSP	CHO	A	40%
	% of health care workers who have received seasonal Flu vaccine in the current* influenza season (long term care facilities in the community) - ***Current influenza season is Sept '16 to Apr '17***	NSP	CHO	A	40%
	% uptake in Flu vaccine for those aged 65 and older with a medical card or GP visit card	NSP	CHO	A	75%

Primary Care Scorecard and Performance Indicator Suite CHO 5

Quality and Safety	Expected Activity/ Target 2017
Primary Care	
Healthcare Associated Infections: Medication Management	
▪ Consumption of antibiotics in community settings (defined daily doses per 1,000 population)	<21.7
Community Intervention Teams (CITs) – Number of referrals	**4,150** (rounded)
▪ Admission avoidance (includes OPAT)	282
▪ Hospital avoidance	2,961
▪ Early discharge (includes OPAT)	758
▪ Unscheduled referrals from community sources	147
Health Amendment Act: Services to persons with State Acquired Hepatitis C	
▪ Number of Health Amendment Act cardholders who were reviewed	60
Primary Care Reimbursement Service	
Medical Cards (national targets)	
▪ % of medical card/GP visit card applications, assigned for medical officer review, processed within five days	91%
▪ % of medical card/GP visit card applications which are accurately processed from a financial perspective by National Medical Card Unit staff	95%
Social Inclusion	
Homeless Services	
▪ Number and % of service users admitted to homeless emergency accommodation hostels/facilities whose health needs have been assessed within two weeks of admission	105 85%
Traveller Health	
▪ Number of people who received health information on type 2 diabetes and cardiovascular health	396
Palliative Care	
Inpatient Palliative Care Services	
▪ % of patients triaged within one working day of referral (inpatient unit)	90%
▪ % of patients with a multidisciplinary care plan documented within five working days of initial assessment (inpatient unit)	90%

Access	Expected Activity/ Target 2017
Primary Care	
GP Activity (national target)	
▪ Number of contacts with GP out of hours service	1,055,388
Nursing	
▪ % of new patients accepted onto the caseload and seen within 12 weeks	100%
Physiotherapy	
▪ % of new patients seen for assessment within 12 weeks	81%
▪ % on waiting list for assessment ≤ 52 weeks	98%
Occupational Therapy	
▪ % of new service users seen for assessment within 12 weeks	72%
▪ % on waiting list for assessment ≤ 52 weeks	92%
Speech and Language Therapy	
▪ % on waiting list for assessment ≤ 52 weeks	100%
▪ % on waiting list for treatment ≤ 52 weeks	100%
Podiatry	
▪ % on waiting list for treatment ≤ 12 weeks	44%
▪ % on waiting list for treatment ≤ 52 weeks	88%
Ophthalmology	
▪ % on waiting list for treatment ≤ 12 weeks	50%
▪ % on waiting list for treatment ≤ 52 weeks	81%
Audiology	
▪ % on waiting list for treatment ≤ 12 weeks	50%
▪ % on waiting list for treatment ≤ 52 weeks	95%
Dietetics	
▪ % on waiting list for treatment ≤ 12 weeks	48%
▪ % on waiting list for treatment ≤ 52 weeks	96%
Psychology	
▪ % on waiting list for treatment ≤ 12 weeks	60%
▪ % on waiting list for treatment ≤ 52 weeks	100%
Oral Health	
▪ % of new patients who commenced treatment within three months of assessment	88%
Orthodontics	
▪ % of referrals seen for assessment within six months	75%
▪ Reduce the proportion of patients on the treatment waiting list waiting longer than four years (grades 4 and 5)	<5%

Community Palliative Care Services		**Primary Care Reimbursement Service**	
▪ % of patients triaged within one working day of referral (community)	90%	**Medical Cards (national targets)**	
		▪ % of completed medical card/GP visit card applications processed within 15 days	96%
		▪ Number of persons covered by medical cards as at 31st December	1,672,654
		▪ Number of persons covered by GP visit cards as at 31st December	528,593
		Social Inclusion	
		Substance Misuse	
		▪ % of substance misusers (over 18 years) for whom treatment has commenced within one calendar month following assessment	100%
		▪ % of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment	100%
		Opioid Substitution	
		▪ Number of clients in receipt of opioid substitution treatment (outside prisons)	464
		▪ Average waiting time from referral to assessment for opioid substitution treatment	4 days
		▪ Average waiting time from opioid substitution assessment to exit from waiting list or treatment commenced	28 days
		Needle Exchange	
		▪ Number of unique individuals attending pharmacy needle exchange	337
		Palliative Care	
		Inpatient Palliative Care Services	
		▪ Access to specialist inpatient bed within seven days	98%
		▪ Number accessing specialist inpatient bed within seven days	92
		Community Palliative Care Services	
		▪ Access to specialist palliative care services in the community provided within seven days (normal place of residence)	95%
		▪ Number of patients who received treatment in their normal place of residence	450
		Children's Palliative Care Services	
		▪ Number of children in the care of the children's outreach nurse	41
		▪ No. of children in the care of the specialist paediatric palliative care team in an acute hospital setting (during the reporting month) *Hospital Group Target*	N/A
Child Health			
▪ % of children reaching 10 months within the	95%		

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	98%		
▪ % of babies breastfed (exclusively and not exclusively) at first PHN visit	58%		
▪ % of babies breastfed (exclusively and not exclusively) at three month PHN visit	40%		
System Wide			
Immunisation			
▪ % uptake in flu vaccine for those aged 65 and older with a medical card or GP visit card	75%		
▪ % children aged 24 months who have received 3 doses of the 6-in-1 vaccine	95%		
▪ % children aged 24 months who have received the measles, mumps, rubella (MMR) vaccine	95%		
▪ % of first year girls who have received two doses of HPV vaccine	85%		
System Wide	**Target**	**System Wide**	**Target**
Serious Reportable Events (SREs)		**Health and Safety**	
▪ % of serious reportable events being notified within 24 hours to the senior accountable officer	99%	▪ No. of calls that were received by the National Health and Safety Helpdesk	10% increase
▪ % of investigations completed within 120 days of the notification of the event to the senior accountable officer	90%	**Service User Experience - Complaints**	
Safety Incident Reporting		▪ % of complaints investigated within 30 working days of being acknowledged by the complaints officer	75%
▪ % of safety incidents being entered onto NIMS within 30 days of occurrence by CHO	90%		
▪ Extreme and major safety incidents as a % of all incidents reported as occurring	Actual to be reported in 2017		
▪ % of claims received by the State Claims Agency that were not reported previously as an incident	40%		
Internal Audit			
▪ % of internal audit recommendations implemented within 6 months of the report being received	75%		
▪ % of internal audit recommendations implemented, against total number of recommendations, within 12 months of report being received	95%		
Service Arrangements/Annual Compliance Statement			
▪ % of number of service arrangements signed	100%		
▪ % of the monetary value of service arrangements signed	100%		
▪ % annual compliance statements signed	100%		
Finance		**Workforce**	
Budget Management		**Absence**	
▪ Net expenditure: variance from plan	≤0.1%	▪ % absence rates by staff category	≤3.5%

▪ Pay: Direct / Agency / Overtime	≤0.1%	**Staffing Levels and Costs**	
Capital		▪ % adherence to funded staffing thresholds	>99.5%
▪ Capital expenditure versus expenditure profile	100%		

Primary Care Full Metrics/KPI Suite

Key Performance Indicators Service Planning 2017				2016	2016	2017		2017 Expected Activity / Target
KPI Title	NSP/ DOP	KPI Type Access/ Quality /Access Activity	Report Frequency	2016 National Target / Expected Activity	2016 Projected outturn	2017 National Target / Expected Activity	Reported at National/ CHO / HG	CHO 5
Community Intervention Teams (No. of referrals)				**24,202**	**27,033**	**32,861**		**4,150 (rounded)**
Admission Avoidance (includes OPAT)	NSP	Quality	M	914	949	1,187	CHO	282
Hospital Avoidance	NSP	Quality	M	12,932	17,555	21,629	CHO	2,961
Early discharge (includes OPAT)	NSP	Quality	M	6,360	5,240	6,072	CHO	758
Unscheduled referrals from community sources	NSP	Quality	M	3,996	3,289	3,972	CHO	147
Outpatient Parenteral Antimicrobial Therapy (OPAT) Re-admission rate %	DOP	Access /Activity	M	≤5%	2.3%	≤5%	HG	≤5%
Community Intervention Teams Activity (by referral source)				**24,202**	**27,033**	**32,861**	**CHO**	**4,150**
ED / Hospital wards / Units	DOP	Access /Activity	M	13,956	18,042	21,966	CHO	2,361
GP Referral	DOP	Access /Activity	M	6,386	5,619	7,003	CHO	1,455
Community Referral	DOP	Access /Activity	M	2,226	1,896	2,212	CHO	0
OPAT Referral	DOP	Access /Activity	M	1,634	1,476	1,680	CHO	334
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	25,548
No. of patients seen for a first time assessment	DOP	Activity	M	160,017	163,596	163,596	CHO	22,704
No. of patients treated in the reporting month (monthly target)	DOP	Activity	M	36,430	37,477	37,477	CHO	5,052
No. of face to face contacts/visits	DOP	Activity	M	775,864	756,000	756,000	CHO	101,964
Total no. of physiotherapy patients on the assessment waiting list at the end of the reporting period	DOP	Access	M	28,527	30,454	30,454	CHO	3,933

Key Performance Indicators Service Planning 2017				2016	2016	2017		2017 Expected Activity / Target
KPI Title	NSP/ DOP	KPI Type Access/ Quality /Access Activity	Report Frequency	2016 National Target / Expected Activity	2016 Projected outturn	2017 National Target / Expected Activity	Reported at National/ CHO / HG	CHO 5
No. of physiotherapy patients on the assessment waiting list at the end of the reporting period 0 - ≤ 12 weeks	DOP	Access	M	No target	20,282	No target	CHO	No target
No. of physiotherapy patients on the assessment waiting list at the end of the reporting period >12 weeks - ≤ 26 weeks	DOP	Access	M	No target	6,437	No target	CHO	No target
No. of physiotherapy patients on the assessment waiting list at the end of the reporting period >26 weeks but ≤ 39 weeks	DOP	Access	M	No target	2,118	No target	CHO	No target
No. of physiotherapy patients on the assessment waiting list at the end of the reporting period >39 weeks but ≤ 52 weeks	DOP	Access	M	No target	993	No target	CHO	No target
No. of physiotherapy patients on the assessment waiting list at the end of the reporting period > 52 weeks	DOP	Access	M	No target	624	No target	CHO	No target
% of new physiotherapy patients seen for assessment within 12 weeks	NSP	Access	M	70%	81%	81%	CHO	81%
% of physiotherapy patients on waiting list for assessment ≤ 26 weeks	DOP	Access	M	90%	88%	88%	CHO	88%
% of physiotherapy patients on waiting list for assessment ≤ 39 weeks	DOP	Access	M	95%	95%	95%	CHO	95%
% of physiotherapy patients on waiting list for assessment ≤ to 52 weeks	NSP	Access	M	100%	98%	98%	CHO	98%
Occupational Therapy								
No. of service user referrals	DOP	Activity	M	89,989	93,264	93,264	CHO	10,212
No. of new service users seen for a first assessment	DOP	Activity	M	86,499	87,888	90,605	CHO	9,671
No. of service users treated (direct and indirect) monthly target	DOP	Activity	M	20,291	20,675	20,675	CHO	1,973
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	4,426
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

Key Performance Indicators Service Planning 2017				2016	2016	2017		2017 Expected Activity / Target
KPI Title	NSP/ DOP	KPI Type Access/ Quality /Access Activity	Report Frequency	2016 National Target / Expected Activity	2016 Projected outturn	2017 National Target / Expected Activity	Reported at National/ CHO / HG	CHO 5
No. of occupational therapy service users on the assessment waiting list at the end of the reporting period >26 weeks but ≤ 39 weeks	DOP	Access	M	No target	3,506	No target	CHO	No target
No. of occupational therapy service users on the assessment waiting list at the end of the reporting period >39 weeks but ≤ 52 weeks	DOP	Access	M	No target	2,385	No target	CHO	No target
No. of occupational therapy service users on the assessment waiting list at the end of the reporting period > 52 weeks	DOP	Access	M	No target	4,660	No target	CHO	No target
% of new occupational therapy service users seen for assessment within 12 weeks	NSP	Access	M	70%	72%	72%	CHO	72%
% of occupational therapy service users on waiting list for assessment ≤ 26 weeks	DOP	Access	M	80%	59%	59%	CHO	59%
% of occupational therapy service users on waiting list for assessment ≤ 39 weeks	DOP	Access	M	95%	73%	73%	CHO	73%
% of occupational therapy service users on waiting list for assessment ≤ to 52 weeks	NSP	Access	M	100%	82%	92%	CHO	92%
Primary Care – Speech and Language Therapy								
No. of patient referrals	DOP	Activity	M	50,863	52,584	52,584	CHO	5,436
Existing patients seen in the month	DOP	Activity	M	New 2016	16,958	16,958	CHO	2,226
New patients seen for initial assessment	DOP	Activity	M	41,083	44,040	44,040	CHO	4,500
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	1,305
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	2,125
% 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%

Key Performance Indicators Service Planning 2017				2016	2016	2017		2017 Expected Activity / Target
KPI Title	NSP/ DOP	KPI Type Access/ Quality /Access Activity	Report Frequency	2016 National Target / Expected Activity	2016 Projected outturn	2017 National Target / Expected Activity	Reported at National/ CHO / HG	CHO 5
Primary Care – Speech and Language Therapy Service Improvement Initiative								
New patients seen for initial assessment	DOP	Activity	M	New 2017	New 2017	17,646	CHO	1,440
No. of speech and language therapy initial therapy appointments	DOP	Access	M	New 2017	New 2017	43,201	CHO	10,360
No. of speech and language therapy further therapy appointments	DOP	Access	M	New 2017	New 2017	39,316	CHO	1,120
Primary Care – Podiatry								
No. of patient referrals	DOP	Activity	M	11,589	11,148	11,148	CHO	156
Existing patients seen in the month	DOP	Activity	M	5,210	5,454	5,454	CHO	87
New patients seen	DOP	Activity	M	8,887	9,192	9,504	CHO	168
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	26
No. of podiatry patients on the treatment waiting list at the end of the reporting period 0 - ≤ 12 weeks	DOP	Access	M	No target	1,194	No target	CHO	No target
No. of podiatry patients on the treatment waiting list at the end of the reporting period >12 weeks - ≤ 26 weeks	DOP	Access	M	No target	481	No target	CHO	No target
No. of podiatry patients on the treatment waiting list at the end of the reporting period >26 weeks but ≤ 39 weeks	DOP	Access	M	No target	244	No target	CHO	No target
No. of podiatry patients on the treatment waiting list at the end of the reporting period >39 weeks but ≤ 52 weeks	DOP	Access	M	No target	190	No target	CHO	No target
No. of podiatry patients on the treatment waiting list at the end of the reporting period > 52 weeks	DOP	Access	M	No target	590	No target	CHO	No target
% of podiatry patients on waiting list for treatment ≤ 12 weeks	NSP	Access	M	75%	44%	44%	CHO	44%

Key Performance Indicators Service Planning 2017				2016	2016	2017		2017 Expected Activity / Target
KPI Title	NSP/ DOP	KPI Type Access/ Quality /Access Activity	Report Frequency	2016 National Target / Expected Activity	2016 Projected outturn	2017 National Target / Expected Activity	Reported at National/ CHO / HG	CHO 5
% of podiatry patients on waiting list for treatment ≤ 26 weeks	DOP	Access	M	90%	62%	62%	CHO	62%
% of podiatry patients on waiting list for treatment ≤ 39 weeks	DOP	Access	M	95%	71%	71%	CHO	71%
% of podiatry patients on waiting list for treatment ≤ to 52 weeks	NSP	Access	M	100%	78%	88%	CHO	88%
No of patients with diabetic active foot disease treated in the reporting month	DOP	Quality	M	133	140	166	CHO	8
No. of treatment contacts for diabetic active foot disease in the reporting month	DOP	Access /Activity	M	532	561	667	CHO	30
Primary Care – Ophthalmology								
No. of patient referrals	DOP	Activity	M	26,913	28,452	28,452	CHO	4,824
Existing patients seen in the month	DOP	Activity	M	4,910	5,281	5,281	CHO	1,092
New patients seen	DOP	Activity	M	16,524	23,616	33,779	CHO	5,298
Total no. of ophthalmology patients on the treatment waiting list at the end of the reporting period	DOP	Access	M	14,267	16,090	16,090	CHO	1,344
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

Key Performance Indicators Service Planning 2017				2016	2016	2017		2017 Expected Activity / Target
KPI Title	NSP/ DOP	KPI Type Access/ Quality /Access Activity	Report Frequency	2016 National Target / Expected Activity	2016 Projected outturn	2017 National Target / Expected Activity	Reported at National/ CHO / HG	CHO 5
No. of ophthalmology patients on the treatment waiting list at the end of the reporting period > 52 weeks	DOP	Access	M	No target	4,658	No target	CHO	No target
% of ophthalmology patients on waiting list for treatment ≤ 12 weeks	NSP	Access	M	60%	28%	50%	CHO	50%
% of ophthalmology patients on waiting list for treatment ≤ 26 weeks	DOP	Access	M	80%	48%	58%	CHO	58%
% of ophthalmology patients on waiting list for treatment ≤ 39 weeks	DOP	Access	M	90%	61%	61%	CHO	61%
% of ophthalmology patients on waiting list for treatment ≤ 52 weeks	NSP	Access	M	100%	71%	81%	CHO	81%
Primary Care – Audiology								
No. of patient referrals	DOP	Activity	M	18,317	22,620	22,620	CHO	3,180
Existing patients seen in the month	DOP	Activity	M	2,850	2,740	2,740	CHO	269
New patients seen	DOP	Activity	M	16,459	15,108	23,954	CHO	2,971
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	1,702
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%

Key Performance Indicators Service Planning 2017				2016	2016	2017		2017 Expected Activity / Target
KPI Title	NSP/ DOP	KPI Type Access/ Quality /Access Activity	Report Frequency	2016 National Target / Expected Activity	2016 Projected outturn	2017 National Target / Expected Activity	Reported at National/ CHO / HG	CHO 5
% of audiology patients on waiting list for treatment ≤ to 52 weeks	NSP	Access	M	100%	85%	95%	CHO	95%
Primary Care – Dietetics								
No. of patient referrals	DOP	Activity	M	27,858	31,884	31,884	CHO	3,696
Existing patients seen in the month	DOP	Activity	M	5,209	3,480	3,480	CHO	353
New patients seen	DOP	Activity	M	21,707	22,548	23,457	CHO	2,316
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	1,361
No. of dietetics patients on the treatment waiting list at the end of the reporting period 0 - ≤ 12 weeks	DOP	Access	M	No target	4,255	No target	CHO	No target
No. of dietetics patients on the treatment waiting list at the end of the reporting period >12 weeks - ≤ 26 weeks	DOP	Access	M	No target	1,921	No target	CHO	No target
No. of dietetics patients on the treatment waiting list at the end of the reporting period >26 weeks but ≤ 39 weeks	DOP	Access	M	No target	912	No target	CHO	No target
No. of dietetics patients on the treatment waiting list at the end of the reporting period >39 weeks but ≤ 52 weeks	DOP	Access	M	No target	536	No target	CHO	No target
No. of dietetics patients on the treatment waiting list at the end of the reporting period > 52 weeks	DOP	Access	M	No target	1,219	No target	CHO	No target
% of dietetics patients on waiting list for treatment ≤ 12 weeks	NSP	Access	M	70%	48%	48%	CHO	48%
% of dietetics patients on waiting list for treatment ≤ 26 weeks	DOP	Access	M	85%	70%	70%	CHO	70%
% of dietetics patients on waiting list for treatment ≤ 39 weeks	DOP	Access	M	95%	80%	80%	CHO	80%
% of dietetics patients on waiting list for treatment ≤ to 52 weeks	NSP	Access	M	100%	86%	96%	CHO	96%
Primary Care – Psychology								
No. of patient referrals	DOP	Activity	M	12,261	13,212	13,212	CHO	1,524
Existing patients seen in the month	DOP	Activity	M	2,626	2,312	2,312	CHO	222

Key Performance Indicators Service Planning 2017				2016	2016	2017		2017 Expected Activity / Target
KPI Title	NSP/ DOP	KPI Type Access/ Quality /Access Activity	Report Frequency	2016 National Target / Expected Activity	2016 Projected outturn	2017 National Target / Expected Activity	Reported at National/ CHO / HG	CHO 5
New patients seen	DOP	Activity	M	9,367	10,152	10,152	CHO	1,128
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	838
No. of psychology patients on the treatment waiting list at the end of the reporting period 0 - ≤ 12 weeks	DOP	Access	M	No target	1,979	No target	CHO	No target
No. of psychology patients on the treatment waiting list at the end of the reporting period >12 weeks - ≤ 26 weeks	DOP	Access	M	No target	1,584	No target	CHO	No target
No. of psychology patients on the treatment waiting list at the end of the reporting period >26 weeks but ≤ 39 weeks	DOP	Access	M	No target	1,026	No target	CHO	No target
No. of psychology patients on the treatment waiting list at the end of the reporting period >39 weeks but ≤ 52 weeks	DOP	Access	M	No target	694	No target	CHO	No target
No. of psychology patients on the treatment waiting list at the end of the reporting period > 52 weeks	DOP	Access	M	No target	1,785	No target	CHO	No target
% of psychology patients on waiting list for treatment ≤ 12 weeks	NSP	Access	M	60%	28%	60%	CHO	60%
% of psychology patients on waiting list for treatment ≤ 26 weeks	DOP	Access	M	80%	50%	80%	CHO	80%
% of psychology patients on waiting list for treatment ≤ 39 weeks	DOP	Access	M	90%	65%	90%	CHO	90%
% of psychology patients on waiting list for treatment ≤ to 52 weeks	NSP	Access	M	100%	75%	100%	CHO	100%
Primary Care – Nursing								
No. of patient referrals	DOP	Activity	M	159,694	135,384 Data Gap	135,384 Data Gaps	CHO	1,284 Data Gaps
Existing patients seen in the month	DOP	Activity	M	64,660	46,293 Data Gap	64,660 Data Gaps	CHO	Unavailable Data Gaps
New patients seen	DOP	Activity	M	123,024	110,784 Data Gap	123,024 Data Gaps	CHO	Unavailable Data Gaps
% of new patients accepted onto the caseload and seen within 12 weeks	NSP	Access	M	New 2017	New 2017	100%	CHO	100%

Key Performance Indicators Service Planning 2017				2016	2016	2017		2017 Expected Activity / Target
KPI Title	NSP/ DOP	KPI Type Access/ Quality /Access Activity	Report Frequency	2016 National Target / Expected Activity	2016 Projected outturn	2017 National Target / Expected Activity	Reported at National/ CHO / HG	CHO 5
Child Health								
% of children reaching 10 months within the reporting period who have had child development health screening on time or before reaching 10 months of age	NSP	Quality	M	95%	94%	95%	CHO	95%
% of newborn babies visited by a PHN within 72 hours of discharge from maternity services	NSP	Quality	Q	97%	98%	98%	CHO	98%
% of babies breastfed (exclusively and not exclusively) at first PHN visit	NSP	Quality	Q	56%	57%	58%	CHO	58%
% of babies breastfed (exclusively and not exclusively) at three month PHN visit	NSP	Quality	Q	38%	38%	40%	CHO	40%
Oral Health Primary Dental Care								
No. of new patients attending for scheduled assessment	DOP	Access /Activity	M	Unavailable	47,904 Data Gap	Unavailable	CHO	Unavailable
No. of new patients attending for unscheduled assessment	DOP	Access /Activity	M	Unavailable	25,476 Data Gap	Unavailable	CHO	Unavailable
% of new patients who commenced treatment within three months of assessment	NSP	Access	M	80%	88% Data Gap	88%	CHO	88%
Orthodontics								
No. of patients receiving active treatment at the end of the reporting period	DOP	Access	Q	16,887	18,404	18,404	National/ 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	

Key Performance Indicators Service Planning 2017				2016	2016	2017		2017 Expected Activity / Target
KPI Title	NSP/ DOP	KPI Type Access/ Quality /Access Activity	Report Frequency	2016 National Target / Expected Activity	2016 Projected outturn	2017 National Target / Expected Activity	Reported at National/ CHO / HG	CHO 5
No. of orthodontic patients on the treatment waiting list – grade 4 –at the end of the reporting period	DOP	Access /Activity	Q	9,912	9,741	9,741	National/ former region	
No. of orthodontic patients on the treatment waiting list – grade 5 –at the end of the reporting period	DOP	Access /Activity	Q	8,194	8,136	8,136	National/ former region	
Reduce the proportion of orthodontic patients on the treatment waiting list waiting longer than 4 years (grades 4 and 5)	NSP	Access	Q	<5%	6%	<5%	National/ former region	
Health Amendment Act - Services to persons with State Acquired Hepatitis C								
No. of Health Amendment Act cardholders who were reviewed	NSP	Quality	Q	798	212	586	National	60
Healthcare Associated Infections: Medication Management								
Consumption of antibiotics in community settings (defined daily doses per 1,000 population)	NSP	Quality	Q	<21.7	27.6	<21.7	National	
Tobacco Control								
% of primary care staff to undertake brief intervention training for smoking cessation	DOP	Quality	Q	5%	5%	5%	CHO	5%

Social Inclusion Full Metrics/KPI Suite

Key Performance				2016	2016	2017		2017 Expected Activity / Target
KPI Title	NSP / DOP	KPI Type Access/ Quality /Access Activity	Report Frequency	2016 National Target / Expected Activity	2016 Projected outturn	2017 National Target / Expected Activity	Reported at National / CHO	CHO 5
Substance Misuse								
No. of substance misusers who present for treatment	DOP	Access	Q 1 Qtr in arrears	6,972	6,760	6,760	CHO	1,316
No. of substance misusers who present for treatment who receive an assessment within two weeks	DOP	Quality	Q 1 Qtr in Arrears	4,864	4,748	4,748	CHO	1,024
% of substance misusers who present for treatment who receive an assessment within two weeks	DOP	Quality	Q 1 Qtr in Arrears	100%	70%	100%	CHO	100%
No. of substance misusers (over 18 years) for whom treatment has commenced following assessment	DOP	Quality	Q 1 Qtr in Arrears	5,584	5,932	5,932	CHO	1,212
No. of substance misusers (over 18) for whom treatment has commenced within one calendar month following assessment	DOP	Quality	Q 1 Qtr in Arrears	5,024	5,304	5,304	CHO	1,204
% of substance misusers (over 18 years) for whom treatment has commenced within one calendar month following assessment	NSP	Access	Q 1 Qtr in Arrears	100%	89%	100%	CHO	100%
No. of substance misusers (under 18 years) for whom treatment has commenced following assessment	DOP	Access	Q 1 Qtr in Arrears	268	348	348	CHO	52
No. of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment	DOP	Access	Q 1 Qtr in Arrears	260	296	296	CHO	52
% of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment	NSP	Access	Q 1 Qtr in Arrears	100%	85%	100%	CHO	100%
% of substance misusers (over 18 years) for whom treatment has commenced who have an assigned key worker	DOP	Quality	Q 1 Qtr in Arrears	100%	74%	100%	CHO	100%

Key Performance				2016	2016	2017		2017 Expected Activity / Target
KPI Title	NSP / DOP	KPI Type Access/ Quality /Access Activity	Report Frequency	2016 National Target / Expected Activity	2016 Projected outturn	2017 National Target / Expected Activity	Reported at National / CHO	CHO 5
% of substance misusers (over 18 years) for whom treatment has commenced who have a written care plan	DOP	Quality	Q 1 Qtr in Arrears	100%	87%	100%	CHO	100%
% of substance misusers (under 18 years) for whom treatment has commenced who have an assigned key worker	DOP	Quality	Q 1 Qtr in Arrears	100%	91%	100%	CHO	100%
% of substance misusers (under 18 years) for whom treatment has commenced who have a written care plan	DOP	Quality	Q 1 Qtr in Arrears	100%	90%	100%	CHO	100%
Opioid Substitution								
Total no. of clients in receipt of opioid substitution treatment (outside prisons)	NSP	Access	M 1 Mth in Arrears	9,515	9,560	9,700	CHO	464
No. of clients in opioid substitution treatment in clinics	DOP	Access	M 1 Mth in Arrears	5,470	5,466	5,084	CHO	172
No. of clients in opioid substitution treatment with level 2 GP's	DOP	Access	M 1 Mth in Arrears	1,975	2,083	2,108	CHO	25
No. of clients in opioid substitution treatment with level 1 GP's	DOP	Access	M 1 Mth in Arrears	2,080	2,011	2,508	CHO	267
No. of clients transferred from clinics to level 1 GP's	DOP	Access	M 1 Mth in Arrears	300	288	300	CHO	60
No. of clients transferred from clinics to level 2 GP's	DOP	Access	M 1 Mth in Arrears	134	81	140	CHO	6
No. of clients transferred from level 2 to level 1 GPs	DOP	Access	M 1 Mth in Arrears	119	21	150	CHO	10
Total no. of new clients in receipt of opioid substitution treatment (outside prisons)	DOP	Access	M 1 Mth in Arrears	617	552	645	CHO	58
Total no. of new clients in receipt of opioid substitution treatment (clinics)	DOP	Access	M 1 Mth in Arrears	498	449	507	CHO	57
Total no. of new clients in receipt of opioid substitution treatment (level 2 GP)	DOP	Access	M 1 Mth in Arrears	119	103	138	CHO	1
Average waiting time (days) from referral to assessment for Opioid Substitution Treatment	NSP	Access	M 1 Mth in Arrears	14 days	4 days	4 days	CHO	4 days

Key Performance				2016	2016	2017		2017 Expected Activity / Target
KPI Title	NSP / DOP	KPI Type Access/ Quality /Access Activity	Report Frequency	2016 National Target / Expected Activity	2016 Projected outturn	2017 National Target / Expected Activity	Reported at National / CHO	CHO 5
Average waiting time (days) from Opioid Substitution assessment to exit from waiting list or treatment commenced	NSP	Access	M 1 Mth in Arrears	28 days	31 days	28 days	CHO	28 days
No. of pharmacies providing opioid substitution treatment	DOP	Access	M 1 Mth in Arrears	653	654	654	CHO	74
No. of people obtaining opioid substitution treatment from pharmacies	DOP	Access	M 1 Mth in Arrears	6,463	6,630	6,630	CHO	509
Alcohol Misuse								
No. of problem alcohol users who present for treatment	DOP	Access	Q 1 Qtr in Arrears	3,540	3,736	3,736	CHO	780
No. of problem alcohol users who present for treatment who receive an assessment within two weeks	DOP	Access	Q 1 Qtr in Arrears	2,344	1,900	1,900	CHO	616
% of problem alcohol users who present for treatment who receive an assessment within two weeks	DOP	Access	Q 1 Qtr in Arrears	100%	51%	100%	CHO	100%
No. of problem alcohol users (over 18 years) for whom treatment has commenced following assessment	DOP	Access	Q 1 Qtr in Arrears	3,228	3,424	3,424	CHO	732
No. of problem alcohol users (over 18 years) for whom treatment has commenced within one calendar month following assessment	DOP	Access	Q 1 Qtr in Arrears	3,228	2,956	2,956	CHO	728
% of problem alcohol users (over 18 years) for whom treatment has commenced within one calendar month following assessment	DOP	Access	Q 1 Qtr in Arrears	100%	86%	100%	CHO	100%
No. of problem alcohol users (under 18 years) for whom treatment has commenced following assessment	DOP	Access	Q 1 Qtr in Arrears	56	36	36	CHO	16
No. of problem alcohol users (under 18 years) for whom treatment has commenced within one week following assessment	DOP	Access	Q 1 Qtr in Arrears	56	28	28	CHO	16

Key Performance				2016	2016	2017		2017 Expected Activity / Target
KPI Title	NSP / DOP	KPI Type Access/ Quality /Access Activity	Report Frequency	2016 National Target / Expected Activity	2016 Projected outturn	2017 National Target / Expected Activity	Reported at National / CHO	CHO 5
% of problem alcohol users (under 18 years) for whom treatment has commenced within one week following assessment	DOP	Access	Q 1Qtr in Arrears	100%	78%	100%	CHO	100%
% of problem alcohol users (over 18 years) for whom treatment has commenced who have an assigned key worker	DOP	Quality	Q 1 Qtr in Arrears	100%	60%	100%	CHO	100%
% of problem alcohol users (over 18 years) for whom treatment has commenced who have a written care plan	DOP	Quality	Q 1 Qtr in Arrears	100%	91%	100%	CHO	100%
% of problem alcohol users (under 18 years) for whom treatment has commenced who have an assigned key worker	DOP	Quality	Q 1 Qtr in Arrears	100%	89%	100%	CHO	100%
% of problem alcohol users (under 18 years) for whom treatment has commenced who have a written care plan	DOP	Quality	Q 1 Qtr in Arrears	100%	67%	100%	CHO	100%
No. of staff trained in SAOR Screening and Brief Intervention for problem alcohol and substance use	DOP	Quality	Q 1 Qtr in Arrears	300	397	778	CHO	80
Needle Exchange								
No. of pharmacies recruited to provide Needle Exchange Programme	DOP	Quality	TRI M 1 Qtr in Arrears	119	112	112	CHO	18
No. of unique individuals attending pharmacy needle exchange	NSP	Access	TRI M 1 Qtr in Arrears	1,731	1,647	1,647	CHO	337
Total no. of clean needles provided each month	DOP	Access	TRI M 1 Qtr in Arrears	New 2017	New 2017	23,727	CHO	5,152
Average no. of clean needles (and accompanying injecting paraphenilia) per unique individual each month	DOP	Quality	TRI M 1 Qtr in Arrears	New 2017	New 2017	14	CHO	14
No. and % of needle / syringe packs returned	DOP	Quality	TRI M 1 Qtr in Arrears	1,032 (30%)	863 (22%)	1,166 (30%)	CHO	253 (30%)

Key Performance				2016	2016	2017		2017 Expected Activity / Target
KPI Title	NSP / DOP	KPI Type Access/ Quality /Access Activity	Report Frequency	2016 National Target / Expected Activity	2016 Projected outturn	2017 National Target / Expected Activity	Reported at National / CHO	CHO 5
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	93 (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	17 (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	105 (85%)
No. and % of service users admitted to homeless emergency accommodation hostels / facilities whose health needs have been assessed and are being supported to manage their physical / general health, mental health and addiction issues as part of their care/support plan	DOP	Quality	Q	80%	1,128 (76%)	1,017 (80%)	CHO	84 (80%)
Traveller Health								
No. of people who received health information on type 2 diabetes and cardiovascular health	NSP	Quality	Q	3,470 20% of the population in each Traveller Health Unit	3,481	3,481	CHO	396
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	396

Palliative Care Full Metrics/KPI Suite

Key Performance Indicators Service Planning 2017				2016	2016	2017		2017 Expected Activity / Target
KPI Title	NSP / DOP	KPI Type Access/ Quality /Access Activity	Report Frequency	2016 National Target / Expected Activity	2016 Projected outturn	2017 National Target / Expected Activity	Reported at National/ CHO / HG Level	CHO 5 South/ South West and Ireland East HGs
Inpatient Palliative Care Services								
Access to specialist inpatient bed within seven days (during the reporting month)	NSP	Access	M	98%	97%	98%	CHO/HG	98%
No. accessing specialist inpatient bed within seven days (during the reporting month)	NSP	Access	M	New 2017	New 2017	3,555	CHO/HG	92
Access to specialist palliative care inpatient bed from eight to14 days (during the reporting month)	DOP	Access	M	2%	3%	2%	CHO/HG	2%
% patients triaged within one working day of referral (Inpatient Unit)	NSP	Quality	M 2016 Q4 Reporting	90%	90%	90%	CHO/HG	90%
No. of patients in receipt of treatment in specialist palliative care inpatient units (during the reporting month)	DOP	Access /Activity	M	474	466	494	CHO/HG	7
No. of new patients seen or admitted to the specialist palliative care service (monthly cumulative)	DOP	Access /Activity	M	2,877	2,916	3,110	CHO/HG	40
No. of admissions to specialist palliative care inpatient units (monthly cumulative)	DOP	Access /Activity	M	3,310	3,708	3,815	CHO/HG	75
% patients with a multidisciplinary care plan documented within five working days of initial assessment (Inpatient Unit)	NSP	Quality	M 2016 Q4 Reporting	90%	90%	90%	CHO/HG	90%

Key Performance Indicators Service Planning 2017				2016	2016	2017		2017 Expected Activity / Target
KPI Title	NSP / DOP	KPI Type Access/ Quality /Access Activity	Report Frequency	2016 National Target / Expected Activity	2016 Projected outturn	2017 National Target / Expected Activity	Reported at National/ CHO / HG Level	CHO 5 South/ South West and Ireland East HGs
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	450
No. of new patients seen by specialist palliative care services in their normal place of residence	DOP	Access /Activity	M	9,353	9,864	9,610	CHO	1,050
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	0
No. of new patients who received specialist palliative day care services (monthly cumulative)	DOP	Access	M	985	996	1,010	CHO	0
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	33
Children's Palliative Care Services								

Key Performance Indicators Service Planning 2017				2016	2016	2017		2017 Expected Activity / Target
KPI Title	NSP / DOP	KPI Type Access/ Quality /Access Activity	Report Frequency	2016 National Target / Expected Activity	2016 Projected outturn	2017 National Target / Expected Activity	Reported at National/ CHO / HG Level	CHO 5 South/ South West and Ireland East HGs
No. of children in the care of the children's outreach nurse	NSP	Access /Activity	M	New 2017	New 2017	269	CHO	41
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	966
Specialist palliative care services provided in the acute setting to new patients and re-referrals within two days	DOP	Access /Activity	M	13,298	13,520	13,520	HG	1,576
Bereavement Services								
No. of family units who received bereavement services	DOP	Access /Activity	M	621	670	671	CHO	78

Mental Health Balanced Scorecard

Quality and Safety

All Divisions

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

Mental Health Services

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

Access

Health and Wellbeing

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

Mental Health Services

- CAMHs: access to first appointment with 12 months
- Adult mental health: time to first seen
- Psychiatry of old age: time to first seen

Finance, Governance and Compliance

All Divisions

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

Workforce

All Divisions

- Staffing Levels
- Absence

Acute Hospitals / Mental Health services

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

Mental Health KPI Suite

Key Performance Indicators Service Planning KPI Title	KPI Type Access/ Quality /Access Activity	Report Freq.	KPIs 2016 2016 National Target / Expected Activity	 2016 Estimate outturn	KPIs 2017 2017 National Target / Expected Activity	 Reported at National / CHO / HG Level	CHO5 SSWHG
% 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	137
Total No. to be seen 0-3 months	Access /Activity	M	1,308	1,344	1,546	CHO	105
Total No. on waiting list for a first appointment waiting > 3 months	Access /Activity	M	1,141	1,299	1,053	CHO	32
Total No. on waiting list for a first appointment waiting > 12 months	Access /Activity	M	0	235	0	CHO	0
No. of admissions to adult acute inpatient units	Access /Activity	Q in arrears	12,726	13,104	13,140	CHO	1,432
Median length of stay	Access /Activity	Q in arrears	10	11.5	10	CHO	10

Rate of admissions to adult acute inpatient units per 100,000 population in mental health catchment area	Access /Activity	Q in arrears	70.5	71.1	70.5	CHO	70.2
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	25.7
Acute re-admissions as % of admissions	Access /Activity	Q in arrears	67%	67%	67%	CHO	63%
Inpatient re-admission rates to adult acute units per 100,000 population in mental health catchment area	Access /Activity	Q in arrears	47.6	48.0	47.6	CHO	44.5
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	18.8
No. of adult involuntary admissions	Access /Activity	Q in arrears	1,724	2,060	2,096	CHO	276
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	9.1
Number of General Adult Community Mental Health Teams	Access	M	114	114	114	CHO	11
Number of referrals (including re-referred)received by General Adult Community Mental Health Teams	Access /Activity	M	43,637	43,801	44,484	CHO	4,776
Number of Referrals (including re-referred) accepted by General Adult Community Mental Health Teams	Access /Activity	M	41,448	38,953	42,348	CHO	4,524
No. of new (including re-referred) General Adult Community Mental Health Team cases offered first appointment for the current month (seen and DNA below)	Access /Activity	M	41,810	37,363	47,316	CHO	5,196
No. of new (including re-referred) General Adult Community Mental Health Team cases seen in the current month	Access /Activity	M	35,430	28,875	39,396	CHO	4,320

No. of new (including re-referred) General Adult Community Mental Health Team cases offered appointment and DNA in the current month	Access /Activity	M	6,380	8,488	7,920	CHO	876
%. of new (including re-referred) General Adult Community Mental Health Team cases offered appointment and DNA in the current month	Access /Activity	M	18%	23%	20%	CHO	20%
Number of cases closed/discharged by General Adult Community Mental Health Teams	Access /Activity	M	33,158	24,108	33,876	CHO	3,624
Number of Psychiatry of Old Age Community Mental Health Teams	Access	M	26	29	29	CHO	5
Number of referrals (including re-referred)received by Psychiatry of Old Age Mental Health Teams	Access /Activity	M	11,664	12,065	12,036	CHO	1,488
Number of Referrals (including re-referred) accepted by Psychiatry of Old Age Community Mental Health Teams	Access /Activity	M	11,082	11,023	11,484	CHO	1,416
No. of new (including re-referred) Old Age Psychiatry Team cases offered first appointment for the current month (seen and DNA below)	Access /Activity	M	10,384	9,119	11,832	CHO	1,428
No. of new (including re-referred) Old Age Psychiatry Team cases seen in the current month	Access /Activity	M	10,083	8,908	11,448	CHO	1,368
No. of new (including re-referred) Old Age Psychiatry cases offered appointment and DNA in the current month	Access /Activity	M	301	211	384	CHO	60
%. of new (including re-referred) Old Age Psychiatry Team cases offered appointment and DNA in the current month	Access /Activity	M	3%	2%	3%	CHO	3%
Number of cases closed/discharged by Old Age Psychiatry Community Mental Health Teams	Access /Activity	M	8,866	6,992	9,204	CHO	1,140

No. of child and adolescent Community Mental Health Teams	Access	M	66	65	66	CHO	7
No. of child and adolescent Day Hospital Teams	Access	M	4	4	4	CHO	0
No. of Paediatric Liaison Teams	Access	M	3	3	3	CHO	0
No. of child / adolescent admissions to HSE child and adolescent mental health inpatient units	Access /Activity	M	281	201	336	CHO	0
No. of children / adolescents admitted to adult HSE mental health inpatient units	Access /Activity	M	30	53	30	National	N/A
i). <16 years	Access /Activity	M	0	7	0	National	N/A
ii). <17 years	Access /Activity	M	0	12	0	National	N/A
iii). <18 years	Access /Activity	M	30	35	30	National	N/A
No. and % of involuntary admissions of children and adolescents	Access /Activity	Annual	15	15	15	National	N/A
No. of child / adolescent referrals (including re-referred) received by mental health services	Access /Activity	M	18,864	17,881	18,984	CHO	2,340
No. of child / adolescent referrals (including re-referred) accepted by mental health services	Access /Activity	M	15,092	13,101	15,180	CHO	1,872
No. of new (including re-referred) CAMHs Team cases offered first appointment for the current month (seen and DNA below)	Access /Activity	M	13,895	14,359	15,948	CHO	1,572
No. of new (including re-referred) child/adolescent referrals seen in the current month	Access /Activity	M	12,628	12,415	14,484	CHO	1,428
No. of new (including re-referred) child/adolescent referrals offered appointment and DNA in the current month	Access /Activity	M	1,259	1,944	1,464	CHO	144

%. of new (including re-referred) child/adolescent referrals offered appointment and DNA in the current month	Access /Activity	M	10%	14%	10%	CHO	10%
No. of cases closed / discharged by CAMHS service	Access /Activity	M	12,072	13,583	12,168	CHO	1,488
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	137
i) 0-3 months	Access /Activity	M	1,308	1,344	1,546	CHO	105
ii). 3-6 months	Access /Activity	M	585	613	603	CHO	21
iii). 6-9 months	Access /Activity	M	346	322	310	CHO	11
iv). 9-12 months	Access /Activity	M	210	146	140	CHO	0
v). > 12 months	Access /Activity	M	0	235	0	CHO	0

Social Care Disability Services Balanced Scorecard

Quality and Safety

All Divisions

- Serious reportable events (SREs): investigations completed within 120 days
- Complaints investigated within 30 working days
- Safeguarding and screening
  - 100% of CHO Heads of Social Care who can evidence implementation of the HSE's Safeguarding Vulnerable Persons at Risk of Abuse policy throughout the CHO as set out in Section 4 of the policy
  - 100% of CHO Heads of Social Care that have established CHO wide organisational arrangements required by the HSE's *Safeguarding Vulnerable Persons at Risk of Abuse* policy throughout the CHO as set out in Section 9.2 of the policy
  - 100% of preliminary screenings for adults with an outcome of reasonable grounds for concern that are submitted to the safeguarding and protection teams accompanied by an interim safeguarding plan
    - Adults aged 65 and over
    - Adults under 65 years
- HIQA inspection compliance
  - 80% compliance with inspected outcomes following HIQA inspection of disability residential units

Access

- Disability service: 0-18 years
  - 100% of Children's Disability Network Teams established
- *Disability Act* compliance
  - 100% of assessments completed within the timelines provided for in the regulations
- Congregated settings
  - Facilitate the movement of 223 people from congregated to community settings
- Supports in the community: PA hours and home support
  - 1.4m PA service hours delivered to adults with a physical and/or sensory disability
  - 2,357 adults with a physical and/or sensory disability in receipt of a PA service
  - 2.75m home support hours delivered to persons with a disability
  - 7,447 people with a disability in receipt of home support services (ID/autism and physical and sensory disability)

Finance

All Divisions

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

Human Resources

All Divisions

- Staffing Levels
- Absence

Social Care Services for Older People Balanced Scorecard

Quality and Safety

All Divisions

- Serious reportable events (SREs): investigations completed within 120 days
- Complaints investigated within 30 working days
- Safeguarding and screening
  - 100% of CHO Heads of Social Care who can evidence implementation of the HSE's Safeguarding Vulnerable Persons at Risk of Abuse policy throughout the CHO as set out in Section 4 of the policy
  - 100% of CHO Heads of Social Care that have established CHO wide organisational arrangements required by the HSE's *Safeguarding Vulnerable Persons at Risk of Abuse* policy throughout the CHO as set out in Section 9.2 of the policy
  - 100% of preliminary screenings for adults with an outcome of reasonable grounds for concern that are submitted to the safeguarding and protection teams accompanied by an interim safeguarding plan
    - Adults aged 65 and over
    - Adults under 65 years
- HIQA inspection compliance
- 80% compliance with inspected outcomes following HIQA inspection of disability residential units

Access

- Home Care Services for Older People
  - 16,750 people in receipt of a HCP/DDI HCP(Monthly target) including delayed discharge initiative HCPs
  - 10,570,000 home help hours provided for all care groups (excluding provision of hours from HCPs)
  - 49,000 people in receipt of home help hours (excluding provision of hours from HCPs) (Monthly target)
- NHSS:
  - 23,603 people funded under NHSS in long term residential care at year end
  - 5,088 NHSS beds in public long stay units
  - 1,918 short stay beds in public long stay units
  - 2.9 years average length of stay for NHSS clients in public, private and saver long stay units
- Delayed discharges
  - 152 average weekly transitional care beds available to acute hospitals
  - 15 additional weekly transitional care beds winter plan (October 16 – February 17)
  - 7,820 people in acute hospitals approved for transitional care to move to alternative care settings

Finance, Governance and Compliance

All Divisions

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

Workforce

All Divisions

- Staffing Levels
- Absence

Social Care Full Metrics/KPI Suite

Key Performance Indicators Service Planning 2017		
KPI Title	**2017 National Target / Expected Activity**	**CHO5**
Safeguarding % of CHO Heads of Social Care who can evidence implementation of the HSE's *Safeguarding Vulnerable Persons at Risk of Abuse* policy throughout the CHO as set out in Section 4 of the policy	100%	100%
% of CHO Heads of Social Care that have established CHO wide organisational arrangements required by the HSE's *Safeguarding Vulnerable Persons at Risk of Abuse* policy throughout the CHO as set out in Section 9.2 of the policy	100%	100%
% of preliminary screenings for adults with an outcome of reasonable grounds for concern that are submitted to the safeguarding and protection teams accompanied by an interim safeguarding plan - Adults aged 65 and over - Adults under 65 years	100%	100%
Total no. of preliminary screenings for adults under 65 years	7,000	896
Total no. of preliminary screenings for adults aged 65 and over	3,000	352
No. of staff trained in safeguarding policy	17,000	2,303

Disability

Key Performance Indicators Service Planning 2017		
KPI Title	**2017 National Target / Expected Activity**	**CHO5**
Service User Experience % of CHOs who have established a Residents' Council / Family Forum / Service User Panel or equivalent for Disability Services by Q3	100%	100%
Quality % compliance with inspected outcomes following HIQA inspection of disability residential units	80%	80%
In respect of agencies in receipt of €3m or more in public funding, the % which employ an internationally recognised quality improvement methodology such as EFQM, CQL or CARF	100%	100%
In respect of agencies in receipt of €3m or more in public funding, the % which	100%	100%

Key Performance Indicators Service Planning 2017		
KPI Title	**2017 National Target / Expected Activity**	**CHO5**
employ an internationally recognised quality improvement methodology such as EFQM, CQL or CARF		
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	40
Disability Act Compliance No. of requests for assessments received	6,234	457
% of assessments commenced within the timelines as provided for in the regulations	100%	100%
% of assessments completed within the timelines as provided for in the regulations	100%	100%
Progressing Disability Services for Children and Young People (0-18s) Programme % of Children's Disability Network Teams established	100%	100%
Children's Disability Network Teams Proportion of established Children's Disability Network Teams having current individualised plans for all children	100%	100%
Number of Children's Disability Network Teams established	100% (129/129)	100% (20/20)
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	352
No. of people with a disability in receipt of work / work-like activity services(ID/Autism and Physical and Sensory Disability)	3,253	606

Key Performance Indicators Service Planning 2017		
KPI Title	**2017 National Target / Expected Activity**	**CHO5**
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 *	2,365
Rehabilitative Training No. of Rehabilitative Training places provided (all disabilities)	2,583	254
No. of people (all disabilities) in receipt of Rehabilitative Training (RT)	2,870	309
No. of people with a disability in receipt of residential services (ID/Autism and Physical and Sensory Disability)	8,885	915
Respite Services No. of new referrals accepted for people with a disability for respite services (ID/Autism and Physical and Sensory Disability)	1,023	132
No. of new people with a disability who commenced respite services (ID/Autism and Physical and Sensory Disability)	782	79
No. of existing people with a disability in receipt of respite services (ID/Autism and Physical and Sensory Disability)	5,964	573
No. of people with a disability formally discharged from respite services (ID/Autism and Physical and Sensory Disability)	591	47
No. of people with a disability in receipt of respite services (ID/Autism and Physical and Sensory Disability)	6,320	592
No. of overnights (with or without day respite) accessed by people with a disability (ID/Autism and Physical and Sensory Disability)	182,506	13,967
No. of day only respite sessions accessed by people with a disability (ID/Autism and Physical and Sensory Disability)	41,000	1208
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	9
PA Service No. of new referrals accepted for adults with a physical and / or sensory disability for a PA service	271	47
No. of new adults with a physical and / or sensory disability who commenced a PA service	223	11

Key Performance Indicators Service Planning 2017		
KPI Title	**2017 National Target / Expected Activity**	**CHO5**
No. of existing adults with a physical and / or sensory disability in receipt of a PA service	2,284	263
No. of adults with a physical or sensory disability formally discharged from a PA service	134	10
No. of adults with a physical and /or sensory disability in receipt of a PA service	2357	274
Number of PA Service hours delivered to adults with a physical and / or sensory disability	1,412,561	100,301
No. of adults with a physical and / or sensory disability in receipt of 1 - 5 PA Hours per week	957	164
No. of adults with a physical and / or sensory disability in receipt of 6 - 10 PA hours per week	538	51
No. of adults with a physical and / or sensory disability in receipt of 11 - 20 PA hours per week	397	24
No. of adults with a physical and / or sensory disability in receipt of 21 - 40 PA hours per week	256	13
No. of adults with a physical and / or sensory disability in receipt of 41 - 60 PA hours per week	73	4
No. of adults with a physical and / or sensory disability in receipt of 60+ PA hours per week	83	2
Home Support No. of new referrals accepted for people with a disability for home support services (ID/Autism and Physical and Sensory Disability)	1,416	104
No. of new people with a disability who commenced a home support service (ID/Autism and Physical and Sensory Disability)	1,273	78
No. of existing people with a disability in receipt of home support services (ID/Autism and Physical and Sensory Disability)	6,380	825
No. of people with a disability formally discharged from home support services (ID/Autism and Physical and Sensory Disability)	466	49
No of people with a disability in receipt of Home Support Services (ID/Autism and Physical and Sensory Disability)	7,447	887
No of Home Support Hours delivered to persons with a disability (ID/Autism and	2,749,712	240,976

Key Performance Indicators Service Planning 2017		
KPI Title	**2017 National Target / Expected Activity**	**CHO5**
Physical and Sensory Disability)		
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	200
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	99
No. of people with a disability in receipt of 11 – 20 Home Support hours per week (ID/Autism and Physical and Sensory Disability)	753	143
No. of people with a disability in receipt of 21- 40 Home Support hours per week (ID/Autism and Physical and Sensory Disability)	402	43
No. of people with a disability in receipt of 41 – 60 Home Support hours per week (ID/Autism and Physical and Sensory Disability)	97	4
No. of people with a disability in receipt of 60 +Home Support hours per week (ID/Autism and Physical and Sensory Disability)	127	4

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

Services for Older People

Key Performance Indicators Planning 2017 Service		
KPI Title	**2017 National Target / Expected Activity**	**CHO5**
Quality % of CHOs who have established a Residents Council/Family Forum/Service User Panel or equivalent for Older People Services (reporting to commence by Q3)	100%	100%
% of compliance with inspected outcomes following HIQA inspection of Older Persons Residential Units	80%	80%
Service Improvement Team Process Deliver on Service Improvement priorities.	100%	100%
Home Care Services for Older People Total no. of persons in receipt of a HCP/DDI HCP(Monthly target) including delayed discharge initiative HCPs	16,750	1,094
No. of new HCP clients, annually	8,000	545
Intensive HCPs number of persons in receipt of an Intensive HCP including AP funded IHCPs.	190	
% of clients in receipt of an IHCP with a key worker assigned	100%	100%
% of clients in receipt of an IHCP on the last day of the month who were clinically reviewed (includes initial assessment for new cases) within the last 3 months	100%	100%
No. of home help hours provided for all care groups (excluding provision of hours from HCPs)	10,570,000	1,304,000
No. of people in receipt of home help hours (excluding provision of hours from HCPs) (Monthly target)	49,000	6,151
NHSS No. of persons funded under NHSS in long term residential care at year end.*	23,603	

% of clients with NHSS who are in receipt of Ancillary State Support	10%	
% of clients who have CSARs processed within 6 weeks	90%	
No. in receipt of subvention	168	13
No. of NHSS Beds in Public Long Stay Units.	5,088	532
No. of Short Stay Beds in Public Long Stay Units	1,918	263
Average length of Stay for NHSS clients in Public, Private and Saver Long Stay Units	2.9 years	
% of population over 65 years in NHSS funded Beds (based on 2011 Census figures)	4%	
No of population over 65 in NHSS funded beds at the last date of the month along with the number on Subvention/Section 39 (x 95.3% as estimate over 65s)	21,416	
Transitional Care Average number of weekly transitional care beds approved per week	152	167 for Jan & Feb. 152 for Mar to Dec

Appendix 4:

CHO Capital Infrastructure

Facility	Project details	Project Completion	Fully Operational	Additional Beds	Replace-ment Beds	Capital Cost €m		2017 Implications	
						2017	Total	WTE	Rev Costs €m
PRIMARY CARE									
CHO 5: South Tipperary, Carlow, Kilkenny, Waterford, Wexford									
Tipperary Town	Primary Care Centre, by lease agreement	Q4 2016	Q1 2017	0	0	0.30	0.30	0	0.00
SOCIAL CARE – Disability Services									
CHO 5: South Tipperary, Carlow, Kilkenny, Waterford, Wexford									
Co. Wexford – various locations	HIQA compliance works to 5 houses throughout the county	Q1 2017	Q1 2017	0	0	0.04	0.78	0	0.00