Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

CHO Dublin North City and County Operational Plan

2017

Building a Better Health Service
CARE COMPASSION TRUST LEARNING


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

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Introduction

	2017 NSP Budget €m	2016 Closing Budget €m
Health and Wellbeing	0	0
Primary Care	174.90	177.93
Mental Health	108.99	105.29
Social Care	369.65	356.56
Full details of the 2017 budget are available in Appendix 1		

Welcome to the Operational Plan for Community Healthcare Dublin North City & County. Community Healthcare is the term used to describe the range of health and social care services provided by the HSE outside of the acute hospital system. Community Healthcare Organisation Dublin North City and County (CHO DNCC) is one of nine CHO's across the country and is responsible for providing care services to a population of 621,216[1] in Dublin North City and County. A key priority for 2017 is to progress the further development of the structures and processes intended to ensure that the CHO area achieves high quality integrated services as close to home as possible for the people of Dublin North City & County. We have established clear pathways on integration across community, hospital and residential services to ensure clients receive quality care in the most appropriate setting with straightforward access. This will be a cornerstone in our progression of services for 2017.

In line with the ongoing implementation of the CHO structure, the responsibility for services will lie with the appointed Heads of Service. The recent appointment of the Heads of Service, Heads of Business (Finance and Human Resources) will be a driving force in the integration of services for the Health Service Reform. These appointments will enhance our ability to deliver the direct line Accountability Framework which describes in detail the means by which the CHO is responsible for the efficiency and control of the provision of services, patient safety, finance and HR within our CHO area. This will also give rise to the reconfiguration of the structures and governance arrangements of CHO DNCC.

The HSE National Service Plan 2017 (NSP) details the services to be provided by the HSE in 2017. The CHO DNCC Operational Plan serves the same purpose, specifically for the population of our area. This operational plan aims to provide clarity as to the services we intend to provide over 2017, building on progress made over recent years. Our four service headings are Primary Care, Social Care, Mental Health and Health and Wellbeing. Our actions and goals will be dependent primarily on financial and human resources available to us. Compliance with the 2017 Pay and Numbers Strategy and Control Framework within CHO DNCC will be a focus item for the Heads of Finance and HR. All service provision will be subject to compliance with same and will be managed in terms of the Balanced Scorecard quadrants of Quality and Safety, Access, Finance and Human Resources.

The measurement of the delivery of service in CHO DNCC is performed through a suite of Key Performance Indicators (KPI's), which are reported on monthly and published in the divisional Performance Reports (see pages 56-85). The achievement of KPI's is contingent on sufficient resources being

[1] Population based on Census 2016 preliminary results http://www.cso.ie/en/releasesandpublications/ep/p-cpr/censusofpopulation2016-preliminaryresults/geochan/

maintained within the CHO. Staffing difficulties and related challenges are well documented in previous correspondence between CHO DNCC and National Divisions. We will build on work undertaken in 2016 and further develop our reporting capabilities, broaden our research and information base and build greater capacity to support a culture of high performance. This will be done in the context of the implementation of the overall Accountability Framework in place within the HSE.

Demographic Trends

As outlined in *Health Information Paper 2015/2016 – Trends and Priorities to Assist Service Planning 2016* (www.hse.ie) the population of Ireland is projected to increase by 4% or 188,600 persons between 2016 and 2021. There will be 107,600 additional persons aged 65 and over by 2021 and an additional 15,200 people aged 85 years and over. Life expectancy has increased by almost 3 years since 2003 and mortality rates for circulatory system diseases have fallen by 30% and for cancer by 10% over the same period.

While the official Census 2016 results are yet to be published, the preliminary census data indicates the population in our CHO has increased from 584,486 in 2011 to 621,216 in 2016. This represents an increase of approximately 6.9 % (39,730 people). Population changes are a key component of changing health needs and have to be used as evidence to inform accurate health planning to ensure proper resourcing. The change to the size and diversity of the population is exhibited across a number of profiles and while the main pressure will be the ageing population and the consequent impact across all service areas including Residential, Home Care, Chronic Disease, Palliative Care, GP services, other profiles such as socio-economic (education, unemployment, homelessness), migrant population with complex needs, addiction, will bring considerable challenges in providing the required level of service to our population of 621,216. A priority for 2017, on the establishment of the CHO PMO Office, will be to conduct a needs based assessment to gather the information required to ensure proper resource allocation to deliver the vision of a healthier Ireland with a quality health service as outlined in the HSE's Corporate Strategy 2015-2017.

Population growth in CHO DNCC has been a significant factor in increasing demands for services in recent years. According to the preliminary results of the 2016 Census the fastest growing constituency in Ireland was Dublin Fingal which increased by 10,596 persons or 8.1 per cent over the five years. The CSO report also shows that Fingal has the second lowest housing vacancy rate in the state, with a 19% reduction in vacant dwellings since 2011. A number of descriptive statistics pertaining to the population within CHO DNCC are illustrated in the tables below[2]:

Table 1: Top 10 Electoral Divisions nationwide ordered by population increase, 2011-2016

Position	Electoral Division	County	Population 2011	Population 2016	Actual change	Percentage change
1	Blanchardstown-Blakestown	Fingal	36,057	38,924	2,867	8.0
5	The Ward	Fingal	8,241	10,470	2,229	27.0
9	Balbriggan Rural	Fingal	15,140	16,479	1,339	8.8
10	Blanchardstown-Abbotstown	Fingal	4,870	6,204	1,334	27.4

Four of the top ten electoral divisions nationwide where there have been significant population increases are in Fingal. The Dublin City Council area also had a 4.8 % increase in population in this time period.

[2] Demographic data based on Census 2011 figures pending publication of Census 2016 results https://finder.healthatlasireland.ie/

Table 2: CHO DNCC Population profile by age group ascending

Age Group	Number of people
0 – 4	45,074
5 - 19	105,577
20 - 64	369,735
65 - 74	35,097
75+	26,003

In CHO DNCC 25.9% of the population (150,651 people) are aged 19 years or under while 10.5% (61,100 people) of the population are over 65 years of age.

Table 3: CHO DNCC Population profile by nationality

Nationality	Number of people	Nationality	Number of people
Irish	464,563	Elsewhere in EU	27,866
UK	8,646	Elsewhere in world	36,020
Polish	18,863	Not stated	9,106
Lithuanian	6,007		

In CHO DNCC 20.1% of the population (116,923 people) were born overseas.

Table 4: CHO DNCC Population profile by deprivation level – HP Index

Deprivation Level – HP Index	Number of people	Deprivation Level – HP Index	Number of people
Extremely affluent	15,915	Marginally below average	124,475
Very affluent	52,819	Disadvantaged	76,220
Affluent	116,049	Very disadvantaged	34,820
Marginally above average	149,832	Extremely disadvantaged	11,356

In CHO DNCC 57.54% of the population (334,615 people) were reported as above average on the deprivation level HP index with 42.45% (246,871 people) reported as below average.

CHO Priorities for 2017

Health and Wellbeing (National and Local)

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

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

- Continue to align Primary Care, Social Care and Mental Health Networks
- Improve quality, safety, access and responsiveness of primary care services to support the decisive shift of services to primary care
- Improve health outcomes for the most vulnerable in society including those with addiction issues, the homeless, refugees, asylum seekers, Traveller and Roma communities
- Improve access, quality and efficiency of palliative care services
- Reimburse contractors in line with health policy, regulations and within service level arrangements governing administration of health schemes
- Strengthen accountability and compliance across all services and reviewing contractor arrangements.

Mental Health (National and Local)

- Improve the health and wellbeing of our service users in line with the vision and goals of Healthy Ireland 2012 and Healthy Ireland Framework for Improved Health and Wellbeing 2013-2025
- Implementation of the suicide reduction policy *Connecting for Life* through the appointing of Resource Officer and implementation of local actions plans aligned to national framework.
- Implementation of the Eating Disorder Programme in CAMHS and Adult Mental Health Services once model of care is developed nationally
- Improve Early intervention and youth mental health, including the development of a Jigsaw site which was established in 2016
- Increase Community Mental Health Service capacity for CAMHS, General Adult & Psychiatry of Old Age
- Implement the Reference Group recommendations towards enhanced service user and carer engagement within the Mental Health Services
- Develop specialist clinical responses through the Mental Health Clinical Programmes
- Service re-configuration to meet the needs of the Mental Health Intellectual Disability older persons aligned to national model of care
- Commission of mental health capital stock to scope the future infrastructural needs of Mental Health Services in conjunction with the National Estates Programme
- Increase safety of mental health services, including improved regulatory compliance and incident management
- Strengthen governance arrangements through the HSEs Accountability Framework to improve performance and effective use of human, financial and infrastructural resources

Social Care (National and Local)

Disability Services

- CHO Local Consultative Forum established to plan and implement national and local priorities for the development of disability serivces; this committee will inform the Head of Social Care and Team in relation to prioritisation of actions to be addressed. This committee will form a collaborative and partnership approach
- Reconfigure day services including school leavers and rehabilitative training in line with New Directions
- Implement the recommendations of the value for Money and Policy Review of Disability Services in Ireland in line with the Transforming Lives Programme

- Accelerate Implementation of a Time to Move on from Congregated Settings with a particular focus on the agreed priority sites
- Establish a residential place register which maps all existing residential provision to support and inform the work of the Residential Care Emergency Management Committee
- Complete the Progressing Disability Services and Young People (0-18) Programme with the full establishment of 129 Disability Network Teams, aligned to the Community Health Networks
- Commence implementation of *Outcomes for Children and their Families, an Outcomes Focused Performance Management and Accountability Framework for Children's Disability Network Teams*
- Enhance governance for Service Arrangements
- Ensure a comprehensive implementation plan is in place which consolidates the priority actions required under a range of key service improvements as follows:
- Time to Move on from Congregated Settings in respect of residential centres –implementation
- Maximise reconfiguration of existing resource towards community based person centred model of service
- Implement 6 Step Programme and Quality Improvement Team initiatives to improve HIQA Compliance
- Transfer learning from National Reviews to secure system wide change
- Involvement of Volunteer/Advocacy & Family Fora.

Services for Older People

- Ensure older people are provided with the appropriate supports following an acute hospital episode by maintaining of focus on the reduction of Delayed Discharges in acute hospitals
- Improve patient flow with continued focus on delayed discharges and hospital avoidance
- Influence service delivery and planning for Older Person's Strategy through reviewing and optimising options in relation to Single Assessment Tool (SAT) roll out across home care and residential services for older people in conjunction with Primary Care Services
- Finalise the Home Care and Community Supports Service Improvement Plan
- Roll out the Integrated Care Programme for Older Persons

Other Significant CHO Priorities

- Embed governance structures and practices at CHO Management Team level to provide a framework that will provide strategic direction, ensure objectives are achieved, results are delivered, risk is managed and resources are prudently managed
- The establishment of a CHO Contract Management Support Unit to operationalise the draft guidelines on Performance Monitoring. This will be done in conjunction with the EMC and a Steering Group has been established with representatives from the CHO's and National Divisional Staff who will consider and advise on required resources including expertise required and staffing
- Development of a funded Workforce Plan using a project management approach that will support all aspects of the organisation and assist all recruitment decisions
- Population growth in CHO DNCC has been one of the most significant factors in increasing demands for services in recent years. We will complete a CHO health needs assessment to support future planning and resource allocation

- Engage with the WRC process through the CHO HR enablement group to agree a sub structure for the Heads of Service and functions
- Recruit additional staff approved by the Executive Management Committee to enhance and improve the leadership and governance of the quality, risk and patient safety function within CHO DNCC
- Clarify the resource available to CHO DNCC to discharge legislative responsibilities under Health & Safety Acts
- Continue to develop governance and oversight of the agencies funded by CHO DNCC to provide services on our behalf or in partnership with us

Risks to the Delivery of the CHO DNCC Operational Plan

CHO DNCC will continue to prioritise service delivery in an equitable and transparent way in 2017. Throughout the CHO a number of mechanisms are in place to ensure effective use of resources which include monthly performance engagements with National Divisions, IMR meetings with Section 38 agencies, CHO DNCC management team meetings and scheduled meetings with Grant Aided agencies which incorporates some element of audit function.

Over 50% of CHO DNCC's budget is allocated for service provision either through Service Arrangement or Grant Aid Agreement (363) to non statutory service providers to provide health and social services on our behalf. Our ability to ensure value for money on existing resources for this aspect of service delivery is restricted by the available resources, both in terms of actual WTE and the expertise required. The resourcing required to meet the requirements of the performance monitoring guidelines has been flagged by the Chief Officers with the National Directors and will continue to be a priority to be progressed in 2017 to ensure that all managers are fully supported to deliver on the requirements as set out in the guidelines.

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

- Capacity to deliver ELS service within allocated budget
- Organisational capacity to support the reform programme will be essential to ensuring the overall governance and stability of services at CHO level
- Implementation of national priorities will continue to be a risk throughout the ongoing transition to a CHO structure
- Continued or accelerated demographic pressures over and above those planned for delivery in 2017
- Financial risks associated with statutory and regulatory compliance in a number of services including Health & Safety programme initiatives
- The ability to recruit and retain skilled and qualified clinical staff. Continued dependency on agency due to absenteeism, recruitment challenges and responding to clinical presentations
- Acute Mental Health Bed Capacity will continue to be a risk
- Meeting of HIQA and Mental Health Commission standards for both public long stay residential facilities and disability sector

- The provision of respite and residential services to children with disabilities and the capacity to provide the appropriate number and type of placements for people who require alternative care
- The provision of 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 surrounding ED departments
- Capacity to achieve compliance with the 2017 Pay and Numbers Strategy and the impact on the number of WTE employed, which impacts on service level provision. There is a particular risk in the primary care services due to the loss of 40 WTE posts in 2016, which were not replaced due to the requirement to achieve compliance with the pay and numbers strategy. This will impact on the level of service provision in 2017
- The extent of organisational capacity required to develop and align the required primary care, social care and mental health networks and primary care teams and the associated scaling of models and pathways of care required to deliver high quality services

It is further acknowledged that our ability to expand or put in place additional new services in 2017, other than those specifically provided for in the Letter of Determination will be limited. This will be challenging as we continue to re-structure our services in CHO DNCC, whilst ensuring equality of services across our organisation in an ever increasing demand led environment. However, CHO DNCC will continue to work towards maximising the 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.

It is acknowledged that while every effort will be made to mitigate these risks, it will not be possible to eliminate them in full.

Financial Risk Areas

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

Conclusion

The CHO DNCC operational plan is an ambitious programme of work, and is highly dependent on the continued efforts, dedication and expertise of the Senior Management Team and all staff of CHO DNCC and the ongoing collaboration and co-operation of colleagues from across the HSE, wider health system and beyond. The resilience shown by staff is acknowledged and appreciated and continues to enable the service to provide a high quality and safe service.

Gerry O'Neill

Chief Officer

Community Healthcare Organisation (CHO)

Dublin North City and County

Building a Better Health Service

Introduction

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

Improving the quality and safety of our services

In each of our four divisions we aim to improve quality, strengthen safety, give the greatest access to services as possible to the people of Dublin North City & County and work within the resources available. CHO DNCC will seek to provide assurance that authority and accountability for the quality and safety of all services is integrated into operational service management through appropriate leadership, governance, structures and processes. Each service will define its client safety and quality operating model to address service user advocacy, complaints, incident management and response, learning systems and quality improvement initiatives. Through demonstrating our effectiveness and providing evidence of performance we will advocate for continued growth as additional resources become available into the future. As the QPS function is developed in line with approved staffing levels, integration into the operational services will be a key focus.

Our commitment to development of quality services will be further enhanced through the increased participation of a range of stakeholders including staff, service users, family members and carers, staff representative bodies, G.P.'s etc. in the development and delivery of services.

CHO Quality & Safety Governance Group

A CHO DNCC Quality & Safety Governance Group was established in 2015 to oversee and progress an integrated and consistent approach to quality and safety including the oversight and management of risk registers and serious incidents. This group will contribute to the development and maintenance of high quality, safe, effective and person centred care across the divisions in keeping with HSE policies and external regulatory requirements. The management of quality and safety throughout CHO DNCC will be further strengthened in 2017 with the anticipated recruitment of dedicated quality and patient safety officers within each division of the CHO.

Safeguarding & Protection

In line with national policy, CHO DNCC has established a local safeguarding & protection team to proactively manage and assess complex cases of alleged abuse. This involves providing advice to any person who may wish to report a concern or complaint of alleged abuse of a vulnerable person, offering support and advise services in responding to reports of alleged abuse and providing appropriate training to staff. The team must also ensure records are maintained in a consistent format. In 2017 the team will continue to promote training and awareness programmes to CHO DNCC designated officers and frontline staff under the guidance and direction of the Chief Officer and Head of Social Care.

Strategic Priorities for 2017

Leadership & Governance for Quality & Safety

- Promote and protect the health and wellbeing of the population it serves across all services
- Provide leadership, and clear lines of accountability for quality and safety
- Through national recruitment, increase resources and capacity to support the development of quality and safety within each of the divisions
- Support the clinical governance of Quality and Patient Safety through the consolidation of Quality and Patient Safety (QPS) committee structures across CHO DNCC, ensuring that quality standards and arrangements are enforced in accordance with statutory and organisational requirements
- Strengthen accountability for quality and safety through assurance and performance arrangements in relation to quality and safety of care, monitoring quality improvement and patient safety through use of key performance indicators
- Monitor the implementation of Mental Health Commission and HIQA Quality Patient Standards compliance in the delivery of nursing care to the public
- Embed effective governance and accountability in place in respect of Section 38 and Section 39 agencies
- Support and build the capacity and capability of staff to lead on and to deliver quality assurance and improvement through education and training

Safe Care

- Ensure ongoing maintenance and monitoring of the Divisional risk registers across CHO DNCC
- Continue to work to embed the active use of risk registers including periodic review and updating of risks and the control actions being taken to mitigate risk, as a critical component of the service safety management programme across services in Dublin North City & County
- Reinforce compliance with the HSE Safety Incident Management Policy across the Divisions
- Continue to manage and to develop notification procedures for Serious Incidents/Serious Reportable Events
- Prioritise the management and analysis of complaints in through QPS function
- Continue to record complaints and use the information received to identify trends and opportunities for learning, risk reduction and quality improvement
- Prioritise the management of Health & Safety requirements within existing limited resources
- Support and collaborate with the HCAI/AMR clinical care programmes in prioritising key infection prevention and control areas for development in 2016 i.e. promoting hand hygiene training

Person Centred Care

- Promote person centred care through service user engagement in keeping with National and Divisional initiatives
- Encourage and support staff engagement in keeping with National and Divisional initiatives
- Support implementation of the National Open Disclosure Policy by rollout of staff training in CHO DNCC

KPIs pertaining to Quality and Safety structures and Effective and Safe Care which will be collected at CHO level are as follows:

Priority Area	Metric	Performance Measure / Target
Governance for Quality and Safety		
HCAI Committee	% of CHOs who have in place a HCAI or Infection Control Committee	100%
Drugs & Therapeutic Committee	% of CHOs who have in place Drugs and Therapeutic Committee / Medication Management Committee	100%
Risk Registers	% of CHOs who have CHO-wide Risk Registers	100%
Effective Care		
HIQA Notifications	% of CHOs who have in place a system for receipt and collation of HIQA Notification Forms submitted by HSE provided services	100%
	% of CHOs who review the trends from the collation of HIQA Notification Forms submitted by HSE provided-services and take appropriate action by Q3.	100%
Service User Surveys	% of CHOs who conduct annual service user experience surveys amongst representative samples of their Social Care service user population by Q3	100%
Safe Care		
Recommendations	% of CHOs who have a process in place to ensure the recommendations of any serious incident investigations are implemented, and learning shared by Q2	100%
Incidents	% of CHOs who carry out an analysis of all reported incidents (numbers, types, trends)	100%

Improving the health and wellbeing of the population

The *Healthy Ireland* Framework sets out a vision illustrating how people can live fulfilled lives and be as healthy as they can. In 2017 a '*Healthy Ireland* Implementation Steering Group' will be established within CHO DNCC. This group will have cross directorate representation and will link with the Healthy Ireland leads within the Hospital Groups in the area. The group will undertake staff engagement sessions to communicate the Healthy Ireland vision and develop a local implementation plan. This plan will be informed by the 'Healthy Ireland in the Health Services National Implementation Plan 2015 – 2017'. The Head of Health and Wellbeing within the CHO will have responsibility for driving development and delivery of the local plan and reporting on progress.

Providing care in a more integrated way

Our aim in CHO DNCC is to provide a health service which is available to people where they need it and when they need it. We should provide people with the best outcomes that can be achieved. The Integrated Care and Clinical programmes within CHO DNCC are central to this approach, and clinical leadership is at the core of reform and service improvement to support better health outcomes. It is the intention that particular focus in CHO DNCC will be to develop a population healthcare needs assessment that will inform the development and planning of new developments. Capacity building for the future is imperative to meet the demands of a growing population.

Integrated Care for Older Persons Programme (ICOP)

The Social Care Division and the Clinical Strategy and Programme Divisions Service and Operational Plans (2016) outlined the introduction of a National Integrated Care Programme for Older Persons which aims to ensure a 'joined up' approach to service delivery and in doing so improve the quality and continuity of care for older persons.

CHO DNCC will drive the ICOP in 2017 by ensuring Local Integrated Governance Structures exist, Local Operational Policies are developed and that the additional 6 WTE Multidisciplinary Team members are recruited, roles are established and Integration across hospital and community commences in order to support the development of enhancing care pathways for older persons. CHO DNCC will continue to work with ICOP and Beaumont Hospital on implementing local project work streams, developing care pathways, gathering data, using technology such as SAT and introducing new roles and functions.

A collaborative partnership approach has developed between CHO DNCC and the acute hospitals within the area. This has enabled shared accountability for particularly complex cases. It is intended that the principles of integrated care across boundaries will be embedded further as a priority in 2017.

Winter Initiative

CHO DNCC will improve patient flow with continued focus on delayed discharges and hospital avoidance through the Process Improvement Initiative and Winter Initiative. This will be achieved in partnership with our acute hospital sector. Over the past two years the number of delayed discharges has reduced from an average of 250 across all acute hospitals in 2015 to approximately 100 delayed discharges in January 2017. This was achieved by applying a project management approach to ensure process improvements with a focus on delayed discharges and early identification of patient needs. A dedicated resource, for a period of time, ensured a coordinated approach and the active management of the discharge process across primary, secondary and social care. This approach will be repeated in 2017.

National Clinical Programmes for Asthma, COPD & Diabetes

CHO DNCC will continue to strengthen these programmes within the CHO through the establishment of a Local Implementation and Governance Group for Chronic Disease with membership from primary care and acute services. This group will provide oversight and ensure the integration of the additional posts recruited for these programmes in 2017 between community, general practice and acute services. The Demonstrator Sites within the CHO will develop clear pathways for patients with chronic disease to access patient-centred integrated care and self-management supports in their own community.

Developing a performing and accountable health service

The HSE's *Accountability Framework* was introduced in 2015 and has been further enhanced and developed for 2017. It sets out the means by which the HSE and in particular the CHO's and individual managers, will be held to account for their achievable performance in relation to access to services, the quality and safety of those services, doing this within the financial resources available and by effectively harnessing the efforts of its overall workforce. In 2017 we will continue to measure and report on performance against the key performance indicators (KPI's) set out in the National Service Plan as part of the monthly performance reporting cycle. The full document detailing the processes can be found on www.hse.ie.

Finance

Introduction

The 2017 budget allocation for CHO DNCC amounts to €653.54m. This represents an increase of €13.76m on the final 2016 budget, and is €11.06m above the final 2016 outturn.

Included in the allocation is an amount of €4.9m relating to the implementation of national pay awards. There is no funding for increments however, and this cost estimated at €2.6m will need to be funded from existing resources.

2016 Performance

For fiscal 2016, net expenditure in CHO DNCC amounted to €642.48m against an allocation of €639.78m.

The 2016 outturn represents a significant achievement in light of the range of service pressures across services and growing service needs driven by demographics as outlined in the Introduction. This result was achieved by the management team and staff of the CHO through continuing focus on costs throughout the organisation and managing a range of cost pressures within the available budget envelope as follows:

- Regulatory compliance, particularly in the disability sector.
- External client placements in disability services and mental health.
- Agency costs arising from HIQA notices, staff attrition and duration of recruitment process. This is particularly evident in the voluntary (section 38) sector.

CHO DNCC 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 Budget Table

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

Statutory & Section 38 Services	Outturn 2016 (€m)	Budget 2016 (€m)	Advised Budget 2017 (€m)
Primary Care	77.43	78.22	76.74
Social Inclusion	36.49	36.28	34.88
Palliative Care	10.92	10.88	10.89
S/T (exc schemes)	124.84	125.38	122.51
Local Schemes	53.08	52.55	52.39
Primary Care Total	177.92	177.93	174.90
Mental Health Total	105.15	105.29	108.99
Older Persons	97.84	97.87	104.36
Disability Services	261.57	258.69	265.29
Social Care Total	359.41	356.56	369.65
Total	**642.48**	**639.78**	**653.54**

Existing Level of Service

It is anticipated that cost pressures evident in 2016 i.e. regulatory compliance, external client placements and agency costs will continue in 2017. These costs along with demographic service pressures and cost of increments will need to be carefully managed in 2017. As in 2016, the main financial challenge is expected to arise in the provision of Social Care services.

Cost Pressures

Increments are unfunded for 2017 and our preliminary estimate is that these will cost in the region of €2.6m. Aside from this, cost pressures are expected to be largely consistent with 2016. The significant cost pressures are therefore:

- Increments.
- Regulatory compliance, particularly in the disability sector.
- External / emergency placements in disability services and mental health.
- Home care packages, in older persons and disability sectors.
- Agency costs
- GP Training Scheme

Savings and Efficiency Measures

CHO DNCC will seek to maximise pay and non pay efficiencies within its allocated budget and a continued proactive approach to cost management in the areas of pay and non pay. Particular areas for attention in 2017 will be Transport, Management of services provided by Section 38 and Section 39 Agencies, Management of services provided by For Profit providers and Agency Conversion. It is expected that the integration of services into one cohesive CHO will deliver further savings by achieving economies of scale as staff are aligned to each Head of Service/Function.

Approach to Financial Challenge 2017

There are ongoing cost pressures which will need to be managed within the CHO's 2017 budget. These are primarily emergency placements, expanding existing services to meet service need, changing needs of service users and the extra costs of providing service to a growing and ageing population. Resources will need to be tightly managed and opportunities for savings and efficiencies within the cost will be identified and implemented.

Financial Risk Areas

All services will need to operate within the 2017 budgetary allocation in order for CHO DNCC to deliver a breakeven position. Given the Divisional split of budget allocation, there is no scope to address a deficit in one area with compensating surpluses in another 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. Specifically, CHO DNCC will maintain existing levels of services in line with financial resources available whilst noting specific developments relating to emergency and home respite support services as well as day/ rehabilitative training interventions. The CHO is cognisant that the demand for disability supports and services is growing in a significant way and will ensure throughout 2017 effective monitoring of the impact

in this area as part of ongoing planning processes with the National Social Care Division in respect of the 2018 estimates process.

Some of the anticipated financial risk areas during 2017 in CHO DNCC include:

- Compliance with HIQA standards which may entail incremental expenditure on staffing and / or infrastructure
- Provision of external / emergency placements, particularly in the disability and mental health sectors. A Residential Care – Executive Management Committee has been established in CHO DNCC, led by the Head of Social Care to provide robust and effective management of the existing residential base and in respect of the management of emergency places
- Historical financial deficits in some Section 38 agencies, with consequential impact on cash flow
- Demographic issues, with the 2016 census expected to show a further significant increase in population in CHO DNCC

CHO DNCC is actively engaging with the National Divisions in relation to all of the above in the context of the Performance Accountability Framework with an equal emphasis on all four quadrants of the Balanced Scorecard.

Pay Bill Management

CHO DNCC has a robust pay bill management process in place which is overseen by the CHO DNCC pay bill management committee. The purpose of this committee is to manage and implement the Pay-bill Management and Control National Framework (2015) and for CHO DNCC to operate within the notified pay budget. This committee will continuously monitor and manage the run rate of pay and will take remedial action in order to ensure that care divisions operate within their 2017 pay budget. The committee will act as the assurance and approval mechanism at CHO level and all recruitment will continue to be subject to the pay bill management process.

2017 Financial Management Strategy

Each Head of Service will manage the financial resource within their area with the objectives of delivering the maximum amount of safe services and managing service risks and will work in partnership with national care divisions to manage financial risk areas. The CHO finance function will provide a full range of financial management supports to the management team including transaction processing, compliance, spend reporting & variance analysis, spend projections and forecasts, decision support and budget management.

Workforce

Introduction

Staff in CHO DNCC continue to be our most valuable resource and are central to improvement in patient care, productivity and performance. A culture of compassionate care and a sense of belonging among staff will create and embed an organisation-wide approach to delivering a high quality, effective and safer service to our patients and clients. Listening to staff feedback and the implementation of outcomes from the Staff Engagement Survey conducted in October 2016, will be a key objective.

The role of Human Resources (HR), working across the health system, will be to 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 is delivered by a unified HR function across CHO DNCC. This will involve positive and proactive engagement with Unions and staff representative groups. A further challenge will be to maintain the quantity and quality of HR support, whilst safely managing the change and integration process. A key priority for 2017 will be to integrate and develop HR services across CHO DNCC area, to ensure cohesiveness and consistency of approach; to enhance capacity and credibility of the HR function and to adopt a customer orientation, in addition to equity in department staffing.

There is a limited amount of dedicated HR resources available to CHO DNCC to deliver the key priorities outlined above. As part of the reconfiguration process to ensure that all staff have access to dedicated HR Officer, current roles and responsibilities will change to reflect this. A key enabler to deliver the 2017 HR priorities is the relationships between CHO HR and services provided through National HR and Health Business Services e.g. Corporate Employee Relations, leadership & development, workforce planning and informatics' and national recruitment services. CHO HR do not have the resources to deliver some aspects of the 2017 CHO Operational Plan and are dependent on the services provided through National HR and HBS to deliver these priorities in partnership with the CHO HR. The working relationships with National HR and HBS will continue to be developed and evolved to ensure that the priority needs of CHO DNCC are met and balanced with the resources available.

In collaboration with all stakeholders, work will continue in 2017 on the HR strategic intent and emerging operating model to ensure the organisation's strategic HR goals, initiatives and projects such as the People Strategy 2015-2018 are delivered to best serve the needs of patients and service users, and deliver safer, better healthcare as per the national HSE service plan.

Engagement with Business partners in Health Business Services (HBS) and ERPS around support will be an on-going issue, as both CHO areas and these identified Shared Services re-engineer our functions as part of the change process.

The Health Service People Strategy

In December 2015, the Health Services People Strategy 2015 – 2018 : Leaders in People Services was published and very clearly set out how the Peoples Strategy will assist with the achievement of Goal 4 of the HSE's Corporate Plan. Both documents, reiterate the importance of valuing and developing staff if the HSE is to achieve the vision of *'building a better health service'* through demonstration of the HSE's values of care, compassion, trust and learning by all staff at all levels in all aspects of health services delivery.

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

- Sponsor a joint RCSI Hospital Group and Community Hospital Organisation Leadership Development Programme, which will commence in February 2017. There will be 10 participants from CHO DNCC on this programme
- Run a CHO specific multidisciplinary leadership development programme in quarter two, 2017 which will include representatives from the voluntary sector within the CHO, similar to the Future Leaders programme run in national services in 2016
- 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 DNCC 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:

- Design, develop and implement a CHO Induction Programme by March 2017
- Develop an action plan to implement the recommendations from the staff survey by April 2017
- Run two workshops by July 2017 to promote Diversity, Inclusion and Equality within our CHO
- In partnership with the Staff Health & Well Being Unit and the Head of Health & Well Being, support staff in managing their own health and well being, with a particular focus on the management of absenteeism and supports available to staff and managers. This will be completed by August 2017
- Sustain the current forum for union / management engagement on a range of issues pertaining to change management within CHO DNCC on a quarterly basis

Learning and Development

CHO DNCC 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:

- In partnership with National Leadership, Education and Development, develop a leadership and development plan for CHO DNCC with an agreed funding stream to meet current and strategic requirements by March 2017
- Run four information workshops on the availability of coaching and mentoring within the CHO and this will be completed by November 2017

- Identify two pilot opportunities for job rotation and shadowing within CHO DNCC and this may be one of the strategic projects for the RCSI Hospital Group / CHO DNCC Leadership Development Programme. This will be completed by December 2017

Workforce Planning

CHO DNCC 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:

- Reconfigure all existing CHO staff into the new Heads of Services and Heads of Functions and this will be completed by January 2017
- Reconfiguration of CHO and voluntary sector staff to implement Children's Disability Network Teams across the CHO in line with best HR practice. This will be completed in 2017 subject to agreement on a national framework which will issue from the National Social Care Division. CHO DNCC cannot progress this reconfiguration process without national direction and agreement
- The Chief Officer will lead the negotiations on the sub-structure under the Heads of Service and Function to achieve maximum staff redeployment and optimal utilisation of available resources. This work will be ongoing in 2017 and a national framework for implementation will be developed under the auspices of the Workplace Relations Commission
- Work with national Divisions on targeted workforce plan initiatives such as Mental Health Workforce Planning

Evidence and Knowledge

CHO DNCC 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:

- 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 ongoing 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. Robust reports to manage the three domains of pay i.e. direct, agency and overtime and link to WTE movement will be available from April 2017 for quarter 1, 2017 data
- Examine current HR practices across all services within CHO DNCC and develop standard operating procedures to assist managers with the implementation of HR policies in a consistent way within CHO DNCC
- A schedule of information workshops on various HR policies will be held across the CHO to support line managers to undertake their role
- Establish CHO Working Group across all services to develop a European Working Time Directive Compliance Plan for all services within CHO DNCC, which will include costings, revised rosters, phased implementation etc.

Performance

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

- Reconfigure all existing CHO DNCC staff into the new Heads of Services and Heads of Functions, subject to any discussions arising at national level
- Subject to the outcome of the national pilot sites and agreement with the panel of Health Sector Trade Unions, CHO DNCC will identify two pilot sites to implement and roll-out the revised and redesigned performance achievement system by September 2017

Partnering

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

- The Head of HR will ensure that the voice of the service user is included in all appropriate training that is delivered to staff within the CHO by April 2017
- The Head of HR will meet with the HR Managers in the key voluntary organisations to identify projects that can be progressed in partnership by June 2017
- The Chief Officer will develop formal links with Dublin City University (DCU) as an academic partner to improve HR standards and practice in line with new developments and research by September 2017

Human Resource Professional Services

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

- In partnership with National Organisational Development, 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, HBS have written clarity on the HR elements of the HBS operating model and this will be communicated to all staff within CHO DNCC 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), CHO DNCC will agree and implement specific actions to improve the recruitment process between the parties and this will be finalised by June 2017. It's effectiveness will be reviewed and evaluated in November 2017

Pay and Numbers Strategy 2017 and funded workforce plans

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

- Take account of any first charges in pay overruns that may arise from 2016
- Operate strictly within allocated pay frameworks, while ensuring that services are maintained to the maximum extent and that service priorities determined by Government are progressed

- Comply strictly with public sector pay policy and public sector appointments
- Identify further opportunities for pay savings to allow for re-investment purposes in the health sector workforce and to address any unfunded pay cost pressures

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

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

Particular attention will be paid to the further development and implementation of measures to support the recruitment and retention of nursing and midwifery staff in light of identified shortages.

The Lansdowne Road Public Service Stability Agreement 2013–2018

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

Strategic Review of Medical Training and Career Structure (Mac Craith Report)

The outstanding recommendations of this report will continue to be implemented and in particular the issue of friendly flexible working arrangements will, service dependent, be supported. The task transfer initiative will be concluded and implementation of revised work practices shall be prioritised.

Outstanding recommendations on training, workforce planning and the consultant appointment process will be implemented.

European Working Time Directive

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

Service Delivery

Cross cutting priorities

A multi-year system-wide approach

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

Promote health and wellbeing as part of everything we do

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

Quality, safety and service improvement

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

Finance, governance and compliance

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

Workforce

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

Health and Wellbeing

Introduction

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.

CHO DNCC Health and Wellbeing services are provided to a population of 621,216, and are delivered through the Primary Care, Social Care and Mental Health Division. The recent appointment of the Head of Health and Wellbeing in November 2016 will progress the implementation of priority health and wellbeing projects both within the CHO Divisions and with external partner agencies in 2017. Implementation of the priority actions identified for 2017 are dependent on the continued support of health promotion, national screening services and the national programme priority leads.

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Services provided include:

- Child health screening
- National Blood Spot Screening/Breastfeeding promotion and support
- Mother and toddler groups
- "Ready Steady Grow"- Ballymun Child protection
- Immunisation
- School Screening Vision/Hearing
- 2nd Tier Audiometry Clinics
- Flu Vaccination Clinics
- Complaint Management, Documentation Audit , Child/Family Health Need Assessment Screening
- Collection and analysis of smoking patterns in the area through Public Health Information Tool
- Clinical nursing, referral, assessment of need. Caseload Analysis on all PHN caseloads

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
Accelerate implementation of the *Healthy Ireland* Framework through the *Healthy Ireland in the Health Services Implementation Plan 2015 – 2017*	
Complete the development of Healthy Ireland Implementation Plans in CHO 9 in partnership with H&WB and relevant stakeholders.	Q1-4
Implement an agreed governance structure to support and enhance organisation-wide response to improving staff health and wellbeing to work in conjunction with national and local developments.	Q1-4
1. Commence implementation of Making Every Contact Count (MECC) in CHO DNCC on a phased basis with support of National MECC implementation team in line with the recommendation of the National MECC Framework 2. Train CHO cohort of staff (based on targets for BISC for 2017 and SBI for alcohol – as is target for training staff for 2017 3. Commence CHO rollout of training package for MECC Q4 once service provider appointed	Q1-4
Implement the Self-Management Support (SMS) framework in CHO 9 on a phased basis as outlined in the National Framework for Self Management Support • Appoint a Self Management Support Coordinator • CHO implementation of SMS framework will commence as outlined in the National Framework for Self Management Support • Develop signposting and directories of local community and voluntary resources to support Self Management Support The development of peer support will be facilitated through voluntary and community organisations in CHO	Q1-4
Support staff in their health and wellbeing in the CHO: • Staff health and wellbeing will be incorporated into CHO induction. • Staff will be engaged in staff health and wellbeing initiatives. • Local action plans will be developed to support staff health and wellbeing	Q1-4
Reduce levels of chronic disease and improve the health and wellbeing of the population	
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).	
Tobacco Free Ireland	
Lead the implementation the HSE Tobacco Free Campus Policy in all remaining sites in CHO 9.	Q1-4
Continue to monitor compliance with the HSE Tobacco Free Campus Policy	Q1-4
50% of Approved and Residential Mental Health sites will implement the HSE Tobacco Free Campus Policy	Q1-4
100% of Residential Disability Services (HSE, Section 38&39) will implement the HSE Tobacco Free Campus Policy	Q1-4
Services in the CHO (Mental Health, Disability, Older Persons Services and Primary Care) will Commence actively participating in the European Network of Smoke free Healthcare Service -Global	

Priority Actions	Q
process – by completing annual on-line self-audit and commence a process to validate implementation of ENSH-Global Standards	
Support 190 staff to attend for BISC training across CHO DNCC.	Q1-4
Support the work of the National Clinical Effectiveness Committee (NCEC) of the DoH to develop tobacco dependence clinical guidelines	Q1-4
Support the Launch of the New QUIT campaign to encourage and support smokers to QUIT within CHO9 • Display QUIT support resources in all appropriate services • Ensure staff are aware of the Quit campaign and refer patients/clients to Quit and other appropriate smoking cessation services.	Q1-4
Healthy Eating and Active Living	
Support the implementation of priority actions from the *Healthy Eating and Active Living Implementation Plan 2017-2020*, incorporating actions from *Healthy Weight for Ireland* and *National Physical Activity Plan* • Implementation of Calorie Posting and Healthier Vending policies in all sites within the CHO. • Support planning for the provision of enhanced community-based, weight-management programmes and specialist treatment services • Support the embedding of an evidence based framework for the prevention of childhood obesity into CHO child health operating structures • Support the delivery of structured community based cooking programmes (Healthy Food Made Easy and Cook It!) • Release 85 PHNs to train in the Nutrition Reference Pack for infants aged 0-12 months	Q1-4
Implement actions in support of national policy priority programmes for tobacco, alcohol, healthy eating active living, healthy childhood, sexual health, positive ageing and wellbeing and mental health • Healthy Childhood - Support the implementation of the Nuture Programme - Infant Health and Wellbeing • Healthy Childhood - Support the implementation of the National Healthy Childhood Programme • Healthy Eating & Active Living - Support roll-out of CARE pals training for staff working in residential and day care services for older people • Connecting for Life - Support the engagement and consultation process in the development of a mental health promotion plan and support implementation of finalised plan	Q1-4
Alcohol	
Support the National division's implementation of the 3-year alcohol plan incorporating recommendations from the Steering Group Report on the *National Substance Misuse Strategy (2012)* and aligned with the measures contained in the *Public Health Alcohol Bill (2015)* in particular the roll out of MECC within CHO9. • Supporting the roll out of the national alcohol risk communications campaign • Support the HSE internal communications campaign on alcohol harm • Support the implementation of the HSE strategic statement on public health messaging on alcohol risk • Supporting the roll out MECC for alcohol • Engaging with the work of the Alcohol Programme Implementation Group on alcohol harm data and analysis.	Q1-4

Priority Actions	Q
Support the building of a network of local and national partnerships under the Dementia Under Stand Together campaign to increase awareness and create compassionate inclusive communities for people with dementia and their carers	
Chronic Disease Management	
Support the implementation of the chronic disease pathways for respiratory and diabetic care within CHO9	Q1-4
Protect the population from threats to health and wellbeing	
Immunisation programmes	
Improve immunisation uptake rates in CHO9	Q1-4
Improve uptake rates for the School Immunisation Programmes (SIP) with a particular focus on HPV vaccine	Q1-4
Complete implementation of the Rotavirus and Men B vaccination programmes	Q1-4
Support Health and Wellbeing to develop a revised child health and immunisation model for implementation in the context of the Immunisation Review.	Q1-4
Develop and implement a flu plan for 2017/2018 to improve influenza vaccine uptake rates amongst staff in frontline settings and among persons aged 65 and over in CHO9	Q1-4
Create and strengthen cross- sectoral partnerships for improved health outcomes and address health inequalities	
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
Continue to support and input to multi-agency partnerships / committees to ensure joined up approaches to public health priorities (CYPSC's), Healthy Cities, Age Friendly etc)	Q1-4
Support capacity building for the prevention, surveillance and management of HCAIs and antimicrobial resistance (AMR) and the implementation of an agreed action plan for HCAIs in line with new governance structures and available resources	Q1-4
Promote the Bowel Screen Programme among the population of the CHO in the relevant age group (60 to 69 yrs) in collaboration with the National Screening Service	Q1-4
Promote the Breast Check Programme among female staff who are new to the Breast Check age cohort (i.e. female staff in the 50 to 52 yrs age group) in collaboration with the National Screening Service	Q1-4

Primary Care

Introduction

In line with the implementation of the CHO model, the responsibility for Primary Care services in CHO DNCC lies with the appointed Head of Primary Care Services, who took up post from December 2016. The Head of Primary Care Services will continue to embed governance structures to meet the needs of the CHO primary care service area. The Primary Care Strategy defined primary care as being 'an approach to care that includes a range of services designed to keep people well, from promotion of health and screening for disease to assessment, diagnosis, treatment and rehabilitation as well as personal social services'.

The services provide first-level contact that is fully accessible by self-referral and have a strong emphasis on working with communities and individuals to improve their health and social wellbeing. The primary care team (PCT) is the central point for service delivery which actively engages to address the medical and social care needs of its defined population in conjunction with a wider range of Health and Social Care Network (HSCN) services. Over the last number of years work has been underway to realise the vision for primary care services whereby the health of the population is managed, as far as possible, within a primary care setting, with the population very rarely requiring admission to a hospital. This approach is now aligned with the Healthy Ireland framework, noting the importance of Primary Care to the delivery of health improvement gains. Building on the foundation work to date in primary care, the services will continue to work to realise the capacity to provide focused front line responses to patient needs.

Primary care plays a central role in co-ordinating and delivering a wide range of integrated services in collaboration with other divisions. Within CHO DNCC such integrated and cross divisional services include the Winter Initiative/Delayed Discharge Initiative, the Speech and Language Therapy Wait List Initiative across both Primary Care and Social Care services, and the Review of Ophthalmology Services being undertaken by Primary Care together with Temple Street Hospital.

The Primary Care Services provided in CHO DNCC are also reflective of the complexities of our area. Our Addiction Service is one of the largest in the country, and we continue to work with the many homeless families living in temporary accommodation. The reception centre in Balseskin is also within our service area and provides specialist primary care psychology services to adult refugees/asylum seekers.

Our operational plan for Primary Care Services provides clarity as to the services we intend to provide over 2017, building on progress made over recent years. This plan details the many actions we will undertake over the year. Our actions and goals in primary care services and the cross divisional activities which we will continue to support, will be dependent primarily on financial and human resources available to us. We will endeavour to comply with the Pay-bill Management and Control Framework within CHO DNCC in all our operational endeavours and all service provision will be subject to compliance with same. However, this creates a significant challenge for CHO DNCC especially in terms of posts which require filling that are not in the financial run rate.

The Head of Primary Care Services will continue to actively engage with the National Director of Primary Care regarding the expected 2017 primary care service targets in CHO DNCC. Metric targets for Occupational Therapy, Psychology, Physiotherapy, Community Nursing, Ophthalmology and Psychology will not be reached without a structured service improvement plan supported by the National Primary Care Division.

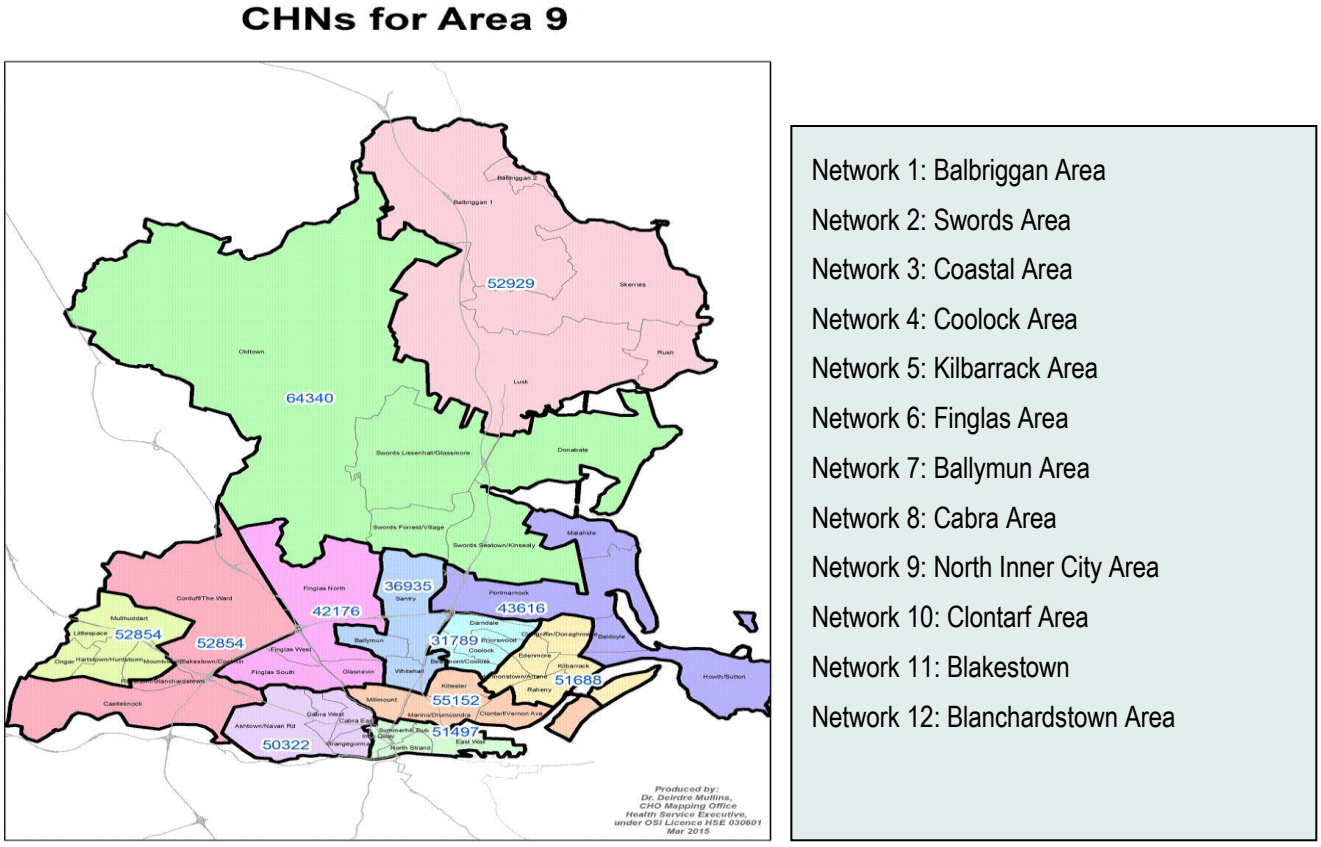
Primary Care Services are provided to a population of 621,216 in this area via:

- 12 Health and Social Care Networks
- 52 Primary Care Teams.
- Access to CHO Audiology, Orthodontic, Addiction, Ophthalmology and GP Out of Hours Services. Social Inclusion including Balseskin Reception Centre

Primary Care Services include:

- Public Health Nursing
- Physiotherapy Services
- Occupational Therapy
- Speech & Language Therapy
- Psychology Services
- Social Work Services
- GP Out of Hours Services (DDOC)
- Primary Care Unit & GP Training
- Palliative Care
- Community Intervention Teams
- Primary Care Counselling
- Community Schemes
- Ophthalmology
- Audiology
- Dental Services
- Orthodontics
- Area Medical Doctors
- Dietetics

Community Health Networks in CHO DNCC



Network 1: Balbriggan Area
Network 2: Swords Area
Network 3: Coastal Area
Network 4: Coolock Area
Network 5: Kilbarrack Area
Network 6: Finglas Area
Network 7: Ballymun Area
Network 8: Cabra Area
Network 9: North Inner City Area
Network 10: Clontarf Area
Network 11: Blakestown
Network 12: Blanchardstown Area

Development of New Facilities

In 2017, Primary Care facilities will be further upgraded in CHO DNCC with the opening of the new Primary Care Centre in Grangegorman. This will benefit our services users in CHO DNCC through the delivery of an integrated multidisciplinary primary care service, providing staff with purpose built facilities that will meet our quality driven service requirements, and fostering relationships with our academic partners.

Social Inclusion Services

Social Inclusion plays a key role in supporting equity of access to services and provides targeted interventions to improve the health outcomes of minority groups which encompass Irish Travellers, Roma, and other members of diverse ethnic and cultural groups, such as asylum seekers, refugees and migrants, lesbian, gay, bisexual and transgender service users.

Specific interventions are provided to address addiction issues, homelessness and medical complexities. Members of these groups characteristically present with a complex range of health and support needs which require multi-agency and multi-faceted interventions. The Health Service promotes and leads on integrated approaches at different levels across statutory and voluntary sectors. A critical success factor is the continued development of integrated care planning and case management approaches between all relevant agencies and service providers.

Addiction Services

Addiction Services in CHO DNCC also work with five local drug task force areas and one Regional task force for the provision of services. Addiction services are provided via:

- 2,286 weekly treatments for substance misuse provided in 6 Treatment centres and Satellite clinics.
- 8 Stabilisation/Medical Detoxification beds in Beaumont Hospital.
- 6 Community based Detoxification beds in Cuan Dara.
- 14 Long Stay Residential Rehabilitation beds in Keltoi.
- Needle exchange / health promotion units across the Area.
- Under 18 service SASSY (counselling - preventative service).
- Stabilisation Centre (SOILSE) day service.
- Family Education Centre (TALBOT).
- Provision of 25 Service Level Agreements (mainstream) & 48 interim task force projects to voluntary groups.

The Addiction Service will continue to support the provision of an integrated range of preventative, therapeutic and rehabilitation services to meet the diverse health and social care needs of our service users in an accountable, accessible and equitable manner. The aim of the service is to improve the health outcomes for people with all substance addictions including alcohol.

Homeless Services

Homeless Services provide funding for the provision of the following range of Homeless Services via service level agreement with Voluntary providers:

- 895 emergency places;
- 149 long term places in supported accommodation including specialised mental health facilities.
- 8 outreach teams (includes medical/nursing as well as support services).

Budget

Spend & Budget	2016 Actual Net Spend	2016 Actual Net Budget	2017 opening Budget
	€m	€m	€m
Primary Care (Core)	77.43	78.22	76.74
Local Schemes	53.08	52.55	52.39
Social Inclusion	36.49	36.28	34.88
Palliative Care	10.92	10.88	10.89
Total	**177.92**	**177.93**	**174.90**

Workforce

The workforce position in CHO DNCC as at September 2016 is as follows:

Staffing	Medical/ Dental	Nursing	Health & Social Care Professionals	Management/ Admin	General Support Staff	Other Patient & Client Care	WTE Sept 2016
CHO DNCC	115	311	313	247	51	108	**1,144**

2017 Primary Care Division Key result areas and priority actions

Priority Actions	Q
Improve quality safety, access and responsiveness of primary care services	
Spread and sustain the Pressure Ulcers to Zero Collaborative by extending to new primary care teams	Q1 - Q4
Roll out hand hygiene training programme for staff	Q2 - Q4
Conduct and implement service user experience surveys and feedback methodologies	Q1 - Q4
Implement quality improvement plans arising from service user experience surveys and feedback	Q1 - Q4
Roll out the implementation of the Open Disclosure programme	Q2 - Q4
Provide clinical audit training that will build capacity for the use and development of clinical audit tools	Q3
Use the Primary Care Quality Dashboard to monitor and provide quality and safety assurance	Q1 - Q4
Implement the new incident reporting forms (NIRF) across all primary care services and further utilise the National incident management system (NIMS) to implement standardised processes for the reporting and management of incidents in keeping with national policy.	Q1 - Q4

Priority Actions	Q
Collaborate with consumer affairs in the analysis of complaints and implementation of learning	Q1 - Q4
Strengthen the development of governance structure for quality and safety within primary care through the consolidation of Quality & Safety Committee	Q1 - Q4
Roll out of agreed clinical programmes	Q1 - Q4
Implementation of the new Risk Management Policy	Q1 - Q4
Chronic Disease Progress the implementation of the chronic disease integrated care projects utilising the 2016 approved posts for diabetes – Senior Podiatrist (1), Integrated Care Clinical Nurse Specialist (1) and Senior Dieticians (2).	Q2
Paediatric Homecare Packages Support paediatric homecare packages to approved funded levels.	Q4
Strengthen and expand Community Intervention Team (CIT) a/Outpatient Parenteral Antimicrobial Therapy (OPAT) services	
Strengthen governance and reporting CIT services and ensure shared learning in relation to best practice	Q1 - Q4
Increase the number of patients supported and trained to self administer compounded IV antibiotics and S-OPAT subject to national and local dependencies	Q1 - Q4
Improve GP Out of Hours services	
Implement the recommendations from the GP Out of Hours, Review 2016 subject to National direction	Q1 - Q4
Ensure GP Training Schemes are resourced and managed appropriately in CHO DNCC	Q1 - Q4
Ongoing focus on recruitment and retention of GPs across CHO DNCC	Q1 - Q4
Improve waiting times for therapy services	
Ongoing implementation of the speech and language therapy service waiting list initiative	Q1 - Q4
Implementation of a revised model for psychology services and develop new models for physiotherapy services, occupational therapy service and lymphodema services subject to national dependencies	Q1 - Q4
Develop primary care eye service	
Work with the national division with respect to the implementation of Review Recommendations	Q1 - Q4
Improve access to oral health and orthodontics	
Improve access to children's oral health services subject to national dependencies to include: Development of dental services in primary care centres Development of dental services in disability sector	Q1 - Q4

Priority Actions	Q
Continued roll out of National Dental Record Information System	Q1 - Q4
Development of children's dental General Anaesthetic services in CHO DNCC to include disability sector subject to national dependencies	Q1 - Q4
Work in accordance with National Division direction on the implementation of new UN MINIMATA convention (2013) to increase oral health promotion and prevention of dental disease	Q1 - Q4
Implement HIQA infection control standards and continue to develop and implement standardized processes of infection control across CHO DNCC	Q1 - Q4
Work with Orthodontic Services to ensure governance of service meets CHO DNCC requirements	Q1 - Q4
Implement community funded schemes projects	
Progress and implement projects for aids and appliances, respiratory products, orthotics, prosthetics and specialised footwear, incontinence wear, urinary, ostomy and bowel care, nutrition, and bandages and dressings in accordance with national direction.	Q1 - Q4
Review Contractor arrangements	
Update contractor insurance information in Dental Services	Q1 - Q4
Social Inclusion Services	
Improve health outcomes for the most vulnerable in society including those with addiction issues, the homeless, refugees, asylum seekers, Traveller and Roma communities	
Improve addiction services	
Implement self assessment process against the HIQA *National Standards for Safer Better Heatlhcare* within the addiction services 'Address priority gaps following assessment through quality improvement plans	Q1 - Q4
Improve access to addiction treatment services for adults and children, with particular focus n services for the under 18s Ensure that adults deemed appropriate for treatment for substance use receive treatment within one calendar month. (National Drug Strategy, 2009-2016, Action 32). Ensure that children deemed appropriate for treatment for substance use receive treatment within one week. Ensure access to treatment services for adults and children is available	Q1 - Q4
Implementation of the Addiction Service external Review to reconfigure methadone services to expand and include poly-drug use and alcohol treatment options • Amalgamation of Stanhope Alcohol Treatment Service and Keltoi services into an integrated Substance misuse and Primary Alcohol Service residential and treatment service subject to national agreement and appropriate staffing resource	Q1 - Q4
Individual task forces will reconfigure existing projects to support service users with multi substance addictions particularly focused with young service users • Develop and implement a standardised evaluation tool for all funded projects in CHO 9. This tool will be used to measure outcomes and capture data on service user satisfaction • Train 60 staff on SAOR screening and brief intervention for problem alcohol and substance use. • Engage in the buprenorphine naloxone, buprenorphine oroducts training programme for addiction	Q1 - Q4

Priority Actions	Q
staff, level 2 GPs and pharmacists.	
Further develop the recovery model to include additional detoxification, rehabilitation and stabilization programmes in North Dublin through ongoing work with Recovery Academy and additional training being provided along with recovery coaching.	Q1 - Q4
The National Drugs Rehabilitation Framework will be rolled out to all HSE services, statutory bodies and community and voluntary sector	Q1 - Q4
Training for all staff in the Drugs and Alcohol Services will continue throughout 2017 • Introduce and roll out a coordinated training programme for all staff within the Drugs and Alcohol Service, ensuring that all mandatory training is delivered to staff working within CHO 9	Q1 - Q4
Under National direction expand access to Naloxone by implementing remaining findings from Naloxone Demonstrator Evaluation Project and prescribing Naloxone to approx 600 new clients nationally and approximately 50 clients for CHO9.	Q1 - Q4
Support the development of a mental health clinical programme for co-morbid mental illness and substance misuse (dual diagnosis)	Q1 - Q4
Support the auditing of HSE addiction services and Tier 4 residential services and ensure compliance with clinical guidelines	Q1 - Q4
Implement the recommendations of the Evaluation Report by Liverpool John Moores University for the Pharmacy Needle Exchange Ensure the provision of needle exchange matches demand in CHO9. Develop integrated care pathways and referral pathways from pharmacy needle exchange to other agencies e.g. sexual health, blood borne virus testing.	Q1 - Q4
Continue to reconfigure outreach service focusing on a broader harm reduction programme. This programme will continue to maintain needle exchange services	Q1 - Q4
Improve homeless services	
Implement the HSE actions set out *in Rebuilding Ireland - Action Plan for Housing and Homeless* through the provision of housing facilities in Sophia Housing (17 couples) and St. Mary's Crosscare Supported Temporary Accommodation. • Engage with all HSE Divisions including Mental Health, Social Care, and Acute Hospitals to ensure a coordinated and integrated response in terms of access and delivery of services to those experiencing and/or at risk of homelessness. • Ensure that the Homeless Action Teams in the Dublin Region have sufficient capacity to meet the complex and diverse health and social care needs of homeless people, particularly those with mental health and addiction issues. • Work with Primary Care and Mental Health services to ensure the needs of homeless persons are being supported in terms of improved access and take up of mainstream and specialist services. • Ensure that the Discharge Protocol for Homeless Persons in Acute Hospitals and Mental Health facilities which has been developed is working effectively across CHO 9. • Engage with key stakeholders regarding the development and implementation of the National Quality Standards for Homeless Services which are currently in pilot phase and have been aligned with the National Standards for Safer Better Healthcare.	Q1 - Q4
CHO DNCC will work with our partners in the DRHE and with the NGO's through the SLA process to continue to deliver services to vulnerable homeless persons	Q1 - Q4

Priority Actions	Q
Ongoing development of self assessments and QIPs against NS SBHC, QuADs and Homeless Standards in selected pilot sites	Q1 - Q4
Improve health outcomes for vulnerable groups	
Roll out of Intercultural Health Care Training in 2017, targeting front-line staff.	Q1 - Q4
Health screening and primary care services to refugees, asylum seekers, Traveller and Roma communities remain a priority and will continue to be delivered	Q1 - Q4
Support ongoing efforts in relation to the Asthma Education Programme for Traveller Healthcare Workers	Q1 - Q4
Ensure that agreed work plans with Traveller Health Unit, Pavee Point, St. Margaret's, Blanchardstown Travellers Development Group and St. Margaret's Traveller Group to ensure agreed work plans are delivered. Support rollout of *Small Changes – Big Difference* Training Manual: Traveller Preventative Education Programme for Heart Disease and Diabetes	Q1 - Q4
Provide support, as necessary, to carrying out actions related to the Irish Refugee Protection Programme and addressing health needs of people seeking asylum. We will support the rollout of the recommendations of the National office funded research report into' Policy and Practice in Ethnic Data Collection and Monitoring'	Q1 - Q4
Provide specialist primary care psychology services to adult refugees/asylum seekers in Balseskin Reception Centre, Dublin-based direct provision, and dispersed to CHO9	Q1 - Q4
Work with Transgender Equality Network Ireland (TENI) to deliver targeted training to groups of health service staff in 2017 in CHO9	Q1 - Q4
Improve knowledge, skills, capacity and confidence of Traveller and Roma communities and organisations to recognise, respond, refer and prevent GBV. Support the implementation of Health related actions, in line with the National Strategy, as directed by the National Office.	Q1 - Q4
Ensure equal access, participation and outcomes in services for Traveller and Roma women experiencing domestic and sexual violence. Inclusion of Traveller and Roma issues and needs in the development, implementation, monitoring and evaluation of policy, legislation and practice.	Q1 - Q4
Increase knowledge, skills, capacity and confidence of Traveller and Roma organisations and communities to combat and prevent domestic and sexual violence by promoting awareness raising activities, training and campaigning. We will continue fund and support Primary Health Care Workers in the Traveller Projects to help deliver agreed health programmes. We will continue to work with the Traveller Health Unit.	Q1 - Q4
Increase information and access to domestic and sexual violence supports and protections for Traveller and Roma women. Develop culturally appropriate and accessible awareness raising materials and continue to fund and support Pavee Point 'Violence Against Women'.	Q1 - Q4
Improve health outcomes for vulnerable groups (domestic, sexual and gender based violence) through ongoing work with NGO's to ensure training is being carried out as per SLA's	Q1 - Q4
Work with HIV Ireland Develop and pilot a HIV, Hepatitis and STI community testing service within community Addiction and Homeless Services subject to national dependencies	Q1 - Q4

Priority Actions	Q
Train at least 2 staff on intercultural awareness and practice in health and social care.	Q3
Train at least 2 staff on the issues relating to Domestic Sexual and Gender based violence.	Q4
Palliative Care Services	
Improve access, quality and efficiency of palliative care services	
Implement the model of care for adult palliative care services subject to any resource dependencies arising	Q1-Q4
Implement a standardised approach to the provision of children's palliative care in the community.	Q4
Work with St. Francis Hospice on home care provision under the Department of Health 's Waiting List Initiative	Q1 - Q4
Continue to engage with SFH seeking to maximise resources within existing capacity thresholds	Q1 - Q4
Continue to ensure a quality and patient centred approach is at the heath of service provision with SFH	Q1-Q4
Implement the Eligibility Criteria Guidelines to ensure equal access to palliative care services regardless of diagnosis.	Q1-Q4
Implement the National Clinical Effectiveness Committee approved clinical guidelines on the management of cancer pain and the management of constipation in palliative care patients	Q1-Q4
Participate in the development of a guideline on *Care of the Dying Adult in the Last Days of Life* for use in non-specialist services.	Q1-Q4
Support the development of national standards, protocols and pathways to ensure a standardised approach in the provision of children's palliative care in the community	Q1-Q4
Implement the recommendations from the Palliative Care Support Beds Review subject to any resource dependencies arising	Q1-Q4
Implement the patient charter for palliative care services subject to any resource dependencies arising	Q1-Q4

Mental Health

Introduction

Mental Health Services in CHO Dublin North City & County (CHO DNCC) are provided to a population of 621,216 via a comprehensive General Adult Service, Child and Adolescent Mental Health Service (CAMHS), Mental Health Intellectual Disability (MHID) Service and Psychiatry of Old Age (POA) Service based on "A Vision for Change". The initial priority for 2017 for the Head of Service Mental Health DNCC will be the establishment of a CHO DNCC Mental Health Management Team to develop a governance and accountability structure for Mental Health Services. This will involve the development of a plan to integrate services and to transition to new structures. This will require a significant change management process whilst maintaining day to day services and delivering on our priorities for 2017. This will include Management Team and Quality and Safety governance arrangements. As part of this process a robust change management plan will be developed to support the required transition to the new operating model and will be informed by national models for provision of standardised CHO Management structure for the safe delivery of mental health services.

CHO Dublin North City and County is committed to working towards the development of a recovery orientated service that acknowledges the unique nature of each service users' journey to wellness and health. The focus is on providing assessment and treatment at the least complex level. The General Adult and CAMHS Services provide assessment and treatment at out-patient, homecare and day hospital levels. POA is a home based first assessment service and treatment is augmented by day hospital and out-patient services when recommended.

There are sub-specialist services in Rehabilitation Psychiatry and Liaison Psychiatry in the general hospitals (Beaumont, Connolly and Mater). Acute General Adult, Child and Adolescent, and Psychiatry of Old Age acute in-patient care is provided in four locations (Ashlin Centre - Beaumont, Connolly Hospital, Mater Hospital and St. Vincent's Hospital, Fairview). Two of these sites, Mater and St. Vincent's, provide the service by way of service arrangements**.**

The Mental Health Intellectual Disability service is provided by a mix of statutory services (St. Joseph's Intellectual Disability Service) and funded agencies that provide assessment and treatment to clients attending their services. The Mental Health of Intellectual Disability - St. Joseph's Intellectual Disability Service includes an Approved Centre under the Mental Health Act, 2001 and community residential and outreach services. This service provides a range of specialist mental health intellectual disability services to adults in the catchment area.

A Regional Psychiatric Intensive Care Service is provided in the purpose built mental health facility in the Phoenix Care Centre, North Circular Road and provides a highly specialised psychiatric intensive care service for the entire Dublin North East Region, South Dublin and Wicklow.

Our operational plan for Mental Health Services provides clarity as to the services we intend to provide over 2017, building on progress made over recent years with a number of actions to improve the health and wellbeing of our service users in line with the vision and goals of *Healthy Ireland 2012 and Healthy Ireland Framework for improved Health and Wellbeing 2013-2025*.

Our actions and goals will be dependent primarily on financial and human resources available to us. Our operational endeavours and all service provision will be subject to compliance with the Pay-bill Management

and Control Framework within CHO DNCC. However, this creates a significant challenge for CHO DNCC especially in terms of vacant posts that are difficult to fill.
Mental Health Services in CHO DNCC will continue to ensure the safe delivery of services as those delivered at 2016 levels (ELS) or at an increased level where this is supported by additional funding being made available. The service will continue to measure and report on performance against the key performance indicators (KPIs) set out in the National Service Plan as part of the monthly performance reporting cycle (appendix 3 – 2017 Balance Scorecard & Performance Indicator Suite).

Priorities for 2017

CHO DNCC Mental Health Service in conjunction with CHO DNCC Social Care Division will establish a project to deliver the Service Reconfiguration in St. Joseph's Intellectual Disability Service to meet the needs of the Mental Health Intellectual Disability Older Persons in a more appropriate setting and aligned to the nationally agreed model of care.

The DNCC Mental Health Management Team will work with the Board and Management Team of St Vincent's Hospital, Fairview to review the existing admission criteria and develop a protocol to improve access to meet the needs of the 12 – 18 year old category of younger persons and CAMHS emergency crisis admissions.

In recognition of the need for an Acute Inpatient Psychiatric Unit on the Mater Acute Hospital Site and in line with Vision for Change, the Head of Service Mental Health DNCC will progress the establishment of a Steering Group to progress the development of a plan to build a purpose built unit for the catchment area of CHO Dublin North City

CHO DNCC Mental Health Service has identified that a considerable number of bed days are lost due to delayed discharges in Mental Health Units due to an inability to access alternative accommodation or services. These delays are resulting in secondary effects such as deterioration in service users' mental state or physical health. The greatest need appears to be for specialised accommodation and we will endeavour to seek funding to access specialised accommodation, such as nursing homes and specialist rehabilitation services

In conjunction with the National Mental Health Division, DNCC Mental Health Service will continue to build on existing relationships with the County Councils and Housing Agencies so as to promote Tenancy Sustainment Models of support for service users living in community residences

CHO DNCC Mental Health Services will continue to realign Addiction Services to Social Inclusion Services in Primary Care.

Population	
621,216	Population served by CHO DNCC Mental Health Service
61,100[3]	Over 65's population Served by CHO DNCC Mental Health Service

[3] Population based on Census 2016 preliminary results (http://www.healthatlasireland.ie/internalfrontpage.html)

Budget

Spend & Budget	Actual Spend	Budget	Opening Budget
	€m	€m	€m
Statutory	90.92	91.00	95.03
St Vincent's Hospital	14.24	14.29	13.67
Total	105.16	105.29	108.99
Less: Minor Works	0.70	0.70	
Total (Adjusted)	**104.46**	**104.59**	**108.99**

Workforce

The workforce position in CHO DNCC as at September 2016 is as follows:

Staffing	Medical/ Dental	Nursing	Health & Social Care Professionals	Management/ Admin	General Support Staff	Other Patient & Client Care	Total
CHO DNCC	120	569	154	108	133	108	1192

Services Provided

Service	No. Provided	Service	No. Provided
No. of Adult Acute In Patient Beds		**Psychiatry of Old Age**	
General Adult	125	POA Acute Inpatient Beds	37(Includes 25 in Connolly Hospital)
No. of non acute beds for adults	161[i]	Number of Day Hospitals	2
No. of Day Hospitals	8	No. of Community Mental Health Teams	2(1 double sector & 1 triple Sector)
No. of Community Mental Health Teams	20	Number of Day Centres	0
Number of Day Centres	1	**Specialist Mental Health Services**	3
No, of High Support Community Residences	10	**No. of Rehab and Recovery Teams**	4
No. of Low and Medium support Community Residences	15	**No. of Liaison Psychiatry Teams**	3
CAMHS		**No. of MHID Teams**[ii]	
Number of In Patient Beds	12	**Other**	
No. of Day Hospitals	1	Homeless Specialist Team	1
No. of Community Mental Health Teams	5	Homeless Day Hospital	1
[1] 59 of which long are stay beds		Addiction Service Inpatient beds	7
[2] Community Service provided by S38 Disability agencies / St Vincent's Hospital Fairview		Addiction Regional Counselling Service	1

2017 Mental Health Key result areas and priority actions

Priority Actions	Q
Mental Health Strategic Priority 1 – Promote the mental health of the population in collaboration with other services and agencies including loss of life by suicide	
Develop structures for implementation of Connecting for Life recommendations in Mental Health Services & CHO's	
Local representation to be extended to Mental Health Intellectual Disability within CHO DNCC initiatives under Connecting for Life	Q1
Establish an Interagency Suicide Prevention Steering Group in CHO DNCC to develop the Connecting for Life CHO Plan	Q3
Deliver evaluated evidence based programmes through Non-Governmental Organisations including services for priority groups in Line with Connecting for Life	
Mental Health Services DNCC will support the delivery of evaluated programmes determined by the Suicide Management Response Group Connecting for Life, including the implementation of agreed goals through Prevention and Intervention Programmes and will continue to support the NOSP with the roll out of the 2017 programme.	Q1 – Q4
Resource Officer for Suicide Prevention will engage with the Research Team and work with local statutory and community organisations on research and evaluation including measuring outcomes of training programmes i.e. Safe Talk, ASIST & Storm for Adult and CAMHS Teams.	Q1 - Q4
Implement Health & Wellbeing initiatives including the promotion of the Little Things Campaign, working with Homeless Agencies in developing policies and protocols with the Traveller Community on initiatives within Primary Care and Social Inclusion	Q1 - Q4
Provide additional clinical suicide prevention services in partnership with non Governmental Organisations including ASSIST and Safe Talk programmes to include the provision of additional facilitators to roll out in DNCC 26+ Safetalk programmes, 12+ Assist Programmes and additional Storm programmes.	Q1 - Q4
Develop standard operating procedures based on an evaluation of suicide bereavement support services	
The Suicide Resource Officer will work with the Mental Health National Division to identify appropriate local partners to deliver bereavement services in line with National SOPs.	Q1 - Q4
The Director of the National Counselling Service will conduct a review and evaluation of Self Harm Intervention Programme, establish feasibility of implementing Self Harm Intervention Programme service and thereafter devise a business plan.	Q4
Ensure knowledge transfer among those working in suicide prevention across all sectors	
The Suicide Officer will support the Mental Health National Division in the collection and provision of data with regard to Suicide Prevention Programmes	Q1 - Q4
Implement the National Training Plan for suicide reduction	
Further training sessions in partnership with community organisations will be rolled out throughout DNCC Mental Health Services	Q1 - Q4
CAMHS Staff will partake in the National Pilot for STORM and implement the STORM training programme throughout CAMHS DNCC	Q1-Q4

Priority Actions	Q
Ensure appropriate pathways in place to support the physical health needs of mental health service users	
Mental Health Services DNCC will map existing pathways to support the physical needs of community based Mental Health service users with Acute Services. • Dublin North City MHS is 1 of the 3 Community Mental Health Service ICGP Pilot Sites to conduct the research as part of a PHEMI Research Study – Promoting the physical health of people with enduring illness	Q3 – Q4
Mental Health Strategic Priority 2 – Design integrated, evidence based and recovery focused mental health services	
Commence the development of specialist eating disorder capacity in CAMHS and adult mental health services in line with the Eating Disorders Clinical Programme	
DNCC Mental Health Services will work closely with the National Clinical Lead in the implementation of the Eating Disorder Programme to include the provision of Psychologist Services to additional CMHT's • North Dublin Early Intervention Psychosis has been established in conjunction with the National EIP Clinical Lead CHO DNCC MHS will establish a 2nd Hub	Q2
CAMHS DNCC will engage with National CAMHS Group on Dietetics in 2017, review current service provision in DNCC and support the development of a service provision model by • Continue implementation of Family Based Therapy (FBT) together with formation of supervision groups • Continue implementation of Enhanced Cognitive Behavioural Therapy (CBTE) and engage monthly supervision provided nationally	Q1 – Q4
Mental Health Strategic Priority 3 – Deliver timely, clinically effective and standardised safe mental health services in adherence to statutory requirements	
Embed existing 10 Jigsaw sites to full capacity and develop new sites in Cork, Dublin and Limerick	
DNCC Mental Health Services will support the development of the agreed sites for Jigsaw in DNCC	Q1
Establish cross divisional governance arrangements for the development and delivery of counselling services for under 18s in primary care	
The NCS will provide intervention with Mental Health difficulties that arise as a result of the impact of childhood trauma and abuse	Ongoing
Expand provision of services for homeless mentally ill and Traveller mental health through improved multi agency approach (2015 PfG funding allocation)	
Develop the Interagency Suicide Prevention Steering Group to support Health & Wellbeing initiatives in the expansion of service provision including working with homeless agencies in developing policies, protocols and case management.	Q4
Embed Advancing Recovery Ireland support in all mental health teams in each CHO supporting the implementation of service reform fund initiatives	
Develop Business Plans and continue to further develop ARI Recovery Programmes through the Service Reform Fund and aligned to national frameworks.	Q4
DNCC Mental Health Services are committed to working towards the development of a recovery oriented service that acknowledges the unique nature of each service user's journey wellness, health and where recovery principles permeate all aspects of service planning and delivery through the appointment of the Area	Q2 – Q4

Priority Actions	Q
Lead for Service User - Family & Carer Engagement	
Participate, further develop the national pilot for Peer Support and seek to recruit Peer Support Workers for DNCC	Q1-Q4
Develop a clear strategic and operational interface between local mental health services and the acute hospitals in relevant catchment areas	
DNCC Mental Health Services will support local interface by working closely with local services such as GP's and Acute Hospital Groups on initiatives to support the physical needs of community based Mental Health service users. Assessment and Management of Self Harm Presentations in Emergency Departments by; 1. Continue implementation of this clinical programme in line with standard operating procedure (SOP) 2. Continue to report monthly date to National Office	Q1 – Q4
DNCC Mental Health Services will continue to progress the following programmes in ED; • SCAN • Self Harm	Q1-Q4
Continue the development of adult and child mental health intellectual disability (MHID) teams (2014/2015 PfG funding allocation)	
Recruit remaining HSCP's to support the development of existing MHID CMHT and continued development of MHID Services aligned to national model of care	Q1 – Q4
Service Reconfiguration in St. Joseph's Intellectual Disability Service to meet the needs of the Mental Health Intellectual Disability older persons in a more appropriate setting	Q1 - Q4
Further enhance the community mental health team capacity for CAMHS, general adult and psychiatry of old age (2016 Programme for Government funding allocation)	
Recruit approved development and vacant posts to enhance service delivery to • Mainstream the Community Living Project • Roll out of the FEP and support compliance with JSF and Quality Standards and Best Practice Guidance for Mental Health Services • Support the Compassion Focus Therapy Groups for Personality Disorders	Q1 – Q4
Further develop the QNCC in DNCC CAMHS	Q1 – Q4
DNCC CAMHS to undertake a full 'peer review' cycle	Q1 – Q4
Implement the HIQA patient safety incident standards	
Implement the HIQA / MHC Patient Safety Incident Standards when launched	Q4
Roll out the quality assessment and improvement framework in mental health services (Funding of ICT element to be clarified)	
DNCC Mental Health Services will support the roll out of the National Quality Assessment and Improvement Framework in Mental Health Services when launched in 2017	Q4

Priority Actions	Q
Develop national compliance reporting and monitoring framework against the Mental Health Commission regulatory framework	
DNCC Mental Health Services will participate in the national compliance reporting and monitoring framework against the Mental Health Commission Regulatory Framework	Q4
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	
Enhance the service user carer engagement structures at national and CHO level, appoint a SUFMC as area lead to CHO DNCC Area Mental Health Team	
The appointment of the SUFMC Area Lead within DNCC will • Support the development structures by ensuring systems are established to enhance the role of Area Lead. • Establish an Area Forum and support training to local forums • Ensure data collection informs service development	Q1 – Q4
Develop standardised approach to inclusion of family members in care planning for service users	
DNCC will support the development of a standardised approach and continue to enhance existing initiatives with DNCC following the appointment of the SFUCM Area Lead, who will map existing initiatives and develop a plan.	Q1 – Q4
Mental Health Strategic Priority 5 – Enable the provision of mental health services by highly trained and engaged staff and fit for purpose infrastructure	
Continue to support the design and implementation of quality indicators	
DNCC Mental Health Services will continue to support the design and implementation of quality indicators including the use of current PI's and reporting data to improve use of resources, service planning and delivery	Q1 - Q4
Further develop workforce plan for nursing, medical, allied health professional and administrative / support staff	
Continue to progress recruitment of priority posts, further develop workforce planning for Nursing, AHP's, Medical and administrative support by developing initiatives in recruitment advertising, deployment and retention of staff in DNCC Mental Health Services	Q1-Q4
Further develop process to maximise the allocation of resources on an equitable basis aligned to population and deprivation	
The CIPC Service will provide clients with early intervention for Mental Health difficulties at Primary Care Level	Ongoing
Commission survey of mental health capital stock to scope future infrastructural needs of services	
DNCC Mental Health Services will engage and support the survey with the local estates and mental health management team.	Q1 – Q4
DNCC will work with service managers and local estates in mapping of current accommodation and developing a plan to meet future infrastructural needs of the Mental Health Services	Q1 - Q4

Social Care

Introduction

The Head of Service Social Care will ensure that the appropriate governance structures are in place to appropriately plan, manage and deliver older person and disability services. This will include engagement with acute hospitals, section 38 and 39 providers and the voluntary sector.

CHO DNCC Social Care Services provides older persons and disability services to a population of 621,216. The population of people over 65 years within the area is 61,110 and this is projected to increase in 2017 by 3.1%. The population of people over 85 years is also expected to increase by 4.2%. CHO DNCC is committed to developing different models of service delivery to support older people to age positively.

Life expectancy for people with a disability is increasing and is welcome. The newly appointed Head of Social Care for CHO DNCC will be proactively implementing the recommendations of key national priorities– such as Progressing Children's Disability Services, New Directions Report and Decongregation Settings in partnership with Voluntary Providers. The service will also aim to improve patient flow with continued focus on delayed discharges and hospital avoidance through the Process Improvement Initiative and Winter Initiative.

The increasing demand for services within the social care division will be a particular challenge within CHO DNCC both from a financial and service delivery perspective. To remain within the financial allocation will require significant focus and cost containment measures will present an inherent risk to service delivery.

Social Care Services within CHO DNCC are focused on:

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

Maximise Delivery of Social Care within Available Resources 2017

The social care allocation for CHO DNCC for 2017 is €369.65 representing an increase of €10.2m on the 2016 outturn. Whilst continuing efforts will be made to reform and improve services based on existing values with service users at the centre of all decision making, there will also be a focus on the cost and sustainability of services while ensuring at all times that services are delivering best value for money for the public and service users.

The challenge for 2017 is Social Care's capacity to meet the increasing demand of an ageing population, together with changing needs and an increasing number of people with a disability with more complex service requirements. The preliminary Census data 2016 reports that 13% of the national population report at least one disability and one in 10 adults of working age report a disability. To respond to the projected increase in the number of people living with a disability in conjunction with the age profile and increased life expectancy of those with a disability, it is necessary for a more affordable and sustainable model of services to be put in place.

Our operational plan for Social Care Services provides clarity as to the services we intend to provide over 2017, building on progress made over recent years. This plan details the many actions we will undertake over the year. Our actions and goals will be dependent primarily on financial and human resources available to us. We will endeavour to comply with the Pay-bill Management and Control Framework within CHO DNCC in all our operational endeavours and all service provision will be subject to compliance with same. However, this creates a significant challenge for CHO DNCC especially in terms of posts which require filling that are not in the run rate. Performance and monitoring meetings with section 38 and section 39 providers will include close management from a pay-bill perspective. Strengthening of the compliance and oversight is a key priority and will form a critical component of the engagement with these providers.

Quality and Service User Safety

CHO DNCC Social Care Services are committed to the continued implementation of a strong system of integrated corporate and clinical governance within our social care services. In 2017 we will:

- Further develop structures and processes relating to clinical governance and proactively promote service user involvement
- Ensure quality standards and arrangements are enforced in accordance with statutory and organisational requirements
- Monitor quality improvement and patient safety through use of key performance indicators
- Promote risk management as everyday practice across all services and enhance the way we manage and learn from incidents
- Ensure compilation and regular review of risk registers for all services/service areas
- Strengthen Service Arrangement review and management for all agencies, through an enhanced monitoring framework
- Ensuring the delivery of a high quality, patient centred service through the review of structures so as to meet the social/ physical/ medical needs of those accessing HSE services
- Ensure the quality service provision of home care by further expanding and developing audit calendar. Engagement with national social care regarding the resources required to oversee its function will be critical
- Implementation of Safeguarding Vulnerable Persons at risk of abuse – National Policy and Procedures
- Regional Training and Guidance Services to continue to visit Rehabilitation Training centres to ensure compliance with Standard QA 00/01 “Training and Development for People with Disabilities”.

2017 Social Care Priority Actions

Disability Services

- CHO Local Consultative Forum established to plan and implement national and local priorities for the development of disability serivces; this committee will inform the Head of Social Care and Team in relation to prioritisation of actions to be addressed. This committee will form a collaborative and partnership approach
- Reconfigure day services including school leavers and rehabilitative training in line with New Directions
- Implement the recommendations of the value for Money and Policy Review of Disability Services in Ireland in line with the Transforming Lives Programme
- Accelerate Implementation of a Time to Move on from Congregated Settings with a particular focus on the agreed priority sites

- Establish a residential place register which maps all existing residential provision to support and inform the work of the Residential Care Emergency Management Committee
- Complete the Progressing Disability Services and Young People (0-18) Programme with the full establishment of 129 Disability Network Teams, aligned to the Community Health Networks
- Commence implementation of *Outcomes for Children and their Families, an Outcomes Focused Performance Management and Accountability Framework for Children's Disability Network Teams*
- Enhance governance for Service Arrangements
- Ensure a comprehensive implementation plan is in place which consolidates the priority actions required under a range of key service improvements as follows:
- Time to Move on from Congregated Settings in respect of residential centres –implementation
- Maximise reconfiguration of existing resource towards community based person centred model of service
- Implement 6 Step Programme and Quality Improvement Team initiatives to improve HIQA Compliance
- Transfer learning from National Reviews to secure system wide change
- Involvement of Volunteer/Advocacy & Family Fora.

Services for Older People

- Ensure older people are provided with the appropriate supports following an acute hospital episode by maintaining of focus on the reduction of Delayed Discharges in acute hospitals
- Improve patient flow with continued focus on delayed discharges and hospital avoidance
- Influence service delivery and planning for Older Person's Strategy through reviewing and optimising options in relation to Single Assessment Tool (SAT) roll out across home care and residential services for older people in conjunction with Primary Care Services
- Finalise the Home Care and Community Supports Service Improvement Plan
- Roll out the Integrated Care Programme for Older Persons

Budget

Spend & Budget	2016 Actual Net Spend	2016 Actual Net Budget	2017 Opening Budget
	€m	€m	€m
Statutory (Older Persons)	87.85	87.88	94.19
Clontarf Orthopaedic	9.99	9.99	10.17
Sub-Total (Older Persons)	***97.84***	***97.87***	***104.36***
Statutory (Disabilities)	108.06	107.02	113.86
St. Michaels House	78.14	76.16	76.81
Daughters of Charity	61.09	61.28	60.15
Central Remedial Clinic	14.27	14.23	14.47
Sub-Total (Disabilities)	***261.56***	***258.69***	***265.29***
Total	**359.4**	**356.56**	**369.65**

Workforce

The workforce position in CHO DNCC as at September 2016 is as follows:

Staffing CHO DNCC	Medical/ Dental	Nursing	Health & Social Care Professionals	Management/ Admin	General Support Staff	Other Patient & Client Care	Total
HSE	16	482	119	61	105	384	1,167
Section 38	24	583	841	215	265	744	2,672
Total	**40**	**1,066**	**960**	**275**	**370**	**1,128**	**3,389**

Services Provided

Services Provided
Older Persons Services
Home Support Services through Home Help, Home Care Packages and Intensive Home Care Packages
Day Care Services/Day Hospitals
Meals on Wheels Services through Voluntary Providers
Home Help Services through Voluntary Providers
St. Mary's Hospital, Lusk Community Unit, Claremont Complex, Cuan Ros - long stay, respite and rehabilitation services.
Nursing Home Support Scheme
Short Stay Provision
Day hospital and Healthy Ageing Clinic on site St. Mary's Hospital
Disability Services
Disability Services are mainly provided through Section 38 and 39 agencies on behalf of CHO DNCC, these consist of;
Residential Care
Day Care
Rehabilitation Training
Specialists Schools
Multidisciplinary Supports
Early Intervention Teams
Home Support Services

2017 Social Care Priority Actions – Disability Services

Priority Actions Social Care	Q
Disability Services	
Transforming Lives	
Transition people from the large institutional settings to a community based model of person-centred supports • Transition 4 persons from Cuan Aoibheann Unit St. Mary's hospital to community living • Transition 1 person from St. Michael's House to community living • Transition 7 persons from Daughters of Charity to community living	Q1-Q4
Develop community living transition plans for each person transitioning • Develop a CHO plan in conjunction with section 38 & 39 organisations and housing authorities to progress community living transition plans	Q1-Q4
Embed CHO specific implementation structure to support *New Directions* • Work with section 38 & 39 organisations to support New Directions by the further development of two new day services for people with autism. Explore the development of a 3rd autism specific service in the Dublin 15 area.	Q1-Q4
Reconfigure day services including school leavers and rehabilitation training in line with New Directions	
Provide day services to support approximately 1,500 young people due to leave school • Provide day services to as many young people as possible within its area. The number of persons requiring services in 2017 is approximately 140.	Q1-Q4
Support continuous quality improvement approach to the implementation of the Interim Standards for Day Services • Set up service user forums in conjunction with service providers in progressing the implementation of interim standards for Day Services	Q1-Q4
Reconfigure day services in line with *New Directions* and arrange for a process of shared learning • Arrange shared learning event in conjunction with service providers for parents of clients to explore the progressing of New Directions model and the reconfiguration of services. • New Directions steering committee to be established	Q1-Q4 Q1
Implement the National Access Policy in conjunction with primary care • National Dependency	Q1-Q4

Priority Actions Social Care	Q
Further implement the Progressing Disability Services and Young People (0-18s) Programme	
Reconfigure 0-18s disability services into children's disability network teams CHO DNCC 12 x 0-18 teams • Engage with lead agencies to advance preparatory work to support implementation of Progressing Disability Services. • 7 disability network teams to be reconfigured in 2017 • 5 disability teams to be reconfigured in 2018	Q1-Q4 Q4
Implement the Report of the Inter-departmental Group on Supporting Access to Early Childhood Care and Education Programme for Children with a Disability • Implement recommendations of Reports relevant to social care • Provide training on new Access and Inclusion Model Programme and will liaise with Department of Children and Youth Affairs as appropriate.	Q1-Q4
Enhance governance for service arrangements	
Embed effective governance and accountability in place in respect of section 38 and section 39 agencies • Head of Social Care and Disability Managers will continue to engage with voluntary and private providers through service arrangement process	Q1-Q4
Undertake comparative analysis of section 38 and section 39 to deliver enhanced understanding for CHOs and organisations of capacity to meet existing, new and changing levels of support requirements • Residential Supports Committee established inclusive of section 38 and section 39 organisations to effectively manage residential supports in 2017 on a CHO wide basis.	Q1-Q4
Complete all service arrangements by 28th February 2017	Q1
Complete all grant aid agreements by 28th February 2017	Q1

2017 Social Care Priority Actions – Older Persons Services

Priority Actions Social Care	Q
Older Persons Services	
Improve patient flow with continued focus on delayed discharges and hospital avoidance	
Provide priority supports to agreed hospitals with the CHO dependent on funding. • Engage with Hospitals to expedite delayed discharges • Weekly engagement with the acute hospitals in relation to validating the delayed discharge report and facilitating movement. • Priority approval of Hospital HCPs to facilitate discharge home	Q1-Q4
Maintain four week waiting time for Nursing Homes Support Scheme (NHSS) • Engage with the Local Placement Forums to approve the care needs of persons as part of the NHSS process	Q1-Q4
Ensure a national standardised approach to the management of resources • Comply with a national standardised approach to the management of resources	Q1-Q4
Prioritise home care and transition care resources to support acute hospital discharge • Prioritise home care and transition care resources to support acute hospital discharge • Continue to provide Dedicated Home care Supports (6HCPs) per week as part of 2016/2017 Winter Initiative	Q1-Q4 Q1
Roll out the Integrated Care Programme for Older Persons	
Extend the plan for transfer of learning from 'pioneer sites' established in 2016 • Finalise the recruitment of the 6 WTE posts under the integrated care programme • Development of the pioneer site with the commencement of the 6 member team • Engage locally with Beaumont hospital to agree the functioning of the team across the acute/community interface by implementing an agreed operational policy. • Governance Structures agreed across sites - steering committee/local implementation group	Q1-Q4
Evaluate 'pioneer sites' in delivering wholly integrated systems of care with the creation of an evidence base to support keeping older people well, avoidance of hospital admission, streamline discharge and provision of home or residential care as required • Implement the recommendations of the evaluation	Q1-Q4
Further develop the Single Assessment Tool	
Assess a minimum 50% of NHSS applications using SAT • Engage with Beaumont hospital on the further rollout of SAT • NHSS care needs assessments (applications) will continue to be processed through the LPF	Q1-Q4
Assess a minimum 25% of HCP applications using SAT • On-going local engagement will continue to identify SAT assessors	Q1-Q4

Priority Actions Social Care	Q
Implement an IT enabled standardised assessment of health and care needs of older people • National Dependency	Q1-Q4
Expand national policy and procedures in line with the Safeguarding Vulnerable Persons at Risk of Abuse Policy	
Achieve training and awareness • CHO Safeguarding Team will continue to promote training and awareness programmes	Q1-Q4
Advance implementation of training programme for awareness for designated officers and frontline staff at an accelerated pace • Safeguarding Team will review effectiveness of current training programme for designated officers	Q1-Q4
Analyse national database of safeguarding concerns to inform practice development and assurance of policy alignment • Safeguarding Team will review national database on an on-going basis	Q1-Q4
Finalise policy review	Q1-Q4
National Dementia Strategy	
Work with Health & Wellbeing to lead and deliver a nationwide support and social media campaign 'Understand Together' for people with dementia and their carers.	Q1-Q4
CHO DNCC will support roll out of national dementia specific educational programme for Primary Care Teams and GPs as part of the Primary Care Education, Pathways and Research in Dementia (PREPARED) Project (joint approach with PC Division). CHO DNCC will continue to implement HCPS for persons with dementia.	Q 4 Q1-Q4

Appendices

Appendix 1

CHO DNCC Financial Tables

Table 1: 2016 - 2017 Expenditure and Allocation by Division – CHO DNCC (Statutory and Section 38 Services)

Statutory & Section 38 Services	Outturn 2016 (€m)	Budget 2016 (€m)	Advised Budget 2017 (€m)
Primary Care	77.43	78.22	76.74
Social Inclusion	36.49	36.28	34.88
Palliative Care	10.92	10.88	10.89
S/T (exc schemes)	124.84	125.38	122.51
Local Schemes	53.08	52.55	52.39
Primary Care Total	177.92	177.93	174.90
Mental Health Total	105.15	105.29	108.99
Older Persons	97.84	97.87	104.36
Disability Services	261.57	258.69	265.29
Social Care Total	359.41	356.56	369.65
Total	**642.48**	**639.78**	**653.54**

Appendix 2

HR Information

Total Workforce Position CHO DNCC as at September 2016

CHO 9	Medical/ Dental	Nursing	Health & Social Care Professionals	Managem ent/ Admin	General Support Staff	Patient & Client Care	WTE Sep 16
Total Workforce CHO 9							
HSE	*247*	*1,240*	*580*	*395*	*253*	*591*	*3,306*
Section 38	*27*	*705*	*848*	*235*	*301*	*752*	*2,869*
Total	**274**	**1,945**	**1,428**	**630**	**554**	**1,344**	**6,175**

Workforce Position by Division CHO DNCC as at September 2016

CHO 9	Medical/ Dental	Nursing	Health & Social Care Professionals	Management/ Admin	General Support Staff	Patient & Client Care	WTE Sep 16
Primary Care							
HSE	*115*	*311*	*313*	*247*	*51*	*108*	*1,144*
Total	**115**	**311**	**313**	**247**	**51**	**108**	**1,144**
Social Care							
HSE	*16*	*482*	*119*	*61*	*105*	*384*	*1,167*
Section 38	*24*	*583*	*841*	*215*	*265*	*744*	*2,672*
Total	**40**	**1,066**	**960**	**275**	**370**	**1,128**	**3,839**
Mental Health							
HSE	*117*	*447*	*147*	*87*	*97*	*100*	*995*
Section 38	*3*	*122*	*7*	*21*	*36*	*8*	*197*
Total	**120**	**569**	**154**	**108**	**133**	**108**	**1,192**

Appendix 3

2017 Balance Scorecard & Performance Indicator Suites

N. B. The achievement of KPI's is contingent on sufficient resources being maintained within the CHO. Staffing difficulties and related challenges are well documented in previous correspondence between CHO DNCC and National Divisions

National Scorecard

Quality and Safety

All Divisions

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

Health and Wellbeing

- Environmental Health: food inspections

Community Healthcare

Primary Care services

- Community Intervention Teams
- Child Health

Mental Health services

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

Social Care services

- Safeguarding and screening
- HIQA inspection compliance

Access

Health and Wellbeing

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

Community Healthcare

Primary Care services

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

Mental Health services

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

Social Care: Services for Older People

- Home care services
- NHSS: no. of persons funded
- Delayed discharges

Social Care: Disability Services

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

Finance, Governance and Compliance

All Divisions

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

Workforce

All Divisions

- Staffing Levels
- Absence

Health and Wellbeing Balanced Scorecard

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

Health and Wellbeing Performance Indicator Suite

Health and Wellbeing					
Key Performance Indicators (KPIs) - continued	Reporting Frequency	NSP 2016 Target	Projected Outturn 2016	NSP 2017 Target	CHO Target (where applicable)
No. of smokers who received intensive cessation support from a cessation counsellor	Monthly	11,500	14,500	13,000	1,870
No. of frontline staff trained in brief intervention smoking cessation	Monthly	1,350	1,350	1,350	190
% of smokers on cessation programmes who were quit at one month	Quarterly 1 Qtr in arrears	45%	49.0%	45%	45%

Health and Wellbeing					
Key Performance Indicators (KPIs) - continued	Reporting Frequency	NSP 2016 Target	Projected Outturn 2016	NSP 2017 Target	CHO Target (where applicable)
No. of 5k Parkruns completed by the general public in community settings	Monthly	150,000	266,376	240,000	50,898
No. of unique runners completing a 5k parkrun	Monthly	New KPI 2017	New KPI 2017	138,000	30,510
No. of unique new first time runners completing a 5k parkrun	Monthly	New KPI 2017	New KPI 2017	47,000	8,535
% of primary schools trained to participate in the after schools activity programme - Be Active	Quarterly	20%	20.8%	25%	25%
% of preschools participating in Smart Start	Quarterly	15%	19.0%	20%	20%
No. of people attending a structured community based healthy cooking programme	Monthly	4,400	6,364	4,400	650
% of PHNs trained by dieticians in the Nutrition Reference Pack for Infants 0-12 months	Quarterly	50%	0	50%	85
No. of people who have completed a structured patient education programme for diabetes	Monthly	2,200	2,200	2,440	123
% 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)	Quarterly 1 Qtr in arrears	95%	91.6%	95%	95%
% children at 12 months of age who have received two doses of the Pneumococcal Conjugate vaccine (PCV2)	Quarterly 1 Qtr in arrears	95%	91.2%	95%	95%
% children at 12 months of age who have received 1 dose of the Meningococcal group C vaccine (MenC1)	Quarterly 1 Qtr in arrears	95%	90.2%	95%	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)	Quarterly 1 Qtr in arrears	95%	94.9%	95%	95%
% children aged 24 months who have received 3 doses Meningococcal C (MenC3) vaccine (2 doses from Q3)	Quarterly 1 Qtr in arrears	95%	87.2%	95%	95%
% children aged 24 months who have received 1 dose Haemophilus influenzae type B (Hib) vaccine	Quarterly 1 Qtr in arrears	95%	91.0%	95%	95%
% children aged 24 months who have received 3 doses Pneumococcal Conjugate (PCV3) vaccine	Quarterly 1 Qtr in arrears	95%	91.4%	95%	95%
% children aged 24 months who have received the Measles, Mumps, Rubella (MMR) vaccine	Quarterly 1 Qtr in arrears	95%	92.7%	95%	95%
% children in junior infants who have received 1 dose 4-in-1 vaccine (Diphtheria, Tetanus, Polio, Pertussis)	Annual	95%	91.5%	95%	95%

Health and Wellbeing					
Key Performance Indicators (KPIs) - continued	Reporting Frequency	NSP 2016 Target	Projected Outturn 2016	NSP 2017 Target	CHO Target (where applicable)
% children in junior infants who have received 1 dose Measles, Mumps, Rubella (MMR) vaccine	Annual	95%	91.4%	95%	95%
% first year students who have received 1 dose Tetanus, low dose Diphtheria, Acellular Pertussis (Tdap) vaccine	Annual	95%	85.0%	95%	95%
% of first year girls who have received two doses of HPV Vaccine	Annual	85%	70.0%	85%	85%
% of first year students who have received one dose meningococcal C (MenC) vaccine	Annual	95%	90.2%	95%	95%
% of health care workers who have received seasonal Flu vaccine in the current influenza season (acute hospitals)*	Annual	40%	22.5%	40%	40%
% of health care workers who have received seasonal Flu vaccine in the current influenza season (long term care facilities in the community)*	Annual	40%	26.6%	40%	40%
% uptake in Flu vaccine for those aged 65 and older with a medical card or GP visit card	Annual	75%	55.4%	75%	75%

- **The current influenza season is the period Sept 2016 to Apr 2017**

Primary Care, Social Inclusion & Palliative Care Balanced Scorecard

Quality and Safety	Expected Activity/ Target 2017	Access	Expected Activity/ Target 2017
Primary Care		**Primary Care**	
Healthcare Associated Infections: Medication Management		**GP Activity**	
▪ Consumption of antibiotics in community settings (defined daily doses per 1,000 population)	<21.7	▪ Number of contacts with GP out of hours service	1,055,388 (National)
Community Intervention Teams (CITs) – Number of referrals	5,619	**Nursing**	
▪ Admission avoidance (includes OPAT)	148	▪ % of new patients accepted onto the caseload and seen within 12 weeks	100%
▪ Hospital avoidance	3,079	**Physiotherapy and Occupational Therapy**	
▪ Early discharge (includes OPAT)	547	▪ % of new patients seen for assessment within 12 weeks	81%
▪ Unscheduled referrals from community sources	1,845	▪ % on waiting list for assessment ≤ 52 weeks	98%
Health Amendment Act: Services to persons with State Acquired Hepatitis C		**Occupational Therapy**	
▪ Number of Health Amendment Act cardholders who were reviewed	87	▪ % of new service users seen for assessment within 12 weeks	72%
Social Inclusion		▪ % on waiting list for assessment ≤ 52 weeks	92%
Homeless Services		**Speech and Language Therapy**	
▪ Number and % of service users admitted to homeless emergency accommodation hostels/facilities whose health needs have been assessed within two weeks of admission	203 85%	▪ % on waiting list for assessment ≤ 52 weeks ▪ % on waiting list for treatment ≤ 52 weeks	100% 100%
		Podiatry	
		▪ % on waiting list for treatment ≤ 12 weeks ▪ % on waiting list for treatment ≤ 52 weeks	44% 88%
		Ophthalmology	
		▪ % on waiting list for treatment ≤ 12 weeks	50%

Quality and Safety	Expected Activity/ Target 2017	Access	Expected Activity/ Target 2017
Traveller Health		▪ % on waiting list for treatment ≤ 52 weeks	81%
▪ Number of people who received health information on type 2 diabetes and cardiovascular health	276	**Audiology**	
Palliative Care		▪ % on waiting list for treatment ≤ 12 weeks	50%
Inpatient Palliative Care Services		▪ % on waiting list for treatment ≤ 52 weeks	95%
▪ % of patients triaged within one working day of referral (inpatient unit)	90%	**Dietetics**	
▪ % of patients with a multidisciplinary care plan documented within five working days of initial assessment (inpatient unit)	90%	▪ % on waiting list for treatment ≤ 12 weeks	48%
		▪ % on waiting list for treatment ≤ 52 weeks	96%
Community Palliative Care Services		**Psychology**	
▪ % of patients triaged within one working day of referral (community)	90%	▪ % on waiting list for treatment ≤ 12 weeks	60%
		▪ % on waiting list for treatment ≤ 52 weeks	100%
		Oral Health	
		▪ % of new patients who commenced treatment within three months of assessment	88%
		Orthodontics	75%
		▪ % of referrals seen for assessment within six months	<5%
		▪ Reduce the proportion of patients on the treatment waiting list waiting longer than four years (grades 4 and 5)	
		Social Inclusion	
		Substance Misuse	
		▪ % of substance misusers (over 18 years) for whom treatment has commenced within one calendar month following assessment	100%
		▪ % of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment	100%
		Opioid Substitution	
		▪ Number of clients in receipt of opioid substitution treatment (outside prisons)	2,956
		▪ Average waiting time from referral to assessment for opioid substitution treatment	4 days
		▪ Average waiting time from opioid substitution assessment to exit from waiting list or treatment commenced	28 days
		Needle Exchange	
		▪ Number of unique individuals attending pharmacy needle exchange	0
		Palliative Care	
		Inpatient Palliative Care Services	
		▪ Access to specialist inpatient bed within seven days	98%
		▪ Number accessing specialist inpatient bed within seven days	623
		Community Palliative Care Services	
		▪ Access to specialist palliative care services in the community provided within seven days	95%

Quality and Safety	Expected Activity/ Target 2017	Access	Expected Activity/ Target 2017
		(normal place of residence) ▪ Number of patients who received treatment in their normal place of residence	300
		Children's Palliative Care Services ▪ Number of children in the care of the children's outreach nurse	30
		▪ No. of children in the care of the specialist paediatric palliative care team in an acute hospital setting (during the reporting month)	TBC
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	95%		
▪ % of newborn babies visited by a PHN within 72 hours of discharge from maternity services	98%		
▪ % of babies breastfed (exclusively and not exclusively) at first PHN visit	58%		
▪ % of babies breastfed (exclusively and not exclusively) at three month PHN visit	40%		
System Wide Immunisation ▪ % uptake in flu vaccine for those aged 65 and older with a medical card or GP visit card	75%		
▪ % children aged 24 months who have received 3 doses of the 6-in-1 vaccine	95%		
▪ % children aged 24 months who have received the measles, mumps, rubella (MMR) vaccine	95%		
▪ % of first year girls who have received two doses of HPV vaccine	85%		
System Wide **Serious Reportable Events (SREs)**	**Target**	**System Wide** **Health and Safety**	**Target**
▪ % of serious reportable events being notified within 24 hours to the senior accountable officer	99%	▪ No. of calls that were received by the National Health and Safety Helpdesk	10% increase
▪ % of investigations completed within 120 days of the notification of the event to the senior accountable officer	90%	**Service User Experience - Complaints** ▪ % of complaints investigated within 30 working days of being acknowledged by the complaints officer	75%
Safety Incident Reporting ▪ % of safety incidents being entered onto NIMS within 30 days of occurrence by CHO	90%		
▪ Extreme and major safety incidents as a % of all incidents reported as occurring	Actual to be reported in 2017		
▪ % of claims received by the State Claims Agency that were not reported previously as an incident	40%		

Quality and Safety	Expected Activity/ Target 2017	Access	Expected Activity/ Target 2017
Internal Audit			
▪ % of internal audit recommendations implemented within 6 months of the report being received	75%		
▪ % of internal audit recommendations implemented, against total number of recommendations, within 12 months of report being received	95%		
Service Arrangements/Annual Compliance Statement	100%		
▪ % of number of service arrangements signed			
▪ % of the monetary value of service arrangements signed	100%		
▪ % annual compliance statements signed	100%		
Finance		**Workforce**	
Budget Management		**Absence**	
▪ Net expenditure: variance from plan	≤0.1%	▪ % absence rates by staff category	≤3.5%
▪ Pay: Direct / Agency / Overtime	≤0.1%	**Staffing Levels and Costs**	
Capital		▪ % adherence to funded staffing thresholds	>99.5%
▪ Capital expenditure versus expenditure profile	100%		

Primary Care Performance Indicator Suite

Key Performance Indicators Service Planning 2017				2016	2016	2017		2017 Expected Activity / Target
KPI Title	NSP/ DOP	KPI Type Access/ Quality /Access Activity	Report Freq-uency	2016 National Target / Expected Activity	2016 Projected outturn	2017 National Target / Expected Activity	Reported at National/ CHO / HG	CHO 9
Community Intervention Teams (No. of referrals)				**24,202**	**27,033**	**32,861**		**5,619**
Admission Avoidance (includes OPAT)	NSP	Quality	M	914	949	1,187	CHO	148
Hospital Avoidance	NSP	Quality	M	12,932	17,555	21,629	CHO	3,079
Early discharge (includes OPAT)	NSP	Quality	M	6,360	5,240	6,072	CHO	547
Unscheduled referrals from community sources	NSP	Quality	M	3,996	3,289	3,972	CHO	1,845
Outpatient Parenteral Antimicrobial Therapy (OPAT) Re-admission rate %	DOP	Access /Activity	M	≤5%	2.3%	≤5%	HG	≤5%
Community Intervention Teams Activity (by referral source)				**24,202**	**27,033**	**32,861**	**CHO**	**5,619**
ED / Hospital wards / Units	DOP	Access /Activity	M	13,956	18,042	21,966	CHO	3,425
GP Referral	DOP	Access /Activity	M	6,386	5,619	7,003	CHO	1,722
Community Referral	DOP	Access /Activity	M	2,226	1,896	2,212	CHO	249

Key Performance Indicators Service Planning 2017				2016	2016	2017		2017 Expected Activity / Target
KPI Title	NSP/ DOP	KPI Type Access/ Quality /Access Activity	Report Freq-uency	2016 National Target / Expected Activity	2016 Projected outturn	2017 National Target / Expected Activity	Reported at National/ CHO / HG	CHO 9
OPAT Referral	DOP	Access /Activity	M	1,634	1,476	1,680	CHO	223
GP Out of Hours								
No. of contacts with GP Out of Hours Service	NSP	Access /Activity	M	964,770	1,053,996	1,055,388	National	
Physiotherapy								
No. of patient referrals	DOP	Activity	M	193,677	197,592	197,592	CHO	16,836
No. of patients seen for a first time assessment	DOP	Activity	M	160,017	163,596	163,596	CHO	13,008
No. of patients treated in the reporting month (monthly target)	DOP	Activity	M	36,430	37,477	37,477	CHO	2,902
No. of face to face contacts/visits	DOP	Activity	M	775,864	756,000	756,000	CHO	59,124
Total no. of physiotherapy patients on the assessment waiting list at the end of the reporting period	DOP	Access	M	28,527	30,454	30,454	CHO	3,536
No. of physiotherapy patients on the assessment waiting list at the end of the reporting period 0 - ≤ 12 weeks	DOP	Access	M	No target	20,282	No target	CHO	No target
No. of physiotherapy patients on the assessment waiting list at the end of the reporting period >12 weeks - ≤ 26 weeks	DOP	Access	M	No target	6,437	No target	CHO	No target
No. of physiotherapy patients on the assessment waiting list at the end of the reporting period >26 weeks but ≤ 39 weeks	DOP	Access	M	No target	2,118	No target	CHO	No target
No. of physiotherapy patients on the assessment waiting list at the end of the reporting period >39 weeks but ≤ 52 weeks	DOP	Access	M	No target	993	No target	CHO	No target
No. of physiotherapy patients on the assessment waiting list at the end of the reporting period > 52 weeks	DOP	Access	M	No target	624	No target	CHO	No target
% of new physiotherapy patients seen for assessment within 12 weeks	NSP	Access	M	70%	81%	81%	CHO	81%
% of physiotherapy patients on waiting list for assessment ≤ 26 weeks	DOP	Access	M	90%	88%	88%	CHO	88%
% of physiotherapy patients on waiting list for assessment ≤ 39 weeks	DOP	Access	M	95%	95%	95%	CHO	95%
% of physiotherapy patients on waiting list for assessment ≤ to 52 weeks	NSP	Access	M	100%	98%	98%	CHO	98%
Occupational Therapy								
No. of service user referrals	DOP	Activity	M	89,989	93,264	93,264	CHO	11,112
No. of new service users seen for a first assessment	DOP	Activity	M	86,499	87,888	90,605	CHO	11,748
No. of service users treated (direct and indirect) monthly target	DOP	Activity	M	20,291	20,675	20,675	CHO	2,699
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	3,100
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

Key Performance Indicators Service Planning 2017				2016	2016	2017		2017 Expected Activity / Target
KPI Title	NSP/ DOP	KPI Type Access/ Quality /Access Activity	Report Freq- uency	2016 National Target / Expected Activity	2016 Projected outturn	2017 National Target / Expected Activity	Reported at National/ CHO / HG	CHO 9
No. of occupational therapy service users on the assessment waiting list at the end of the reporting period >12 weeks - ≤ 26 weeks	DOP	Access	M	No target	6,249	No target	CHO	No target
No. of occupational therapy service users on the assessment waiting list at the end of the reporting period >26 weeks but ≤ 39 weeks	DOP	Access	M	No target	3,506	No target	CHO	No target
No. of occupational therapy service users on the assessment waiting list at the end of the reporting period >39 weeks but ≤ 52 weeks	DOP	Access	M	No target	2,385	No target	CHO	No target
No. of occupational therapy service users on the assessment waiting list at the end of the reporting period > 52 weeks	DOP	Access	M	No target	4,660	No target	CHO	No target
% of new occupational therapy service users seen for assessment within 12 weeks	NSP	Access	M	70%	72%	72%	CHO	72%
% of occupational therapy service users on waiting list for assessment ≤ 26 weeks	DOP	Access	M	80%	59%	59%	CHO	59%
% of occupational therapy service users on waiting list for assessment ≤ 39 weeks	DOP	Access	M	95%	73%	73%	CHO	73%
% of occupational therapy service users on waiting list for assessment ≤ to 52 weeks	NSP	Access	M	100%	82%	92%	CHO	92%
Primary Care – Speech and Language Therapy								
No. of patient referrals	DOP	Activity	M	50,863	52,584	52,584	CHO	8,376
Existing patients seen in the month	DOP	Activity	M	New 2016	16,958	16,958	CHO	1,288
New patients seen for initial assessment	DOP	Activity	M	41,083	44,040	44,040	CHO	6,960
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	2,422
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	1,113
% of speech and language therapy patients on waiting list for assessment ≤ to 52 weeks	NSP	Access	M	100%	97%	100%	CHO	100%
% of speech and language therapy patients on waiting list for treatment ≤ to 52 weeks	NSP	Access	M	100%	85%	100%	CHO	100%
Primary Care – Speech and Language Therapy Service Improvement Initiative								
New patients seen for initial assessment	DOP	Activity	M	New 2017	New 2017	17,646	CHO	4,600
No. of speech and language therapy initial therapy appointments	DOP	Access	M	New 2017	New 2017	43,201	CHO	5,110
No. of speech and language therapy further therapy appointments	DOP	Access	M	New 2017	New 2017	39,316	CHO	6,440
Primary Care – Podiatry								

Key Performance Indicators Service Planning 2017				2016	2016	2017		2017 Expected Activity / Target
KPI Title	NSP/ DOP	KPI Type Access/ Quality /Access Activity	Report Freq-uency	2016 National Target / Expected Activity	2016 Projected outturn	2017 National Target / Expected Activity	Reported at National/ CHO / HG	CHO 9
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 direct service
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 direct service
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 direct service
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 direct service
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 direct service
% of podiatry patients on waiting list for treatment ≤ 12 weeks	NSP	Access	M	75%	44%	44%	CHO	No direct service
% of podiatry patients on waiting list for treatment ≤ 26 weeks	DOP	Access	M	90%	62%	62%	CHO	No direct service
% of podiatry patients on waiting list for treatment ≤ 39 weeks	DOP	Access	M	95%	71%	71%	CHO	No direct service
% of podiatry patients on waiting list for treatment ≤ to 52 weeks	NSP	Access	M	100%	78%	88%	CHO	No direct service
No of patients with diabetic active foot disease treated in the reporting month	DOP	Quality	M	133	140	166	CHO	1
No. of treatment contacts for diabetic active foot disease in the reporting month	DOP	Access /Activity	M	532	561	667	CHO	5
Primary Care – Ophthalmology								
No. of patient referrals	DOP	Activity	M	26,913	28,452	28,452	CHO	2,292
Existing patients seen in the month	DOP	Activity	M	4,910	5,281	5,281	CHO	275
New patients seen	DOP	Activity	M	16,524	23,616	33,779	CHO	3,543
Total no. of ophthalmology patients on the treatment waiting list at the end of the reporting period	DOP	Access	M	14,267	16,090	16,090	CHO	3,220
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

Key Performance Indicators Service Planning 2017				2016	2016	2017		2017 Expected Activity / Target
KPI Title	NSP/ DOP	KPI Type Access/ Quality /Access Activity	Report Freq- uency	2016 National Target / Expected Activity	2016 Projected outturn	2017 National Target / Expected Activity	Reported at National/ CHO / HG	CHO 9
No. of ophthalmology patients on the treatment waiting list at the end of the reporting period >26 weeks but ≤ 39 weeks	DOP	Access	M	No target	2,095	No target	CHO	No target
No. of ophthalmology patients on the treatment waiting list at the end of the reporting period >39 weeks but ≤ 52 weeks	DOP	Access	M	No target	1,670	No target	CHO	No target
No. of ophthalmology patients on the treatment waiting list at the end of the reporting period > 52 weeks	DOP	Access	M	No target	4,658	No target	CHO	No target
% of ophthalmology patients on waiting list for treatment ≤ 12 weeks	NSP	Access	M	60%	28%	50%	CHO	50%
% of ophthalmology patients on waiting list for treatment ≤ 26 weeks	DOP	Access	M	80%	48%	58%	CHO	58%
% of ophthalmology patients on waiting list for treatment ≤ 39 weeks	DOP	Access	M	90%	61%	61%	CHO	61%
% of ophthalmology patients on waiting list for treatment ≤ 52 weeks	NSP	Access	M	100%	71%	81%	CHO	81%
Primary Care – Audiology								
No. of patient referrals	DOP	Activity	M	18,317	22,620	22,620	CHO	2,892
Existing patients seen in the month	DOP	Activity	M	2,850	2,740	2,740	CHO	352
New patients seen	DOP	Activity	M	16,459	15,108	23,954	CHO	2,285
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	610
No. of audiology patients on the treatment waiting list at the end of the reporting period 0 - ≤ 12 weeks	DOP	Access	M	No target	5,956	No target	CHO	No target
No. of audiology patients on the treatment waiting list at the end of the reporting period >12 weeks - ≤ 26 weeks	DOP	Access	M	No target	3,352	No target	CHO	No target
No. of audiology patients on the treatment waiting list at the end of the reporting period >26 weeks but ≤ 39 weeks	DOP	Access	M	No target	1,856	No target	CHO	No target
No. of audiology patients on the treatment waiting list at the end of the reporting period >39 weeks but ≤ 52 weeks	DOP	Access	M	No target	1,340	No target	CHO	No target
No. of audiology patients on the treatment waiting list at the end of the reporting period > 52 weeks	DOP	Access	M	No target	2,146	No target	CHO	No target
% of audiology patients on waiting list for treatment ≤ 12 weeks	NSP	Access	M	60%	41%	50%	CHO	50%
% of audiology patients on waiting list for treatment ≤ 26 weeks	DOP	Access	M	80%	64%	64%	CHO	64%
% of audiology patients on waiting list for treatment ≤ 39 weeks	DOP	Access	M	90%	76%	76%	CHO	76%
% of audiology patients on waiting list for treatment ≤ to 52 weeks	NSP	Access	M	100%	85%	95%	CHO	95%
Primary Care – Dietetics								
No. of patient referrals	DOP	Activity	M	27,858	31,884	31,884	CHO	2,496

Key Performance Indicators Service Planning 2017				2016	2016	2017		2017 Expected Activity / Target
KPI Title	NSP/ DOP	KPI Type Access/ Quality /Access Activity	Report Freq- uency	2016 National Target / Expected Activity	2016 Projected outturn	2017 National Target / Expected Activity	Reported at National/ CHO / HG	CHO 9
Existing patients seen in the month	DOP	Activity	M	5,209	3,480	3,480	CHO	167
New patients seen	DOP	Activity	M	21,707	22,548	23,457	CHO	1,356
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	515
No. of dietetics patients on the treatment waiting list at the end of the reporting period 0 - ≤ 12 weeks	DOP	Access	M	No target	4,255	No target	CHO	No target
No. of dietetics patients on the treatment waiting list at the end of the reporting period >12 weeks - ≤ 26 weeks	DOP	Access	M	No target	1,921	No target	CHO	No target
No. of dietetics patients on the treatment waiting list at the end of the reporting period >26 weeks but ≤ 39 weeks	DOP	Access	M	No target	912	No target	CHO	No target
No. of dietetics patients on the treatment waiting list at the end of the reporting period >39 weeks but ≤ 52 weeks	DOP	Access	M	No target	536	No target	CHO	No target
No. of dietetics patients on the treatment waiting list at the end of the reporting period > 52 weeks	DOP	Access	M	No target	1,219	No target	CHO	No target
% of dietetics patients on waiting list for treatment ≤ 12 weeks	NSP	Access	M	70%	48%	48%	CHO	48%
% of dietetics patients on waiting list for treatment ≤ 26 weeks	DOP	Access	M	85%	70%	70%	CHO	70%
% of dietetics patients on waiting list for treatment ≤ 39 weeks	DOP	Access	M	95%	80%	80%	CHO	80%
% of dietetics patients on waiting list for treatment ≤ to 52 weeks	NSP	Access	M	100%	86%	96%	CHO	96%
Primary Care – Psychology								
No. of patient referrals	DOP	Activity	M	12,261	13,212	13,212	CHO	1,416
Existing patients seen in the month	DOP	Activity	M	2,626	2,312	2,312	CHO	119
New patients seen	DOP	Activity	M	9,367	10,152	10,152	CHO	732
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	1,077
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

Key Performance Indicators Service Planning 2017				2016	2016	2017		2017 Expected Activity / Target
KPI Title	NSP/ DOP	KPI Type Access/ Quality /Access Activity	Report Freq-uency	2016 National Target / Expected Activity	2016 Projected outturn	2017 National Target / Expected Activity	Reported at National/ CHO / HG	CHO 9
% of psychology patients on waiting list for treatment ≤ 12 weeks	NSP	Access	M	60%	28%	60%	CHO	60%
% of psychology patients on waiting list for treatment ≤ 26 weeks	DOP	Access	M	80%	50%	80%	CHO	80%
% of psychology patients on waiting list for treatment ≤ 39 weeks	DOP	Access	M	90%	65%	90%	CHO	90%
% of psychology patients on waiting list for treatment ≤ to 52 weeks	NSP	Access	M	100%	75%	100%	CHO	100%
Primary Care – Nursing								
No. of patient referrals	DOP	Activity	M	159,694	135,384 Data Gap	135,384 Data Gaps	CHO	18,048 Data Gaps
Existing patients seen in the month	DOP	Activity	M	64,660	46,293 Data Gap	64,660 Data Gaps	CHO	3,805 Data Gaps
New patients seen	DOP	Activity	M	123,024	110,784 Data Gap	123,024 Data Gaps	CHO	21,088 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	
% of orthodontic patients on the waiting list for assessment ≤ 12 months	DOP	Access	Q	100%	99%	100%	National/ former region	
% of orthodontic patients on the treatment waiting list less than two years	DOP	Access	Q	75%	62%	75%	National/ former region	

Key Performance Indicators Service Planning 2017				2016	2016	2017		2017 Expected Activity / Target
KPI Title	NSP/ DOP	KPI Type Access/ Quality /Access Activity	Report Freq-uency	2016 National Target / Expected Activity	2016 Projected outturn	2017 National Target / Expected Activity	Reported at National/ CHO / HG	CHO 9
% of orthodontic patients on treatment waiting list less than four years (grades 4 and 5)	DOP	Access	Q	95%	94%	95%	National/ former region	
No. of orthodontic patients on the assessment waiting list at the end of the reporting period	DOP	Access	Q	5,966	6,720	6,720	National/ former region	
No. of orthodontic patients on the treatment waiting list – grade 4 –at the end of the reporting period	DOP	Access /Activity	Q	9,912	9,741	9,741	National/ former region	
No. of orthodontic patients on the treatment waiting list – grade 5 –at the end of the reporting period	DOP	Access /Activity	Q	8,194	8,136	8,136	National/ former region	
Reduce the proportion of orthodontic patients on the treatment waiting list waiting longer than 4 years (grades 4 and 5)	NSP	Access	Q	<5%	6%	<5%	National/ former region	
Health Amendment Act - Services to persons with State Acquired Hepatitis C								
No. of Health Amendment Act cardholders who were reviewed	NSP	Quality	Q	798	212	586	National	87
Healthcare Associated Infections: Medication Management								
Consumption of antibiotics in community settings (defined daily doses per 1,000 population)	NSP	Quality	Q	<21.7	27.6	<21.7	National	
Tobacco Control								
% of primary care staff to undertake brief intervention training for smoking cessation	DOP	Quality	Q	5%	5%	5%	CHO	5%

Social Inclusion – Full Metrics/KPI Suite (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 9
Substance Misuse								
No. of substance misusers who present for treatment	DOP	Access	Q, 1 Qtr in arrears	6,972	6,760	6,760	CHO	700
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	488
% 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	576

				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 9
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	520
% 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	16
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	16
% of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment	NSP	Access	Q, 1 Qtr in Arrears	100%	85%	100%	CHO	100%
% of substance misusers (over 18 years) for whom treatment has commenced who have an assigned key worker	DOP	Quality	Q, 1 Qtr in Arrears	100%	74%	100%	CHO	100%
% of substance misusers (over 18 years) for whom treatment has commenced who have a written care plan	DOP	Quality	Q, 1 Qtr in Arrears	100%	87%	100%	CHO	100%
% of substance misusers (under 18 years) for whom treatment has commenced who have an assigned key worker	DOP	Quality	Q, 1 Qtr in Arrears	100%	91%	100%	CHO	100%
% of substance misusers (under 18 years) for whom treatment has commenced who have a written care plan	DOP	Quality	Q, 1 Qtr in Arrears	100%	90%	100%	CHO	100%
Opioid Substitution								
Total no. of clients in receipt of opioid substitution treatment (outside prisons)	NSP	Access	M, 1 Mth in Arrears	9,515	9,560	9,700	CHO	2,956
No. of clients in opioid substitution treatment in clinics	DOP	Access	M, 1 Mth in Arrears	5,470	5,466	5,084	CHO	1,707
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	559
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	690
No. of clients transferred from clinics to level 1 GP's	DOP	Access	M, 1 Mth in Arrears	300	288	300	CHO	83
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	40
Total no. of new clients in receipt of opioid substitution treatment (outside prisons)	DOP	Access	M, 1 Mth in Arrears	617	552	645	CHO	122
Total no. of new clients in receipt of opioid substitution treatment (clinics)	DOP	Access	M, 1 Mth in Arrears	498	449	507	CHO	101
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	21

				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 9
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	109
No. of people obtaining opioid substitution treatment from pharmacies	DOP	Access	M, 1 Mth in Arrears	6,463	6,630	6,630	CHO	1,843
Alcohol Misuse								
No. of problem alcohol users who present for treatment	DOP	Access	Q, 1 Qtr in Arrears	3,540	3,736	3,736	CHO	276
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	64
% 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	248
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	248
% of problem alcohol users (over 18 years) for whom treatment has commenced within one calendar month following assessment	DOP	Access	Q, 1 Qtr in Arrears	100%	86%	100%	CHO	100%
No. of problem alcohol users (under 18 years) for whom treatment has commenced following assessment	DOP	Access	Q, 1 Qtr in Arrears	56	36	36	CHO	0
No. of problem alcohol users (under 18 years) for whom treatment has commenced within one week following assessment	DOP	Access	Q, 1 Qtr in Arrears	56	28	28	CHO	0
% of problem alcohol users (under 18 years) for whom treatment has commenced within one week following assessment	DOP	Access	Q, 1Qtr in Arrears	100%	78%	100%	CHO	100%
% of problem alcohol users (over 18 years) for whom treatment has commenced who have an assigned key worker	DOP	Quality	Q, 1 Qtr in Arrears	100%	60%	100%	CHO	100%
% 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%

				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 9
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	60
Needle Exchange								
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 paraphenilia) per unique individual each month	DOP	Quality	TRI M, 1 Qtr in Arrears	New 2017	New 2017	14	CHO	14
No. and % of needle / syringe packs returned	DOP	Quality	TRI M, 1 Qtr in Arrears	1,032 (30%)	863 (22%)	1,166 (30%)	CHO	0
Homeless Services								
No. and % of individual service users admitted to homeless emergency accommodation hostels/ who have medical cards	DOP	Quality	Q	1,108 (75%)	1,093 (73%)	1,121 (75%)	CHO	179 (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	45 (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	203 (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	162 (80%)
Traveller Health								
No. of people who received health information on type 2 diabetes and cardiovascular health	NSP	Quality	Q	3,470 20% of the population in each Traveller Health Unit	3,481	3,481	CHO	276

				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 9
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	276

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 9 Ireland East and Royal College of Surgeons/Children's HGs
Inpatient Palliative Care Services								
Access to specialist inpatient bed within seven days (during the reporting month)	NSP	Access	M	98%	97%	98%	CHO/HG	98%
No. accessing specialist inpatient bed within seven days (during the reporting month)	NSP	Access	M	New 2017	New 2017	3,555	CHO/HG	623
Access to specialist palliative care inpatient bed from eight to14 days (during the reporting month)	DOP	Access	M	2%	3%	2%	CHO/HG	2%
% patients triaged within one working day of referral (Inpatient Unit)	NSP	Quality	M 2016 Q4 Reporting	90%	90%	90%	CHO/HG	90%
No. of patients in receipt of treatment in specialist palliative care inpatient units (during the reporting month)	DOP	Access /Activity	M	474	466	494	CHO/HG	90
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	610
No. of admissions to specialist palliative care inpatient units (monthly cumulative)	DOP	Access /Activity	M	3,310	3,708	3,815	CHO/HG	670
% patients with a multidisciplinary care plan documented within five working days of initial assessment (Inpatient Unit)	NSP	Quality	M 2016 Q4 Reporting	90%	90%	90%	CHO/HG	90%
Community Palliative Care Services								
Access to specialist palliative care services in the community provided within seven days (Normal place of residence) (during the reporting month)	NSP	Access	M	95%	92%	95%	CHO	95%

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 9 Ireland East and Royal College of Surgeons/Childre n's HGs
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	300
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	950
Day Care								
No. of patients in receipt of specialist palliative day care services (during the reporting month)	DOP	Access /Activity	M	349	337	355	CHO	65
No. of new patients who received specialist palliative day care services (monthly cumulative)	DOP	Access	M	985	996	1,010	CHO	120
Intermediate Care								
No. of patients in receipt of care in designated palliative care support beds (during the reporting month)	DOP	Access /Activity	M	165	146	176	CHO	0
Children's Palliative Care Services								
No. of children in the care of the children's outreach nurse	NSP	Access /Activity	M	New 2017	New 2017	269	CHO	30
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	To be set in 2017
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	To be set in 2017
Acute Services Palliative Care								
No. of new referrals for inpatient services seen by the specialist palliative care team	DOP	Access /Activity	M	11,224	12,300	12,300	HG	1,736
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	1,678

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 9 Ireland East and Royal College of Surgeons/Children's HGs
Bereavement Services								
No. of family units who received bereavement services	DOP	Access /Activity	M	621	670	671	CHO	66

Mental Health Performance Indicator Suite

Key Performance Indicators Service Planning 2016 KPI Title	KPI Type Access/ Quality /Access Activity	Report Freq.	KPIs 2016 2016 National Target / Expected Activity	 2016 Estimate outturn	2017 National Target / Expected Activity	Reported at National / CHO / HG Level	CHO9
% 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	236
Total No. to be seen 0-3 months	Access /Activity	M	1,308	1,344	1,546	CHO	136
Total No. on waiting list for a first appointment waiting > 3 months	Access /Activity	M	1,141	1,299	1,053	CHO	100

Key Performance Indicators Service Planning 2016 KPI Title	KPI Type Access/ Quality /Access Activity	Report Freq.	KPIs 2016 2016 National Target Expected Activity	2016 Estimate outturn	2017 National Target / Expected Activity	Reported at National / CHO / HG Level	CHO9
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	1,628
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	68.8
First admission rates to adult acute units (that is, first ever admission), per 100,000 population in mental health catchment area	Access /Activity	Q in arrears	23.1	24.0	23.1	CHO	23.0
Acute re-admissions as % of admissions	Access /Activity	Q in arrears	67%	67%	67%	CHO	67%
Inpatient re-admission rates to adult acute units per 100,000 population in mental health catchment area	Access /Activity	Q in arrears	47.6	48.0	47.6	CHO	46.1
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	23.6
No. of adult involuntary admissions	Access /Activity	Q in arrears	1,724	2,060	2,096	CHO	324
Rate of adult involuntary admissions per 100,000 population in mental health catchment area	Access /Activity	Q in arrears	9.3	10.2	9.3	CHO	10.8
Number of General Adult Community Mental Health Teams	Access	M	114	114	114	CHO	17
Number of referrals (including re-referred)received by General Adult Community Mental Health Teams	Access /Activity	M	43,637	43,801	44,484	CHO	4,356
Number of Referrals (including re-referred) accepted by General Adult Community Mental Health Teams	Access /Activity	M	41,448	38,953	42,348	CHO	4,128
No. of new (including re-referred) General Adult Community Mental Health Team cases offered first appointment for the current month (seen and DNA below)	Access /Activity	M	41,810	37,363	47,316	CHO	5,196

Key Performance Indicators Service Planning 2016 KPI Title	KPI Type Access/ Quality /Access Activity	Report Freq.	KPIs 2016 2016 National Target Expected Activity	 2016 Estimate outturn	2017 National Target / Expected Activity	Reported at National / CHO / HG Level	CHO9
No. of new (including re-referred) General Adult Community Mental Health Team cases seen in the current month	Access /Activity	M	35,430	28,875	39,396	CHO	4,320
No. of new (including re-referred) General Adult Community Mental Health Team cases offered appointment and DNA in the current month	Access /Activity	M	6,380	8,488	7,920	CHO	876
%. of new (including re-referred) General Adult Community Mental Health Team cases offered appointment and DNA in the current month	Access /Activity	M	18%	23%	20%	CHO	20%
Number of cases closed/discharged by General Adult Community Mental Health Teams	Access /Activity	M	33,158	24,108	33,876	CHO	3,324
Number of Psychiatry of Old Age Community Mental Health Teams	Access	M	26	29	29	CHO	2
Number of referrals (including re-referred)received by Psychiatry of Old Age Mental Health Teams	Access /Activity	M	11,664	12,065	12,036	CHO	1,344
Number of Referrals (including re-referred) accepted by Psychiatry of Old Age Community Mental Health Teams	Access /Activity	M	11,082	11,023	11,484	CHO	1,272
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	1,008
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	984
No. of new (including re-referred) Old Age Psychiatry cases offered appointment and DNA in the current month	Access /Activity	M	301	211	384	CHO	24
%. of new (including re-referred) Old Age Psychiatry Team cases offered appointment and DNA in the current month	Access /Activity	M	3%	2%	3%	CHO	3%
Number of cases closed/discharged by Old Age Psychiatry Community Mental Health Teams	Access /Activity	M	8,866	6,992	9,204	CHO	1,020
No. of child and adolescent Community Mental Health Teams	Access	M	66	65	66	CHO	6
No. of child and adolescent Day Hospital Teams	Access	M	4	4	4	CHO	1

Key Performance Indicators Service Planning 2016 KPI Title	KPI Type Access/ Quality /Access Activity	Report Freq.	KPIs 2016 2016 National Target Expected Activity	 2016 Estimate outturn	2017 National Target / Expected Activity	Reported at National / CHO / HG Level	CHO9
No. of Paediatric Liaison Teams	Access	M	3	3	3	CHO	1
No. of child / adolescent admissions to HSE child and adolescent mental health inpatient units	Access /Activity	M	281	201	336	CHO	72
No. of children / adolescents admitted to adult HSE mental health inpatient units	Access /Activity	M	30	53	30	National	N/A
i). <16 years	Access /Activity	M	0	7	0	National	N/A
ii). <17 years	Access /Activity	M	0	12	0	National	N/A
iii). <18 years	Access /Activity	M	30	35	30	National	N/A
No. and % of involuntary admissions of children and adolescents	Access /Activity	Annual	15	15	15	National	N/A
No. of child / adolescent referrals (including re-referred) received by mental health services	Access /Activity	M	18,864	17,881	18,984	CHO	1,812
No. of child / adolescent referrals (including re-referred) accepted by mental health services	Access /Activity	M	15,092	13,101	15,180	CHO	1,464
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	1,812
No. of new (including re-referred) child/adolescent referrals seen in the current month	Access /Activity	M	12,628	12,415	14,484	CHO	1,656
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	156
%. 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	1,164

Key Performance Indicators Service Planning 2016 KPI Title	KPI Type Access/ Quality /Access Activity	Report Freq.	KPIs 2016 2016 National Target /Expected Activity	 2016 Estimate outturn	2017 National Target /Expected Activity	Reported at National / CHO / HG Level	CHO9
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	236
i) 0-3 months	Access /Activity	M	1,308	1,344	1,546	CHO	136
ii). 3-6 months	Access /Activity	M	585	613	603	CHO	44
iii). 6-9 months	Access /Activity	M	346	322	310	CHO	29
iv). 9-12 months	Access /Activity	M	210	146	140	CHO	27
v). > 12 months	Access /Activity	M	0	235	0	CHO	0

Social Care Balanced Scorecard
Disability Services

Quality and Safety	Access
All Divisions ▪ Serious reportable events (SREs): investigations completed within 120 days ▪ Complaints investigated within 30 working days ▪ Safeguarding and screening - 100% of CHO Heads of Social Care who can evidence implementation of the HSE's Safeguarding Vulnerable Persons at Risk of Abuse policy throughout the CHO as set out in Section 4 of the policy - 100% of CHO Heads of Social Care that have established CHO wide organisational arrangements required by the HSE's *Safeguarding Vulnerable Persons at Risk of Abuse* policy throughout the CHO as set out in Section 9.2 of the policy - 100% of preliminary screenings for adults with an outcome of reasonable grounds for concern that are submitted to the safeguarding and protection teams accompanied by an interim safeguarding plan - Adults aged 65 and over - Adults under 65 years ▪ HIQA inspection compliance - 80% compliance with inspected outcomes following HIQA inspection of disability residential units	▪ Disability service: 0-18 years - 100% of Children's Disability Network Teams established ▪ *Disability Act* compliance - 100% of assessments completed within the timelines provided for in the regulations ▪ Congregated settings - Facilitate the movement of 223 people from congregated to community settings ▪ Supports in the community: PA hours and home support - 1.4m PA service hours delivered to adults with a physical and/or sensory disability - 2,357 adults with a physical and/or sensory disability in receipt of a PA service - 2.75m home support hours delivered to persons with a disability - 7,447 people with a disability in receipt of home support services (ID/autism and physical and sensory disability)

Finance	Human Resources
All Divisions ▪ Pay and non-pay control ▪ Income management ▪ Service arrangements ▪ Audit recommendations (internal and external) ▪ Reputational governance and communications stewardship	**All Divisions** ▪ Staffing Levels ▪ Absence

Services for Older Persons

Quality and Safety	Access
All Divisions ▪ Serious reportable events (SREs): investigations completed within 120 days ▪ Complaints investigated within 30 working days ▪ Safeguarding and screening - 100% of CHO Heads of Social Care who can evidence implementation of the HSE's Safeguarding Vulnerable Persons at Risk of Abuse policy throughout the CHO as set out in Section 4 of the policy - 100% of CHO Heads of Social Care that have established CHO wide organisational arrangements required by the HSE's *Safeguarding Vulnerable Persons at Risk of Abuse p*olicy throughout the CHO as set out in Section 9.2 of the policy - 100% of preliminary screenings for adults with an outcome of reasonable grounds for concern that are submitted to the safeguarding and protection teams accompanied by an interim safeguarding plan - Adults aged 65 and over - Adults under 65 years ▪ HIQA inspection compliance ▪ 80% compliance with inspected outcomes following HIQA inspection of disability residential units	▪ Home Care Services for Older People - 16,750 people in receipt of a HCP/DDI HCP(Monthly target) including delayed discharge initiative HCPs - 10,570,000 home help hours provided for all care groups (excluding provision of hours from HCPs) - 49,000 people in receipt of home help hours (excluding provision of hours from HCPs) (Monthly target) ▪ NHSS: - 23,603 people funded under NHSS in long term residential care at year end - 5,088 NHSS beds in public long stay units - 1,918 short stay beds in public long stay units - 2.9 years average length of stay for NHSS clients in public, private and saver long stay units ▪ Delayed discharges - 152 average weekly transitional care beds available to acute hospitals - 15 additional weekly transitional care beds winter plan (October 16 – February 17) - 7,200 people in acute hospitals approved for transitional care to move to alternative care settings
Finance, Governance and Compliance	**Workforce**
All Divisions ▪ Pay and non-pay control ▪ Income management ▪ Service arrangements ▪ Audit recommendations (internal and external) ▪ Reputational governance and communications stewardship	**All Divisions** ▪ Staffing Levels ▪ Absence

Social Care Performance Indicator Suite

Key Performance Indicators Service Planning 2016	KPIs 2016	
KPI Title	**2017 National Target / Expected Activity**	**CHO9**
Safeguarding % of CHO Heads of Social Care who can evidence implementation of the HSE's *Safeguarding Vulnerable Persons at Risk of Abuse* policy throughout the CHO as set out in Section 4 of the policy	100%	100%
% of CHO Heads of Social Care that have established CHO wide organisational arrangements required by the HSE's *Safeguarding Vulnerable Persons at Risk of Abuse* policy throughout the CHO as set out in Section 9.2 of the policy	100%	100%
% of preliminary screenings for adults with an outcome of reasonable grounds for concern that are submitted to the safeguarding and protection teams accompanied by an interim safeguarding plan - Adults aged 65 and over - Adults under 65 years	100%	100%
Total no. of preliminary screenings for adults under 65 years	7,000	674
Total no. of preliminary screenings for adults aged 65 and over	3,000	342
No. of staff trained in safeguarding policy	17,000	1,865

Disability Services

Key Performance Indicators Service Planning 2017	KPIs 2017	
KPI Title	**2017 National Target / Expected Activity**	**CHO9**
Service User Experience % of CHOs who have established a Residents' Council / Family Forum / Service User Panel or equivalent for Disability Services by Q3	100%	100%
Quality % compliance with inspected outcomes following HIQA inspection of disability residential units	80%	80%
In respect of agencies in receipt of €3m or more in public funding, the % which employ an internationally recognised quality improvement methodology such as EFQM, CQL or CARF	100%	100%
In respect of agencies in receipt of €3m or more in public funding, the % which employ an internationally recognised quality improvement methodology such as EFQM, CQL or CARF	100%	100%
Service Improvement Team Process Deliver on Service Improvement priorities	100%	100%
Transforming Lives Deliver on VfM Implementation Priorities	100%	100%
Congregated Settings Facilitate the movement of people from congregated to community settings	223	8
Disability Act Compliance No. of requests for assessments received	6,234	1170
% of assessments commenced within the timelines as provided for in the regulations	100%	100%
% of assessments completed within the timelines as provided for in the regulations	100%	100%

Key Performance Indicators Service Planning 2017	KPIs 2017	
KPI Title	2017 National Target / Expected Activity	CHO9
% of service statements completed within the timelines as provided for in the regulations	100%	100%
Progressing Disability Services for Children and Young People (0-18s) Programme % of Children's Disability Network Teams established	100%	100%
Children's Disability Network Teams Proportion of established Children's Disability Network Teams having current individualised plans for all children	100%	100%
Number of Children's Disability Network Teams established	100% (129/129)	100% (12/12)
School Leavers % of school leavers and rehabilitation training (RT) graduates who have been provided with a placement	100%	100%
Work/work like activity No. of work / work-like activity WTE 30 hour places provided for people with a disability (ID/Autism and Physical and Sensory Disability)	1,605	50
No. of people with a disability in receipt of work / work-like activity services(ID/Autism and Physical and Sensory Disability)	3,253	103
Other Day services No. of people with a disability in receipt of Other Day Services (excl. RT and work/like-work activities) - Adult (Q2 & Q4 only) (ID/Autism and Physical and Sensory Disability)	18,672 *	2,749
Rehabilitative Training No. of Rehabilitative Training places provided (all disabilities)	2,583	316
No. of people (all disabilities) in receipt of Rehabilitative Training (RT)	2,870	379
No. of people with a disability in receipt of residential services (ID/Autism and Physical and Sensory Disability)	8,885	1,316
Respite Services No. of new referrals accepted for people with a disability for respite services (ID/Autism and Physical and Sensory Disability)	1,023	65
No. of new people with a disability who commenced respite services (ID/Autism and Physical and Sensory Disability)	782	103
No. of existing people with a disability in receipt of respite services (ID/Autism and Physical	5,964	786
sm and	591	46
No. of people with a disability in receipt of respite services (ID/Autism and Physical and Sensory Disability)	6,320	723
No. of overnights (with or without day respite) accessed by people with a disability (ID/Autism and Physical and Sensory Disability)	182,506	17,941
No. of day only respite sessions accessed by people with a disability (ID/Autism and Physical and Sensory Disability)	41,000	3973
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	5
PA Service No. of new referrals accepted for adults with a physical and / or sensory disability for a PA service	271	29
No. of new adults with a physical and / or sensory disability who commenced a PA service	223	29

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

Key Performance Indicators Service Planning 2017	KPIs 2017	
KPI Title	2017 National Target / Expected Activity	CHO9
No. of existing adults with a physical and / or sensory disability in receipt of a PA service	2,284	247
No. of adults with a physical or sensory disability formally discharged from a PA service	134	27
No. of adults with a physical and /or sensory disability in receipt of a PA service	2357	314
Number of PA Service hours delivered to adults with a physical and / or sensory disability	1,412,561	295,317
No. of adults with a physical and / or sensory disability in receipt of 1 - 5 PA Hours per week	957	69
No. of adults with a physical and / or sensory disability in receipt of 6 - 10 PA hours per week	538	48
No. of adults with a physical and / or sensory disability in receipt of 11 - 20 PA hours per week	397	47
No. of adults with a physical and / or sensory disability in receipt of 21 - 40 PA hours per week	256	39
No. of adults with a physical and / or sensory disability in receipt of 41 - 60 PA hours per week	73	17
No. of adults with a physical and / or sensory disability in receipt of 60+ PA hours per week	83	33
Home Support No. of new referrals accepted for people with a disability for home support services (ID/Autism and Physical and Sensory Disability)	1,416	156
No. of new people with a disability who commenced a home support service (ID/Autism and Physical and Sensory Disability)	1,273	228
No. of existing people with a disability in receipt of home support services (ID/Autism and Physical and Sensory Disability)	6,380	1,047
No. of people with a disability formally discharged from home support services (ID/Autism and Physical and Sensory Disability)	466	90
No of people with a disability in receipt of Home Support Services (ID/Autism and Physical and Sensory Disability)	7,447	1,099
No of Home Support Hours delivered to persons with a disability (ID/Autism and Physical and Sensory Disability)	2,749,712	427,911
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	510
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	211
No. of people with a disability in receipt of 11 – 20 Home Support hours per week (ID/Autism and Physical and Sensory Disability)	753	135
No. of people with a disability in receipt of 21- 40 Home Support hours per week (ID/Autism and Physical and Sensory Disability)	402	89
No. of people with a disability in receipt of 41 – 60 Home Support hours per week (ID/Autism and Physical and Sensory Disability)	97	19
No. of people with a disability in receipt of 60 +Home Support hours per week (ID/Autism and Physical and Sensory Disability)	127	7

Services for Older Persons

Key Performance Indicators Service Planning 2017	KPIs 2017	
KPI Title	2017 National Target / Expected Activity	CHO9
Quality % of CHOs who have established a Residents Council/Family Forum/Service User Panel or equivalent for Older People Services (reporting to commence by Q3)	100%	100%
% of compliance with inspected outcomes following HIQA inspection of Older Persons Residential Units	80%	80%
Service Improvement Team Process Deliver on Service Improvement priorities.	100%	100%
Home Care Services for Older People Total no. of persons in receipt of a HCP/DDI HCP(Monthly target) including delayed discharge initiative HCPs	16,750	4,178
No. of new HCP clients, annually	8,000	1,995
Intensive HCPs number of persons in receipt of an Intensive HCP including AP funded IHCPs.	190	
% of clients in receipt of an IHCP with a key worker assigned	100%	100%
% of clients in receipt of an IHCP on the last day of the month who were clinically reviewed (includes initial assessment for new cases) within the last 3 months	100%	100%
No. of home help hours provided for all care groups (excluding provision of hours from HCPs)	10,570,000	1,172,000
No. of people in receipt of home help hours (excluding provision of hours from HCPs) (Monthly target)	49,000	5,023
NHSS No. of persons funded under NHSS in long term residential care at year end.*	23,603	
% of clients with NHSS who are in receipt of Ancillary State Support	10%	
% of clients who have CSARs processed within 6 weeks	90%	
No. in receipt of subvention	168	17
No. of NHSS Beds in Public Long Stay Units.	5,088	448
No. of Short Stay Beds in Public Long Stay Units	1918	99
Average length of Stay for NHSS clients in Public, Private and Saver Long Stay Units	2.9 years	
% of population over 65 years in NHSS funded Beds (based on 2011 Census figures)	4%	
No of population over 65 in NHSS funded beds at the last date of the month along with the number on Subvention/Section 39 (x 95.3% as estimate over 65s)	21,416	
Transitional Care Average number of weekly transitional care beds approved per week	152	167 for January and February. 152 from March to December

Appendix 4: CHO Capital Infrastructure

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

Facility	Project details	Project Completion	Fully Operational	Additional Beds	Replace-ment Beds	Capital Cost €m		2017 Implications	
						2017	Total	WTE	Rev Costs €m
PRIMARY CARE[iii]									
CHO 9: Dublin North, Dublin North Central, Dublin North West									
Balbriggan, Co. Dublin	Primary Care Centre, by lease agreement	Q1 2017	Q1 2017	0	0	0.00	0.00	0	0.00
Portmarnock, Co. Dublin	Primary Care Centre, by lease agreement	Q2 2017	Q3 2017	0	0	0.00	0.00	0	0.00
Grangegorman, Dublin	Primary Care Centre, to be developed on site in Grangegorman	Q1 2017	Q1 2017	0	0	2.00	13.18	0	0.00
	Relocation of Eve Holdings to Grangegorman Villas (1-5). Enabling works for PCC	Q3 2017	Q3 2017	0	0	0.45	0.75	0	0.00
MENTAL HEALTH									
CHO 9: Dublin North, Dublin North Central, Dublin North West									
Aislinn Centre, Beaumont Hospital	Commissioning of first floor and associated works	Q1 2017	Q2 2017	6	0	0.10	1.50	0	0.00
SOCIAL CARE – Disability Services									
CHO 9: Dublin North, Dublin North Central, Dublin North West									
Swords, Dublin	Disability Day Activity Centre co-funded with Central Remedial Clinic	Q3 2017	Q3 2017	Day Service	N/A	1.00	1.00	0.00	0.00

[1] Primary care lease costs are funded by the National Division Estates Budget