



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

# CHO 7 Plan

South Dublin/Kildare/West Wicklow

## 2017



**Building a Better Health Service**

CARE COMPASSION TRUST LEARNING

**Goal  
1**

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

**Goal  
2**

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

**Goal  
3**

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

**Goal  
4**

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

**Goal  
5**

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

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## Introduction

Community Healthcare Organisation 7 – South Dublin/Kildare West Wicklow.

Area 7 – Population 674,071 (14.69% of the National Population). Kildare West Wicklow LHO, Dublin West LHO, Dublin South City LHO and Dublin South West LHO.

Community Healthcare Organisation 7, provides health services for all or part of Local Authority Areas: Kildare, Wicklow, South Dublin CC and Dublin City Council.

CHO 7 - Demographic Trends	
Age Group	Number of people
0-4	53,530
5-19	128,818
20-64	430,525
65-74	36,013
75+	25,185
<b>Total</b>	<b>674,071</b>

In CHO 7, 16.84% of the population, a total of 113,528 persons were born overseas.

Approximately 1/7<sup>th</sup> of the population do not have English as their first language.

Ethnicity	Number of people
Polish	20,490
UK	10,745
Lithuanian	5,648
Other EU	20,849
Elsewhere	46,026
Not stated	9,770
<b>Total</b>	<b>113,528</b>

On the Deprivation Level – Health Population Index, 45.30% of the population in CHO7 are below the average on this index.

## Health Challenges

A key priority in 2017 is to progress the further development of the structures and processes to ensure that this Community Healthcare Organisation supports the health needs of the population with high quality services provided to them as close to their homes as possible.

Heads of Services across the various Divisions have been appointed to form a management team for this CHO. Work will continue to reconfigure services into 14 Community Health Networks which will, in time, become the principal unit of local service delivery to the population.

The Dublin Midlands Hospital Group provides acute health services within this CHO and it is essential that linkages forged between Community Services and St James's Hospital, Tallaght Hospital and Naas General Hospital are maintained and strengthened so as to ensure that the public we serve receive the care they are entitled to.

This area faces challenging targets for 2017 particularly in terms of meeting increasing demand for services within a constrained financial and human resource framework. We must also address the challenge of increasing regulatory requirements and the need to maintain a high quality of service.

At the same time there we must exploit any opportunities across each of the Divisions to improve services in our catchment area.

### Performance and Accountability Framework

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](http://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 the 399 Section 38, Section 39 funded, voluntary and private provider agencies.

In 2017, CHO7 will work to strengthen the management of service level agreements/arrangements. Where appropriate an identified manager will be responsible for managing contractual relationships with each agency and this manager will be responsible for overseeing the negotiation of the service level agreement including service specification, financial and quality schedules etc. They will also be responsible for monitoring the performance and financial management of the specified agreement in conjunction with the CHO Finance team and the CHO Human Resources Team. Through this mechanism CHO 7 will move towards full implementation of the Compliance policy within the current resource constraints.

### Risks to the Delivery of the CHO 7 Operational Plan

HSE structural reforms will impact on CHO 7 in 2017 as services continue to be aligned at local level. We will continue to strive to prioritise service delivery in an equitable and transparent way.

Structural reform challenges, together with limited financial and human resources will impact on service delivery and risk in the following areas:

## Structural Risks

- Management of capacity risk including financial management is of particular concern in the context of legislation regarding supplementary budgets.
- Organisational capacity to support the reform programme will be essential to ensure the overall governance and stability of services at CHO level.
- Implementation of national priorities will continue to be a risk during the on-going transition to a CHO structure while that structure is still not complete.
- The extent of organisational capacity required to develop the required primary care networks and primary care teams and the associated scaling of models and pathways of care required to deliver high quality services.
- Non-integration of ICT systems which are not fit for purpose from Clinical, Financial and HR perspectives.
- Lack of Health & Safety Resources in the context of our obligations under Health & Safety Legislation is a serious structural risk in CHO 7.

## Service Risks

- Demographic pressures over and above those planned for delivery in 2017.
- Meeting HIQA and Mental Health Commission standards for public long stay residential facilities, disability and primary care services.
- Meeting the National Metric Targets in Primary Care will prove challenging in 2017 due to staffing issues in this CHO as a result of paybill constraints and geographical issues surrounding staff recruitment and retention.
- Meeting statutory obligations under the Disability Acts in relation to Assessment of Need.
- The deficit in Acute Mental Health Bed Capacity will continue to be a service risk.

## Financial risks associated with statutory and regulatory compliance.

- Financial risk associated with the opening of new Primary Care capacity.
- The ability to recruit and retain skilled and qualified clinical staff.
- The potential of pay cost growth which has not been funded.
- The deficit in Acute Mental Health Bed Capacity will continue to be a risk.
- The increase in demand for Home Care Packages beyond those funded is of a particular risk in 2017 in the context of a continued focus on alleviation of pressures in ED departments.
- The increase in demand for Bespoke Placements beyond those funded is a major risk in 2017 in the context of Disability and Mental Health Services.
- Significant cost containment measures are required within this CHO to ensure that Existing Levels of Services are delivered within the financial allocation.

## Conclusion

CHO 7 will continue to work towards maximising the safe delivery of services within the financial and human resources available while at the same time ensuring that quality and patient safety remains at the core of the delivery system. However, our ability to expand or put in place any additional new services in 2017, other than those specifically provided for in the Letter of Determination will be limited. Indeed, additional supports have been agreed with the Divisions to reach the Service Plan targets.

This will be challenging as we re-structure our services in this CHO, whilst ensuring equality of services across our organisation in an ever increasing demand led environment. While it is acknowledged this list is not exhaustive, every effort will be made to mitigate the risks outlined above however it may not be possible to eliminate them in full within the current budgetary envelope.

**David Walsh**  
**Chief Officer**  
**Community Healthcare Organisation 7,**

## Building a Better Health Service

### CHO Specific Programmes

#### Quality and Safety

Quality improvement and Patient safety is everybody's business and will be embedded in all work practices across CHO 7. CHO 7 will endeavour to provide assurance that authority and accountability for the quality and safety of all services is integrated into our operational service management through appropriate leadership, governance, structures and processes.

- Delays in recruitment of additional Quality, Safety & Risk Managers for the divisions together with the required support staff is creating significant risks with the CHO. The recruitment of these staff will assist the CHO to put in place the necessary QPS structures.
- Consolidation of existing Quality, Safety & Risk committees across the Community Healthcare Organisation will continue as a key part of the formation and evolution of the CHO structures.
- Implementation of HSE Serious Incident Management Plan will continue.
- Systems analysis training for staff will enhance the internal capacity to meet Quality & Patient Safety requirements.
- On-going implementation of HIQA and Mental Health Commission Standards across services both in residential services and within the Primary Care services as well as implementation of new Best Practice Guidance for Mental Health Services remains a key priority across all divisions.

### Improving Quality & Reforming Service Delivery.

#### Quality and Safety

The HSE is committed to putting in place a quality, safety and enablement programme to support high quality, evidence based, safe effective and person centred care. Quality improvement, quality assurance and verification, will underpin the HSE approach to quality and safety in 2017, as is essential in times of constrained resources and change.

Leadership, including clinical leadership, is essential to embed a quality ethos in all services delivered and funded by the HSE and extends from the Directorate, the service Divisions and across the health and social care services. The appointment of Chief Executive Officers to the Hospital Groups and Chief Officers to the Community Healthcare Organisations paves the way for strong leadership so that quality is at the core of all we do.

#### Quality and safety priority areas for 2017 are:

- Proactive approach to service user and staff engagement.
- Completion of Self-assessment against the *National Standards for Safer Better Healthcare* at CHO and divisional level (where applicable), Development and implementation of Quality Improvement Plans
- Ensure Community Healthcare Organisations have clear structures to govern and deliver quality care.
- Quality improvement capacity building and the establishment of quality improvement collaboratives.
- The development and use of appropriate quality performance measures.

- Establishment of Key performance indicators for quality improvement and patient safety and monitoring of this system.
- Introduction of Quality Profiles to measure and support improvement.
- The development and implementation of a quality assurance and verification framework.
- The management of Reportable and Serious Reportable Events in accordance with HSE protocol.
- Identification and management of Risk through the Implementation of the Risk Register system at divisional and CHO level.

## Strategic Priorities for 2017

### Person Centred Care

- Support the Heads of Service to develop strong partnerships with patients and service users to achieve meaningful input into the planning, delivery and management of health and social care services to improve patient and service user experience and outcomes.

### Effective Care

- Assist the Heads of Service to ensure that patients or service users are responded to and cared for in the appropriate setting including:
- Provide advice and guidance with regard to the implementation of the National Clinical Guideline - Sepsis Management.
- Support the work of the Heads of Service in their linkages with the National Clinical Effectiveness Committee and the implementation of the National Clinical Effectiveness Committee guidelines.
- Continue to work with the Health & Wellbeing Division on Quality & Safety initiatives.

### Safe Care

- Support the Heads of Service in the continuation of quality improvement programmes in the area of Healthcare Associated Infections (HCAI) and implement the national guidelines for Methicillin-resistant *Staphylococcus aureus* (MRSA), *Clostridium difficile* and Sepsis, and the *National Standards for the Prevention and Control of Healthcare Associated Infections* with a particular focus on antimicrobial stewardship and control measures for multi-resistant organisms.

The need for a HCAI/Infection Prevention and Control Committee in CHO 7 is primarily to ensure effective governance, structure, system and processes for the prevention and control of Healthcare Associated Infections in CHO7. This will ensure compliance with the HIQA Safer Better Healthcare standards. The CHO will seek additional supports to resource this development during 2017.

- Support the Heads of Service in on-going quality improvement in Medication Management and Safety.
- Support the Heads of Service in the implementation of HSE Open Disclosure policy across all health and social care settings.

### Improving Quality

- Support the Heads of Service in the development of a strategic approach to improving quality and patient safety to support the HSE in continuing to deliver on its overall priority on quality and patient safety.

- Assist the Heads of Service in the development of models of frontline staff engagement to improve services.
- Provide support to the Mental Health services in the on-going development of a safety programme which will aim to reduce avoidable harm in the mental health service.
- Aid the Heads of Service in capacity building and the development of further quality improvement collaborative in key services.
- Support the Heads of Service in the implementation of a programme focused on the improvement of hydration and nutrition for service users.
- Provide advice and support on the development of a system of Healthcare Quality Improvement Audits.
- Support the Heads of Service in the implementation of *Framework for Improving Quality in our Health Service, part 1: Introducing the Framework*

#### Assurance and Verification

- Support the development of quality and risk performance standards.
- Provide advice and guidance to the Heads of Service to ensure routine assessment and reports on key aspects of quality and risk indicators.
- Aid Heads of Service to ensure the implementation the National Adverse Events Management System (NAEMS) across all services.
- Support the Heads of Service in the development of a system to ensure routine identification of risk and the implementation of remedial actions and additional control measures where required.
- Provide advice and support to the Heads of Service in the development, implementation and audit of a process for the management of serious events requiring reporting and investigation in accordance with the safety incident management policy 2014, including the implementation of a system for the dissemination, implementation and monitoring of recommendations from investigations.
- Support the Heads of Service in the development of and management of complaints to ensure that learning is derived, subject to adequate resources being made available.

## Finance

### Context

CHO7 will receive a total revenue allocation of €545.81m in 2017 to provide health and social care services within its catchment area. This represents an €18.58m (3.5%) increase on 2016 final revenue allocation. This is a significant resource and the increased funding to address elements of incoming deficits is welcome, however it needs to be measured against the backdrop of economic and other factors. These include the projected population growth of 4% nationally by 2021 (4.9% for CHO7), demand for more complex services to support people is rising and the insufficient funding of pay cost pressures and non-pay inflation.

### Incoming Deficit

2016 net expenditure in CHO7 amounts to €532.35m against an allocation of €527.23m. This resulted in a deficit of €5.1m or 0.97%. The 2016 deficit was driven by the following items in particular:

- External long stay placements in Disability services and Mental health.
- Regulatory compliance, particularly in the Disability sector
- Agency costs arising from HIQA notices, staff attrition and duration of recruitment process.

These factors will also be evident during 2017.

CHO7 is fully committed to delivering efficiencies where possible, whilst acknowledging the requirement to continue to provide safe and effective services to a growing and ageing population.

### CHO 7 Allocation tables

**Table 1: 2016 - 2017 Expenditure and Allocation by Division - CHO7 (Statutory and Section 38)**

Statutory & S.38 Services	2016				2017			
	Actual (€m)	Plan (€m)	Deficit/ <Surplus> (€m)	Deficit/ <Surplus> (%)	Projection (€m)	Plan (€m)	Deficit/ <Surplus> after Cost Containment (€m)	Deficit/ <Surplus> (%)
Primary Care	79.26	80.19	<0.93>	-1.16%	81.40	81.40	<0.00>	0.00%
Social Inclusion	46.84	47.05	<0.22>	-0.47%	46.15	46.15	<0.01>	-0.01%
Palliative Care	23.54	24.43	<0.89>	-3.64%	23.46	23.46	<0.00>	-0.01%
Subtotal (exc. DLS)	149.63	151.67	<2.04>	-1.34%	151.01	151.01	<0.01>	0.01%
Demand Led Schemes	47.39	47.28	0.10	0.22%	47.63	47.63	0.00	0.00%
Primary Care Total	197.02	198.95	<1.93>	-0.97%	198.63	198.64	<0.01>	0.00%
Mental Health Total	78.11	74.86	3.25	4.34%	80.35	80.35	0.00	0.00%
Older Persons	90.35	89.88	0.47	0.52%	96.44	96.42	0.01	0.01%
Disability Services	166.71	163.47	3.25	1.99%	170.33	170.33	<0.00>	0.00%
Social Care Total	257.06	253.35	3.71	1.47%	266.77	266.76	0.01	0.00%
CHO HQ	0.17	0.07	0.10	134.29%	0.17	0.07	0.10	134.29%
<b>Total</b>	<b>532.35</b>	<b>527.23</b>	<b>5.12</b>	<b>0.97%</b>	<b>545.91</b>	<b>545.81</b>	<b>0.01</b>	<b>0.02%</b>

### 2017 Development Funding/New Initiatives

Funding has been provided for 2017 to maintain the existing level of services ("ELS") available in 2016. Social Care Division provided an additional allocation of €5.3m to increase the number of home care packages and home help hours provided and to fund external long stay placements for people with disabilities. Primary Care has provided development post funding for Speech & Language Therapists and funding to open the new health centres in 2017.

Programme for Government (PFG) funding in 2017 will be used to address critical service risks. Time related savings associated with the filling of service development posts will be used to ease cost pressures within the Mental Health service.

### Service Pressures/ELS

In order to maintain ELS, net expenditure in CHO7 is projected to increase by €21.55m (4%) to €553.9m. Examples of where these increases will occur: -

- (i) Full year costs of services (including external long stay placements) that commenced during 2016;
- (ii) Medical and Nursing agency due to the on-going market and availability issues in recruiting and retaining these staff
- (iii) Cost associated with Lansdowne Road Agreement ("LRA");
- (iv) Increments;
- (v) Quality and safety requirements, and
- (vi) Other clinical non-pay cost increases, price rises etc.

While the 2017 allocation provides additional funding towards ELS, our analysis indicates it is not sufficient to fully fund the level of service provided in 2016. The main financial challenges are expected to be in the provision of Disability and Mental health services.

### Savings and Efficiency Measures

Included in the Social Care allocation for CHO7 are savings in the sum of €1.9m that will have to be met through pay and non-pay efficiencies. The scope for achieving further savings is extremely limited due to the cumulative effect of similar budgetary measures in recent years.

It is expected that the integration of services into one cohesive CHO will deliver the majority of further savings. Identifying cost containment measures has already commenced to allow sufficiently early implementation to gain traction and to provide full year savings for 2017.

However, as previously stated, it will be a significant challenge to deliver adequate cost containment without impacting service and therefore, it is prudent to state that there is a substantial financial risk within this operational plan.

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

## Financial Risks

All services need to operate within the 2017 allocation for CHO7 to breakeven. Given the Divisional split of budget allocation, there is no scope to address a deficit in one area with compensating surpluses in another area. Particular areas of concern are Disability and Mental Health services as both divisions had a deficit of €3.25m in 2016. Many of the underlying factors driving these deficits will rollover into 2017 – see below.

Some of the anticipated financial risk areas during 2017 in CHO7 include: -

- Provision of external / emergency long stay placements, particularly in the Disability and Mental Health sectors.
- Additional pay costs associated with deploying Agency staff because of recruitment challenges.
- Compliance with HIQA standards that may entail incremental expenditure on staffing and / or infrastructure.
- There is an increasing need to meet the individualised needs of service users and this is putting pressure on the available funding for school leavers in the Intellectual Disability (“ID”) and Autism sector.
- Historical financial deficits in section 38 agencies, with consequential impact on cash flow.
- Demographic issues, with the 2016 census showing a 4.9% increase in population in CHO7
- In 2017, the CHO will deliver social care supports and services to people with a disability across the spectrum of day, residential and home support provision. The financial resources made available to the CHO as part of the HSEs 2017 National Service Plan is focussed on specific and targeted provision which is set out in the tables detailing agreed priority actions.

This CHO will endeavour to maintain existing levels of services in line with financial resources available, and will work in partnership with the Social Care Division in relation to targeted service developments and the implementation of the revised arrangements for the management of emergency placements, home respite support services as well as day/rehabilitative training interventions.

The CHO is cognisant that the demand for disability supports and services is growing in a significant way and will ensure throughout 2017 effective monitoring of the impact in this area as part of on-going planning processes with the National Social Care Division in respect of the 2018 estimates process.

## Pay Bill Management

Pay Bill Management is now a key element of the national and local budget management strategy. The Pay & Numbers Strategy for 2017 clearly highlights the requirement for each CHO to remain within their notified allocation. Recruitment must not breach this requirement in the current year, or create unsustainable levels in the future. Each service must have a fully funded workforce plan developed in line with their allocation

and this should drive all recruitment decisions. CHO7 will continue to review skill mix and pursue agency conversion / avoidance and the achievement of a 3.5% absenteeism target.

## Workforce

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.

Over the last three years, work has been on-going to develop a robust strategic intent for HR across the wider health system to ensure there is one unified and consistent HR function, embracing statutory and voluntary providers, that will ensure HR has an operating model that is fit for purpose and aligned to the services and evolving new structures. This will ensure that the organisation and the workforce has the ability, flexibility, adaptability and responsiveness to meet the changing needs of the service while at the same time ensuring a consistent experience of HR services is delivered throughout the health system.

The People's Strategy identifies eight people management priorities and the operational plan for the CHO details actions under these eight priorities:

## Leadership and Culture

CHO 7 will undertake the following actions to improve effective leadership at all levels within our CHO:

- Undertake a Level 4/5 Leadership Development Programme for the Management Team and their direct reports, in partnership with the National HR LED Team.
- Plan and deliver a Project Management Programme, to underpin the series of reforms required to implement the operational structures for CHO 7, balancing national priorities with local needs.
- Roll out the level III, "unlocking leadership potential" – leadership talent management development programme, when it is finalised and available from the National Leadership, Education and Development office by November, 2017.

## Staff Engagement

CHO 7 will undertake the following actions to ensure that staff have a strong sense of connection to the service, take personal responsibility for achieving better outcomes and support team colleagues to deliver results:

- CHO 7 will develop a Staff Engagement Action Plan during 2017 which will identify specific mechanisms for more effective communications with staff.
- Develop an action plan to implement the recommendations from the staff survey by Q1 2017.

- Undertake an on-going review of Management and Administration staffing during 2107 which will enable positive dialogue around future job design and flexibility providing opportunities for managers and their teams to shape the future workforce in this category.
- In partnership with the Staff Health & Well Being Unit and the Head of Health & Well Being, support staff in managing their own health and wellbeing, with a particular focus on the management of absenteeism and supports available to staff and managers for completion Q3 2017.

### Learning and Development

CHO 7 will undertake the following actions to promote a learning culture that prioritises development to ensure staff are equipped to confidently deliver, problem solve and innovate safer, better healthcare:

- Based on the various staff engagements CHO 7 will develop an analysis of the areas training needs
- The re-introduction where funding allows of a specific Academic Study Scheme, to cater for a scholarship for a number of Diploma and Degree Programmes. This would be a positive intervention where staff recruitment and retention issues are particularly acute.
- Invest, where funding allows, in a Programme of training for Mentor's and Coaches.
- CHO 7 will present a focused emphasis on performance achievement and engagement at all levels in the health system with a view to further developing a culture of teamwork, communication and innovation.

### Workforce Planning

CHO 7 will undertake the following actions to progress a comprehensive workforce plan in place based on current and predicted service needs, evidence informed clinical care pathways and staff deployment by:

- Continuing the transition from an employment control framework driven by moratorium on recruitment to one operating within allocated pay envelopes.
- Operating strictly within allocated pay frameworks, while ensuring that services are maintained to the maximum extent and that the service priorities determined by Government are addressed.
- Improved Paybill Management Systems which will be introduced in 2017 within CHO 7, which will facilitate an enhanced forecasting capability, supporting the "Funded Workforce Plan" and ultimately ensuring the resources are in place to meet future staff and service requirements.
- Identify further opportunities for pay savings to allow for re-investment purposes in the health sector workforce.
- Re-point all existing CHO staff into the new Heads of Services and Heads of Functions management structures for completion Q1 2017.
- A key priority for CHO 7 is the implementation and development of the sub-structure under the Heads of Service and Function to achieve maximum staff efficiency and effectiveness, talent managing new teams incorporating the optimisation of available resources.

### Evidence and Knowledge

CHO 7 will undertake the following actions to ensure that work practices and client pathways are evidence information and decision making is based on real time and reliable data:

- In partnership with the National ERPS Team within HBS, it is planned to introduce a comprehensive HR Dashboard/activity reporting system. This 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.

- The CHO will implement the HR Early Warning System for all services within the CHO, including voluntary providers. This process will commence in January 2017 and on-going for the remainder of the year.
- In partnership with Workforce planning and Informatics, the CHO will review the existing employment reports to ensure that it meets the requirements of the CHO Paybill Group.

### Performance

CHO 7 will undertake the following action 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:

- Reconfigure all existing CHO7 staff and their line management into the new structures designed around the Heads of Service and Heads of Functions, subject to any changes which may arise at national level.

### Partnering

CHO 7 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 CHO during 2017.
- 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.
- All managers in voluntary organisations will be made aware of their responsibilities for the effective implementation the new Governance Framework in 2017
- The Head of Human Resources will develop links with Learning and Development to source and provide training, coaching and mentoring to maximise the potential of staff and management within the Area.

### Human Resource Professional Services

CHO 7 will undertake the following actions to design HR services that create value, enhance people capacity to deliver CHO priorities:

- The Head of HR will define the role and develop the HR Delivery Model for the CHO and communicate to all relevant stakeholders by April 2017.

- In partnership with Client Business Relationship Manager, clarity on the HR elements of the HBS operating model will be communicated to all staff within the CHO by June 2017. There will be a specific focus on personnel administration and SAP HR and links with payroll.

In partnership with National Recruitment Services (NRS), the CHO will agree and implement specific actions to improve the recruitment process between the parties and this will be finalised by Q2 2017. An initial review and evaluation of its effectiveness will commence in Q4 2017.

## Health and Wellbeing

### Introduction

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

The appointment of the Head of Service (HoS) in Health & Wellbeing is a key element of the management team that will oversee the delivery of Health & Wellbeing services in CHO 7.

The Health and Wellbeing division will operate through an integration process with the Social Care, Primary Care, Mental Health, and HR Divisions. Currently the Head of Service is the only allocated Health & Wellbeing resource in CHO7. The Health & Wellbeing agenda is being delivered through Health Promotion Staff and other supports and through the National Health & Wellbeing division. Staff working across divisions will be supported and encouraged to engage in Health & Wellbeing initiatives to promote health and wellbeing as part of everything we do so that people will be healthier which is within the five over-arching Corporate Goals under the Healthy Ireland (HI) Framework.

Health & Wellbeing in conjunction with other divisions will continue to focus on 'The People Strategy 2015-2018, which has been developed in recognition of the vital role the workforce plays in delivering safer and better healthcare

### Priorities for 2017

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

### Implementing Priorities 2017

Priority Actions	Q
<b>Accelerate implementation of the <i>Healthy Ireland</i> Framework through the <i>Healthy Ireland in the Health Services Implementation Plan 2015 – 2017</i></b>	
Develop HI Healthy Ireland Implementation Plans in CHO 7 in partnership with all relevant stakeholders.	1-4
Support the development of HSE Staff Health & Wellbeing Strategy.	1-4
Commence Implementation of Making Every Contact Count (MECC) in CHO 7 on a phased basis with the support of the National MECC Framework. (a) Train CHO staff based on target for BISC for 2017 & Alcohol targets for 2017. (b) Commence roll-out of MECC training once service provider has been appointed.	1-4

1. Work with the Health & Wellbeing division to Appoint a CHO Self-Management Support Co-ordinator for chronic diseases.	1-4
(a) Commence CHO Implementation of (SMS) framework in CHO 7 as outlined in the National Framework for Self-Management Support.	
(b) Develop signposting and directories of local community and voluntary resources to support Self-Management Support.	
(c) Facilitate the development of peer support through voluntary and community organisations in CHO 7.	
Implement a Healthy Workplace policy across CHO 7 in partnership with key stakeholders	1-4
Engage staff in staff health & wellbeing initiatives. Co-develop local action plans to support staff health & wellbeing	1-4
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), subject to resources being made available.	1-4
<b>Reduce levels of chronic disease and improve the health and wellbeing of the population</b>	
<b>Tobacco Free Ireland</b>	
1. Continue to monitor compliance with the HSE Tobacco Free Campus Policy.	1-4
2. 50% of approved Centres and Residential Mental Health sites will implement the HSE Tobacco Free Campus Policy.	
3. 100% of Residential Disability Services (HSE, Section 38 & 39) will implement the HSE Tobacco Free Campus Policy.	
4. 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.	
5. Staff working in Primary Care, Mental Health and Social Care will be supported and encouraged to actively engage in initiatives to achieve “Tobacco Free Ireland”.	
Release 171 frontline staff to BISC training to support the routine treatment of tobacco addiction as a Healthcare issue.	1-4
Display QUIT support resources in appropriate services.	1-4
Ensure staff are aware of the QUIT campaign and refer Patients/clients to Quit and other appropriate smoking cessation services.	
<b>Healthy Eating and Active Living</b>	
Implement Calorie Posting and healthier vending policies in all sites within CHO 7.	1-4

Support planning for the provision of enhanced community-based, weight-management programmes and specialist treatment services	1-4
Support the embedding of an evidence based framework for the prevention of childhood obesity into CHO child health operating structures	1-4
Support the delivery of structured community based cooking programmes (Healthy Food Made Easy and Cook It!)	1-4
Release 87 PHNs to train in the Nutrition Reference Pack for infants aged 0-12 months	1-4
Staff working in Primary Care, Mental Health and Social Care will be supported and encouraged to actively engage in initiatives to achieve Healthy Ireland targets.	1-4
<b>National Healthy Childhood Programme</b>	
Healthy Childhood - Support the National division's implementation of the <i>Nurture Programme – Infant Health and Wellbeing</i>	1-4
Healthy Childhood - Support the implementation of the National Healthy Childhood Programme	1-4
Healthy Eating & Active Living - Support roll-out of CAREpals training for staff working in residential and day-care services for older people	1-4
Connecting for Life - Support the engagement and consultation process in the development of a mental health promotion plan and support implementation of finalised plan	1-4
<b>Alcohol</b>	
Support the National division's implementation of the 3-year alcohol plan incorporating recommendations from the Steering Group Report on the <i>National Substance Misuse Strategy (2012)</i> and aligned with the measures contained in the <i>Public Health Alcohol Bill (2015)</i>	1-4
Support the key actions of the 3 year HSE Alcohol Programme Implementation Plan including:	1-4
Supporting the roll-out of the national alcohol risk communication campaign.	1-4
Support the HSE internal communications campaign on alcohol harm.	1-4
Support the implementation of the HSE strategic statement on public health messaging on alcohol risk.	1-4
Support the roll-out of MECC for alcohol.	1-4
Staff working in Primary Care, Mental Health and Social Care will be supported and encouraged to actively engage in initiatives to achieve measures contained in the Public Health Alcohol Bill (2015)	1-4

Engage with the work of the Alcohol Programme Implementation Group on alcohol harm data & analysis.	1-4
<b>Wellbeing &amp; Mental Health</b>	
Roll-out of the Positive Mental Health Model with Primary Healthcare Projects. Work with MHS and traveller communities and traveller community health workers to improve access to Mental Health Services and promote initiatives under Connecting for Life.	1-4
Support the development of mental health promotion plan based on Connecting for Life – Ireland’s National Strategy to Reduce Suicide 2015-2020 through staff participation and partner in implementation of finalised plan.	1-4
<b>Positive Ageing</b>	
Support the development of a national implementation plan to promote positive ageing and improve physical activity levels	1-4
<b>Protect the population from threats to health and wellbeing</b>	
<b>Immunisation programmes</b>	
Improve immunisation uptake rates	1-4
Complete implementation of the Rotavirus and Men B vaccination programmes	1-4
Support Health and Wellbeing to develop a revised child health and immunisation model for implementation in the context of the Immunisation Review.	1-4
Improve influenza vaccine uptake rates amongst staff in frontline settings and among persons aged 65 and over	1-4
Develop & implement a Flu Plan 2017/2018 in order to improve influenza uptake rates amongst staff in frontline settings.	2-4
Support the implementation and oversight of the Warmth and Wellbeing pilot in partnership with key stakeholders in line with available resources.	1-4
Support capacity building for the prevention, surveillance and management of HCAs and antimicrobial resistance (AMR) and the implementation of an agreed action plan for HCAs in line with new governance structures and available resources	1-4
Improve uptake rates for the School Immunisation Programmes (SIP) with a particular focus on HPV vaccine with the support of the Health & Wellbeing division	1-4
Develop and implement a flu plan for 2017/2018 to improve influenza uptake rates amongst staff in frontline settings and persons aged 65 and over with the support of the Health & Wellbeing division	1-4
Support the Health & Wellbeing division to promote the BowelScreen Programme among the population of the CHO in the relevant age group (60 to 69 yrs) in collaboration with the National Screening Service	1-4

Support the Health & Wellbeing division to promote the BreastCheck Programme among female staff who are new to the BreastCheck age cohort (i.e. female staff in the 50 to 52 yrs age group) in collaboration with the National Screening Service	1-4
Continue to support Health Cities and Counties in collaboration with Health & Wellbeing division.	1-4
<b>Create and strengthen cross-sectoral partnerships for improved health outcomes and address health inequalities</b>	
Continue to support HSE representative participation on Local Community Development Committees (LCDC) to build capacity and ensure health and wellbeing priorities are mainstreamed as part of the LCDC agenda	Q1-4
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.)	1-4
Continue to support the implementation and oversight of Warmth and Wellbeing pilot in partnership with key stakeholders, subject to resources being made available.	Q1-4
Support the development of National implementation plan to promote positive ageing and improve physical activity levels in collaboration with local agencies, through participation non Age Friendly County Committees and through supporting the implementation of agreed national action through LCDC and other local partnerships.	Q1-4

## Community Healthcare

### Primary Care

#### Introduction

CHO 7 includes many of the areas of most significant deprivation in this country. These include the South Inner City, Dublin 8, 10, 12 and 24 as well as portions of Kildare and Wicklow.

During 2016 the area experienced very high turnover in key professional staff which has led to a significant reduction in the resources available to provide essential service to the public. In particular Community Nursing, Physiotherapy, Dental and Occupational Therapy services will face challenges in meeting demand for services in the community. The deficit in clerical support staff continues to impact on service delivery.

Homelessness and the displacement of families that it causes, impacts directly on the ability to provide services in a cohesive and efficient manner. Many of the families impacted by homelessness are accommodated on a temporary basis within CHO 7.

Addiction services remain underdeveloped within CHO 7 with significant deficits in the Kildare area in particular.

Work will commence to strengthen the accountability and governance within the Addiction services in CHO 7, with initial focus on the Drug Task Forces. CHO 7 will work with the division around the development of a plan for the integration of the National Drug Treatment Centre (NDTC) in 2017.

Proposals to move the Cuan Dara service to an improved location are also resource dependent.

CHO 7 will fund grants to agencies to our funded, approved resource levels.

Achieving a breakeven position is contingent on a careful management and monitoring of expenditure throughout the year.

The reorganisation of Primary Care Services in line with the Community Healthcare Organisation report is a key priority for 2017. Work will continue in relation to the development of 14 Community Health Networks in tandem with national processes to deliver appropriate structures and operating models to facilitate this work. This will be supported by the continued development of the Primary Care infrastructure. Primary Care Centres in Celbridge, Junction House Belgard Road, Armagh Road Crumlin, Blessington and Springfield Tallaght will open in 2017. The timing of the opening of these centres is contingent on sufficient budget being made available to meet the running costs.

Palliative Care services in Kildare/West Wicklow will be supported by the filling of the Director of Nursing post in 2017.

CHO 7 will face challenges to meet the Primary Care Metric targets as laid out in the Service Plan in 2017. A combination of legacy budget build issues and an inability to replace maternity leaves within the pay bill framework will contribute to this issue. Metric targets for Occupational Therapy, Psychology, Physiotherapy, Community Nursing, Ophthalmology and Psychology may not be reached without a structured service improvement plan.



## Priorities for 2017

- Strengthen accountability and compliance across all service within the scope of the resources available.
- Primary Care: Improve safety, access and responsiveness of primary care services and review contractor arrangements.
- Palliative Care: Improve access, quality and efficiency of **palliative care** services.
- Social Inclusion:
  - Improve health outcomes for people experiencing or at risk of **homelessness**, particularly those with complex and multiple needs.
  - Improve health outcomes for people with **addiction** issues.
  - Improve services for **vulnerable groups** including, refugees, asylum seekers, Traveller and Roma communities.

Priority Actions	Q
<b>Goal 1: Promote Health &amp; Wellbeing as part of everything we do so that people will be healthier.</b>	
Child Health: CHO7 Primary Care will continue to prioritise resources and work in partnership with the Health and Wellbeing Division in the achievement of set KPI targets	4
<ul style="list-style-type: none"> <li>• CHO 7 will continue to meet national immunisation/ vaccination targets</li> </ul>	4
<ul style="list-style-type: none"> <li>• CHO7 will address BCG waiting list challenges through provision of additional vaccination clinics as appropriate (subject to funding and availability of vaccines)</li> </ul>	4
<ul style="list-style-type: none"> <li>• CHO7 will cooperate with the rollout of the Nurture Programme</li> </ul>	4
<ul style="list-style-type: none"> <li>• CHO7 will continue to roll out Child Health programmes / initiatives to improve health outcomes for children</li> </ul>	4
<ul style="list-style-type: none"> <li>• CHO 7 will engage with the National Primary Care Division to review Nursing services in the community in the Greater Dublin Area</li> </ul>	1
Tobacco Free Campus Policy and BISC training:	4
<ul style="list-style-type: none"> <li>• CHO7 will commit to a target of 5% of PC staff attending BISC training in 2017</li> </ul>	
Staff working in Primary Care will be supported and encouraged to actively engage in initiatives to achieve the Health & Wellbeing division, Healthy Ireland targets	
Strengthen national supports and guidance to PC providers in relation to Health Care Associated Infection	4
<ul style="list-style-type: none"> <li>• CHO 7 will continue to promote hand hygiene training and audit and will maintain target of 100% compliance in 2017</li> </ul>	
Work to improve health outcomes for vulnerable population	4

<ul style="list-style-type: none"> <li>CHO7 will continue to engage with a range of local fora including Healthy Cities, LCDCs, Homeless Forums etc.</li> </ul>	
<b>Goal 2: Provide improved and additional services at Primary Care and Network Level.</b>	
Provide improved and additional services at Primary Care and Network Level	4
<ul style="list-style-type: none"> <li>Chronic Disease programmes:CHO7 will support the lead out of the Diabetes and COPD Asthma CD programmes through the recruitment of a number of clinical posts (CNS Diabetes, Physiotherapists, Podiatrist, Dieticians, CNS Respiratory) approved in 2016</li> <li>Continue to support the established Inter Divisional Local Implementation Group, in the delivery of the chronic disease programme</li> <li>Continue to consolidate delivery of PC services through our Community Health Care Networks</li> <li>Continue to work with Estates in the development of new Primary Care Centres – in 2017 we will open new PCCs in Celbridge, Junction House Belgard Road, Armagh Road Crumlin, Blessington and Springfield Tallaght.</li> <li>Continue to work with Social Care Division in the continued rollout of integrated programme for Older Persons (IPOP) in Tallaght region</li> </ul>	
National Standards for Better Safer Healthcare	4
<ul style="list-style-type: none"> <li>CHO7 will continue to support the implementation of the national standards</li> <li>CHO7 will identify QIPs and agree a reporting mechanism</li> </ul>	
Improve access to Oral Health And Orthodontics	4
<ul style="list-style-type: none"> <li>CHO7 will implement the waiting list initiative for children's orthodontic services in line with national policy</li> </ul>	
Improve waiting times for therapy services	4
<ul style="list-style-type: none"> <li>CHO7 will engage in the national Speech and Language therapy waiting list initiative through the recruitment of 14 additional SLTs for the area</li> <li>CHO7 will implement the new models for physiotherapy and OT services in line with national policy</li> </ul>	
GP out of hours services	4
<ul style="list-style-type: none"> <li>CHO7 will continue to support the development and expansion of OOHs services through the continued funding of K-Doc, DubDoc and TLC-DOC</li> <li>CHO7 will support the development of TLC-Doc through provision of new premises at Tallaght Cross PCC</li> <li>CHO7 will support the rollout of actions as recommended by the national GP OOH Review (2016)</li> </ul>	
Strengthen and expand Community Intervention Team and OPAT services	4
<ul style="list-style-type: none"> <li>CHO7 will support the strengthening of governance and reporting of CIT services in line with national directives in particular KWW</li> </ul>	

<ul style="list-style-type: none"> <li>CHO7 will increase the number of patients supported and trained to self-administer IV antibiotics and S-OPAT</li> </ul>	
<p>Primary Care Eye Services:</p> <ul style="list-style-type: none"> <li>CHO7 will support and contribute to the national implementation plan for Review Recommendations as appropriate</li> <li>CHO7 will further progress the waiting list initiative in KWW for ophthalmology services, subject to additional waiting list initiative funding being made available.</li> </ul>	4
<b>Social Inclusion: Improve Addiction Services</b>	
Re-locate addiction clinic in Glenabbey/Belgard Road to Junction House	3
Prepare the action plan to align addiction services in accordance with locations of clinics in CHO6 and CHO7.	1
Prepare framework for re-configuration and re-location of Cuan Dara addiction in-patient unit.	2
Establish new addiction clinic in Kildare – Resources permitting	3
Integrate existing Addiction clinics into primary care teams-networks, where appropriate.	3
Develop Addiction Quality Standards in accordance with Better Safer Health Care	3
Develop a co-ordinated plan to respond to alcohol use in conjunction with the Drug and Alcohol Drug Task forces.	2
<b>Social Inclusion: Improve Homeless Services</b>	
Participate in the Rebuilding Ireland Action plan with a Framework to address mental health and addiction care needs of homeless clients	1
Participate in the development of a care and case management plan and the monitoring of service provision to children in emergency homeless accommodation in the Greater Dublin area.	1
Introduce appropriate clinical in-reach services to Short Term Homeless Accommodation, subject to resources being made available.	1
Support the development of an Intermediate Care centre for homeless clients in CHO 7 subject to resources being made available.	1
<b>Social Inclusion: Improve Refugee Services</b>	
Participate in the development of a national medical screening programme for homeless and programme Refugees	2
Enhance service provision of medical care to Programme Refugees in Monasterevin	1
Utilise Dormant Accounts Funding to provide:	
<ul style="list-style-type: none"> <li>In reach PHN service</li> </ul>	

<ul style="list-style-type: none"> <li>• Part time health support worker</li> <li>• In reach trauma and psychology support through SPIRASI</li> </ul>	
<b>Social Inclusion: Improve LGBTI Services</b>	
Co-operate with the Implementation of the Lesbian, Gay Bisexual, transgender and intersex LGBTI practice policy in CHO 7	4
<b>Social Inclusion: Improve Traveller Services</b>	
<ul style="list-style-type: none"> <li>▪ Develop closer working relationships between Traveller Primary Care Health Projects , Mental Health and Health and Well Being .</li> </ul>	
<ul style="list-style-type: none"> <li>▪ Promote and support the development of Small changes – big differences Traveller Education Programme for Heart Disease and Diabetes.</li> </ul>	3
<ul style="list-style-type: none"> <li>▪ Establish the Asthma Education Programme for Traveller Community Health Workers</li> </ul>	3
<ul style="list-style-type: none"> <li>▪ Support Traveller Organisation to participate in Connecting for Life Suicide Prevention Action plans in Dublin, Kildare and West Wicklow.</li> </ul>	4
<ul style="list-style-type: none"> <li>▪ Develop knowledge base of Travellers to begin addressing issues concerning domestic violence</li> </ul>	3
<ul style="list-style-type: none"> <li>▪ Participate in the development of the Framework to implement the National Traveller Roma and Inclusion Strategy after its publication.</li> </ul>	3
<ul style="list-style-type: none"> <li>▪ CHO7 will continue to support the Traveller Primary Health Care projects in Tallaght, Clondalkin and Kildare</li> </ul>	4
<ul style="list-style-type: none"> <li>▪ CHO7 will continue to support the GP Roma Clinic (Tallaght) and increase provision from one day to two days per week in 2017</li> </ul>	4
Palliative Care Services	
<b>Improve access, quality and efficiency of palliative care services</b>	4
<ul style="list-style-type: none"> <li>▪ CHO7 will: Implement the Eligibility Criteria Guidelines to ensure equal access to palliative care services regardless of diagnosis.</li> </ul>	
<ul style="list-style-type: none"> <li>▪ CHO7 will: Support the work of the National Clinical Effectiveness Committee and the implementation of the National Clinical Effectiveness Committee guidelines.</li> </ul>	4
<ul style="list-style-type: none"> <li>▪ CHO 7 will: participate in the development of a guideline on Care of the Dying Adult in the Last Days of Life for use in non-specialist services.</li> </ul>	4
<ul style="list-style-type: none"> <li>▪ CHO 7 will: Support the development of national standards, protocols and pathways to ensure a standardised approach in the provision of children's palliative care in the community</li> </ul>	4
<ul style="list-style-type: none"> <li>▪ CHO7 will implement the recommendations from the Palliative Care Support Beds Review</li> </ul>	4
<ul style="list-style-type: none"> <li>▪ CHO7 will implement the model of care for adult and children's palliative care services</li> </ul>	4

▪ CHO7 will implement the patient charter for Palliative Care services in line with national directives	
▪ CHO 7 will open refurbished St Brigid's hospice in KWW Quarter 4 2017	4
▪ CHO 7 will recruit Director of Nursing for St Brigid's hospice Q1 2017	1
▪ CHO 7 will develop closer governance links across the CHO 7 palliative care services Q3 2017	3

GOAL 3: Foster a culture that is honest, compassionate transparent and accountable		Q
<p>Patient Engagement and Empowerment</p> <ul style="list-style-type: none"> <li>CHO7 will establish a formal process to engage with patients and service users, using a wide range of methods to obtain feedback and will commit to disseminating this information</li> <li>The Primary Care Service User tool will be used to measure patient experience</li> <li>CHO7 will implement the patient charter for Palliative Care services in line with national directives</li> </ul>	4	
<p>Quality and Safety: Management Quality Indicators</p> <ul style="list-style-type: none"> <li>CHO7 will monitor and continue to measure quality and safety indications through the Primary Care Quality Dashboard.</li> <li>CHO7 will continue to work to meet Q&amp;S KPI targets</li> <li>CHO7 will continue to collaborate with Consumer Affairs in the management and analysis of complaints</li> </ul>	4	
<p>Quality and Safety: Incident Management and Serious Incident Reporting</p> <ul style="list-style-type: none"> <li>Continue to support the rollout of NIMS in Primary Care</li> <li>Ensure robust systems and structure in place for reporting and monitoring of serious reportable incidents</li> <li>Continue to update and maintain the SRE/ SI Log3</li> </ul>	4	
<p>Quality and Safety: Open Disclosure</p> <ul style="list-style-type: none"> <li>Continue to support staff training in this area by ensuring senior management staff participate in the Train the Trainer programme</li> </ul>	4	
<p>Social Inclusion Priority: Brief Intervention Training</p> <ul style="list-style-type: none"> <li>Support the rollout of this training to staff in Addiction Services: 5% of staff will have completed the training by end of year</li> </ul>	4	
Goal 4: Engage, develop and value our workforce to deliver the best possible care and services to the people who depend on them		Q
<p>Quality and Safety Education and Training</p> <ul style="list-style-type: none"> <li>Develop a robust CHO wide clinical audit programme as resources allow</li> </ul>	4	
<p>Staff Engagement</p> <ul style="list-style-type: none"> <li>To follow on from the 2016 staff engagement initiative, CHO7 will set up a working group to progress identified actions</li> </ul>	4	
<p>Performance Management and staff development</p> <ul style="list-style-type: none"> <li>Continue to develop HR structure within CHO7</li> </ul>	4	
<p>Social Inclusion Priority: Provide LGBT health training for staff as resources allow</p>	4	
<p>Palliative Care: Develop the capacity of health professionals to better meet the needs of clients and their families</p>	4	

<ul style="list-style-type: none"> <li>CHO7 will carry out a training needs analysis to identify gaps in training for staff working in this area.</li> </ul>	4
Goal 5: Manage resources in a way that delivers best health outcomes, improves people's experiences of using the service and demonstrates value for money.	Q
Support the further development of the Primary Care Quality Dashboard	
<ul style="list-style-type: none"> <li>Continue to gather and submit timely information for monthly performance reports</li> </ul>	4
	4
<ul style="list-style-type: none"> <li>Continue to support the development of the Tallaght Cross Academic Primary Care Centre in developing new and innovative models of care, research opportunities, greater integration of GP, HSE and acute services</li> </ul>	4
<ul style="list-style-type: none"> <li>Work closely with Tallaght Hospital to explore options regarding delivery of GP Phlebotomy and Wound Management in a community setting</li> </ul>	4
<ul style="list-style-type: none"> <li>Support the development of the GP led 'Tomorrow's Care' initiative</li> </ul>	4
Single Assessment Tool	4
<ul style="list-style-type: none"> <li>Continue to rollout of SAT across the area</li> </ul>	4
Effective use of ICT	4
<ul style="list-style-type: none"> <li>Continue to rollout electronic appointment booking and follow up system throughout CHO7</li> </ul>	4
St James Demand Led Schemes.	4
<ul style="list-style-type: none"> <li>To engage with PCRS and the Acute Sector in transferring the budget for specific demand led schemes to PCRS</li> </ul>	4

## Mental Health

### Introduction – Area Description

CHO 7 includes the former Dublin West/South West Mental Health Service (Loman's / Tallaght), the Dublin South City Mental Health Service (St James's) and Kildare West Wicklow. While serving a total population of 674,071 the service also includes Child and Adolescent Mental Health Services. In addition services for people with intellectual disabilities who have mental health needs are delivered by a number of providers including Stewarts Hospital Palmerstown, Cheeverstown House Services, Dublin South City Intellectual Disability Service, St John of Gods and Peamount Hospital.

A number of other key stakeholders are also based in the locality and it is planned that the Mental Health Service will formalise links and promote the integration agenda with these services as part of the emerging requirements. These services include The (National) Alba Counselling Service, Counselling in Primary Care, Addiction Services, Homeless services and EVE-Community Based Recovery Programmes. The Cloverhill/Wheatfield prison complex is also located within the catchment area.

### Service Description

The general adult services in CHO 7 are largely community-oriented with an emphasis on delivering care in the community and have well developed community mental health and homecare teams (CMHTs). Due to limited resources, the Dublin South City Service at St. James's lacks this level of community care capacity. The catchment area also has Psychiatry of Later Life (PLL) teams and a Rehabilitation team. The demands on the Psychiatry of Later Life team have increased year on year as the at risk population has increased in size and also according as the number of nursing home beds in the catchment area increases. The service also includes a multi-disciplinary team for the provision of mental health services to the homeless population in South Dublin.

The Kildare West Wicklow Service is significantly under resourced in comparison with services serving similar populations nationally and, as a consequence, each facet of the service operates under severe pressure. The Lakeview Acute Unit in Naas Hospital can only operate with the assistance of access to up to 10 additional beds in Portlaoise as well as the cooperation of its sister services in Tallaght and St James' Hospitals. Community Services within the Kildare West Wicklow Service are similarly under resourced to deal with the needs of the catchment.

Psychological Medicine Liaison services are provided within the two acute hospitals in Tallaght & St James's. Child & Adolescent Mental Health Services are delivered in three Community services for the catchment area.

The HSE National Counselling Service provides counselling and psychotherapy services across 18 locations in CHO 7.

A key priority for the CHO 7 Mental Health Services in 2017 is to reconfigure the services in line with the Community Healthcare Organisation report and this will continue throughout 2017.

It is essential that progress continues in addressing the significant resource and service deficits within the CHO 7 Mental Health Services and work will continue with the National Mental Health Division in this regard. Priority issues include the further strengthening of Community Teams, the redevelopment of Lakeview and the development of additional step down options for service users. Significant infrastructural deficits also exist in the non-acute services.

The service has secured PFG development posts in 2015 which will help shape the delivery of services throughout 2017. Such developments include resources for the recruitment of a home based treatment team in the Kildare service and a rehab service in Dublin South Central. In addition, resources will be

made available across the Area to develop Psychiatry of Later Life Services, which will seek to help reduce the current pressures on inpatient and step down beds locally and across the CHO

Service users in this Community Healthcare Organisation have benefitted significantly from the additional funding made available through the HSE National Service Plan in recent years. However, this has not addressed the gap between resourcing of services in CHO 7 and comparable services nationally.

Services generally remain underfunded in comparison with national norms and significant risks remain across the full range of services and the priority is to retain existing levels of service from 2016.

The indicated 2017 financial allocation for this service presupposes that there will be no requirement for additional step down placements for patients in 2017 and that recruitment to approved staff posts will be phased towards the later part of the year. However, previous years' experience indicates that up to 7 external placements may be required during 2017. In addition, the risks associated with the current low staffing levels require that vacant posts are filled without delay. These issues could, at worst case, lead to a gap of up to €3.5M between allocated budget and expenditure. CHO 7 will work closely with the Mental Health Division to manage the situation throughout the year.

### Quality and Service User Safety

The objective of CHO7 Adult Mental Health is to ensure safe care, improve quality and provide assurance and verification of same. The service with the support of the Division will put in place the resources to provide high quality safe services for our service users and staff. The service will engage with the Division to build the capacity of service users, families and carers to influence the design and delivery of Mental Health Services.

### Risks to Delivery of Operational Plan.

- Recruitment and Retention of staff across all disciplines.
- Lack of treatment options in terms of residential placements and step-down facilities
- Lack of capacity of Community based Teams.
- Pressures on Acute beds
- Continuing deficits in QPS staffing.

## Services Provided

Service	No. Provided	Service	No. Provided
No. of Adult Acute In Patient Beds	138 (incl 10 beds in Portlaoise Hospital)	Psychiatry of Old Age	
General Adult		POA Acute Inpatient Beds	8 (CNU in JSC)
No. of non-acute beds for adults	0	Number of Day Hospitals	3 in Kildare
No. of Day Hospitals	10	No. of Community Mental Health Teams	2
No. of Community Mental Health Teams	11	Number of Day Centres	0
Number of Day Centres	6.5	Specialist Mental Health Services	
No. of High Support Community Residences	8	No. of Rehab and Recovery Teams	1.5
No. of Low and Medium support Community Residences	16	No. of Liaison Psychiatry Teams	2
		No. of MHID Teams	2
CAMHS			
Number of In Patient Beds	22 (plus 2 High Obs beds).		
No. of Day Hospitals	1	Other	
No. of Community Mental Health Teams	6		

**Note:** Lucena, under the auspices of St. John of Gods provides CAMHS to part of CHO7. Funding for Lucena is provided by way of Service Arrangement with CHO 6. CHO 7 will liaise with CHO 6 in relation to the management of this contract in 2017.

A key priority for CHO 7 is the implementation and development of the sub-structure under the Heads of Service and Function to achieve maximum staff efficiency and effectiveness, talent managing new teams incorporating the optimisation of available resources.

Our vision for mental health services is to support the population to achieve their optimal mental health through the five strategic multi annual priorities as outlined in the HSE Corporate Plan. These will

continue to be delivered through the following specific 2017 priorities that build capacity for sustained service improvement and mental health reform.

Additional to the priorities below, CHO 7 will plan for the reconfiguration of services into 14 Community Health Networks which will, in time, become the principal unit of local service delivery to the population. This CHO will also bid for additional resources to build capacity in sector teams and address acute capacity issues.

#### Priorities for 2017

- Recruitment and Retention of Staff across all disciplines.
- In line with the National Mental Health Service plan, support the implementation of the Mental Health Engagement Reference Group recommendations towards enhanced service user and carer engagement and progress with the recruitment of the post to the CHO Mental Health Management Team
- In 2017, continue the development of the *Connecting for Life* plans for the population of CHO 7, aligned to the nationally provided frameworks.
- Improve Early intervention and youth mental health, including embedding of Jigsaw sites and development of primary care based therapeutic responses for Under 18s
- Increase capacity in Community Mental Health Services across specialties through the service development process and revised recruitment & retention initiatives across all disciplines.
- Seek to increase services to meet the needs of those with severe and enduring mental illness with complex presentations through the development of rehab and assertive outreach services in line with approved PfG posts and other service reconfiguration.
- Seek opportunities to make submission for service developments through the National Office with a view to developing specialist clinical responses through the Mental Health Clinical Programmes.
- The development of QPS structures within the CHO will be achieved in conjunction with the forthcoming recruitment of Grade VII Quality & Safety Advisor posts in CHO 7. This will result in the enhanced safety of mental health services, including improved regulatory compliance and incident management processes.
- Strengthen governance arrangements through the HSEs Accountability Framework to improve performance and effective use of human, financial and infrastructural resources.
- CHO 7 will work to improve governance arrangements in line with resources being made available
- Enhancing services across the CHO to address service needs in MHID by establishing bases for Community Services in the campuses of both Cherry Orchard Hospital and the Meath Community Unit. Engagement will be progressed with the Voluntary Sector in order to develop an integrated team and service. In addition it is hoped to finalise the recruitment of AHP posts and a CAMHS ID Consultant and reconfigure existing resource to provide a CHO wide service.
- Development of the structures and processes to ensure that this Community Healthcare Organisation supports the health needs of the population with high quality services provided to them as close to their homes as possible. Work will continue in 2017 to integrate all of the services, including Child & Adolescent Mental Health Services, into one integrated service.
- CAMHS Eating Disorder Service
- Develop a service to support the physical health needs of mental health service users in the Community.

- Staff working in Mental Health will be supported and encouraged to actively engage in initiatives to achieve the Health & Wellbeing division, Healthy Ireland targets
- Discussions on the National Children's Hospital will continue in 2017 with a view to and this CHO developing plans with the Mental Health Division and the Children's Hospital Group for the Child & Adolescent Mental Health component of the services to be provided at that location.

The development and integration of the new teams in Psychiatry of Old Age, rehab and home based treatment services across the CHO that have been provided under the (Programme for Government) PfG posts under 2013-15 development posts.

Further development of Home Based Care Teams in line with commitments made by the Mental Health Division.

Capital Development projects to be prioritised and progressed for 2017 include, St. James Hospital, Lakeview and High Support Hostels.

Develop structures to embed EVE services within the Community Mental Health Services across CHO 7.

Priority Actions	Q
<b>Mental Health Strategic Priority 1 - Promote the mental health of the population in collaboration with other services and agencies including loss of life by suicide.</b>	
Finalise and implement the Local Connecting for Life Action Plans in line with National Frameworks.	1-4
Recruitment and appointment of Suicide Resource Officer in CHO7	2
Complete the approved recruitment of staff to support the physical health needs of mental health service users with the appointment of dedicated staff	2
<b>Mental Health Strategic Priority 2 – Design integrated, evidence based and recovery focused mental health services.</b>	
Finalise the recruitment of staff and commence the Eating Disorders Clinical Programme in the CAMHS service in CHO7.	3-4
Integrate the EVE services into the CHO 7 Mental Health Structure.	1-4
<b>Mental Health Strategic Priority 3 – Deliver timely, clinically effective and standardised safe mental health services in adherence to statutory requirements.</b>	
Collaborate with Jigsaw (Tallaght, Dublin City) in the development of their service under the Clinical Programmes for young people within the CHO	1-4
Appoint lead NCHD in Mental Health Service in line with the McCraith report recommendations.	1
Recruit a Grade VI to progress the development of services for homeless mentally ill and Traveller mental health through improved multi agency approach with the appointment of staff provided for under Programme for Government	3-4

Further development of Home Based Care Teams in line with commitments made by the Mental Health Division.	1-4
Progress approved projects funded by Service Reform fund through Advancing Recover Ireland.	2-4
Recruit additional approved posts and reconfigure current Mental Health Intellectual Disability (MIHD) teams across the CHO.	1-4
<ul style="list-style-type: none"> <li>▪ Maintain the existing community mental health team capacity for CAMHS, general adult and psychiatry of old age</li> </ul>	1-4
<b>Mental Health Strategic Priority 4 – Ensure that the views of service users, family members and carers are central to the design and delivery of mental health services</b>	
Appointment of Service User, Mental Health Engagement Lead and develop the role and function into CHO Area Mental Health Management Team	1
Develop an implementation plan once the Service User, Mental Health Engagement Lead is in place.	2-4
<b>Mental Health Strategic Priority 5 – Enable the provision of mental health services by highly trained and engaged staff and fit for purpose infrastructure.</b>	
<ul style="list-style-type: none"> <li>▪ CHO 7 will commence the process to examine and reconfigure team structures to align more closely with the new Community Health Networks to be established across the CHO.</li> </ul>	1-4
<ul style="list-style-type: none"> <li>▪ The National E-Rostering project will continue through the National Office with a view to providing a more streamlined system of delivering a more efficient rostering process.</li> </ul>	1-4
Subject to the availability of resources, strengthen accountability with the voluntary agencies funded by the CHO including accountability for the clinical services they are mandated to provide.	1-4

## Social Care

### Introduction

Social care services are focused on:

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

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 2011 reports that there was an increase of 8921 in the over 65 years of age population in CHO7, resulting in 18.3% of the population in CHO 7 being over 65 years and 12.9% being over the age of 75 years.

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 significant challenge in 2017.

In 2017 there will be almost 30,000 carers aged 65 or older. The over 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.

CHO 7 in conjunction with Tallaght Hospital has been identified as one of the national pilot sites for the implementation of the Integrated Care Programme for Older Persons and the Single Assessment Tool for Older Persons (SAT). CHO 7 provides long term residential care services to Older People in 7 Community Nursing Units (CNUs) across Dublin and Kildare. These units with a total of 763 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 1,676 clients in Co. Kildare and to 5,131 clients in conjunction with our Voluntary Partners in Dublin South West & Dublin South Central.

Census 2011 reports that 13% of the population report at least one disability and one in 10 adults of working age report a disability. In excess of 36% of residential service users are aged 55 years or older. This has increased from 17% in 1996.

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 CHO 7 there is no direct provision of residential, respite or day services to clients with a Disability. We will work in partnership with our voluntary and private providers to provide agreed levels of service to this client group. €162.6m will be spent in 2017 with Section 38 and Section 39 voluntary and private providers for this purpose. There will be Service Arrangements or Grant Agreements put in place in CHO7 in 2017 with approximately 400 voluntary/private service providers, which we will be required to monitor in line with the HSE Governance and Accountability Framework, subject to available resources.

### Priorities for 2017

A key priority for CHO 7 is the implementation and development of the sub-structure under the Heads of Service and Function to achieve maximum staff efficiency and effectiveness, talent managing new teams incorporating the optimisation of available resources.

CHO 7 will work to improve governance arrangements for our funded agencies in line with available resources.

Staff working in Social Care will be supported and encouraged to actively engage in initiatives to achieve the Health & Wellbeing division, Healthy Ireland targets

### Safeguarding Vulnerable Persons at Risk of Abuse

The Safeguarding Vulnerable Persons at Risk of Abuse Policy was introduced by the HSE in late 2015. Safeguarding teams were established in each CHO and throughout 2016 this service has continued to grow with ever increasing demand. In 2016, there were 1,071 concerns of abuse notified to the Safeguarding Team in CHO 7 and it is expected that this figure will continue to rise as we move into 2017.

In 2017 CHO 7 will continue to implement the policy both in the voluntary and statutory sector in as far as is possible with the limited resources available. However, we welcome the additional resource identified in the Social Care National Service Plan.

- Advance implementation of training programme for awareness for designated officers and frontline staff.
- Achieve training and awareness-raising target

Implement national policy and procedures in line with Safeguarding Vulnerable Persons at Risk of Abuse

The continued implementation of the HSE policy in relation to the Safeguarding of Vulnerable Persons will be supported through the further rollout of training to appropriate staff.

### 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 resources made available to the CHO as part of the HSEs 2017 National Service Plan is focussed on specific and targeted provision which is set out in the tables detailing agreed priority actions. Specifically, each CHO will maintain existing levels of services in line with financial resources available whilst noting specific developments relating to emergency and home respite support services as well as day/ rehabilitative training interventions. The CHO is cognisant that the demand for disability supports and services is growing in a significant way and will ensure throughout 2017 effective monitoring of the impact in this area as part of on-going planning processes with the National Social Care Division in respect of the 2018 estimates process. This plan outlines mitigating actions to mitigate this risk including management arrangements and processes to prioritise service needs and ensure standardised waiting list arrangements.

The financial position in relation to Disability Services is of extreme concern in CHO7. We will continue to employ a range of measures to minimise run rate issues but within the currently allocation of resources it is difficult to maintain services in the face of increasing demand driven by the demographic profile of the area.

In 2017, the CHO will deliver social care supports and services to people with a disability across the spectrum of day, residential and home support provision. The financial resources made available to the CHO as part of the HSEs 2017 National Service Plan is focussed on specific and targeted provision which is set out in the tables detailing agreed priority actions.

This CHO will endeavour to maintain existing levels of services in line with financial resources available, and will work in partnership with the Social Care Division in relation to targeted service developments and the implementation of the revised arrangements for the management of emergency placements, home respite support services as well as day/rehabilitative training interventions.

The CHO is cognisant that the demand for disability supports and services is growing in a significant way and will ensure throughout 2017 effective monitoring of the impact in this area as part of on-going planning processes with the National Social Care Division in respect of the 2018 estimates process.

The majority of Disability Services in CHO 7 are provided through 124 Section 38 and Section 39 funded agencies. This limits the flexibility available to meet the changing needs of our population and in particular the growing demand for new and enhanced residential and respite places for children and young people.

This CHO will implement an improvement plan in relation to Assessment of Need in 2017.

CHO 7 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.
- Completing the Progressing Disability Services and Young People (0-18) Programme with the full establishment of 8 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 was established in CHO 7 in 2016 to manage all referrals for Residential Care throughout the year in line with National Policy. Review of current placements will continue throughout 2017.
- Significant risk remains in relation to compliance with the Disability Act 2005. Assessment of Need continues to be an issue given the very young population and relative dearth of resources in CHO7. 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.

### Services for Older People

- 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 available will be a significant challenge in 2017.
- 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.
- Re-organisation of how long term residential care services are delivered in CHO 7 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.

#### Social Care – Key priorities & actions.

Priority Actions	
Main action heading	Q
<b>Children First</b> Target that 95% of HSE/HSE funded staff working with children and adult services complete the eLearning Children First Module	4
Review self-assessed Children First Compliance Checklists of HSE and HSE funded services and their related action plans and timelines for achieving compliance.	1-4
<b>Assisted Decision Making</b> Participate in Need Assessment in Q1 2017 as required.	1-4
<b>Progressing Disability Services for Children &amp; Young People.</b> Roll out of the HSE Management Information System (MIS) as an interim solution for Children's Disability Network Teams who currently do not have IT systems.	1-4
Implement the Progressing Disability Services and Young People (0-18) Programme in the South Dublin Region of CHO7	4
Dublin South Central will reconfigure its services into 5 x 0-18 teams	4
Dublin South West will reconfigure its services into 3 x 0-18 teams	4
Pilot the National Access Policy for children with a disability or developmental delay in Kildare/West Wicklow in partnership with Primary Care teams once they are established.	4
Support the implementation of the Report of the Inter-departmental Group on Supporting Access to Early Childhood Care and Education Programme for Children with a Disability	2
Re-configure day services including school leavers and rehabilitation training in line with New Directions – supported by New Directions Working Group across CHO 7.	4
CHO 7 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.	4
CHO 7 will identify the remaining cohort of adults involved in Sheltered Work and advance plans to regulate this element of day service provision where it still exists.	4
CHO 7 will identify those involved in Supported Employment and discussions will be advanced at national level with DOH and DSP in regard to this element of day service provision.	4
CHO 7 will participate in the examination of the current OGS database to establish its suitability to fully capture all day service recipients	1
CHO 7 will participate in the examination of current day service KPIs and advance work to address outcomes based KPIs in line with New Directions.	3
Provide Day Service Support to 104 young people due to leave school in CHO 7 in 2017 and to provide support to 68 young people graduating from RT.	2

Work with HSE Estates and voluntary providers to develop and progress plans to transition 29 clients from congregated settings across CHO 7. SJOG St. Raphael's Celbridge, 24 clients, Cheeverstown 3 clients, Stewartscare 2 clients.	4
Enhance effective governance and accountability arrangements for Section 38/39 organisations – in line with the new accountability framework and available resources.	1
We will work collaboratively with agencies to improve the Implementation of Quality & Standards in their services, in line with available resources.	4
Endeavour to complete Service Arrangements with our Disability Service & Older Person Services' Voluntary and Private Provider Agencies by 28 <sup>th</sup> February 2017.	1
Endeavour to complete Grant Aid Agreements with our Disability Service & Older Person Services Voluntary and Private Provider Agencies by 28 <sup>th</sup> February 2017.	1
Staff working in Social Care will be supported and encouraged to actively engage in initiatives to achieve the Health & Wellbeing division, Healthy Ireland targets	4
Support the re-organisation of how long term residential care services are provided in our Community Nursing Units to maximise quality, accountability and value in these services.	4
Establish Home Care Working Group in CHO 7 to support the roll out of a new home care model in line with National requirements.	1
Continue to prioritise home care and transitional care resources (as per the winter initiative plan) to limit delayed discharges and support hospital avoidance. In CHO 7 we will provide 12 per week (total 72) Dedicated Home Care Supports as part of the Winter Initiative Plan.	1
Continue to work with the Social Care Division regarding the structures and development of Home Care services across CHO 7.	4
Continue to process applications for the Nursing Homes Support Scheme (NHSS) while maintaining a four week waiting time for funding approval.	4
Continue the roll out of the dementia initiatives in accordance with the National Dementia Strategy	1-4
Support the roll out of Dementia Training to staff and carers	1-4
Support the development of integrated working to deliver personalised home care packages for people with dementia.	1-4
CHO 7 will work closely with Genio and the National Social Care Division in the evaluation and further development of Dementia specific support initiative in St. James Hospital.	1-4
Deliver a dementia specific education programme for Primary Care Teams and GPs as part of the Primary Care Education, Pathways and Research in Dementia (PREPARED) Project (joint approach with the Primary Care Division).	2-4
Complete a mapping of services for people with dementia and carers currently across the CHO area to inform future development and identify gaps in service.	2-4
Map services to identify areas of good practice and establish where shared learning can take place.	2-4

We will work with our Community Nursing Units to ensure HIQA compliance in each of our units.	4
Pilot the implementation of the Integrated Care Programme for Older Persons in conjunction with Tallaght Hospital	2
Embed the governance structure required to implement the 10 Step Integrated care framework.	1-4
Embed the Multi-Disciplinary Team (MDT) Integrated Care Programme (ICP) Older Persons team in a shared based with an agreed operational policy.	1-4
Agree on and work with ICP Older Persons in implementing key elements of the ICP Older Persons Framework.	1-4
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	2
Support the implementation of the National Safeguarding Vulnerable Persons at Risk of Abuse Policy by continuing to promote awareness of the policy and implement on-going training for all staff and designated officers, in line with available resources.	4

## Appendix 1: CHO 7 Financial Tables

**Table 2: 2016 - 2017 Expenditure and Allocation by Division - CHO7 (Statutory Only)**

Statutory Services Only	Outturn 2016 (€m)	Budget 2016 (€m)	Deficit/ (Surplus) 2016 (€m)	Deficit/ (Surplus) 2016 (%)	Projected Outturn 2017 (€m)	Advised Budget 2017 (€m)	Deficit/ (Surplus) before Cost Containment 2017 (€m)	Deficit/ (Surplus) 2017 (%)
Primary Care	79.26	80.19	<0.93>	-1.16%	81.40	81.40	0.00	0.00%
Social Inclusion	46.84	47.05	<0.22>	-0.47%	46.15	46.15	<0.01>	-0.01%
Palliative Care	2.73	2.82	<0.10>	-3.40%	2.95	2.95	<0.00>	-0.07%
S/T (exc schemes)	128.82	130.07	<1.25>	-0.96%	130.49	130.50	<0.01>	0.01%
Local Schemes	47.39	47.28	0.1	0.22%	47.63	47.63	0	0.00%
Primary Care Total	176.21	177.35	<1.14>	-0.64%	178.12	178.13	<0.01>	0.01%
Mental Health Total	78.11	74.86	3.25	4.34%	80.35	80.35	0.00	0.00%
Older Persons	78.53	78.29	0.25	0.32%	84.19	84.17	0.01	0.02%
Disability Services	66.85	64.89	1.96	3.01%	71.76	71.77	<0.00>	0.01%
Social Care Total	145.38	143.18	2.20	1.54%	155.94	155.94	0.01	0.01%
<b>Total</b>	<b>399.69</b>	<b>395.38</b>	<b>4.31</b>	<b>1.09%</b>	<b>414.42</b>	<b>414.42</b>	<b>0.00</b>	<b>0.00%</b>

Note: Financial Challenges outlined above will require careful monitoring and management.

**Table 2.1 : 2016 - 2017 Expenditure and Allocation by Division - CHO7 (Section 38 Agencies Only)**

Statutory Services Only	Outturn 2016 (€m)	Budget 2016 (€m)	Deficit/ (Surplus) 2016 (€m)	Deficit/ (Surplus) 2016 (%)	Projected Outturn 2017 (€m)	Advised Budget 2017 (€m)	Deficit/ (Surplus) before Cost Containment 2017 (€m)	Deficit/ (Surplus) 2017 (%)
Palliative Care	20.81	21.60	<0.79>	-3.67%	20.51	20.51	<0.00>	-0.0%
Primary Care Total	20.81	21.60	<0.79>	-3.67%	20.51	20.51	-	0.00%
Older Persons	11.82	11.59	0.22	1.91%	12.25	12.25		0.00%
Disability Services	99.87	98.58	1.29	1.31%	98.57	98.57	-	0.00%
Social Care Total	111.68	110.17	1.51	1.37%	110.82	110.82	-	0.00%
<b>Total</b>	<b>132.49</b>	<b>131.77</b>	<b>0.72</b>	<b>0.55%</b>	<b>131.33</b>	<b>131.33</b>	<b>-</b>	<b>0.00%</b>

**Table 3: 2017 Projection by Division - CHO7**

€m	Projection	Allocation	Variance
<b>Primary Care</b>	<b>81.40</b>	<b>81.40</b>	<b>0.00</b>
<i>Pay</i>	55.3	55.26	0.04
<i>Non-Pay</i>	26.22	26.42	0.02
<i>Income</i>	<0.11>	<0.27>	0.16
<b>Social Inclusion</b>	<b>46.15</b>	<b>46.15</b>	<b>&lt;0.01&gt;</b>
<i>Pay</i>	18.20	18.19	0.01
<i>Non-Pay</i>	28.05	28.05	-
<i>Income</i>	<0.11>	<0.09>	<0.02>
<b>Palliative Care</b>	<b>23.46</b>	<b>23.46</b>	<b>&lt;0.01&gt;</b>
<i>Pay</i>	26.14	26.03	0.11
<i>Non-Pay</i>	6.13	6.22	<0.09>
<i>Income</i>	<8.81>	<8.79>	<0.03>
<b>Subtotal (excl. DLS)</b>	<b>151.00</b>	<b>151.01</b>	<b>0.01</b>
<i>Pay</i>	99.63	99.47	0.16
<i>Non-Pay</i>	61.65	60.69	0.96
<i>Income</i>	<9.03>	<9.15>	0.12
<b>Demand Led Schemes</b>	<b>47.63</b>	<b>47.63</b>	<b>-</b>
<b>Primary Care Total</b>	<b>198.63</b>	<b>198.64</b>	<b>&lt;0.01&gt;</b>
<i>Pay</i>	99.63	99.47	0.16
<i>Non-Pay</i>	108.03	108.32	0.29
<i>Income</i>	<9.03>	<9.15>	0.12
<b>Mental Health Total</b>	<b>80.35</b>	<b>80.35</b>	<b>0.00</b>
<i>Pay</i>	59.18	59.33	0.15
<i>Non-Pay</i>	22.41	22.64	0.23
<i>Income</i>	<1.23>	<1.61>	0.39
<b>Older Persons</b>	<b>96.44</b>	<b>96.43</b>	<b>0.02</b>
<i>Pay</i>	78.12	77.63	0.49
<i>Non-Pay</i>	73.12	73.72	<0.59>
<i>Income</i>	<54.80>	<54.92>	0.12
<b>Disability Services</b>	<b>170.32</b>	<b>170.32</b>	<b>0.00</b>
<i>Pay</i>	108.11	108.11	0.00
<i>Non-Pay</i>	79.43	79.43	0.00
<i>Income</i>	<17.24>	<17.22>	<0.00>
<b>Social Care Total</b>	<b>266.76</b>	<b>266.75</b>	<b>0.02</b>
<i>Pay</i>	186.23	185.74	0.49

<i>Non-Pay</i>	152.55	153.14	0.59
<i>Income</i>	<72.02>	<72.14>	0.12
<b>Corporate Total</b>	<b>0.17</b>	<b>0.07</b>	<b>0.10</b>
<i>Pay</i>	0.17	0.07	0.10
<i>Non-Pay</i>	-	-	-
<i>Income</i>	-	-	-
<b>Total</b>	<b>545.92</b>	<b>545.81</b>	<b>0.11</b>
<i>Pay</i>	345.21	344.61	0.60
<i>Non-Pay</i>	282.98	284.10	<1.11>
<i>Income</i>	<82.28>	<82.90>	0.63

## Social Care Division: Service Arrangement Funding

Summary	Care Group	Disability funding €	CHO Area 7 €	National
			-Dublin S. City -Dublin S.W -Dublin W -Kildare/ W. Wicklow	
S38 – SA	Disability	723,276,230	136,507,346	0
S39 – SA	Disability	428,048,401	28,600,693	3,560,740
S39 – GA	Disability	5,653,847	207,202	9,104
Total S39	Disability	433,702,248	28,807,895	3,569,844
Total Voluntary	Disability	1,156,978,477	165,315,240	3,569,844
For Profit – SA	Disability	68,051,117	13,693,335	0
Out of State – SA	Disability	8,230,736	343,846	0
Total Commercial	Disability	76,281,853	14,037,181	0
<b>Total All</b>	<b>Disability</b>	<b>1,233,260,330</b>	<b>179,352,421</b>	<b>3,569,844</b>

## Section 38 Service Arrangements

Parent agency	Disability Funding €	CHO Area 7 €	National
		-Dublin S. City -Dublin S.W -Dublin W -Kildare/ W. Wicklow	
Saint John of God Community Services Limited	109,853,353	41,108,747	0
Daughters of Charity Disability Support Services Limited	100,261,756	377,892	0
St. Michael's House	68,303,376	2,055	0
Stewart's Care Ltd	42,399,258	42,345,667	0
Cheeverstown House	23,960,793	23,960,793	0
KARE	16,284,355	15,743,533	0
Central Remedial Clinic (CRC)	15,979,924	184,995	0
Peamount	12,483,664	12,483,664	0
The Children's Sunshine Home	4,002,601	300,000	0
<b>Total All</b>	<b>393,529,080</b>	<b>136,507,346</b>	<b>0</b>

**Section 39 Service Arrangements – Agencies in Receipt of funding in excess of €5m (11 Agencies)**

Parent agency	Disability Funding €	CHO Area 7 €	National
		-Dublin S. City -Dublin S.W -Dublin W -Kildare/ W. Wicklow	
Rehabcare	44,098,844	23,116	0
Enable Ireland	35,709,903	1,154,778	0
I.W.A. Limited	29,588,489	2,864,164	49,749
The Cheshire Foundation in Ireland	23,935,810	1,917,098	0
National Learning Network Limited	14,631,040	1,427,251	0
Camphill Communities of Ireland	10,802,117	2,443,618	0
Peter Bradley Foundation Limited	10,271,127	997,042	0
St. Catherine's Association Ltd	7,789,594	1,623,908	0
Gheel Autism Services	7,331,173	1,694,578	0
NCBI Services	6,499,935	174,930	278,557
Autism Spectrum Disorder Initiatives Limited	5,576,093	724,894	0
<b>Section 39 Service Arrangements Funding (€5m) Total</b>	<b>196,234,125</b>	<b>15,045,377</b>	<b>328,306</b>

**Agencies in receipt of funding in excess of €1m**

Parent agency	Disability Funding €	CHO Area 7 €	National
		-Dublin S. City	
		-Dublin S.W	
		-Dublin W	
		-Kildare/ W. Wicklow	
18 x Section 39 Service Arrangement Agencies			
Rehabcare	44,098,844	23,116	0
Enable Ireland	35,709,903	1,154,778	0
I.W.A. Limited	29,588,489	2,864,164	49,749
The Cheshire Foundation in Ireland	23,935,810	1,917,098	0
National Learning Network Limited	14,631,040	1,427,251	0
Camphill Communities of Ireland	10,802,117	2,443,618	0
Peter Bradley Foundation Limited	10,271,127	997,042	0
St. Catherine's Association Ltd	7,789,594	1,623,908	0
Gheel Autism Services	7,331,173	1,694,578	0
NCBI Services	6,499,935	174,930	278,557
Autism Spectrum Disorder Initiatives Limited	5,576,093	724,894	0

Walkinstown Association for People with an Intellectual Disability Limited	4,518,813	4,518,813	0
Irish Society for Autism	4,511,651	2,378,466	0
The National Association for the Deaf	3,822,609	286,394	230,161
Headway (Ireland) Ltd - The National Association for Acquired Brain Injury	2,607,621	127,359	18,187
The Multiple Sclerosis Society of Ireland	2,575,578	1,654,663	166,752
Dara Residential Services Limited	2,358,336	1,804,381	0
Muscular Dystrophy Ireland	1,139,285	63,132	79,450
<b>Section 39 Service Arrangements Funding over €1m</b>	<b>217,768,018</b>	<b>25,878,585</b>	<b>822,856</b>

**7 x For Profit Service Arrangement Agencies**

Parent agency	Disability Funding €	CHO Area 7 €	National
		-Dublin S. City -Dublin S.W -Dublin W -Kildare/ W. Wicklow	
Nua Healthcare Services	18,404,265	4,290,492	0
Talbot Group	12,822,543	410,234	0
Galro	3,948,068	1,063,201	0
Elder Home Care Limited	2,618,230	2,402,069	0
Three Steps Ltd	2,191,877	1,101,462	0
Simplicitas Ltd (UK)	2,050,976	1,930,976	0
Aaron Homecare Limited	1,043,984	24,000	0
<b>For Profit Service Arrangements Funding above €1m</b>	<b>43,079,943</b>	<b>11,222,434</b>	<b>0</b>

**Services for Older People**

Older Persons Services – Total Funding	Older Persons Total €	CHO Area 7 €	National
		-Dublin S. City -Dublin S.W -Dublin W -Kildare/ W. Wicklow	
S38 – SA	54,095,282	11,338,882	0
S39 – SA	97,717,581	11,058,190	724,785
S39 – GA	15,811,541	1,080,724	1,500
Total S39	113,529,122	12,138,915	726,285
Total Voluntary	167,624,404	23,477,797	726,285
For Profit – SA	65,491,433	5,720,807	0
Out of State – SA	88,000	0	0
Total Commercial	65,579,433	5,720,807	0
<b>Total All</b>	<b>233,203,837</b>	<b>29,198,604</b>	<b>2,178,855</b>

### Agencies in receipt of Funding in excess of €1m

Parent agency	Older Persons Total €	CHO Area 7 €	National
		-Dublin S. City	
		-Dublin S.W	
		-Dublin W	
		-Kildare/ W. Wicklow	
2 x Section 38 Service Arrangement Agencies			
Peamount	7,675,458	7,675,458	0
Sisters of Charity - Dublin	3,663,424	3,663,424	0
Section 38 Service Arrangements Funding Total	11,338,882	11,338,882	0

Parent agency	Older Persons Total €	CHO Area 7    €	National
		- Dublin S. City  - Dublin S.W  - Dublin W  - Kildare/ W. Wicklow	
5 x Section 39 Service Arrangement Agencies			
Alzheimer Society of Ireland	10,736,161	884,643	0
Family Carers Ireland	5,291,726	325,218	0
Dublin West Home Help Limited	3,800,383	3,800,383	0
Crumlin Home Care Service Limited	1,961,440	1,961,440	0
Terenure Home Care Service Limited	1,151,493	1,151,493	0
Section 39 Service Arrangements Funding Over €1m	22,941,203	8,123,177	0

Parent agency	Older Persons Total €	CHO Area 7    €	National
		- Dublin S. City	
		- Dublin S.W	
		- Dublin W	
		- Kildare/ W. Wicklow	
3 x For Profit Service Arrangements Agencies			
Elder Home Care Limited	12,617,237	2,370,513	0
Aaron Homecare Limited	3,117,291	544,545	0
All In Care Limited	3,081,315	545,934	0
For Profit – SAs Funding €1m	18,815,843	3,460,992	0

**Note:**

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

## Appendix 2 : HR Information CHO 7

CHO 7 Workforce								
Workforce Position: Staff Category Information as at September 2016								
	Medical/ Dental	Nursing	Health & Social Care Professional s	Management / Admin	General Support Staff	Patient & Client Care	WTE Sep 16	% Total
<b>CHO 7</b>								
<i>HSE</i>	200.58	1,063.44	530.73	384.21	196.09	776.2	3,151.25	58%
<i>Section 38</i>	27.07	562.1	260.9	175.19	243.54	1,042. 48	2,311.28	42%
<b>Total CHO 7</b>	<b>227.65</b>	<b>1625.54</b>	<b>791.63</b>	<b>559.4</b>	<b>439.63</b>	<b>1818.6 8</b>	<b>5462.53</b>	<b>100.0 0%</b>

Primary Care Division Workforce								
Workforce Position: Staff Category Information as at September 2016								
	Medical/ Dental	Nursing	Health & Social Care Professionals	Management/ Admin	General Support Staff	Patient & Client Care	WTE Sep 16	% Total
<b>CHO 7</b>								
<i>HSE</i>	93	338	311	256	54	154	<b>1,206</b>	11.60%
<i>Section 38</i>	18	167	59	52	86	107	<b>489</b>	4.70%
<b>Total CHO 7</b>	<b>111</b>	<b>505</b>	<b>369</b>	<b>308</b>	<b>140</b>	<b>261</b>	<b>1,694</b>	<b>16.30%</b>

Mental Health Division Workforce								
Workforce Position: Staff Category Information as at September 2016								
	Medical/ Dental	Nursing	Health & Social Care Professionals	Management/ Admin	General Support Staff	Patient & Client Care	WTE Sep 16	% Total
<i>HSE</i>	98.47	374.96	131.83	68.75	25.73	139.53	839.27	15.40%
<b>Mental Health CHO 7</b>	<b>98.47</b>	<b>374.96</b>	<b>131.83</b>	<b>68.75</b>	<b>25.73</b>	<b>139.53</b>	<b>839.27</b>	<b>15.40%</b>



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	% Total
HSE	9	350.18	88.39	59.94	116.6	482.29	<b>1,106.40</b>	4.2%
Section 38	9.54	395.25	202.04	122.77	157.76	935.38	<b>1,822.74</b>	6.9%
<b>CHO 7</b>	<b>18.54</b>	<b>745.43</b>	<b>290.43</b>	<b>182.71</b>	<b>274.36</b>	<b>1,417.67</b>	<b>2,929.14</b>	<b>11%</b>

## Appendix 3: Balance Scorecard and Key Performance Indicators

### National Balance Scorecard

Quality and Safety	Access
<p><b>All Divisions</b></p> <ul style="list-style-type: none"> <li>Serious reportable events (SREs): investigations completed within 120 days</li> <li>Complaints investigated within 30 working days</li> </ul> <p><b>Health and Wellbeing</b></p> <ul style="list-style-type: none"> <li>Environmental Health: food inspections</li> </ul> <p><b>Community Healthcare</b></p> <p>Primary Care services</p> <ul style="list-style-type: none"> <li>Community Intervention Teams</li> <li>Child Health</li> </ul> <p>Mental Health services</p> <ul style="list-style-type: none"> <li>CAMHs: admission of children to CAMHs inpatient units</li> <li>CAMHs: bed days used</li> </ul> <p>Social Care services</p> <ul style="list-style-type: none"> <li>Safeguarding and screening</li> <li>HIQA inspection compliance</li> </ul> <p><b>National Ambulance Service</b></p> <ul style="list-style-type: none"> <li>ECHO and DELTA: allocation of resource within 90 seconds</li> <li>ROSC</li> </ul> <p><b>Acute Hospitals</b></p> <ul style="list-style-type: none"> <li>HCAI rates: Staph. Aureus and C. Difficile</li> <li>ED experience: patients who leave before completion of treatment</li> <li>Urgent colonoscopy: within four weeks</li> <li>Patient Safety: NEWS, iMEWS and Maternity Safety Statements</li> <li>Readmission rates: surgical, medical</li> <li>Surgery: timely treatment of hip fracture</li> <li>LOS: surgical, medical</li> <li>Cancer: radiotherapy commencement of treatment ≤ 15 working days</li> </ul>	<p><b>Health and Wellbeing</b></p> <ul style="list-style-type: none"> <li>Screening (breast, bowel, cervical and diabetic retina): uptake</li> </ul> <p><b>Community Healthcare</b></p> <p>Primary Care services</p> <ul style="list-style-type: none"> <li>Medical card: turnaround within 15 days</li> <li>Therapy waiting lists: access within 52 weeks</li> <li>Palliative services: inpatient and community services</li> <li>Substance misuse: commencement of treatment for under and over 18 years of age.</li> </ul> <p>Mental Health services</p> <ul style="list-style-type: none"> <li>CAMHs: access to first appointment with 12 months</li> <li>Adult mental health: time to first seen</li> <li>Psychiatry of old age: time to first seen</li> </ul> <p>Social Care: Services for Older People</p> <ul style="list-style-type: none"> <li>Home care services</li> <li>NHSS: no. of persons funded</li> <li>Delayed discharges</li> </ul> <p>Social Care: Disability Services</p> <ul style="list-style-type: none"> <li>Disability service: 0-18 years</li> <li>Disability Act compliance</li> <li>Congregated settings</li> <li>Supports in the community: PA hours and home support</li> </ul> <p><b>National Ambulance Service</b></p> <ul style="list-style-type: none"> <li>Response times (ECHO and DELTA)</li> </ul> <p><b>Acute Hospitals</b></p> <ul style="list-style-type: none"> <li>Routine colonoscopy: within 13 weeks</li> <li>Elective laparoscopic cholecystectomy</li> <li>Emergency department patient experience time - PET</li> <li>Waiting times for procedures</li> <li>Delayed discharges</li> <li>Cancer: urgent breast cancer referrals seen within two weeks</li> <li>Lung cancer referrals seen within 10 working days</li> <li>Prostate cancer referrals seen within 20 working days</li> </ul> <p>National Ambulance Service and Acute Hospitals</p> <ul style="list-style-type: none"> <li>Ambulance: timely clearance from hospitals</li> </ul>

Finance, Governance and Compliance	Workforce
<p><b>All Divisions</b></p> <ul style="list-style-type: none"> <li>▪ Pay and non-pay control</li> <li>▪ Income management</li> <li>▪ Service arrangements</li> <li>▪ Audit recommendations (internal and external)</li> <li>▪ Reputational governance and communications stewardship</li> </ul>	<p><b>All Divisions</b></p> <ul style="list-style-type: none"> <li>▪ Staffing Levels</li> <li>▪ Absence</li> </ul> <p><b>Acute Hospitals / Mental Health services</b></p> <ul style="list-style-type: none"> <li>▪ EWTD shifts: &lt; 24 hour</li> <li>▪ EWTD: &lt; 48 hour working week</li> </ul>

## System Wide – Full Metrics/KPI Suite

Key Performance Indicators Service Planning 2017		2016	2016	2017		2017 Expected Activity / Target
KPI Title	Report Freq- uency	2016 National Target / Expected Activity	2016 Projected outturn	2017 National Target / Expected Activity	Reported at National / CHO	CHO 7
<b>Budget Management</b> including savings Net Expenditure variance from plan (within budget) Pay – Direct / Agency / Overtime	M	≤0.33%	2016 Annual Financial Statements	≤0.1%	CHO	≤0.1%
Non-pay	M	≤0.33%	2016 Annual Financial Statements	≤0.1%	CHO	≤0.1%
Income	M	≤0.33%	2016 Annual Financial Statements	≤0.33%	CHO	≤0.1%
<b>Capital</b> Capital expenditure versus expenditure profile	Q	100%	100%	100%	CHO	100%
<b>Audit</b> % of internal audit recommendations implemented within 6 months of the report being received	Q	75%	75%	75%	CHO	75%
% of internal audit recommendations implemented, against total number of recommendations, within 12 months of being received	Q	95%	95%	95%	CHO	95%
<b>Service Arrangements / Annual Compliance Statement</b> % of number of service arrangements	M	100%	100%	100%	CHO	100%

signed						
% of the monetary value of service arrangements signed	M	100%	100%	100%	CHO	100%
% of annual compliance statements signed	A	100%	100%	100%	CHO	100%
<b>Workforce</b>						
% absence rates by staff category	M	≤3.5%	4.30%	≤3.5%	CHO	≤3.5%
% adherence to funded staffing thresholds	M	>99.5%	>99.5%	>99.5%	CHO	>99.5%
<b>Health and Safety</b>						
No. of calls that were received by the National Health and Safety Helpdesk	Q	15% increase	15%	10% increase		10% increase
<b>Service User Experience</b>						
% of complaints investigated within 30 working days of being acknowledged by the complaints officer	M	75%	75%	75%	CHO	75%
<b>Serious Reportable Events (SREs)</b>						
% of Serious Reportable Events being notified within 24 hours to the senior accountable officer	M	99%	40%	99%	CHO	99%
% of investigations completed within 120 days of the notification of the event to the senior accountable officer	M	90%	0%	90%	CHO	90%
<b>Safety Incident Reporting</b>						
% of safety incidents being entered on the National Incident Management System (NIMS)	Q	90%	50%	90%	CHO	90%

within 30 days of occurrence by CHO						
Extreme and major safety incidents as a % of all incidents reported as occurring	Q	New PI 2017	New PI 2017	Actual to be reported in 2017	CHO	Actual to be reported in 2017
% of claims received by State Claims Agency that were not reported previously as an incident	A	New PI 2016	55%	40%	CHO	40%
<b>Immunisation</b> % update in flu vaccine for those aged 65 and older with a medical card or GP visit card	A	75%	55.40%	75%	CHO	75%
% of healthcare workers who have received seasonal flu vaccine in the 2016-2017 influenza season (long term residential care facilities in the community	A	40%	26.60%	40%	CHO	40%

## Health and Wellbeing Balanced Scorecard

Health and Wellbeing				
Indicator	Reporting Frequency	NSP 2016 Target	Projected Outturn 2016	NSP 2017 Target
<b>National Screening Service</b>				
<b>BreastCheck</b>				
% 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%
<b>CervicalCheck</b>				
% eligible women with at least one satisfactory CervicalCheck screening in a five year period	Q	> 80%	78.9%	> 80%
<b>BowelScreen</b>				
% of client uptake rate in the BowelScreen programme	Q	> 45%	40%	> 45%
<b>Diabetic RetinaScreen</b>				
% Diabetic RetinaScreen uptake rate	Q	> 56%	56%	> 56%
<b>Tobacco</b>				
% of smokers on cessation programmes who were quit at one month	Q	45%	49%	45%
<b>Immunisation</b>				
% 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 residential 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 7
Tobacco	No. of smokers who received intensive cessation support from a cessation counsellor	NSP	CHO/ National Quitline	M	1,990
	No. of frontline staff trained in brief intervention smoking cessation	NSP	CHO	M	171
	% of smokers on cessation programmes who were quit at one month	NSP	National	Q 1 qtr in arrears	45%
HP&I - Healthy Eating Active Living	No. of 5k Parkruns completed by the general public in community settings	DOP	CHO	M	15,146
	No. of unique runners completing a 5k parkrun in the month	DOP	CHO	M	8,783
	No. of unique new first time runners completing a 5k parkrun in the month	DOP	CHO	M	3,255
	No. of people who have completed a structured patient education programme for diabetes	NSP	CHO	M	223
	% of PHNs trained by dieticians in the Nutrition Reference Pack for Infants 0-12 months	DOP	CHO	Q	87
	No. of people attending a structured community based healthy cooking programme	DOP	CHO	M	900
	% 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) (*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 residential care facilities in the community) (*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 - Balanced Scorecard

Primary Care, Social Inclusion, Palliative Care and PCRS

Quality and Access Indicators of Performance

Quality and Safety	Expected Activity/ Target 2017	Access	Expected Activity/ Target 2017
<b>Primary Care</b>		<b>Primary Care</b>	
<b>Healthcare Associated Infections:</b>		<b>GP Activity</b>	
<b>Medication Management</b>		<ul style="list-style-type: none"> <li>Number of contacts with GP out of hours service</li> </ul>	1,055,388
<ul style="list-style-type: none"> <li>Consumption of antibiotics in community settings (defined daily doses per 1,000 population)</li> </ul>	<21.7	<b>Nursing</b>	
<b>Community Intervention Teams (CITs) – Number of referrals</b>	7669	<ul style="list-style-type: none"> <li>% of new patients accepted onto the caseload and seen within 12 weeks</li> </ul>	100%
<ul style="list-style-type: none"> <li>Admission avoidance (includes OPAT)</li> </ul>	130	<b>Physiotherapy and Occupational Therapy</b>	
<ul style="list-style-type: none"> <li>Hospital avoidance</li> </ul>	6683	<ul style="list-style-type: none"> <li>% of new patients seen for assessment within 12 weeks</li> </ul>	81%
<ul style="list-style-type: none"> <li>Early discharge (includes OPAT)</li> </ul>	865	<ul style="list-style-type: none"> <li>% on waiting list for assessment ≤ 52 weeks</li> </ul>	98%
<ul style="list-style-type: none"> <li>Unscheduled referrals from community sources</li> </ul>	0	<b>Occupational Therapy</b>	72%
<b>Health Amendment Act: Services to persons with State Acquired Hepatitis C</b>		<ul style="list-style-type: none"> <li>% of new service users seen for assessment within 12 weeks</li> </ul>	92%
<ul style="list-style-type: none"> <li>Number of Health Amendment Act cardholders who were reviewed</li> </ul>	135	<ul style="list-style-type: none"> <li>% on waiting list for assessment ≤ 52 weeks</li> </ul>	
<b>Social Inclusion</b>		<b>Speech and Language Therapy</b>	
<b>Homeless Services</b>		<ul style="list-style-type: none"> <li>% on waiting list for assessment ≤ 52 weeks</li> </ul>	100%
<ul style="list-style-type: none"> <li>Number and % of service users admitted to homeless emergency accommodation hostels/facilities whose health needs have been assessed within two weeks of admission</li> </ul>	65 85%	<ul style="list-style-type: none"> <li>% on waiting list for treatment ≤ 52 weeks</li> </ul>	100%
<b>Traveller Health</b>		<b>Podiatry</b>	
<ul style="list-style-type: none"> <li>Number of people who received health information on type 2 diabetes and cardiovascular health</li> </ul>	477	<ul style="list-style-type: none"> <li>% on waiting list for treatment ≤ 12 weeks</li> </ul>	44%
<b>Palliative Care</b>		<ul style="list-style-type: none"> <li>% on waiting list for treatment ≤ 52 weeks</li> </ul>	88%
<b>Inpatient Palliative Care Services</b>		<b>Ophthalmology</b>	
<ul style="list-style-type: none"> <li>% of patients triaged within one working day of referral (inpatient unit)</li> </ul>	90%	<ul style="list-style-type: none"> <li>% on waiting list for treatment ≤ 12 weeks</li> </ul>	50%
<ul style="list-style-type: none"> <li>% of patients with a multidisciplinary care plan documented within five working days of initial assessment (inpatient unit)</li> </ul>	90%	<ul style="list-style-type: none"> <li>% on waiting list for treatment ≤ 52 weeks</li> </ul>	81%
<b>Community Palliative Care Services</b>		<b>Audiology</b>	
<ul style="list-style-type: none"> <li>% of patients triaged within one working day of referral (community)</li> </ul>	90%	<ul style="list-style-type: none"> <li>% on waiting list for treatment ≤ 12 weeks</li> </ul>	50%
		<ul style="list-style-type: none"> <li>% on waiting list for treatment ≤ 52 weeks</li> </ul>	95%
		<b>Dietetics</b>	
		<ul style="list-style-type: none"> <li>% on waiting list for treatment ≤ 12 weeks</li> </ul>	48%
		<ul style="list-style-type: none"> <li>% on waiting list for treatment ≤ 52 weeks</li> </ul>	96%
		<b>Psychology</b>	
		<ul style="list-style-type: none"> <li>% on waiting list for treatment ≤ 12 weeks</li> </ul>	60%
		<ul style="list-style-type: none"> <li>% on waiting list for treatment ≤ 52 weeks</li> </ul>	100%
		<b>Oral Health</b>	
		<ul style="list-style-type: none"> <li>% of new patients who commenced treatment within three months of</li> </ul>	88%

		assessment	
		<b>Orthodontics</b>	
		▪ % 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%
		<b>Social Inclusion</b>	
		<b>Substance Misuse</b>	
		▪ % 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%
		<b>Opioid Substitution</b>	
		▪ Number of clients in receipt of opioid substitution treatment (outside prisons)	3733
		▪ 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
		<b>Needle Exchange</b>	
		▪ Number of unique individuals attending pharmacy needle exchange	0
		<b>Palliative Care</b>	
		<b>Inpatient Palliative Care Services</b>	
		▪ Access to specialist inpatient bed within seven days	98%
		▪ Number accessing specialist inpatient bed within seven days	679
		<b>Community Palliative Care Services</b>	
		▪ 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	275
		<b>Children's Palliative Care Services</b>	
		▪ Number of children in the care of the children's outreach nurse	33
		▪ No. of children in the care of the specialist paediatric palliative care team in an acute hospital setting (during the reporting month)	20

<b>Child Health</b> <ul style="list-style-type: none"> <li>▪ % 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</li> <li>▪ % of newborn babies visited by a PHN within 72 hours of discharge from maternity services</li> <li>▪ % of babies breastfed (exclusively and not exclusively) at first PHN visit</li> <li>▪ % of babies breastfed (exclusively and not exclusively) at three month PHN visit</li> </ul>	95%   98%  58%  40%		
<b>System Wide Immunisation</b> <ul style="list-style-type: none"> <li>▪ % uptake in flu vaccine for those aged 65 and older with a medical card or GP visit card</li> <li>▪ % children aged 24 months who have received 3 doses of the 6-in-1 vaccine</li> <li>▪ % children aged 24 months who have received the measles, mumps, rubella (MMR) vaccine</li> <li>▪ % of first year girls who have received two doses of HPV vaccine</li> </ul>	75%  95%  95%  85%		
<b>System Wide Serious Reportable Events (SREs)</b> <ul style="list-style-type: none"> <li>▪ % of serious reportable events being notified within 24 hours to the senior accountable officer</li> <li>▪ % of investigations completed within 120 days of the notification of the event to the senior accountable officer</li> </ul> <b>Safety Incident Reporting</b> <ul style="list-style-type: none"> <li>▪ % of safety incidents being entered onto NIMS within 30 days of occurrence by CHO</li> <li>▪ Extreme and major safety incidents as a % of all incidents reported as occurring</li> <li>▪ % of claims received by the State Claims Agency that were not reported previously as an incident</li> </ul> <b>Internal Audit</b> <ul style="list-style-type: none"> <li>▪ % of internal audit recommendations implemented within 6 months of the report being received</li> <li>▪ % of internal audit recommendations implemented, against total number of recommendations, within 12 months of report being received</li> </ul> <b>Service Arrangements/Annual</b>	Target  99%  90%  90%  Actual to be reported in 2017  40%  75%  95%	<b>System Wide Health and Safety</b> <ul style="list-style-type: none"> <li>▪ No. of calls that were received by the National Health and Safety Helpdesk</li> </ul> <b>Service User Experience - Complaints</b> <ul style="list-style-type: none"> <li>▪ % of complaints investigated within 30 working days of being acknowledged by the complaints officer</li> </ul>	Target    10% increase  75%

<b>Compliance Statement</b>			
▪ % of number of service arrangements signed	100%		
▪ % of the monetary value of service arrangements signed	100%		
▪ % annual compliance statements signed	100%		
<b>Finance</b>		<b>Workforce</b>	
<b>Budget Management</b>		<b>Absence</b>	
▪ Net expenditure: variance from plan	≤0.1%	▪ % absence rates by staff category	≤3.5%
▪ Pay: Direct / Agency / Overtime	≤0.1%	<b>Staffing Levels and Costs</b>	
<b>Capital</b>		▪ % adherence to funded staffing thresholds	>99.5%
▪ Capital expenditure versus expenditure profile	100%		

## Primary Care – Full Metrics/KPI Suite

(All metrics highlighted in yellow background are those that are included in the Balance Scorecard)

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 7
<b>Community Intervention Teams (No. of referrals)</b>				<b>24,202</b>	<b>27,033</b>	<b>32,861</b>		<b>7,669</b>
Admission Avoidance (includes OPAT)	NSP	Quality	M	914	949	1,187	CHO	130
Hospital Avoidance	NSP	Quality	M	12,932	17,555	21,629	CHO	6,683
Early discharge (includes OPAT)	NSP	Quality	M	6,360	5,240	6,072	CHO	856
Unscheduled referrals from community sources	NSP	Quality	M	3,996	3,289	3,972	CHO	0
Outpatient parenteral Antimicrobial Therapy (OPAT) Re-admission rate %	DOP	Access /Activity	M	≤5%	2.30%	≤5%	HG	≤5%
<b>Community Intervention Teams Activity (by referral source)</b>				<b>24,202</b>	<b>27,033</b>	<b>32,861</b>	<b>CHO</b>	<b>7,669</b>
ED / Hospital wards / Units	DOP	Access /Activity	M	13,956	18,042	21,966	CHO	6,707
GP Referral	DOP	Access /Activity	M	6,386	5,619	7,003	CHO	540
Community Referral	DOP	Access /Activity	M	2,226	1,896	2,212	CHO	158
OPAT Referral	DOP	Access /Activity	M	1,634	1,476	1,680	CHO	264
<b>GP Out of Hours</b>								
No. of contacts with GP Out of Hours Service	NSP	Access /Activity	M	964,770	1,053,996	1,055,388	National	
<b>Physiotherapy</b>								
No. of patient referrals	DOP	Activity	M	193,677	197,592	197,592	CHO	21,720
No. of patients seen for a first time assessment	DOP	Activity	M	160,017	163,596	163,596	CHO	19,176
No. of patients treated in the reporting month (monthly target)	DOP	Activity	M	36,430	37,477	37,477	CHO	5,935

No. of face to face contacts/visits	DOP	Activity	M	775,864	756,000	756,000	CHO	80,508
Total no. of physiotherapy patients on the assessment waiting list at the end of the reporting period	DOP	Access	M	28,527	30,454	30,454	CHO	2,751
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 patients seen for assessment within 12 weeks	NSP	Access	M	70%	81%	81%	CHO	81%
% on waiting list for assessment ≤ 26 weeks	DOP	Access	M	90%	88%	88%	CHO	88%
% on waiting list for assessment ≤ 39 weeks	DOP	Access	M	95%	95%	95%	CHO	95%
% on waiting list for assessment ≤ to 52 weeks	NSP	Access	M	100%	98%	98%	CHO	98%
<b>Occupational Therapy</b>								
No. of service user referrals	DOP	Activity	M	89,989	93,264	93,264	CHO	12,924
No. of new service users seen for a first assessment	DOP	Activity	M	86,499	87,888	90,605	CHO	12,966

No. of service users treated (direct and indirect) monthly target	DOP	Activity	M	20,291	20,675	20,675	CHO	2,599
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	3,171
No. of occupational therapy service users on the assessment waiting list at the end of the reporting period 0 - ≤ 12 weeks	DOP	Access	M	No target	9,074	No target	CHO	No target
No. of occupational therapy service users on the assessment waiting list at the end of the reporting period >12 weeks - ≤ 26 weeks	DOP	Access	M	No target	6,249	No target	CHO	No target
No. of occupational therapy service users on the assessment waiting list at the end of the reporting period >26 weeks but ≤ 39 weeks	DOP	Access	M	No target	3,506	No target	CHO	No target
No. of occupational therapy service users on the assessment waiting list at the end of the reporting period >39 weeks but ≤ 52 weeks	DOP	Access	M	No target	2,385	No target	CHO	No target
No. of occupational therapy service users on the assessment waiting list at the end of the reporting period > 52 weeks	DOP	Access	M	No target	4,660	No target	CHO	No target
% of new service users seen for assessment within 12 weeks	NSP	Access	M	70%	72%	72%	CHO	72%
% on waiting list for assessment ≤ 26 weeks	DOP	Access	M	80%	59%	59%	CHO	59%
% on waiting list for assessment ≤ 39 weeks	DOP	Access	M	95%	73%	73%	CHO	73%
% on waiting list for assessment ≤ to 52 weeks	NSP	Access	M	100%	82%	92%	CHO	92%

<b>Primary Care – Speech and Language Therapy</b>								
No. of patient referrals	DOP	Activity	M	50,863	52,584	52,584	CHO	6,060
Existing patients seen in the month	DOP	Activity	M	New 2016	16,958	16,958	CHO	1,655
New patients seen for initial assessment	DOP	Activity	M	41,083	44,040	44,040	CHO	4,872
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	2,694
Total No. of speech and language patients waiting initial therapy at end of the reporting period	DOP	Access	M	8,279	8,823	8,823	CHO	1,223
% on waiting list for assessment ≤ to 52 weeks	NSP	Access	M	100%	97%	100%	CHO	100%
% on waiting list for treatment ≤ to 52 weeks	NSP	Access	M	100%	85%	100%	CHO	100%
<b>Primary Care – Speech and Language Therapy Service Improvement Initiative</b>								
New patients seen for initial assessment	DOP	Activity	M	New 2017	New 2017	17,646	CHO	4,972
No. of speech and language therapy initial therapy appointments	DOP	Access	M	New 2017	New 2017	43,201	CHO	5,579
No. of speech and language therapy further therapy appointments	DOP	Access	M	New 2017	New 2017	39,316	CHO	8,120
<b>Primary Care – Podiatry</b>								
No. of patient referrals	DOP	Activity	M	11,589	11,148	11,148	CHO	No direct service
Existing patients seen in the month	DOP	Activity	M	5,210	5,454	5,454	CHO	No direct service
New patients seen	DOP	Activity	M	8,887	9,192	9,504	CHO	No direct service
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	No direct service
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
% on waiting list for treatment ≤ 12 weeks	NSP	Access	M	75%	44%	44%	CHO	44%
% on waiting list for treatment ≤ 26 weeks	DOP	Access	M	90%	62%	62%	CHO	62%
% on waiting list for treatment ≤ 39 weeks	DOP	Access	M	95%	71%	71%	CHO	71%
% 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	6
No. of treatment contacts for Diabetic Active Foot Disease in the reporting month	DOP	Access /Activity	M	532	561	667	CHO	25
<b>Primary Care – Ophthalmology</b>								
No. of patient referrals	DOP	Activity	M	26,913	28,452	28,452	CHO	1,116
Existing patients seen in the month	DOP	Activity	M	4,910	5,281	5,281	CHO	230
New patients seen	DOP	Activity	M	16,524	23,616	33,779	CHO	1,408
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	1,149

No. of ophthalmology patients on the treatment waiting list at the end of the reporting period 0 - ≤ 12 weeks	DOP	Access	M	No target	4,550	No target	CHO	No target
No. of ophthalmology patients on the treatment waiting list at the end of the reporting period >12 weeks - ≤ 26 weeks	DOP	Access	M	No target	3,117	No target	CHO	No target
No. of ophthalmology patients on the treatment waiting list at the end of the reporting period >26 weeks but ≤ 39 weeks	DOP	Access	M	No target	2,095	No target	CHO	No target
No. of ophthalmology patients on the treatment waiting list at the end of the reporting period >39 weeks but ≤ 52 weeks	DOP	Access	M	No target	1,670	No target	CHO	No target
No. of ophthalmology patients on the treatment waiting list at the end of the reporting period > 52 weeks	DOP	Access	M	No target	4,658	No target	CHO	No target
% on waiting list for treatment ≤ 12 weeks	NSP	Access	M	60%	28%	50%	CHO	50%
% on waiting list for treatment ≤ 26 weeks	DOP	Access	M	80%	48%	48%	CHO	58%
% on waiting list for treatment ≤ 39 weeks	DOP	Access	M	90%	61%	61%	CHO	61%
% on waiting list for treatment ≤ to 52 weeks	NSP	Access	M	100%	70%	80%	CHO	80%
<b>Primary Care – Audiology</b>								
No. of patient referrals	DOP	Activity	M	18,317	22,620	22,620	CHO	3,432
Existing patients seen in the month	DOP	Activity	M	2,850	2,740	2,740	CHO	489
New patients seen	DOP	Activity	M	16,459	15,108	23,954	CHO	2,163
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	1,692

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
% on waiting list for treatment ≤ 12 weeks	NSP	Access	M	60%	41%	50%	CHO	50%
% on waiting list for treatment ≤ 26 weeks	DOP	Access	M	80%	64%	64%	CHO	64%
% on waiting list for treatment ≤ 39 weeks	DOP	Access	M	90%	76%	76%	CHO	76%
% on waiting list for treatment ≤ to 52 weeks	NSP	Access	M	100%	85%	95%	CHO	95%
<b>Primary Care – Dietetics</b>								
No. of patient referrals	DOP	Activity	M	27,858	31,884	31,884	CHO	2,856
Existing patients seen in the month	DOP	Activity	M	5,209	3,480	3,480	CHO	311
New patients seen	DOP	Activity	M	21,707	22,548	23,457	CHO	2,180
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	789

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
% on waiting list for treatment ≤ 12 weeks	NSP	Access	M	70%	48%	48%	CHO	48%
% on waiting list for treatment ≤ 26 weeks	DOP	Access	M	85%	70%	70%	CHO	70%
% on waiting list for treatment ≤ 39 weeks	DOP	Access	M	95%	80%	80%	CHO	80%
% on waiting list for treatment ≤ to 52 weeks	NSP	Access	M	100%	86%	96%	CHO	96%
<b>Primary Care – Psychology</b>								
No. of patient referrals	DOP	Activity	M	12,261	13,212	13,212	CHO	1,164
Existing patients seen in the month	DOP	Activity	M	2,626	2,312	2,312	CHO	132
New patients seen	DOP	Activity	M	9,367	10,152	10,152	CHO	1,644
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	548

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
% on waiting list for treatment ≤ 12 weeks	NSP	Access	M	60%	28%	60%	CHO	60%
% on waiting list for treatment ≤ 26 weeks	DOP	Access	M	80%	50%	80%	CHO	80%
% on waiting list for treatment ≤ 39 weeks	DOP	Access	M	90%	65%	90%	CHO	90%
% on waiting list for treatment ≤ to 52 weeks	NSP	Access	M	100%	75%	100%	CHO	100%
<b>Primary Care – Nursing</b>								
No. of patient referrals	DOP	Activity	M	159,694	135,384 Data Gap	135,384 Data Gaps	CHO	1,308 Data Gaps
Existing patients seen in the month	DOP	Activity	M	64,660	46,293 Data Gap	64,660 Data Gaps	CHO	1,800 Data Gaps
New patients seen	DOP	Activity	M	123,024	110,784 Data Gap	123,024 Data Gaps	CHO	1,884 Data Gaps
% of new patients accepted onto the caseload and seen within 12 weeks	NSP	Access	M	New 2017	New 2017	100%	CHO	100%

Child Health								
% of children reaching 10 months within the reporting period who have had child development health screening on time or before reaching 10 months of age	NSP	Quality	M	95%	94%	95%	CHO	95%
% of newborn babies visited by a PHN within 72 hours of discharge from maternity services	NSP	Quality	Q	97%	98%	98%	CHO	98%
% of babies breastfed (exclusively and not exclusively) at first PHN visit	NSP	Quality	Q	56%	57%	58%	CHO	58%
% of babies breastfed (exclusively and not exclusively) at three month PHN visit	NSP	Quality	Q	38%	38%	40%	CHO	40%
Oral Health Primary Dental Care								
No. of new patients attending for scheduled assessment	DOP	Access /Activity	M	Unavailable	47,904 Data Gap	Unavailable	CHO	Unavailable
No. of new patients attending for unscheduled assessment	DOP	Access /Activity	M	Unavailable	25,476 Data Gap	Unavailable	CHO	Unavailable
% of new patients who commenced treatment within three months of assessment	NSP	Access	M	80%	88% Data Gap	88%	CHO	88%
Orthodontics								
No. of patients receiving active treatment at the end of the reporting period	DOP	Access	Q	16,887	18,404	18,404	National/ former region	
% of referrals seen for assessment within 6 months	NSP	Access	Q	75%	60%	75%	National/ former region	
% on waiting list for assessment ≤ 12 months	DOP	Access	Q	100%	99%	100%	National/ former region	

% of patients on the treatment waiting list less than two years	DOP	Access	Q	75%	62%	75%	National/ former region	
% of patients on treatment waiting list less than four years (grades 4 and 5)	DOP	Access	Q	95%	94%	95%	National/ former region	
No. of patients on the assessment waiting list at the end of the reporting period	DOP	Access	Q	5,966	6,720	6,720	National/ former region	
No. of 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 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 patients on the treatment waiting list waiting longer than 4 years (grades 4 and 5)	NSP	Access	Q	<5%	6%	<5%	National/ former region	
<b>Health Amendment Act - Services to persons with State Acquired Hepatitis C</b>								
No. of Health Amendment Act cardholders who were reviewed	NSP	Quality	Q	798	212	586	National	135
<b>Healthcare Associated Infections: Medication Management</b>								
Consumption of antibiotics in community settings (defined daily doses per 1,000 population)	NSP	Quality	Q	<21.7	27.6	<21.7	National	
<b>Tobacco Control</b>								
% of primary care staff to undertake brief intervention training for smoking cessation	DOP	Quality	Q	5%	5%	5%	CHO	5%

## Social Inclusion – Full Metrics/KPI Suite

(All metrics highlighted in yellow background are those that are included in the Balance Scorecard)

				2016	2016	2017		2017 Expected Activity / Target
KPI Title	NSP / DOP	KPI Type Access/ Quality /Access Activity	Report Frequency	2016 National Target / Expected Activity	2016 Projected outturn	2017 National Target / Expected Activity	Reported at National / CHO	CHO 7
<b>Substance Misuse</b>								
No. of substance misusers who present for treatment	DOP	Access	Q 1 Qtr in arrears	6,972	6,760	6,760	CHO	1,276
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	1,088
% 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	1,136
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	892
% 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	116
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	92
% of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment	NSP	Access	Q 1 Qtr in Arrears	100%	85%	100%	CHO	100%
% of substance misusers (over 18 years) for whom treatment has commenced who have an assigned key worker	DOP	Quality	Q 1 Qtr in Arrears	100%	74%	100%	CHO	100%
% of substance misusers (over 18 years) for whom treatment has commenced who have a written care plan	DOP	Quality	Q 1 Qtr in Arrears	100%	87%	100%	CHO	100%
% of substance misusers (under 18 years) for whom treatment has commenced who have an assigned key worker	DOP	Quality	Q 1 Qtr in Arrears	100%	91%	100%	CHO	100%
% of substance misusers (under 18 years) for whom treatment has commenced who have a written care plan	DOP	Quality	Q 1 Qtr in Arrears	100%	90%	100%	CHO	100%
<b>Opioid Substitution</b>								
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	3,733

No. of clients in opioid substitution treatment in clinics	DOP	Access	M 1 Mth in Arrears	5,470	5,466	5,084	CHO	2,023
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	865
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	845
No. of clients transferred from clinics to level 1 GP's	DOP	Access	M 1 Mth in Arrears	300	288	300	CHO	86
No. of clients transferred from clinics to level 2 GP's	DOP	Access	M 1 Mth in Arrears	134	81	140	CHO	50
No. of clients transferred from level 2 to level 1 GPs	DOP	Access	M 1 Mth in Arrears	119	21	150	CHO	48
Total no. of new clients in receipt of opioid substitution treatment (outside prisons)	DOP	Access	M 1 Mth in Arrears	617	552	645	CHO	181
Total no. of new clients in receipt of opioid substitution treatment (clinics)	DOP	Access	M 1 Mth in Arrears	498	449	507	CHO	154
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	27
Average waiting time (days) from referral to assessment for Opioid Substitution Treatment	NSP	Access	M 1 Mth in Arrears	14 days	4 days	4 days	CHO	4 days
Average waiting time (days) from Opioid Substitution assessment to exit from waiting list or treatment commenced	NSP	Access	M 1 Mth in Arrears	28 days	31 days	28 days	CHO	28 days
No. of pharmacies providing opioid substitution treatment	DOP	Access	M 1 Mth in Arrears	653	654	654	CHO	134
No. of people obtaining opioid	DOP	Access	M 1 Mth in Arrears	6,463	6,630	6,630	CHO	2,079

substitution treatment from pharmacies								
<b>Alcohol Misuse</b>								
No. of problem alcohol users who present for treatment	DOP	Access	Q 1 Qtr in Arrears	3,540	3,736	3,736	CHO	344
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	140
% 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	344
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	228
% of problem alcohol users (over 18 years) for whom treatment has commenced within one calendar month following assessment	DOP	Access	Q 1 Qtr in Arrears	100%	86%	100%	CHO	100%
No. of problem alcohol users (under 18 years) for whom treatment has commenced following assessment	DOP	Access	Q 1 Qtr in Arrears	56	36	36	CHO	0
No. of problem alcohol users (under 18 years) for whom treatment has commenced within one week following assessment	DOP	Access	Q 1 Qtr in Arrears	56	28	28	CHO	0

% of problem alcohol users (under 18 years) for whom treatment has commenced within one week following assessment	DOP	Access	Q 1 Qtr 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	100
<b>Needle Exchange</b>								
No. of pharmacies recruited to provide Needle Exchange Programme	DOP	Quality	TRI M 1 Qtr in Arrears	119	112	112	CHO	0
No. of unique individuals attending pharmacy needle exchange	NSP	Access	TRI M 1 Qtr in Arrears	1,731	1,647	1,647	CHO	0
Total no. of clean needles provided each month	DOP	Access	TRI M 1 Qtr in Arrears	New 2017	New 2017	23,727	CHO	0

Average no. of clean needles (and accompanying injecting paraphernalia) per unique individual each month	DOP	Quality	TRI M 1 Qtr in Arrears	New 2017	New 2017	14	CHO	14
No. and % of needle / syringe packs returned	DOP	Quality	TRI M 1 Qtr in Arrears	1,032 (30%)	863 -22%	1,166 (30%)	CHO	0
<b>Homeless Services</b>								
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	57 (75%)
No. and % of service users admitted during the quarter who did not have a valid medical card on admission and who were assisted by hostel staff to acquire a medical card during the quarter	DOP	Quality	Q	302 (70%)	218 (54%)	281 (70%)	CHO	8 (70%)
No. and % of service users admitted to homeless emergency accommodation hostels / facilities whose health needs have been assessed within two weeks of admission	NSP	Quality	Q	1,311 -85%	1,022 (68%)	1,272 (85%)	CHO	65 (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	52 (80%)
<b>Traveller Health</b>								
No. of people who received health information on type 2 diabetes and	NSP	Quality	Q	3,470 20% of the population in each	3,481	3,481	CHO	477

cardiovascular health				Traveller Health Unit				
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	477

## Palliative Care – Full Metrics/KPI Suite

(All metrics highlighted in yellow background are those that are included in the Balance Scorecard)

Key Performance Indicators, Service Planning 2017				2016	2016	2017		2017 Expected Activity / Target
KPI Title	NSP / DOP	KPI Type Access/ Quality /Access Activity	Report Frequency	2016 National Target / Expected Activity	2016 Projected outturn	2017 National Target / Expected Activity	Reported at National/ CHO / HG Level	CHO 7  Royal College of Surgeons and Dublin Midlands/Children's HGs
<b>Inpatient Palliative Care Services</b>								
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	679
Access to specialist palliative care inpatient bed from eight to 14 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	82
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	496
No. of admissions to specialist palliative care inpatient units (monthly cumulative)	DOP	Access /Activity	M	3,310	3,708	3,815	CHO/HG	620
% 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%
<b>Community Palliative Care Services</b>								
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	275
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	940
<b>Day Care</b>								
No. of patients in receipt of specialist palliative day care services (during the reporting month)	DOP	Access /Activity	M	349	337	355	CHO	40
No. of new patients who received specialist palliative day care services (monthly cumulative)	DOP	Access	M	985	996	1,010	CHO	120
<b>Intermediate Care</b>								
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	40
<b>Children's Palliative Care Services</b>								
No. of children in the care of the children's outreach nurse	NSP	Access /Activity	M	New 2017	New 2017	269	CHO	33
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	20
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	63
<b>Acute Services Palliative Care</b>								
No. of new referrals for inpatient services seen by the specialist palliative care team	DOP	Access /Activity	M	11,224	12,300	12,300	HG	1,976
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	1,812
<b>Bereavement Services</b>								
No. of family units who received bereavement services	DOP	Access /Activity	M	621	670	671	CHO	66

## Mental Health – Balanced Scorecard

Quality and Safety	Access
<p><b>All Divisions</b></p> <ul style="list-style-type: none"> <li>Serious reportable events (SREs): investigations completed within 120 days</li> <li>Complaints investigated within 30 working days</li> </ul> <p><b>Mental Health Services</b></p> <ul style="list-style-type: none"> <li>CAMHs: admission of children to CAMHs inpatient units</li> <li>CAMHs: bed days used</li> </ul>	<p><b>Health and Wellbeing</b></p> <ul style="list-style-type: none"> <li>Screening (breast, bowel, cervical and diabetic retina): uptake</li> </ul> <p><b>Mental Health Services</b></p> <ul style="list-style-type: none"> <li>CAMHs: access to first appointment with 12 months</li> <li>Adult mental health: time to first seen</li> <li>Psychiatry of old age: time to first seen</li> </ul>
Finance, Governance and Compliance	Workforce
<p><b>All Divisions</b></p> <ul style="list-style-type: none"> <li>Pay and non-pay control</li> <li>Income management</li> <li>Service arrangements</li> <li>Audit recommendations (internal and external)</li> <li>Reputational governance and communications stewardship</li> </ul>	<p><b>All Divisions</b></p> <ul style="list-style-type: none"> <li>Staffing Levels</li> <li>Absence</li> </ul> <p><b>Acute Hospitals / Mental Health services</b></p> <ul style="list-style-type: none"> <li>EWTD shifts: &lt; 24 hour</li> <li>EWTD: &lt; 48 hour working week</li> </ul>

## Mental Health – KPI Suite

Key Performance Indicators Service Planning 2016	KPI Type Access/ Quality /Access Activity	Report Freq.	KPIs 2016		KPIs 2017		
			2016 National Target / Expected Activity	2016 Estimate outturn	2017 National Target / Expected Activity	Reported at National / CHO / HG Level	CHO7  ChildrenHG
% 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	217
Total No. to be seen 0-3 months	Access /Activity	M	1,308	1,344	1,546	CHO	147
Total No. on waiting list for a first appointment waiting > 3 months	Access /Activity	M	1,141	1,299	1,053	CHO	70
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	1,340
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	59.7
First admission rates to adult acute units (that is, first ever admission), per 100,000 population in mental health catchment area	Access /Activity	Q in arrears	23.1	24	23.1	CHO	21.9
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	47.6	CHO	37.8
No. of adult acute inpatient beds per 100,000 population in the mental health catchment area	Access /Activity	Q in arrears	21.6	22.2	21.6	CHO	21.5
No. of adult involuntary admissions	Access /Activity	Q in arrears	1,724	2,060	2,096	CHO	244
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	6.2

Number of General Adult Community Mental Health Teams	Access	M	114	114	114	CHO	12
Number of referrals (including re-referred) received by General Adult Community Mental Health Teams	Access /Activity	M	43,637	43,801	44,484	CHO	4,416
Number of Referrals (including re-referred) accepted by General Adult Community Mental Health Teams	Access /Activity	M	41,448	38,953	42,348	CHO	4,200
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	6,432
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	5,352
No. of new (including re-referred) General Adult Community Mental Health Team cases offered appointment and DNA in the current month	Access /Activity	M	6,380	8,488	7,920	CHO	1,080
% 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	3,360
Number of Psychiatry of Old Age Community Mental Health Teams	Access	M	26	29	29	CHO	3
Number of referrals (including re-referred) received by Psychiatry of Old Age Mental Health Teams	Access /Activity	M	11,664	12,065	12,036	CHO	960
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	924
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	1,296
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	1,260

No. of new (including re-referred) Old Age Psychiatry cases offered appointment and DNA in the current month	Access /Activity	M	301	211	384	CHO	36
% of new (including re-referred) Old Age Psychiatry Team cases offered appointment and DNA in the current month	Access /Activity	M	3%	2%	3%	CHO	3%
Number of cases closed/discharged by Old Age Psychiatry Community Mental Health Teams	Access /Activity	M	8,866	6,992	9,204	CHO	732
No. of child and adolescent Community Mental Health Teams	Access	M	66	65	66	CHO	9
No. of child and adolescent Day Hospital Teams	Access	M	4	4	4	CHO	1
No. of Paediatric Liaison Teams	Access	M	3	3	3	CHO	2
No. of child / adolescent admissions to HSE child and adolescent mental health inpatient units	Access /Activity	M	281	201	336	CHO	120
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	2,472
No. of child / adolescent referrals (including re-referred) accepted by mental health services	Access /Activity	M	15,092	13,101	15,180	CHO	1,980
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	1,692
No. of new (including re-referred) child/adolescent referrals seen in the current month	Access /Activity	M	12,628	12,415	14,484	CHO	1,548

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	1,572
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	217
i) 0-3 months	Access /Activity	M	1,308	1,344	1,546	CHO	147
ii). 3-6 months	Access /Activity	M	585	613	603	CHO	38
iii). 6-9 months	Access /Activity	M	346	322	310	CHO	27
iv). 9-12 months	Access /Activity	M	210	146	140	CHO	5
v). > 12 months	Access /Activity	M	0	235	0	CHO	0

## Social Care – Disability Services - Balance Scorecard

Quality and Safety	Access
<p><b>All Divisions</b></p> <ul style="list-style-type: none"> <li>Serious reportable events (SREs): investigations completed within 120 days</li> <li>Complaints investigated within 30 working days</li> <li>Safeguarding and screening <ul style="list-style-type: none"> <li>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</li> <li>100% of CHO Heads of Social Care that have established CHO wide organisational arrangements required by the HSE's <i>Safeguarding Vulnerable Persons at Risk of Abuse</i> policy throughout the CHO as set out in Section 9.2 of the policy</li> <li>100% of preliminary screenings for adults with an outcome of reasonable grounds for concern that are submitted to the safeguarding and protection teams accompanied by an interim safeguarding plan <ul style="list-style-type: none"> <li>Adults aged 65 and over</li> <li>Adults under 65 years</li> </ul> </li> </ul> </li> <li>HIQA inspection compliance <ul style="list-style-type: none"> <li>80% compliance with inspected outcomes following HIQA inspection of disability residential units</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Disability service: 0-18 years <ul style="list-style-type: none"> <li>100% of Children's Disability Network Teams established</li> </ul> </li> <li><i>Disability Act</i> compliance <ul style="list-style-type: none"> <li>100% of assessments completed within the timelines provided for in the regulations</li> </ul> </li> <li>Congregated settings <ul style="list-style-type: none"> <li>Facilitate the movement of 223 people from congregated to community settings</li> </ul> </li> <li>Supports in the community: PA hours and home support <ul style="list-style-type: none"> <li>1.4m PA service hours delivered to adults with a physical and/or sensory disability</li> <li>2,357 adults with a physical and/or sensory disability in receipt of a PA service</li> <li>2.75m home support hours delivered to persons with a disability</li> <li>7,447 people with a disability in receipt of home support services (ID/autism and physical and sensory disability)</li> </ul> </li> </ul>
Finance	Human Resources
<p><b>All Divisions</b></p> <ul style="list-style-type: none"> <li>Pay and non-pay control</li> <li>Income management</li> <li>Service arrangements</li> <li>Audit recommendations (internal and external)</li> <li>Reputational governance and communications stewardship</li> </ul>	<p><b>All Divisions</b></p> <ul style="list-style-type: none"> <li>Staffing Levels</li> <li>Absence</li> </ul>

## Social Care - Services for Older People - Balance Scorecard

Quality and Safety	Access
<p><b>All Divisions</b></p> <ul style="list-style-type: none"> <li>▪ Serious reportable events (SREs): investigations completed within 120 days</li> <li>▪ Complaints investigated within 30 working days</li> <li>▪ Safeguarding and screening <ul style="list-style-type: none"> <li>- 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</li> <li>- 100% of CHO Heads of Social Care that have established CHO wide organisational arrangements required by the HSE's <i>Safeguarding Vulnerable Persons at Risk of Abuse</i> policy throughout the CHO as set out in Section 9.2 of the policy</li> <li>- 100% of preliminary screenings for adults with an outcome of reasonable grounds for concern that are submitted to the safeguarding and protection teams accompanied by an interim safeguarding plan <ul style="list-style-type: none"> <li>- Adults aged 65 and over</li> <li>- Adults under 65 years</li> </ul> </li> </ul> </li> <li>▪ HIQA inspection compliance</li> <li>▪ 80% compliance with inspected outcomes following HIQA inspection of disability residential units</li> </ul>	<ul style="list-style-type: none"> <li>▪ Home Care Services for Older People <ul style="list-style-type: none"> <li>- 16,750 people in receipt of a HCP/DDI HCP (Monthly target) including delayed discharge initiative HCPs</li> <li>- 10,570,000 home help hours provided for all care groups (excluding provision of hours from HCPs)</li> <li>- 49,000 people in receipt of home help hours (excluding provision of hours from HCPs) (Monthly target)</li> </ul> </li> <li>▪ NHSS: <ul style="list-style-type: none"> <li>- 23,603 people funded under NHSS in long term residential care at year end</li> <li>- 5,088 NHSS beds in public long stay units</li> <li>- 1,918 short stay beds in public long stay units</li> <li>- 2.9 years average length of stay for NHSS clients in public, private and saver long stay units</li> </ul> </li> <li>▪ Delayed discharges <ul style="list-style-type: none"> <li>- 152 average weekly transitional care beds available to acute hospitals</li> <li>- 15 additional weekly transitional care beds winter plan (October 16 – February 17)</li> <li>- 7,200 people in acute hospitals approved for transitional care to move to alternative care settings</li> </ul> </li> </ul>
Finance, Governance and Compliance	Workforce
<p><b>All Divisions</b></p> <ul style="list-style-type: none"> <li>▪ Pay and non-pay control</li> <li>▪ Income management</li> <li>▪ Service arrangements</li> <li>▪ Audit recommendations (internal and external)</li> <li>▪ Reputational governance and communications stewardship</li> </ul>	<p><b>All Divisions</b></p> <ul style="list-style-type: none"> <li>▪ Staffing Levels</li> <li>▪ Absence</li> </ul>

## Social Care - Full Metrics/KPI Suite

Key Performance Indicators Service Planning 2016		KPIs 2016
KPI Title	2017 National Target / Expected Activity	CHO7
<b>Safeguarding</b> % of CHO Heads of Social Care who can evidence implementation of the HSE's <i>Safeguarding Vulnerable Persons at Risk of Abuse</i> policy throughout the CHO as set out in Section 4 of the policy	100%	100%
% of CHO Heads of Social Care that have established CHO wide organisational arrangements required by the HSE's <i>Safeguarding Vulnerable Persons at Risk of Abuse</i> policy throughout the CHO as set out in Section 9.2 of the policy	100%	100%
% of preliminary screenings for adults with an outcome of reasonable grounds for concern that are submitted to the safeguarding and protection teams accompanied by an interim safeguarding plan - Adults aged 65 and over - Adults under 65 years	100%	100%
Total no. of preliminary screenings for adults under 65 years	7,000	910
Total no. of preliminary screenings for adults aged 65 and over	3,000	343
No. of staff trained in safeguarding policy	17,000	1,535

## Disability Services

Key Performance Indicators Service Planning 2017		KPIs 2017
KPI Title	2017 National Target / Expected Activity	CHO7
<b>Service User Experience</b> % of CHOs who have established a Residents' Council / Family Forum / Service User Panel or equivalent for Disability Services by Q3	100%	100%
<b>Quality</b> % 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%
<b>Service Improvement Team Process</b>	100%	100%

Deliver on Service Improvement priorities		
<b>Transforming Lives</b>		
Deliver on VfM Implementation Priorities	100%	100%
<b>Congregated Settings</b>		
Facilitate the movement of people from congregated to community settings	223	29
<b>Disability Act Compliance</b>		
No. of requests for assessments received	6,234	1,524
% of assessments commenced within the timelines as provided for in the regulations	100%	100%
% of assessments completed within the timelines as provided for in the regulations	100%	100%
% of service statements completed within the timelines as provided for in the regulations	100%	100%
<b>Progressing Disability Services for Children and Young People (0-18s) Programme</b>		
% of Children's Disability Network Teams established	100%	100%
<b>Children's Disability Network Teams</b>		
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% (9/9)
<b>School Leavers</b>		
% of school leavers and rehabilitation training (RT) graduates who have been provided with a placement	100%	100%
<b>Work/work like activity</b>		
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	206
No. of people with a disability in receipt of work / work-like activity services (ID/Autism and Physical and Sensory Disability)	3,253	284
<b>Other Day services</b>		
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	2,635

<b>Rehabilitative Training</b>		
No. of Rehabilitative Training places provided (all disabilities)	2,583	394
No. of people (all disabilities) in receipt of Rehabilitative Training (RT)	2,870	362
No. of people with a disability in receipt of residential services (ID/Autism and Physical and Sensory Disability)	8,885	1,254
<b>Respite Services</b>		
No. of new referrals accepted for people with a disability for respite services (ID/Autism and Physical and Sensory Disability)	1,023	140
No. of new people with a disability who commenced respite services (ID/Autism and Physical and Sensory Disability)	782	129
No. of existing people with a disability in receipt of respite services (ID/Autism and Physical and Sensory Disability)	5,964	626
No. of people with a disability formally discharged from respite services (ID/Autism and Physical and Sensory Disability)	591	22
No. of people with a disability in receipt of respite services (ID/Autism and Physical and Sensory Disability)	6,320	838
No. of overnights (with or without day respite) accessed by people with a disability (ID/Autism and Physical and Sensory Disability)	182,506	26,123
No. of day only respite sessions accessed by people with a disability (ID/Autism and Physical and Sensory Disability)	41,000	5,148
No. of people with a disability who are in receipt of more than 30 overnights continuous respite (ID/Autism and Physical and Sensory Disability)	51	6
<b>PA Service</b>		
No. of new referrals accepted for adults with a physical and / or sensory disability for a PA service	271	0
No. of new adults with a physical and / or sensory disability who commenced a PA service	223	0
No. of existing adults with a physical and / or sensory disability in receipt of a PA service	2,284	77
No. of adults with a physical or sensory disability formally discharged from a PA service	134	0
No. of adults with a physical and /or sensory disability in receipt of a PA service	2,357	133
Number of PA Service hours delivered to adults with a physical and / or sensory disability	1,412,561	23,055
No. of adults with a physical and / or sensory disability in receipt of 1 - 5 PA Hours per week	957	28
No. of adults with a physical and / or sensory disability in receipt of 6 - 10 PA hours per week	538	24

No. of adults with a physical and / or sensory disability in receipt of 11 - 20 PA hours per week	397	19
No. of adults with a physical and / or sensory disability in receipt of 21 - 40 PA hours per week	256	11
No. of adults with a physical and / or sensory disability in receipt of 41 - 60 PA hours per week	73	3
No. of adults with a physical and / or sensory disability in receipt of 60+ PA hours per week	83	1
<b>Home Support</b>		
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	90
No. of existing people with a disability in receipt of home support services (ID/Autism and Physical and Sensory Disability)	6,380	714
No. of people with a disability formally discharged from home support services (ID/Autism and Physical and Sensory Disability)	466	27
No of people with a disability in receipt of Home Support Services (ID/Autism and Physical and Sensory Disability)	7,447	1,102
No of Home Support Hours delivered to persons with a disability (ID/Autism and Physical and Sensory Disability)	2,749,712	397,605
No. of people with a disability in receipt of 1 - 5 Home Support hours per week (ID/Autism and Physical and Sensory Disability)	3,140	360
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	158
No. of people with a disability in receipt of 11 – 20 Home Support hours per week (ID/Autism and Physical and Sensory Disability)	753	109
No. of people with a disability in receipt of 21- 40 Home Support hours per week (ID/Autism and Physical and Sensory Disability)	402	54
No. of people with a disability in receipt of 41 – 60 Home Support hours per week (ID/Autism and Physical and Sensory Disability)	97	11
No. of people with a disability in receipt of 60 +Home Support hours per week (ID/Autism and Physical and Sensory Disability)	127	17

## Services for Older People

Key Performance Indicators Service Planning 2016/7		KPIs 2017
KPI Title	2017 National Target / Expected Activity	CHO7
<b>Quality</b> % 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%
<b>Service Improvement Team Process</b> Deliver on Service Improvement priorities.	100%	100%
<b>Home Help/Home Support</b> Total no. of persons in receipt of a HCP/DDI HCP(Monthly target) including delayed discharge initiative HCPs	16,750	2,171
No. of new HCP clients, annually	8,000	1,000
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	734,000
No. of people in receipt of home help hours (excluding provision of hours from HCPs) (Monthly target)	49,000	5,331
<b>NHSS</b> 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	21
No. of NHSS Beds in Public Long Stay Units.	5,088	642
No. of Short Stay Beds in Public Long Stay Units	1918	176

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	-
<b>Transitional Care</b> Number of TCB approvals within the month (in arrears)	152	167 for January & February. 152 March to December.

## Appendix 4: Public Long Stay Residential Care Beds

### Services for Older People

CHO Area	County	Name of Unit	No. of Beds at 31st December 2017	
			NHSS	Short Stay
CHO Area 7	Dublin	Belvilla Community Unit	46	4
	Dublin	Our Lady's Hospice	50	28
	Dublin	St James Hospital	46	4
	Dublin	Meath Community Unit	37	0
	Dublin	Cherry Orchard Hospital	166	27
	Dublin	Peamount Hospital	48	26
	Dublin	St Brigid's Home	51	4
	Dublin	Mount Carmel	0	65
	Wicklow	Baltinglass District Hospital	54	6
	Kildare	Maynooth Community Unit	38	2
	Kildare	St Vincent's Hospital	106	10
<b>CHO Area 7 Total</b>			<b>642</b>	<b>176</b>
<b>National Total</b>			<b>5,088</b>	<b>1,918</b>
			<b>7,006</b>	

## Appendix 5: CHO Capital Infrastructure

### Primary Care Division Capital Infrastructure

Facility	Project details	Project Completion	Fully Operational	Additional Beds	Replacement Beds	Capital Cost €m		2017 Implications	
						2017	Total	WTE	Rev Costs €m
PRIMARY CARE									
CHO 7: Kildare/West Wicklow, Dublin West, Dublin South City, Dublin South West									
Junction House, Kilnamanagh/Tymon, Dublin	Primary Care Centre, by lease agreement	Q3 2017	Q4 2017	0	0	0	0	0	0
Cashel Road/Walkinstown, Armagh Road, Crumlin, Dublin	Primary Care Centre, by lease agreement	Q2 2017	Q3 2017	0	0	0	0	0	0
Springfield, Tallaght, Dublin	Primary Care Centre, by lease agreement (phased)	Q4 2016	Q1 2017	0	0	0.6	0.6	0	0
Celbridge, Co. Kildare	Primary Care Centre, by lease agreement	Q4 2016	Q1 2017	0	0	0	0	0	0
Blessington, Co. Wicklow	Primary Care Centre, by lease agreement	Q3 2016	Q1 2017	0	0	0.15	0.15	0	0

## Social Care Division Capital Infrastructure

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

SOCIAL CARE – Services for Older People									
CHO 7: Kildare/West Wicklow, Dublin West, Dublin South City, Dublin South West									
Baltinglass, Co. Wicklow	Refurbishment and upgrade (to achieve HIQA compliance)	Q4 2016	Q1 2017	0	30	0.75	3.91	0	0