2017

Social Care Division Operational Plan

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

Social Care Operational Plan 2017

The National Service Plan 2017 (NSP 2017) sets out the type and volume of health and personal social services to be provided by the Health Service Executive (HSE) in 2017, within the funding available to the HSE. It also seeks to balance priorities across all of our services that will deliver on our *Corporate Plan 2015–2017.* Priorities of the Minister for Health and Government as set out in *A Programme for a Partnership Government* are also reflected.

This National Social Care Operational Plan 2017 has been prepared consistent with this framework and in line with related national policies, frameworks, performance targets, standards & resources. The Social Care Operational Plan provides detail in relation to what we will deliver across the full range of service areas. It also recognises that underpinning all of these actions is the goal of improving the health and wellbeing of the population and of ensuring that the services we deliver are safe and of high quality.

The Social Care Division allocation for 2017 is **€3,394m** representing an increase of €123.1m or 3.8% in funding. This includes additional funding of €96.3m or 6.1% increase for disability services with a €26.7m or 3.6% increase for services for older people.

Key deliverables and priorities

Social care services are focused on:

- Enabling people with disabilities to achieve their full potential, living ordinary lives in ordinary places, as independently as possible while ensuring that the voice of service users and their families are heard and that they are fully involved in planning and improving services to meet their needs

Social Care	2016 Budget €m	2017 Budget €m	Increase €m	Increase %
Disabilities	1,592.2	1,688.6	96.3	6.1%
Nursing Homes Support Scheme (NHSS)	940.0	940.0	-	0.0%
Older Persons	738.7	765.4	26.7	3.6%
Social Care Total	**3,270.9**	**3,394.0**	**123.1**	**3.8%**

- 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

- 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.

The Social Care Division continues to deliver its services in an environment where the population is growing, the number of people seeking to access services is higher than ever before and where public expectations for quality services continue to increase. There will be an ongoing and significant management challenge for Community Healthcare Organisation's (CHOs) to balance demands and needs within the funding available to the Division.

Disability Services Summary

Residential Places	Day Services
8,400 residential places	24,800 people
Respite Services	
182,000 respite overnights	41,000 day respite sessions
Personal Assistant Hours	Home Support Hours
1.4m PA hours for 2,400 people	2.75m home support hours for 7,500 people

Emergency Cases – (€16.2m supporting 395 people)

- New residential emergency places – 185
- New home support / in home respite for emergency cases – 210.

Home Support – PA Hours (€5.5m to maintain ELS in mainstream services)

- €5.5m additional budget to maintain ELS - 250,000 hours over 2016 target.
- Emergency cases funding stream will support remaining 250,000 hours over target as part of new person centred initiative.

New Directions including School Leavers (€10m Supporting 1,500 People)

- Provide day service support for approximately 1,500 people leaving school/rehab training

Time to Move on from Congregated Settings (€100m Capital Programme)

- 223 people will transfer to community living with the provision of 50 additional homes
- Service Reform Fund (€45m over three years) - supporting transition and innovation in both disability and mental health services
- Commitment to stakeholder consultation and engagement.

Neuro Rehabilitation Strategy

- Framework for Neuro Rehabilitation Strategy completed and an innovative pilot day service commenced aimed at supporting people with severe acquired brain injury.

Safeguarding Vulnerable People

The implementation of the National Policy on Safeguarding Vulnerable People and the Six Step Programme of system wide change across social care services is led by the National Task Force which is focused on ensuring quality and safety of all services through empowering and safeguarding vulnerable people. The change programme includes:

- National Policy on Safeguarding Vulnerable Persons at Risk of Abuse (to be reviewed in 2017)
- The National Safeguarding Committee – Independent Chair, Patricia Rickard-Clarke
- The Quality Improvement Enablement Programme
- The National Volunteer Advocacy Programme
- The Establishment of Family Fora – working with Inclusion Ireland
- Confidential Recipient – Leigh Gath
- *National Taskforce Overseeing Implementation.*

Implementation of Transforming Lives Reform Programme

- Support the work of the Taskforce on Personalised Budgets
- Select and commence implementation of a standardised assessment tool for disability services
- Service Improvement Teams will support CHOs in driving efficiency and effectiveness linking funding provided to activity and outputs, costs, quality and outcomes
- Driving improved compliance with *National Standards* as regulated by the Health Information and Quality Authority (HIQA) – focus on priority centres and CHO1 (Donegal, Sligo/Leitrim/West Cavan, Cavan/Monaghan and CHO4 (Cork/Kerry).

Progressing Disability Services for Children and Young People (0-18)

- Reconfigure 0–18s disability services into Children's Disability Network Teams
- Implement the National Access Policy in collaboration with primary care to ensure one clear pathway of access for all children with a disability into their local services
- Evaluate the effectiveness of the national policy on access to services for children with a disability or developmental delay in collaboration with primary care
- Improve *Disability Act* compliance for assessment of need with a particular emphasis on putting in place improvement plans for CHOs that have substantial compliance operational challenges.

Enhance Governance and Management

Improving compliance with *National Residential Standards* as regulated by HIQA
During 2016 we undertook a range of improvements in practice, governance and leadership and reconfigured existing resources and services as required improving compliance with the National Standards for Residential Services for Children and Adults with Disabilities to address areas of concern following inspections of residential services by HIQA. In addition the move to a more community based model of person-centred service and the implementation of the Six Step change programme is supporting CHOs and service providers in improving compliance with the National Residential Standards as regulated by HIQA.

While many of the residential services inspected by HIQA have been found to be compliant with the National Residential Standards, a number of inspections have highlighted significant challenges that need to be addressed. The standard of care at a number of centres was unacceptably poor and fell far short of the values of caring and compassion espoused by the HSE and the social care sector. In some cases, full compliance will require improvements in practice, governance and leadership, while in others additional resources or reconfiguration of existing resources and service models will be required. The most recent analysis of HIQA compliance for disability residential services indicates a current national compliance rate of 66% based on information received up until November 2016. Areas that will require ongoing targeted support and monitoring include health and safety and risk management, governance and management, social care needs, safeguarding and safety and workforce. Other themes with poor compliance which emerge in 2017 will also be targeted. All providers will work towards improving compliance in 2017.

In order to ensure best utilisation of residential resource, including the maximum impact to the benefit of service users, 2017 will see a continuation of the arrangements that applied in 2016 whereby current and

emerging demands for quality improvements in services are ranked and prioritised. These priorities are kept under review as further demands arise, having regard to available funding resources. Service providers are, in the first instance, required to demonstrate maximum utilisation of all resources including potential for reconfiguration of existing resources and service models in line with national policy. Thereafter, proposals emerging from this process which are resource dependent will require approval from the provider's funder, at CHO or national level, as appropriate. This ensures that highest risk areas are being addressed as a priority and that full compliance is achieved in a systematic and co-ordinated way over time within the resource available.

To ensure the effective implementation of these arrangements, the HSE and HIQA put in place a formal information sharing protocol in 2016 which will continue in 2017. The process enables both organisations to work within their statutory remit, while at the same time ensuring that services are compliant, safe and effective to the greatest degree possible. This process assists the HSE in ensuring, through work with CHOs and service providers, that the highest risk centres and services are prioritised for attention.

However, it will not be possible to meet all of these additional demands and arrangements will need to be put in place for the management of emerging waiting lists and emergency places in a fair and equitable fashion as outlined below

Managing Residential Care Places and Emergency Places
For 2017 our focus is to strengthen the overall process of management of the existing residential base and the management of emergency places. Each of the nine CHOs are required to have in place robust and effective Residential Care - Executive Management Committees that have the overarching responsibility of managing and co-ordinating residential placements and supports (including emergency placements) within their respective CHOs. These management committees will be led by the CHO Head of Social Care on behalf of the Chief Officer and include senior management participation by funded relevant section 38 and 39 residential providers. The establishment of robust governance / sign off procedures for emergency cases is a key accountability requirement for each Chief Officer. It will be necessary for each Chief Officer to ensure that appropriate provision is made from within their 2017 allocation in respect of any approvals for emergency places.

In order to support the above approach, standard guidance for the operation of the above committees based on clear operating principles, including effective resource management, as well as collaborative and partnership working/clear lines of accountability, has been provided. A "Residential Places Register" which maps/tracks all existing residential provision, is being established in each CHO as an initial step. Additionally, an eHealth resource for providers, such as an online case management system that facilitates the effective management and tracking of all 5,275 residential and home support/emergency respite services across all CHOs, is being developed.

Measures to address cost pressures and financial risk areas in disability services
As outlined in NSP 2017, delivering the maximum amount of services, as safely and effectively as possible, within the limits of the available funding will remain a critical area of focus and concern in 2017. Each Chief Officer, Head of Social Care and their teams, other senior managers including CEO's and teams of

voluntary sector providers will face specific challenges to ensure the type and volume of safe services are delivered within the resources available. However, the NSP recognised that the scale of the challenge will present particular difficulties within disability services in the areas of emergency placements, meeting the demand for residential care including emergency placements, de-congregation and HIQA compliance as well as maintaining funded levels of personal assistant and home support hours. In recognition of these challenges, the HSE has reprioritised a total of €35m in funding from within the indicative allocations for acute hospital services (€10m), PCRS (€5m) and SCA (€20m) to support disability services. This brings the total additional funding for disability services in 2017 to €96.3m representing a 6.1% increase on a total budget for disability services of 2017 €1,688.6m.

However, disability services across the sector are also required to contribute to the financial challenges by pursuing increased efficiency and effectives, value for money and budgetary control. In this context a range of measures to the value of €18m or 1% of the 2017 total disability budget have been identified to address cost pressures and financial risk areas in disability services. . These measures are targeted in particular at reducing unapproved over expenditure which arose in 2016 in specific CHOs and agencies and will focus in particular on:

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

The NSP also identified that given the exceptional cost pressures within disability services that it has also been necessary to provide for stretch savings targets within the disability service in order to support delivery of services albeit these carry a high delivery risk. In this regard €9.6m representing 0.5% of the total disability budget 2017 expenditure reductions on the 2016 run rate have been assigned under this heading to CHO's and the Social Care Division will work closely with each CHO in addressing this financial challenge.

Social care services will use the positive work underway through the Service Improvement Team to support CHOs to increase the efficiency and effectiveness of social care services and achieve greater value for money, in collaboration with the voluntary sector representative bodies and individual service providers.

Service arrangements
During 2016 we will continue our focus in ensuring enhanced governance for service arrangements. This will include implementing improvements from the findings / signposts of the completed Service Improvement Team based reports, embedding effective governance and accountability for Section 38 and Section 39 agencies and building capacity in CHOs to respond innovatively to existing and changing levels of support requirement. We will complete a comparative analysis of service provision across the sector

including voluntary, statutory and private in relation to capacity to meet existing, new and changing levels of support requirements.

Sustainable models of services – Disability Services

Establish a high level national group representative, relevant national divisions, CHOs and voluntary sector representative bodies (National Federation of Voluntary Bodies, Not For Profit Business Association and Disability Federation of Ireland) to support development and implementation of sustainable models of service delivery including, mergers & partnering of service providers where appropriate, within agreed timeframes and in line with national guidelines leading to sustainable levels of management and administration posts in the sector, elimination of duplication, increased levels of shared services and sharing of resources and functions such as HR, finance, training, quality and risk management, facilities, transport, estates and procurement.

The national group will support the HSE in addressing the wide variation and current management structures in non statutory organisations and develop a methodology which relates management and administration posts to numbers of service units, staff, service users and their level of dependencies and need.

These arrangements will be developed in consultation with the DoH and in line with DPER guidelines and regulations.

Services for Older People Summary

Home Care Packages	Intensive Home Care Packages (including Atlantic Philanthropies funded IHCPs)
16,750 people	190 people
Home Help Hours	
10.570m hours	49,000 people
Transitional Care	
7,820 people in acute hospitals approved to move to alternative care settings	
NHSS Public Long Stay	NHSS Public Short Stay
23,603 people funded	1,918 beds
5,088 beds	

Nursing Homes Support Scheme (NHSS) (€18.5m additional funding being provided on 2016 expenditure).

- Provide for over 490 additional people to be funded in long term residential care to a projected outturn of over 23,600.

Home Care (€10m additional funding)

- Maintain 2016 outturn levels of 10.570m home help hours
- Provide home care packages to 16,750 clients (additional 300 HCP on 2016 outturn provided through the Winter Initiative)

- 130 intensive home care packages plus an additional 60 funded by Atlantic Philanthropies.

Residential Care - Public Centres and Transitional Care Services

- Provide over 7000 public beds across 129 centres
- Provide for increased demand for transitional care to an expected approval level of 152 per week available to all hospitals
- In January/February in response to anticipated demand and funded through the Winter Initiative, provide an additional 15 approvals per week for transitional care targeted to 5 hospitals (Connolly, Beaumont, Tallaght, St James and the Mater).

Winter Initiative 2016 /2017

- Delayed discharges in Irish hospitals at the end of December 2016 reached a low of 436 and the reduction targeted by the Winter Initiative was exceeded.
- The number fell from a recorded high of 832 in October 2014 to 436, more than meeting the key target of fewer than 500 patients waiting to move from acute hospitals to more appropriate care by the end of the year.
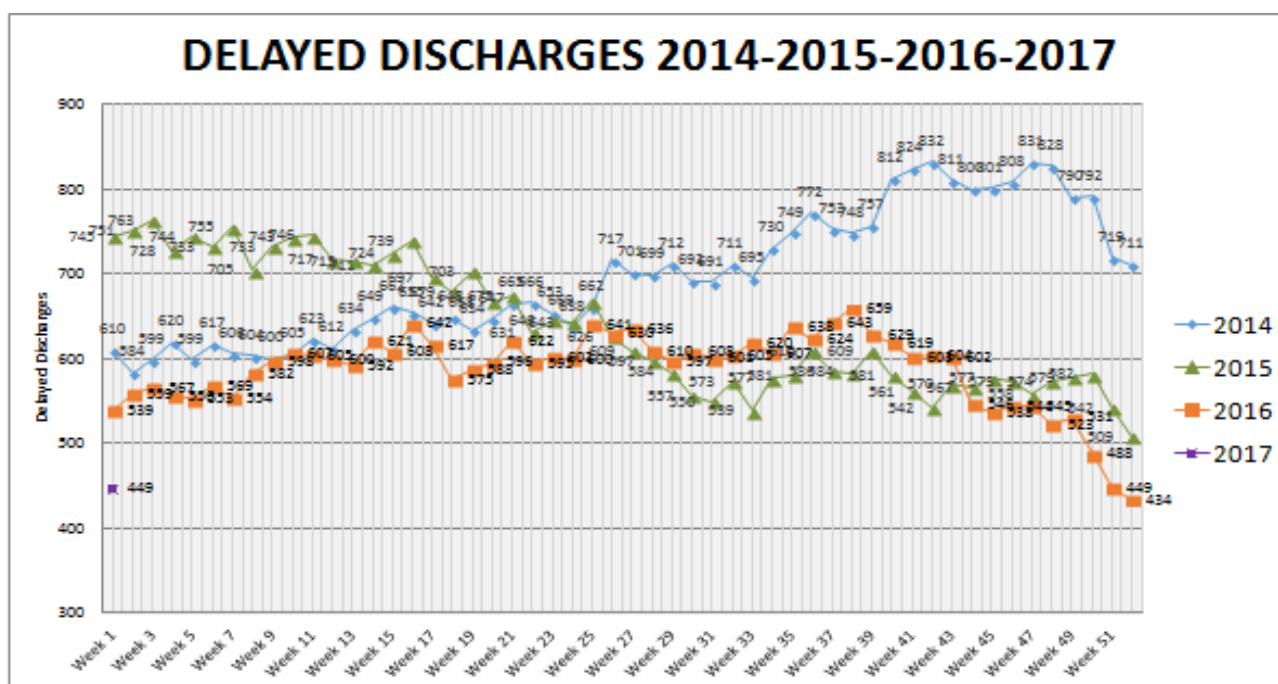
Reform and Improvement Programme.

- Provide dedicated resources across the nine CHOs to strengthen audit and quality reviews of home care provision
- Progress the rollout of the Single Assessment Tool across all CHOs
- Learn from the work of existing Integrated Care Teams within the Integrated Care Programme for Older People and provide support and direction to a further six locations

- Expand the Service Improvement Programme across public residential care services to ensure a patient centred focus
- Continue to implement the National Dementia Strategy recommendations and support the Carers Strategy
- Implement the outstanding recommendations of the Nursing Homes Support Scheme (NHSS Review).

In addition to its primary purpose of setting out the type and volume of services to be provided in 2017 within the available resources, the Social Care Divisional Operational Plan 2017:

- Outlines the journey the health service is on to improve its services. The section on **Building a Better Health Service** sets out strategic approaches being developed to better meet the needs of people who use our services
- Focuses on our **Workforce** of more than **26,585** who are fundamental to delivering care across the country. Their contribution and commitment, much of which was showcased in our Achievement Awards 2016, is at the heart of an effective health service
- Describes the **Financial Framework** that supports the Plan. It details the expenditure limits for the division and for social care services in each CHO also sets out specific areas of investment in 2017. It provides details on priorities, actions and the type and volume of service that will be provided by our operational service areas
- Lists the **performance indicators** against which performance will be measured. These indicators are dependent on the type and volume of services being provided and the underlying assumptions about the level of demand for our services, access arrangements and efficiency, including intended improvements.

Maximising delivery of social care within available resources 2017

The Social Care Operational Plan 2107 is also supported by our Performance and Accountability Framework, the focus of which is on recognising good management and outcomes while continually improving the performance within our services. This Framework, which has been adopted by the HSE Directorate, sets out how the HSE, the National Divisions, Hospital Groups, CHOs, the National Ambulance Service (NAS) and individual managers will be held to account for their performance in relation to *Access* to services, the *Quality and Safety* of those services, doing this within the *Financial resources* available and effectively harnessing the efforts of our *Workforce.*

Enablers of delivery of the Social Care Operational Plan

Delivery of this Social Care Operational Plan 2017 is dependent on a number of key enablers which strengthen service delivery. In conjunction with front line services, the provision of a modern and efficient healthcare system is enabled by these essential support services. As well as those areas set out in the overview of our strategic approach within the chapter on Building a Better Health Service, key services are delivered by Finance, Clinical Strategy and Programmes, the Office of the Chief Information Officer, Health Business Services (HBS), Emergency Management, Communications, Planning and Business Information, the Compliance Unit and Internal Audit.

Risks to the delivery of the Social Care Operational Plan 2017

There are a number of risks to the successful delivery of the Social Care Operational Plan 2017. While every effort will be made to manage these risks, it may not be possible to eliminate them in full and they may impact on planned levels of service delivery or achievement of targeted performance. Particular management focus will be required to mitigate risk in the following areas:

- Increased demand for services beyond the funded levels, demographic changes over the next 12 months will result in almost 20,000 more people aged 65 and over, and approximately 6,000 more people living with a disability, with increasing levels of dependency. Capacity to meet the needs of this cohort will present a significant challenge.

- The capacity of NHSS (A Fair Deal) to maintain the wait time at four weeks given the number and complexity of variables involved and the underlying assumptions will be monitored and managed very closely in conjunction with the DoH

- Regulatory requirements in public long-stay residential care facilities and the disability sector which must be responded to within the limits of the revenue and capital funding available

- Control over pay and staff numbers at the same time as managing specific safety, regulatory, demand and practice driven pressures while seeking to ensure recruitment and retention of a highly skilled and qualified workforce,

- Managing within the limitations of our clinical, business information, financial and HR systems to support an information driven health service

- Managing the scale of change required to support new models of service delivery and structures while supporting innovation

- Organisation of Working Time Act

- Meeting demand for residential and respite services and the provision of emergency places for people with a disability, along with the capacity to comply with regulatory requirements in public long stay residential care facilities within the limits of the revenue and capital funding available. This plan outlines mitigating actions to mitigate this risk including management arrangements and processes to prioritise service needs and ensure standardised waiting list arrangements.

Conclusion

The additional resources provided to the Social Care Division for 2017 is welcome and will support the division, CHO's, voluntary sector partners and providers in maintaining 2016 outturn levels, delivering some new initiatives while progressing implementation of our reform programme for both older people and people with disabilities, However significant challenges remain in social care for 2017 when consideration is given to the increasing demand for services, from a growing and aging population and an increasing of number of people with a disability with more complex service requirements. We will do all within our power to maximise delivery of services within the funding available, whilst striving to deliver quality, person centred care and support services

MR. PAT HEALY

NATIONAL DIRECTOR SOCIAL CARE DIVISION

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.

Quality

The Social Care Division continues to support the development of safe, quality services for patients and service users and works in partnership with healthcare staff, patients and families to innovate and improve the quality and safety of care and promote a culture of quality improvement.

Key Priorities for 2017

Quality Improvement

- Support the continued development of quality and safety structures in CHOs
- Continue to monitor and analyse results from a range of quality and safety information including HIQA inspection reports in disability services and services for older people
- Establish, develop and support an electronic portal to improve the gathering and monitoring of intelligence for quality and safety in CHOs
- Continue to develop the Social Care Divisional Quality Profile. The aim of the project is to develop a national Social Care Division quality profile for the Social Care Management Team to drive and evaluate quality improvement and inform strategy and decision making. This will result in a central repository for important quality and safety information
- Implement the learning from investigations, reviews and reports to support and improve the quality and safety of services
- Continue to support the implementation of the *Framework for Quality Improvement* to strengthen quality improvement capability within the Social Care Division by working with services in the key areas of leadership, patient and family engagement, staff engagement, use of improvement methods, governance for quality and measurement for improvement
- Support the development of National Safety Programmes and initiatives in partnership with the quality improvement division.

In addition we will:

- Implement the *Framework for Quality Improvement* with a particular focus on working with front line staff on innovative ways in which they can improve care where they work, strengthening engagement with the users of our services, patients and families to ensure our services are focused on their needs

- Progress a programme to embed a culture of person-centred care in our services with an initial focus on intellectual disability services
- Learn from feedback provided by patients and service users by implementing the first annual national patient experience survey, further developing the systems for making complaints, appeals and protected disclosures and supporting the HSE's Confidential Recipient
- Establish the National Independent Review Panel for People with Disabilities and continue to implement the HSE's Safeguarding Policy.

Quality Assurance and Verification

- Further strengthen accountability for quality and safety by improving performance under the Performance and Accountability Framework, developing reporting systems in relation to quality and safety and working across services to establish effective quality and safety structures and processes.
- Improve safety and management in the aftermath of safety incidents through the development and streamlining of processes and systems for the management, investigation, review and learning from incidents in both HSE and Section 38 and 39 providers.
- Continue to implement initiatives to improve measurement and reporting on safety incidents, including Serious Reportable Events.
- Improve the effectiveness of risk management by the setting of standards, development of systems, and provision of effective training.
- Support services to strengthen management and learning in relation to complaints, appeals, protective disclosures and referrals from the Office of the Confidential Recipient.
- Provide assurance for quality and safety supported by a programme of audit agreed with the quality assurance and verification division.

Support the Work of the Nine Safeguarding Teams and wider safeguarding context

In December 2014 Social Care Division launched the national safeguarding policy *Safeguarding Vulnerable Persons at Risk of Abuse* – National Policy and Procedures. This policy supports social care service's commitment to promoting the welfare of vulnerable adults and safeguarding vulnerable adults from abuse. The policy applies to all statutory and publicly funded non-statutory service providers within social care services. The policy outlines the importance of a number of key principles in supporting vulnerable adults to maximise their independence and safeguard them from abuse. These include; the promotion of human rights, a person-centred approach to care, a support for advocacy, respect for confidentiality, empowerment of individuals, and a collaborative ethos.

The policy and the operation functions are now well established across social care services. Key ongoing support functions in 2017 include the further enhanced development of safeguarding and protection teams in each CHO, the launch of a practice handbook, implementation of the newly developed training strategy and the wider strategic work of the national safeguarding committee. In 2017 key targets include the completion of the review of the policy and the establishment of safeguarding committees in all CHOs. The monitoring and reporting of performance of the Safeguarding Teams is included in our KPI suite for 2017.

National Task Force – Six Step Programme

A six-step system wide programme of measures to enhance service quality and improve safeguarding practice in disability services was established in December 2014. Led by a National Implementation Task Force and working with CHOs, service providers, and voluntary partners, the purpose of the programme is to give oversight and direction to local plans and local action, and to ensure quality and safety of all services through empowering and safeguarding of vulnerable people.

Transfer of Learning within the Disability Sector

In September 2016, the HSE published the independent *Report of the Áras Attracta (McCoy) Review Group* and the HSE response to the recommendations of the Review Group.

The *McCoy Review Group* was commissioned to undertake an independent review of the quality of care being provided in Áras Attracta. The findings of the Review Group are presented over a series of three reports:

- *What matters most* sets out the findings of the Review Group in relation to Áras Attracta itself. It includes recommendations relating to Áras Attracta management, actions for the HSE at a national level, and a plan to guide all managers of congregated settings as they move towards decongregation
- *Time for action* deals with the wider system of service provision for people with a disability, and proposes a range of actions to inform national policy across government departments that emerged from a national process of consultation with stakeholders involved in disability services and the wider public
- *Start listening* to us is a documented record of the lived experiences of people with intellectual disability and how they perceive the support they receive.

The response to the recommendations of the McCoy Review Group outlines the actions the HSE has taken to improve services at Áras Attracta. The response outlines the programme of improvements underway in safeguarding and disability services nationally through the CHOs in parallel with Dr McCoy's Review. Through the implementation of *Transforming Lives* and the *Six Step Programme* the HSE will progress the implementation of all the recommendations of the *McCoy Review Group*.

Quality Improvement Programme - supporting care improvements in residential services for adults with intellectual disabilities

In response to serious allegations of totally unacceptable behaviour and attitudes towards residents in a small number of disability service residential units, a joint initiative was launched between social care and the Quality Improvement Division in 2015 to support care improvements in residential services for adults with intellectual disabilities. The team have now visited most of the 148 houses/units comprised of 1,054 HIQA registered beds throughout the country, and will continue to work with each house/unit in 2017 to improve the quality of disability residential services under these six key drivers for Quality Improvement (QI):

- Leading for improvement
- Being person centred

- Supporting staff to improve
- Delivering safe, effective, best value care
- Measuring and learning for improvement
- Governing for quality and safety.

The project team has developed a toolbox to support quality and service improvements, sourcing and assessing models of good practice in areas including: leadership and governance structures to support quality; samples of relevant person-centred documentation, resources for engaging with staff and service users and guidance on HIQA self-assessment.

The Governance and Leadership Subgroup is chaired by a member of the Social Care Division quality and safety team, Membership is comprised of relevant stakeholders and subject matter experts. The overall purpose of the subgroup is to develop guidance for HSE disability services to outline governance structures and leadership principles that will be easily accessible to local services. The development of the guidance is near completion and a testing phase is identified for early 2017.

The overall purpose of the Risk Management Subgroup is to improve risk management process and assurance in HSE disability services. The group is focussing on areas including Risk Registers, proactive risk management in disabilities and generic risk management issues.

A Policies, Procedures, Protocols and Guidelines (PPPG's) subgroup was established in 2016 to develop national PPPG's required under schedule five of the Regulations associated with the National Standards for Children and Adult Residential Services. These PPPG's will be developed in line with the new PPPG framework.

A National Programme to Develop Cultures of Person-Centeredness in HSE Intellectual Disability residential services will commence in February 2017. The aim of the programme is to implement an effective approach to culture development and a framework for person centred practice within HSE.

Quality and safety structures

Governance for Quality is an integral component of management arrangements and involves having the necessary structures, processes, standards and oversight in place to ensure that safe, person centred and effective services are delivered.

A Social Care Quality and Safety Committee provide oversight of all quality and safety monitoring and improvement in the division. In addition the committee's strategic function is to provide assurance to the National Director on CHO compliance with statutory and mandatory legislation, standards and operational requirements. The structure and function of this committee is aligned with similar committees established in the CHOs.

Three sub-groups support specific functions of this committee; Incident Management Sub-Group, Policies, Procedures and Guidelines Sub-Group and Section 38/ 39 Communication Sub Group.

Two service user representatives will be co-opted onto the Quality and Safety Committee by the end of Q1 2017

Supporting the development of quality and safety structures within the In line with the ongoing reform of Community Healthcare Services, all nine CHOs will have dedicated quality and safety personnel appointed during 2017. A key priority is to ensure the provision of appropriate quality and patient safety structures and processes, ensure appropriate monitoring and accountability and provide assurance and support to optimise service user safety.

As part of this governance and monitoring function, each CHO is required to collect and report on metrics pertaining to the establishment of quality and safety structures and processes within their CHO. This will enable analysis of quality and safety structures at the social care divisional level and provide assurance in relation to the provision of process and outcome measurements. The metrics provide relevant, accurate and timely data on quality and safety of care and the monitoring of services from a performance assurance perspective.

Ongoing monitoring and analysis of serious incidents to include serious reportable events will be maintained in 2017 with a focus on compliance with national Policy in the context of reporting rates, investigation and analysis., The division will provide assurance that learning from investigation outcomes and recommendations is shared within the system appropriately including Section 38 and 39 providers.

The monitoring of risk register compliance at divisional level and across CHOs will continue in 2017 and is included in the Quality and Safety Quadrant in the Accountability Framework 2017.

During 2017, a programme of assurance will be undertaken on the information gathered on the online dashboard system which has been developed to facilitate collection of these metrics at CHO level.

Improving the health and wellbeing of the population

Disability Services

In Ireland one in 10 adults of working age (13% of the population) report at least one disability (Census 2011). Volume of demand across all types of services including residential and respite has increased. In excess of 36% of residential service users are aged 55 years or older. This has increased from 17% in 1996. Of residential service users aged 35 years, 49% present with moderate, severe and profound disability. This has increased from 38% in 1996. National databases indicate a requirement to change or upgrade 14,996 existing supports, over two-thirds of which are required in day services. To address the actual increase in the number of people living with disability, the increase in age and life expectancy of those with a disability, it is necessary to design and implement a more affordable and sustainable model of service.

Services for Older People

The population aged 65 years and over is growing, leading to an increased need for services. In 2017 there will be almost 30,000 carers aged 65 years or older providing informal care with the biggest rise in the over 75 years age group. This group is at the greatest risk of developing health problems and greater support is

required. Those aged over 65 in acute hospitals display more complex needs, and in acute hospital transition require more specific services including rehabilitation, home care, day care and reablement programmes to support them to live well and independently in their own homes and communities. The provision of appropriate home care and community based services can prevent unnecessary admissions to acute facilities and delay long-stay care admission. In this regard, the 2016 / 2017 Winter Initiative Programme will continue to provide enhanced services over the January / February 2017 period through additional transitional care beds for five specific acute hospitals and 300 additional home care packages, to 10 acute hospitals and maintain this enhanced home care service for the remainder of the year. This specific winter initiative provision, together with mainstream home care, residential care and transitional care will support discharges from acute care as well as assisting others to remain at home.

The *Healthy Ireland Framework* sets out a vision for how people can live fulfilled lives and be as healthy as they can. In 2017 we will:

- Continue to assess the health needs of the population as part of designing services to promote good physical and mental health. The roll out of SAT will help address the standardisation of care needs assessments

- Integrate illness prevention, early detection and self-management into our services

- Implement programmes to reduce the burden of chronic disease by promoting an increase in active living, positive ageing and positive mental health, healthy eating and reductions in smoking levels and alcohol consumption

- Deliver *Healthy Ireland* actions in all services through implementation plans for Hospital Groups and CHOs.

Providing care in a more integrated way

Our aim 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 national clinical and integrated care programmes are central to this approach, and clinical leadership is at the core of reform and service improvement to support better health outcomes. In 2017 we will:

- Continue to implement integrated care programmes for chronic disease prevention and management, older people, children, and patient flow

- Continue to work with service users, medical colleges and nursing and therapy leads to develop and implement processes that will improve the way in which care is provided.

Health Service Improvement

Health services are provided across the country in large urban centres and smaller local communities. It is essential that these services are organised in a way that ensures they are capable of responding to the needs of these communities.

The Programme for Health Service Improvement will be key to enabling a more integrated care delivery model. Appropriately trained programme management staff, expert specialist support and direct project management support for the health service improvement programme of work will be put in place. This is aligned with the change management programme for national functions under the National Centre

Transformation Programme and supported by interconnected development programmes within HR, eHealth, finance, communications, HBS and quality and safety services

In 2017 actions across social care services and within the health service improvement programme will:

Disability Services

- Progress implementation of *Transforming Lives* – the programme for implementing the *Value for Money and Policy Review of Disability Services* in Ireland and provides the framework for the implementation of the recommendations of key reports
  - *Time to Move on from Congregated Settings* in respect of residential centres,
  - *New Directions* programme to improve day services, and
  - *Progressing Disability Services for Children and Young People,* which is focused on improving therapy services for children.

Services for Older People

- Continue to roll out integrated care across the six pioneer sites across CHO/ Hospital Groups to deploy, test and evaluate model of integrated care for services for older people
- Establish integrated care programme governance structures for services for older people in a further sic sites nationally utilising the 10 Step Framework to Integrate Care For Older Persons
- Review learning to inform our change programme, service plan and winter plan.

Developing a performing and accountable health service

We will continue to focus on improving the performance of our services and our accountability for those services in relation to *Access* to services, the *Quality and Safety* of those services, doing this within the *Financial resources* available and by effectively harnessing the efforts of our *Workforce.*

With the goal of improving services, our Performance and Accountability Framework 2017 sets out the means by which the HSE and in particular the national divisions, Hospital Groups, CHOs, NAS, PCRS, and individual managers are held to account for their achievable performance. In 2017 we will:

- Implement the HSE's Performance and Accountability Framework 2017, including strengthened processes for escalation, support to and intervention in underperforming service areas
- Establish a Performance Management Unit to support implementation of the Performance and Accountability Framework including addressing the requirement to create optimum performance conditions
- Measure and report on performance against the key performance indicators (KPIs) set out in the NSP as part of the monthly performance reporting cycle
- Continue to strengthen and oversee the HSE's Governance Framework with its funded section 38 and section 39 agencies through the national Compliance Unit and strengthen the management of the HSE's relationship with its funded agencies at CHO and Hospital Group level
- Develop data gathering, reporting processes and systems to support the Performance and Accountability Framework.

Finance

Budget 2017 versus budget 2016

The social care allocation for 2017 provides a net revenue budget of **€3,394m,** which represents an increase of **€123.1m** (3.69%). This includes additional funding of €96.3m or 6.1% increase for disability services with a €26.7m or 3.6% increase for services for older people. The budget for the Nursing Homes Support Scheme (NHSS) at €940m includes additional funding of €18.5m in excess of 2016 expenditure. While 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 the public and service users. The additional €123.1m funding is welcome, however the challenge for services in 2017 is the 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.

Finance Allocation 2017

Division / Service Area	2016 Budget €m	Full year impact of 2016 new developments €m	Full year impact of 2016 winter initiative €m	Non-pay and demographic related costs €m	2017 Pay rate adjustments €m	Funding to expand existing / develop new services in 2017 €m	2017 NSP Budget €m	Increase %
Social Care								
Disabilities	1,592.2	11.8	-	53.2	19.6	11.8	1,688.6	6.1%
Nursing Homes Support Scheme (NHSS)	940.0	-	-	-	-	-	940.0	0/0%
Older Persons	738.7	-	5.5	3.8	7.4	10.0	765.4	3.6%
Social Care Total	**3,270.9**	**11.8**	**5.5**	**57.0**	**27.0**	**21.8**	**3,394.0**	**3.8%**

Nursing Homes Support Scheme (NHSS)

Nursing Homes Support Scheme (NHSS)	€m
Gross Budget	1,001.7
Income	(61.7)
Total Nursing Homes Support Scheme (NHSS)	**940.0**

In 2017, the Gross budget for NHSS is €1,001.7m and the Income budget is €61.7m. Therefore the effective **Net** budget for 2017 is €940m

Budget Framework 2016

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

Financial Framework Social Care	Disabilities	Older Persons	NHASS	Total Social Care
2017 Base Allocation	1,592.2	738.7	940.0	3,270.9
Full Year Effect of 2016 Developments				
School Leavers 2016 Full Year Effect	6.8	-	-	6.8
Demographic Related Costs	5.0	-	-	5.0
Winter Initiative		5.5		5.5
Total	**11.8**	**5.5**	**-**	**17.3**
Pay				
2017 Pay Adjustment	19.6	7.4	-	27.0
Total	**19.6**	**7.4**	**-**	**27.0**
Non Pay and Demographic Related Costs				
HIQA 2016 Full Year Costs	9.0	-	-	9.0
Emergency Placements 2016 Full Year Costs	9.2	-	-	9.2
HIQA 2017	5.8	-	-	5.8
Emergency Placements 2017	16.2	-	-	16.2
PA / Home Support	5.5	-	-	5.5
Demographic Related Costs	7.5	-	-	7.5
Home Care Audit & Quality Reviews	-	3.8	-	3.8
Total	**53.2**	**3.8**	**-**	**57.0**
Expanding Existing Services / Developing New Services				
School Leavers 2017	10.0	-	-	10.0
RSSMAC	1.8	-	-	1.8
Demographic Related Costs	-	10.0		10.0
Total	**11.8**	**10.0**	**-**	**21.8**
Total 2017 Determination	**1,688.60**	**765.40**	**940.00**	**3,394.00**

Full Year Effect of 2016 Developments

The incremental cost of developments and commitments approved in 2016 is €72.9m, of which €11.8m is allocated to disability services. This funding relates to the cost of providing services, over a full year in 2017, which commenced part way through 2016.

Pay rate funding (including *Lansdowne Road Agreement)*

Pay rate funding is provided to the HSE in respect of the growth in pay costs associated with *the Lansdowne Road Agreement (LRA)*, the Workplace Relations Commission (WRC) recommendations and other pay pressures as approved by the Department of Health and the Department of Public Expenditure. It is provided to offset the increased cost of employing existing levels of staff and does not allow for an increase in staff numbers. It is noted that some unavoidable pay-related costs, identified as part of the estimates process, were not funded within the overall allocation. The most significant of these relate to the net cost of increments, which must be paid in line with approved public pay policy. An allocation of €118.1m was provided nationally and of this €27m is being allocated to social care representing €19.6m for disability services and €7.4m for older people services.

Non-pay and demographic related costs - €186.3m

Additional funding of €186.3m has been received nationally to off-set increases in non-pay costs and the impact of demographics on maintaining services in 2017. Of this amount €113.9m (61%) is allocated to operational service areas performance managed by the HSE and €72.4m (39%) is allocated to pensions and other demand-led areas. Costs in these areas are primarily driven by eligibility, legislation and similar factors and therefore cannot be directly controlled by the HSE.

Of the €113.9m, €57m has been allocated to the social care division €53.2m for disability services and €3.8m for older people services.

Expanding existing services / developing new services

Within the total HSE allocation of €13,948.5m, funding of €81.3m will be applied to enhance or expand existing services, of this €21.8m is being allocated to social care, €11.8m (€10m for school leavers/€1.8 Residential Support Services Maintenance and Accommodation Contribution (RSMAC)) for disability services and €10m for home care in older people services.

Measures to address cost pressures and financial risk areas in disability services

As outlined in NSP 2017, delivering the maximum amount of services, as safely and effectively as possible, within the limits of the available funding will remain a critical area of focus and concern in 2017. Each Chief Officer, Head of Social Care and their teams, other senior managers including CEO's and teams of Voluntary Sector Providers will face specific challenges in respect of ensuring the type and volume of safe services are delivered within the resources available. However, the NSP recognised that the scale of the challenge will present particular difficulties within disability services in meeting the demand for residential care including emergency placements, de-congregation and HIQA compliance as well as maintaining funded levels of personal assistant and home support hours.   In recognition of these challenges the HSE has reprioritised a total of €35m in funding from within the indicative allocations for acute hospital services (€10m), PCRS (€5m) and SCA (€20m) to support disability services. This brings the total additional funding for disability services in 2017 to €96.3m representing a 6.1% increase on a total budget for disability services of 2017 €1,688.6m.

However, the disability services across the sector are also required to contribute to the financial challenges by pursuing increased efficiency and effectiveness, value for money and budgetary control. In this context a range of measures to the value or €18m of 1% of the 2017 total disability budget have been identified to address cost pressures and financial risk areas in disability services. These measures are targeted in particular at reducing unapproved over expenditure which arose in 2016 in specific CHOs and agencies and will focus in particular on:

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

In circumstances where €96.3m additional funding has been provided to the disability services in 2017 it is an essential requirement that these efficiency and effectiveness measures representing a 0.01% expenditure reduction on total budget are delivered by CHOs and service providers and will be monitored closely as part of the Performance and Accountability Framework on a monthly basis throughout the year. In addition, in instances where a Chief Officer and Head of Social Care have discretion over expenditure decisions, it would be prudent to delay the initiation of such expenditure until they are satisfied that savings and efficiency targets can be achieved and that they can deliver services within their overall resource envelope. This does not apply to service where priority funding has been assigned such as school leavers, the additional emergency case funding or PA / Home Support services.

To deliver on these efficiency and effectiveness measures, the importance of service specific detailed, time bound, implementation plans for both CHOs and voluntary providers, to ensure sustainable delivery of services within their 2017 notified CHO and service allocation is acknowledged. A significant component of these plans is an assessment of an identified capacity and potential to achieve the cost reduction efficiency and effectiveness measures and the CHO specific targets are being assigned on this basis. It is acknowledged that there is a particular requirement for HR support in the areas of agency conversion, recruitment and change management initiatives to deliver the cost reducing measures. There may also in some instances, be a requirement for specific support or enablers to be put in place such as financial or service expertise to support delivery of some initiatives. As in 2016 this support will be enabled by the Social Care Division and the HSE leadership team or through the National Performance Oversight Group (NPOG) to ensure that the CHO Chief Officers, Heads of Service and their teams have the capacity to deliver on robust plans and targets as required. These plans are a key metric for managing both divisional and voluntary sector provider engagements on a monthly basis with a specific focus on assessment of performance against agreed plan milestones.

Priority Actions	End Q
Enhanced Governance and Management	
Cost Management Measures	
Agency conversion and reduction - €8m	
Building on work commenced in 2016 CHO specific plans in respect of agency conversion including monthly forecasts will be an essential part of the service plan management for the year. These set out on a CHO / Voluntary agency / service specific basis the number / WTE and value of agency conversion, along with the approved level of expenditure on agency	Q1
Detailed action plans associated with delivering on the agency conversion saving targets are being identified on a service by service basis and include • Focused agency conversion programmes, • Establishment of maximum agency expenditure levels with the agency providers • Implementation of recommendations in respect of skill mix and rostering	
A range of milestones and associated timelines will be incorporated in these plans including • Details of all agency staff in the location • Review to identify prioritised staff for conversion i.e. on roster line versus covering absenteeism • Assessment of appropriate conversion methodology on an individual staff basis • Assessment of support required to carry out conversion programme in conjunction with HR and	

Priority Actions	End Q
Enhanced Governance and Management	
NRS, identification of arrangements to address any gaps in supports required • Assurance that adequate governance arrangements are in place at CHO and service provider agency level in respect of approval of use of agency, so that agency staff are only utilised as necessary • Workforce plan in place with NRS in locations where trends indicated that there is significant staff turnover	
In line with the normal performance management arrangements of the accountability framework, comprehensive monitoring and oversight arrangements are being established with the Chief Officers / Heads of Social Care in respect of pay- bill management in 2017 and the programme of work associated with agency conversion will be a focus of these arrangements	Q1
Skill mix - €1m	
Realignment of workforce to person centred social care model. Focusing specifically on the traditional large institutional units (voluntary and statutory) involving the development of workforce requirements outlining the appropriate skill mix required and associated recruitment plans.	Q1 - Q4
Cost management and control – shared services resource management, management & administration and other back office costs - €3m	
Cost Management – In a number of specific locations (voluntary and statutory) accelerated cost increases have been experienced in 2016 which can be addressed through improved cost management and paybill control, improved focus on shared service resource management as well as management and administration costs and other back office and support function costs. There is now a requirement to ensure that these services are operating on a sustainable basis and a targeted Task Force approach is being put in place in respect of these specific services	Q1 -Q2
Core Activity Review – In response to the evolving needs of service users and their families and the Transforming Lives Reform Programme a process of review of activities will be commenced in conjunction with the voluntary service providers and the wider sector	Q1-Q4
Procurement & related contracting measures - €1m	
Awareness campaign throughout the voluntary sector of the work of the HBS specifically that • HSE & the OGP make provision in all Framework Agreements and Contracts for use / draw down by HSE and all Section 38 and Section 39 Voluntary Agencies. • The use of HSE and OGP Frameworks and Contracts is mandated in the Service Level Agreements (SLA) with funded Voluntary Agencies • HBS publishes all HSE and OGP contract information on its Procurement Assisted Sourcing System (HBS PASS) which is accessible by authorised users on the Health Network. • A website facility is currently under development to enable all Section 39 Agencies access HSE and OGP Contract information on the HBS PASS	Q1
Focus on maximising compliance and assuring value for money from non–pay expenditure in voluntary agencies through: • HBS and Service Improvement Team undertaking assessment of contact compliance in the largefive Section 38 voluntary agencies and the large five Section 39 agencies to establish compliance levels • Following assessment, compliance improvement plans developed in agencies with low compliance, including identified savings • Monitoring of improvement plans to be incorporated into the CHO IMR meetings.	Q1 –Q2
HBS to continue development of individual agency multi-annual procurement plans and the aggregation of these where possible to form an annual national sourcing plan and annual savings plan for all categories of expenditure across the health sector.	Q1 –Q4
Maximisation of use of bespoke competitions for specialist clients services to ensure cost efficiencies are	Q1 –Q2

Priority Actions	End Q
Enhanced Governance and Management	
optimised	
Transport rationalisation - €1m	
Service providers (statutory and voluntary) are experiencing increasing demand and increasing costs for providing transport. In this context there is a requirement to commence the reorganisation and rationalisation of the provision of transport to maximise equitable access and efficiencies. A high level cross divisional working group is being established by the Social Care Division to work with CHOs and provider organisations as well as partners in the National Roads Authority, Department of Public Transport, Department of Education, voluntary providers etc.	Q2
The initiative will take a two to three year period to fully implement however; it is intended to reduce expenditure by €1m between July and December 2017. The first step in the process will be to identify locations to undertake cross divisional case study in relation to improving transport efficiency involving all service providers (statutory and voluntary) involving the mapping of health and social care transport in the area. The mapping exercise will assess the potential to enhance how transport services are arranged within services and in partnership with other organisations, including the establishment of shared booking and scheduling of client and patient journeys, which has been proven to maximise efficiencies	Q1 – Q2
Insurance costs – State Claims Agency €4m	
Analysis has identified that the cost benefit of the State Claims Agency results in a significant cost saving. Department of Public Expenditure and Reform (DPER) policy has been to delegate Section 38 agencies to the General Indemnity Scheme. The following Section 38 agencies became DSAs in 2016, subsequent to their delegation to the GIS: • Brothers of Charity Services Ireland • Daughters of Charity Services Ireland • KARE Once the agencies have been delegated to the GIS there is a immediate sustainable cost saving to these agencies. The 2017 agency budgets will be adjusted to reflect the savings achieved.	Q1
Future Delegation of Section 38 Agencies - The remaining 13 Section 38 agencies not currently delegated will also come under the remit of the GIS when the next NTMA Delegation of Claims Management Functions Order is promulgated in early 2017. In conjunction with the State Claims Agency and voluntary agencies, an implementation plan will be developed to ensure that the 2017 agency budgets are adjusted part year as appropriate in 2017 to reflect the savings achieved in line with renewal dates.	Q1

Pensions

The Letter of Determination received by the HSE required that the overall budget for statutory and voluntary sector pensions increased by no less than €58m. Taking into account pensions and pension-related funding adjustments, the total resource available to the HSE in 2017 has increased by €62.8m. This will allow the HSE to fund the 2017 rollover cost of 2016 retirees in addition to an estimated 2,850 new retirees, across both the statutory and voluntary sectors, in 2017.

There is a strict requirement on the health service, as is the case across the public sector, to ring-fence public pension-related funding and to identify pension-related funding and costs separately to mainstream services. This includes pension payments, lump sum payments, superannuation contributions and the pension related deduction.

Funding has been fully provided against the current forecast expenditure in this area. In the event that expenditure is higher, the HSE will seek, with the DoH, solutions which do not adversely impact services.

Developing our business supports and infrastructure

The Health Business Services (HBS) will continue to grow and develop using a shared model of delivery for a range of critical business support services to both the statutory and voluntary sectors (funded under section 38 / section 39 of the Health Act 2004). This best practice approach drives value for money, efficiency, compliance and service quality objectives and will maximise the use of digital opportunities. Social Care service improvement is supported through the continuing development of infrastructure. In addition to the ongoing infrastructural programme in 2017 we will continue the development of social care residential units and assess our overall infrastructure to set out the investment required to address the backlogs in replacement and upgrade of our built infrastructure.

Capital funding 2017

Separately, a provision of €56m capital funding will be made available to the Social Care Division in 2017, comprising €20m for disability residential accommodation and €36m for services for older people HIQA programme.

Finance Work Plan

A specific emphasis throughout 2017 will be on standardising and streamlining finance processes across social care with an emphasis on disability services and a particular focus on the following:

- Establishment of cross divisional/CHO engagement process to jointly progress finance initiatives to include:
  - EWTD Compliance
  - Pay bill Management
  - Linking of funding provided to activity, outputs and costs
- Service arrangements incorporating invoice payments
- Progressing ledger alignment and expansion to facilitate analysis by service provided and location.
- Voluntary Sector Pensions In 2016, a process was established jointly with the voluntary sector Section 38's to streamline the validation and payment process in respect of pensions. This initiative will be built on in 2017.

These initiatives will facilitate a common understanding and support financial performance management in 2016.

Disability Services Budget 2017

	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	National Regional	Grand Total
	000's	000's	000's	000's	000's	000's	000's	000's	000's	000's	000's
Base Budget	113,748	157,078	139,306	201,722	147,672	219,941	159,871	186,365	258,954	0	1,584,657
Additional Allocation											
Pay Cost Pressures (PCP)	1,008	1,024	1,250	1,713	916	1,818	1,792	1,480	2,342	6,200*	19,544
HIQA 2016 FYC	0	0	1,800	1,800	3,000	0	1,300	1,100	0		9,000
Emergency Placements 2016 FYC	500	500	500	900	1,800	1,000	2,000	1,500	500		9,200
School Leavers 2016 Full Year	679	839	645	1,096	812	629	874	532	694		6,800
HIQA 2017	1,800	0	0	1,800	0	0	0	0	0	2,200	5,800
Emergency Placements 2017 (Indicative)	1,323	1,516	1,102	2,050	1,834	1,444	2,568	2,247	2,116		16,200
PA / Home Support	155	559	610	663	812	89	597	2,059	162		5,706
Demographic Related Costs	2,500	1,500	300	0	500	1,400	0	900	400		7,500
School Leavers 2017										10,000	10,000
Nationally Funded Expenditure										14,300	14,300
2017 Cost Reduction											
Procurement & Transport €2m	-250	-250	-250	-250	-250	-250	-250	-250	-250	2,250	0
2017 Total Allocation Disability	**121,463**	**162,766**	**145,262**	**211,495**	**157,097**	**226,071**	**168,752**	**195,934**	**264,918**	**34,950**	**1,688,708**
2017 Expenditure Reduction Measures €16m											
Insurance €4m (budget reduction)	0	0	0	0	0	0	0	0	0	4,000	4,000
Agency	550	550	900	957	594	834	817**	1,630	1,133	0	7,966
Cost Management & Control Measures	450	450	450	450	450	450	450	450	450		4,050
Total Cost Reductions	**1,000**	**1,000**	**1,350**	**1,407**	**1,044**	**1,284**	**1,267**	**2,080**	**1,583**	**4,000**	**16,016**

Nationally Funded Expenditure includes RSSMACS& 0-18 Therapy posts to be filled and other nationally funded services

Cost management & control measures are targeted at reducing expenditure as outlined in page 20 – 22 of this plan

*This allocation in respect of sleepovers will be distributed separately

**The agency target relates to planned budget transfer of SJOG services to CHO 7 from CHO 6 following transfer of SJOG service to CHO 7

Services for Older People Budget 2017

	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	National	Grand Total
	000's	000's	000's	000's	000's	000's	000's	000's	000's	000's	000's
Base Budget	75,957	66,305	59,599	116,858	63,153	55,675	80,538	58,179	91,365	4,247	671,876
Additional Allocation 2017											
Cost Pressures (PCP)	866	779	542	1,565	847	630	767	827	561		7,385
Home Care & Winter Initiative (2016)	4,562	5,489	4,615	3,319	4,390	4,451	7,544	4,415	6,215	0	45,000
Home Care & Winter Initiative (2017)	0	1,751	1,751	876	2,335	0	3,503	2,627	1,751	0	14,595
Home Care Assurance / Audit	0	0	0	0	0	0	0	0	0	3,158	3,158
Residential Care / Transitional Care & Related Costs	0	0	0	0	0	0	0	0	0	22,993	22,993
Total Budget Allocation 2017 *	81,386	74,324	66,507	122,618	70,726	60,757	92,352	66,047	99,893	30,398	765,007
Cost Reduction Measures 2017	261	312	327	279	311	495	522	279	210		2,996

*Allocation for "Saver Subvention Beds" included – to be confirmed

Cost reduction measures are targeted at reducing expenditure which arose in 2016 specifically in the area of agency and skill mix

Workforce

The Health Service *People Strategy*

The health service has a workforce of over 105,000 whole-time equivalents who deliver care across the country, 365 days a year. The *People Strategy 2015–2018* was developed in recognition of the vital role our workforce plays in delivering safer better healthcare. It is a strategy that extends to the entire health sector workforce and managers at all levels. The strategy is underpinned by a commitment to engage, develop, value and support our workforce. In 2017 we will:

- Implement actions from the People Strategy 2015–2018

- Undertake the annual staff survey and develop and implement staff engagement and staff health and wellbeing programmes in response to what staff have told us

- Implement the health service Diversity, Equality and Inclusion Action Plan

- Advance the health service Leadership Academy

- Implement an Integrated Workforce Planning Framework to support and enable the recruitment and retention of the right mix of staff

- Implement a revised Performance Achievement System

- Monitor the implementation of the Pay and Numbers Strategy 2017

- Ensure greater connectivity with service delivery units and partners across the health service through implementation of the HR Operating Model

- Develop streamlined HR data gathering, reporting processes and systems to meet the requirements of the Performance and Accountability Framework and assist in service reform.

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 by the social care divisions during 2017. 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 Social Care Division has engaged comprehensively in the Pay and Numbers Strategy process in conjunction with the Chief Officers and their teams. Service and financial information has been used to build the PNS for 2017 and the expectation is that this will deliver a PNS reflective of the service and associated changes i.e. additional funding in the case of school leavers. Building on this work a comprehensive performance management and monitoring approach is being put in place in respect of the PNS in 2017, to ensure that it's positioned appropriately within the overall performance management process.

Maximising Labour Cost Reductions, Efficiencies and Value for Money

There is a need to further reduce the cost and reliance on agency staff. The use of agency staffing and/or overtime will be strictly controlled in 2017 to deliver the necessary savings set out in this plan.

Other tools available to work with managers to ensure the best use of people and budgets include:

- Greater use of e-rostering and time and attendance systems, which in time will need to be integrated with HR management information systems and with payroll

- The e-Human Resource Management (e-HRM) strategy to support the effective management of the workforce and costs, being developed as part of the People Strategy, will lead in time to an integrated and unified technology platform

- The creation of staff banks, based on geographical or service clusters, will continue to be considered

- Skill-mix changes within and across staff disciplines will continue to ensure most appropriate and cost effective delivery of services. Options around substitution with appropriate scope of practice and oversight will also be considered

- Review of management structures will continue.

The Lansdowne Road Public Service Stability Agreement 2013–2018

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

European Working Time Directive

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

We are committed to maintaining and progressing compliance with the requirements of the EWTD for staff in the social care sector. Key indicators of performance include:

- Maximum average 48 hour week

- 11 hour daily rest / equivalent compensatory rest

- 35 hour weekly / 59 hour fortnightly / equivalent compensatory rest.

In 2015, the Social Care Division established a National Working Group to examine the issue of EWTD compliance. The working group comprises of service representatives from statutory and voluntary providers and national HR. The working group met on a number of occasions and explored options available to five pilot sites, including service reconfiguration and alternative rosters. The pilot sites emphasised that draft proposals to achieve compliance with the EWTD must also be fully compliant with Government policy for persons with a disability. There is an acceptance by all stakeholders involved in the discussions that different types of homes will require different type of solutions.

During 2016, the HSE held workshops to assist service providers in becoming EWTD compliant. In 2016 each service or agency CEO/Manager was required to formally establish a local EWTD Implementation Group to examine the issue of achieving compliance within their local service / agency. This Working Group comprises management and union representatives, committed to developing a framework which will outline options for local providers to explore in relation to achieving EWTD compliance. A National Social Care EWTD Implementation Group was established in 2016 to support all disability agencies to develop a EWTD action plan which explicitly sets out actions to deliver EWTD compliant rosters and to assist agencies in the delivery of such plans. The Implementation Group comprises of representatives of the HSE, Department of Health, the National Federation of Voluntary Bodies and Section 38 and 39 agencies and representatives and representatives from the relevant health sector trade unions were invited to participate.

People Strategy 2015 – 2015

The Social Care Divisional Operational Plan 2017 is supported by the People Strategy 2015 – 2018 which has been developed to assist improvements in performance, optimisation of the workforce and further development as a learning organisation; - with a clear commitment to engage, develop and value the workforce to ensure that the best possible care and outcomes are delivered in the services provided.

Staff health and wellbeing and occupational health

Staff will be enabled to become healthier in their workplaces through improved staff engagement, accreditation of staff support services and updating of key national policies. Safer workplaces will be created and in 2017 we will:

- Review and revise the HSE's *Corporate Safety Statement*
- Develop key KPIs in health and safety management and performance
- Launch a new statutory occupational safety and health training policy
- Develop and commence a national proactive audit and inspection programme.

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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.

Social Care

Priorities and priority actions 2017

Safeguarding Vulnerable Persons at Risk of Abuse

- Advance implementation of training programme for awareness for designated officers and frontline staff

- Achieve training and awareness-raising target of 17,000 people

- Implement plan to ensure outcome of review of policy

- Analyse national database of safeguarding concerns to inform practice development and assurance of policy alignment

- Finalise policy review

- Establish a national independent review panel for disability services.

- Provide nine additional Professionally Qualified Social Workers to support the increasing workload of the Safeguarding teams.

Assisted Decision-Making

- Establish team to oversee the implementation of the *Assisted Decision-Making (Capacity) Act 2015.*

HCAIs and AMR

- Implement an agreed action plan for HCAIs and AMR in line with new governance structures and available resources.

Volume of services in 2017 includes:

Social Care Services			
Area of service provision	NSP 2016 Expected Activity	Projected Outturn 2016	Expected Activity 2017
Safeguarding Total no. of preliminary screenings for adults under 65 years	New 2017	New 2017	7,000
Total no. of preliminary screenings for adults aged 65 and over	New 2017	New 2017	3,000

Priority Actions	End Q
Social Care Services	
Healthy Ireland	
Implement the relevant actions from *Healthy Ireland in the Health Service Implementation Plan 2015–201*	Q1 -Q4
Support CHOs to develop their Healthy Ireland in the Health Service Implementation Plans	
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	
Support the implementation of *Making Every Contact Count.*	

Priority Actions	End Q
Increase support for staff health and wellbeing	
Improve influenza uptake rates amongst persons aged 65 years and over	
Improve influenza uptake rates amongst healthcare staff in frontline setting	
Support the building of a network of local and national partnerships under the Dementia UnderStandTogether campaign to increase awareness, and create compassionate inclusive communities for people with dementia and their carers	
Support Social Care staff to attend BISC training to support the routine treatment of tobacco addiction as a Healthcare issue	
Implement the HSE Tobacco Free Campus Policy in 100% of residential disability services (HSE, Section 38&39)	
Implement the HSE Tobacco Free Campus Policy across 100% of residential sites for Older Persons	
Undertake European Network of Smoke free Health Services (ENSH) audit across all social care settings (both Older Persons and Disability)	
Display QUIT support resources in all appropriate services	
Ensure staff are aware of the QUIT campaign and refer patients/clients to QUIT and to other appropriate smoking cessation services.	
Children First	
Provide eLearning Reports to each CHO or Hospital Group with breakdown of number of local staff who have completed eLearning programmes as a percentage of total number trained	Q4
Evaluate eLearning programme by way of focus groups	Q3
Undertake random audits of funding check list returns to ensure compliance by HSE and funded services	Q4
Develop training programmes for website, webinars and face to face (where clinically necessary)	Q3
Collaborate with UCD for synergistic training (use of recording labs etc)	Q2
Provide advice and support to CHOs	Q4
Continue to work with the National Children First Oversight Group, highlighting Social Care priorities, and to communicate Children First developments to HSE and HSE funded services, including the HSE Children First website http://www.hse.ie/childrenfirst	Q1-Q4
Complete review of Children First self assessed checklist for HSE own and HSE funded services (children and adults) and actions plans/timelines for achievement of compliance with Children First	Q2
Complete the Children First eLearning module available on http://childrenfirst.hseland.ie by all social care and social care funded services for children and adults staff.	Q4
Safeguarding Vulnerable People at Risk of Abuse	
Achieve training and awareness raising target of 17,000	Q1-Q4
Finalise policy review and develop Implementation plan to following review of policy	
Advance implementation of training programme for awareness for designated officers and frontline staff at an accelerated pace	
Analyse national database of safeguarding concerns to inform practice development and assurance of	

Priority Actions	End Q
policy alignment	
Provide nine additional Professional Qualified Social Workers to support the increasing workload of the Safeguarding teams.	Q2
Assisted Decision Making ACT	
Establish National Team to oversee the impact of *Assisted Decision Making ACT* on social care services though consultation with stakeholders.	Q1
Carry out Needs Assessment workshops in each CHO	Q1
Each CHO will be involved in needs assessment in Q1 2017	Q1-Q3
Ensure key issues arising from impact/needs assessment inform the preparation of national guidance, training and education programmes and communication plan.	Q1-Q4

Disability Services

Priorities and priority actions 2017

- Continue to implement the recommendations of *Transforming Lives* the programme for implementing the Value for Money and Policy Review of Disability Services in Ireland. The Social Care Division operational plan will include specific elements to be implemented through the operational delivery system while other initiatives will be implemented through the "Transforming Lives" working group process in collaboration with the DoH

- Implementation of a *Time to Move on from Congregated Settings* with a particular focus on the agreed priority sites

- Reconfigure day services including school leavers and rehabilitative training in line with New Directions

- Complete the *Progressing Disability Services and Young People (0-18) Programme* with 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. This will include ongoing development of mechanisms for the management of emergency placements across all CHOs and service providers and the development of a bespoke online case management system for disability residential providers a well as the operation of a "Residential Executive Management Committee" in each CHO with overall responsibility for the management and oversight of the existing residential base as well as emergency placements

- Each CHO will have in place a comprehensive implementation plan which consolidates the priority actions required under a range of key service improvements as follows:
  - *A Time to Move on from Congregated Settings*
  - 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 the McCoy Review to secure system wide change
  - Involvement of Volunteer/Advocacy and Family Fora.

Priority Actions	End Q
Disability Services	
Transforming Lives **– Operational Implementaion**	
***Transforming Lives* Implementing a time to move on from congregated settings - : a strategy for community inclusion**	
Support the transition of 223 people from institutional settings to community based living in line with Time to Move On from Congregated Settings policy. The 223 includes the 63 places not completed at the end of 2016 which will transfer to community living in Q1 2017, together with 160 additional transfers in 2017 aligned to completion of house purchases, refurbishment and HIQA registration within the	Q1-Q4

Priority Actions	End Q
required timeframes. This will reduce the total number of people identified in the 2011 Report *Living in Congregated Settings* from 4,099 at that time to 2,518 in 2017	
Each CHO will complete the implementation plans, commenced in 2016 setting out the road map for transition to community living with specific milestones for 2017 and 2018. The implementation plans will identify how service providers will transition residents from congregated settings into the community in line with policy and determine how key actions and milestones will be achieved in 2017 – 2018.	Q1-Q4
In line with National Guidelines and having regard to the Capital Programme, capital funding from the Local Authority CAS Scheme as well as reconfiguration of existing resources, each CHO will in implementing their operational plans: - Work with the residents (and their familiies as appropriate) who are to transition in 2017 to ensure transition plans and outcomes reflect individual's will and preference for *a good life* - Support individuals to integrate in their community, connecting to natural and other supports. - Consult with staff and progress development within existing agreements and frameworks to ensuring best and earliest outcomes for individuals requiring supports in the community - In collaboration with residents moving out, identify housing supported by capital and/or DoH funding and progress modifications as required through to registration where necessary on a project basis so that targets are met on time - Ensure all services have developed specific local communication plans - Engage in the service Reform Fund process as required	Q1-Q4 Q1-Q4 Q2 Q1-Q4
Each CHO will support and facilitate the transitions of residents from the following centres: **CHO1** will faciliate the transfer of the following residents to community settings - HSE Cregg house – 21 **CHO2** will faciliate the transfer of the following residents to community settings - HSE Aras Attracta -29 - BOC John Paul Centre Galway -4 **CHO 3** will faciliate the transfer of the following residents to community settings - DOC St Anne's Roscrea -4 - DOC St Vincent's Centre Lisnagry Limerick -4 - BOC Bawnmore – 3 **CHO 4** will faciliate the transfer of the following residents to community settings - HSE Cluan Fhionnain, Kerry - 8 - HSE, St Raphaels Centre, Youghal - 29 - COPE Foundation – 4 **CHO 5** will faciliate the transfer of the following residents to community settings - St Patrick's Kilkenny -36 - Carriage Lee Chairde – 4 **CHO 6** will faciliate the transfer of the following residents to community settings - St Margaret's Donnybrook – 1 - St John of Gods Carmona - 3 **CHO 7** will faciliate the transfer of the following residents to community settings - SJOG, St Raphaels Centre, Celbridge - 24 - Cheeverston – 3 - Stewarts Care – 2 **CHO 8** will faciliate the transfer of the following residents to community settings - SJOG, St Marys Campus, Drumcar – 30 - Muiriosa Foundation - 6 **CHO 9** will faciliate the transfer of the following residents to community settings - DOC – 7 - St Michaels House - 1	Q1- Q4

Priority Actions	End Q
Support the work of the Taskforce on Personalised Budgets, arising from A Programme for a Partnership Government	Q1-Q4
Support the work of the Taskforce on Personalised Budgets	Q1-Q4
National and Local Consultative Process	
Each CHO will establish a local consultative forum consistent with the terms of reference nationally circulated which will link with the National Consultative Forum as part of an overall consultative process for the disability sector. Each local consultative forum will have a number of sub groups: *Time to Move on from Congregated Settings* - New Directions - Progressing disability services for children and young people (LIG's already in place but need to be connected to overall disability services) - Service user engagement - Safeguarding	Q1 - Q4
At national level the social division disabilities will put in place a programme of intervention to support CHO Chief Officers, their teams and service provider organisations in improving quality and safety of services across the disability sector	Q1-Q4
Transforming Lives -**: Implementing Policy through the Transforming Lives Working Group Process in collaboration with the DoH**	
Working Group 1 - Complete the national needs assessment report - Complete phase 1 of the evaluation of movements from congregated settings and current good practice sites	Q1 Q4
Working Group 2 The Transforming Lives, *Time to Move on* subgroup will: - Complete and/or updated a housing need profile for 2017-2021 with service providers to identify how accommodation for those moving from congregated settings will be sourced - Work with the national operations team and with each CHO to oversee development/review of action plans by each service to support targeted 2017 activity .This will identify how service providers will transition residents from congregated settings into the community in line with policy and determine how key actions and milestones will be achieved in 2017 - 2018 - Review current residential provision to determine and agree recommendations in relation to the appropriate model of service for individuals with significant specialist care needs - Develop specific guidelines and tools as part of *Time to Move On* National Implementation Framework that will support providers to plan and deliver transition of services from congregated settings to community based model of person centred supports - Revise Community Living Transition Planning Toolkit to take account of recommendations in "*What Matters Most, report* of the Aras Attracta Swinford Review Group - Complete suite of *what this means for me?* communication documents targeted at specific stakeholders and develop easy read and multi media format resources	Q1 Q1-Q4 Q1-Q3 Q1 Q1 Q3
Work Group 3 Publish and commence implement a consultative process for service users in line with recommendations in the Report of Working Group 3 *Plan for Effective Participation*	Q4
Working Group 4 Complete the research and recommend the quality framework to support the development of key performance indicators relevant to the nine national quality outcomes for people with a disability	Q3

Priority Actions	End Q
Working Group 5 - Develop in consultation with the National IT Department and the DoH, a comprehensive IT system which incorporates the relevant recommendations of Working Group 5 *Management & Information's Systems* Report.	Q4
- Develop KPI's based on quality outcomes framework for people with a disability in line with the working group recommendations	Q3
- Develop and implement a web based system which will act as a single point of information and advice on disability services for service users, family and the community. Complete a pilot in CHO 4 – Q1 and commence rollout to the remaining CHOs.	Q4
New Directions	

New Directions Programme for School Leavers and RT Graduates 2017

Each CHO will provide additional day service supports for approximately 1,500 school leavers and those graduating from RT programmes in 2017 that have a requirement:

HSE CHO	RT Leaver	School Leaver	Total
CHO Area 1	14	69	83
CHO Area 2	65	105	170
CHO Area 3	69	81	150
CHO Area 4**	88	203	291
CHO Area 5	81	138	219
CHO Area 6	21	55	76
CHO Area 7	68	104	172
CHO Area 8	54	122	176
CHO Area 9	41	95	136
Total	**501**	**972**	**1,473***

*Data above preliminary and indicative

	End Q
Each CHO will provide by mid January 2017 updated data regarding all individuals requiring a HSE funded day service in 2017 (Mid-January 2017)	Q1
Each CHO will identify the capacity available from within current resources to meet the needs of school leavers and those graduating from RT in 2017	Q1
Each CHO will advise on the accommodation requirements for new day service entrants 2017	Q1
Each CHO will complete the profiling exercise for each individual by end of January 2017	Q1
The National Working Group will coordinate the outcomes from the profiling exercise and make recommendations on the allocation of funding	Q1
The National Working Group will develop an appeals process to address any issues arising from the resource allocation process that do not accurately reflect individual's needs	Q1
Each CHO will be informed of the resource being allocated to meet the needs of School Leavers by the end of March 2017 and will prepare and deliver appropriate service responses with the provider sector during April and May 2017 so that families can be communicated with before the end of May 2017	Q1-Q2
Each CHO will provide detailed information regarding the final agreed allocation of new funding to all service providers	Q3
Each CHO will provide final data reports regarding the commencement of school leavers in services	Q4
Each CHO will participate in the validation of the school leaver funding process for 2016 and 2017	Q1-Q4
New Directions Policy Implementation 2017	
The National New Directions Implementation Group will continue to lead national coordination and guidance on policy implementation. Each CHO will establish New Directions Implementation at local	Q1-Q2

Priority Actions	End Q
level	
The National New Directions Implementation group will develop a support structure for the nine CHO Implementation groups to ensure consistent implementation throughout the CHOs.	Q1
The National New Directions Implementation Group will complete the self assessment and continuous Quality Improvement Framework to support the implementation of the Interim Standards within existing resources	Q1
Each CHO will participate in the piloting and review of the self assessment tool to support the implementation of the Interim Standards within existing resources	Q2
The National New Directions Group will refine and finalise the self assessment tool in line with CHO feedback	Q3
Each CHO will commence use of the self assessment tool to support the implementation of the Interim Standards within existing resources	Q4
The National New Directions Implementation Group will complete the Person Centred Framework to support a consistent approach to person centred planning for day services	Q2
The Person Centred Framework to be considered and adopted by the totality of disability services	Q3
Training packages to support the Person Centred Framework will be identified	Q3
Each CHO will complete a training needs analysis to develop a schedule for person centred planning training in line with identified priorities	Q4
A working group will be established to consider the outcomes of the report *Developing an Independent Guidance Service* and agree how the recommendations in this report can be brought forward	Q1
Each CHO will participate in the work required to ensure that accurate data is collated in regard to the total cohort currently in receipt of day services	Q1-Q4
Each CHO association with national guidance will develop RT programmes focused on the transition of young people from school to HSE funded services	Q3
The National New Directions Implementation group will work with the HRB to advance alignment between the day service descriptors on the national databases and the OGS and school leaver databases	Q1-Q4
Comprehensive Employment Strategy	
The National Cross Divisional Group will support the implementation of the recommendations attributed to the HSE in the Comprehensive Employment Strategy	Q1-Q4
Each CHO will continue to support the implementation of the recommendations attributed to the HSE in the Comprehensive Employment Strategy	Q1-Q4
Progressing Disability Services for Children and Young People (0–18) Programme	
A national specialist team will be established to oversee the implementation of a dedicated programme across CHOs to address in 2017 three key priorities: - Formation of National Disability Network Teams - Provision of a full range of therapeutic services in a consistent way - Progress the implementation of a targeted plan to reduce waiting times for Assessment of Need	Q1
Reconfigure 0–18s disability services into children's disability network teams to support the implementation of the programme with the following milestones: - Reconfigure 0–18s disability services into children's disability network teams - Implement the National Access Policy in collaboration with primary care to ensure one clear pathway of access for all children with a disability into their local services - Evaluate the effectiveness of the national policy on access to services for children with a disability or developmental delay in collaboration with primary care - Improve *Disability Act* Compliance for assessment of need with a particular emphasis on putting in place improvement plans for CHOs that have substantial compliance operational challenges.	Q1-Q4

Priority Actions	End Q
CHO1 - Cavan Monaghan will reconfigure its school age services into two school age teams (SATs) - Donegal will reconfigure its school age services into four SATs - Sligo Leitrim will reconfigure its school age services into two SATs	Q4 Q1 Q1
CHO2 - Galway will reconfigure its school age services into four SATs - Mayo will reconfigure its existing two Early Intervention Teams (EITs) and school age services into three x 0-18 children's disability network teams - Roscommon will reconfigure its school age services into one SAT	Q4 Q4 Q1
CHO 4 - North Cork will reconfigure its children's services into two x 0-18 teams - North Lee will reconfigure its children's services into three x 0-18 teams - South Lee will reconfigure its children's services into four x 0-18 teams	Q1 Q1 Q1
CHO 5 - Carlow Kilkenny will reconfigure its services into three x 0-18 teams - S. Tipperary will reconfigure its remaining services into one EIT and 2 SATs - Waterford will reconfigure its services into four EITs and 4 SATS - Wexford will reconfigure its services into four EITs and 4 SATs	Q3 Q3 Q3 Q3
CHO 6 - Dublin South/South East will reconfigure its services into four x 0-18 teams - Wicklow will reconfigure its services into three x 0-18 teams	Q4 Q2
CHO 7 - Dublin South Central will reconfigure its services into five x 0-18 teams - Dublin South West will reconfigure its services into three x 0-18 teams	Q4 Q4
CHO 8 - Louth will reconfigure its school age services into two SATs - Midlands will reconfigure its school services into five SATs	Q1 Q4
CHO 9 - North Dublin will reconfigure its services into 12 x 0-18 teams	Q4
Develop an Interagency Agreement Template and Guidance for Children's Disability Network Work Teams	Q1
Finalise and disseminate a suite of evidence based health service supports to assist children with a disability to participate in mainstream preschool as a benchmarking guide for services nationally	Q1
Monitor effectiveness of protocols for health service staff working with Levels foiur (Early Years Specialists), five (Minor Capitation and Equipment) and seven (additional preschool assistance) of AIM (Access and Inclusion Model) supporting children with a disability to access the Early Child Care and Education programme	Q1-Q4
Roll out HSE Midwest's MIS (Management Information System) in partnership with OCIO as an interim measure for Children's Disability Network Teams to support child and family centred practice model underpinned by the *Outcomes for Children and their Families Framework*	Q1-Q4

Priority Actions	End Q
Complete demonstration sites for implementation of *Outcomes for Children and their Families Framework, a Performance Management and Accountability Framework for Children's Disability Network Teams*	Q3
Deliver two Progressing Disability Services Workshops nationally to showcase good practice models e.g. joint working with CAMHS, screening and diagnosis of ASD, child and family centred practice, poster presentations	Q2-Q3
Continue Phase two roll out of *Outcomes for Children and their Families Framework* across Children's Disability Network Teams	Q4
Complete implementation of National Policy on Access to Services for children with a disability or developmental delay in collaboration with primary care with children's disability network teams as they are established	Q1-Q4
Monitor effectiveness of National Policy on access to services for children with a disability or developmental delay in collaboration with primary care	Q1-Q4
Residential Care including Emergency Places	
At national level the Head of Operations for Disability Services will establish a comprehensive governance and management process including the establishment of a dedicated unit to support Chief Officers and their teams in the planning and management of residential care resource across public, voluntary and private providers including the management of emergency cases	Q1-Q4
Emergency Places and Supports Provided to People with a Disability	
Each of the nine CHOs will have in place *Residential Care/Executive Management Committees* that will have the overarching responsibility of managing and co-ordinating residential placements and supports (including emergency placements) within their respective CHOs. These management committees will be led by the CHO Head of Social Care on behalf of the Chief Officer and will include senior management participation by funded relevant section 38 and 39 residential providers. The national Social Care Division will have in place guidance and supports for the operation of the above committees based on clear operating principles, including effective resource management as well as collaborative and partnership working/clear lines of accountability. Additionally, we will also - Deliver two workshops for Social Care Senior Management at CHO area level and ensure further workshops are in place for each CHO in respect of local providers.	Q1 – 4
Monitor and ensure ongoing compliance with the above policy. Undertake a formal review of this approach in Q4 of 2017	Q1 –Q4
Neuro-Rehabiliation Strategy	
Finalise and progress the implementation of the framework for neuro-rehabilitation strategy and establish an innovative pilot day service aimed at supporting people with severe acquired brain injuries	Q1-Q4
Establish a collaborative "care pathways model" for people with complex neuro-rehabilitation care and support / accommodation needs in CHO 6, 7 and 9 and involving the National Rehabilitation Hospital, Peamount Hospital and the Royal Hospital Donnybrook	
Engage in the mapping of existing resources	Q1-Q4
Identify one area in each CHO where services both statutory and non statutory could work together to avoid hospital admission and provide better outcome for the service user	
Enhance Governance and Management	
Develop an eHealth resource for providers in respect of an online case management system that facilitates the effective management and tracking of all residential and home support/ emergency respite services across all CHOs.	Q1-Q4

Priority Actions	End Q
Enhance governance for service arrangements	
Implement the improvements from the findings / signposts of the completed SIT based reports	Q1-Q4
Build capacity in CHOs to respond innovatively to existing and changing levels of support requirements	Q1-Q4
Complete comparative analysis of public voluntary and private providers to deliver enhanced understanding for CHOs and organisations in relation to capacity to meet existing, new and changing levels of support requirements	Q1-Q4
Complete all service arrangements by 28th February 2017	Q1
Complete all grant aid agreements by 28th February 2017	Q1
The National Oversight and Development Forum for service arrangements will continue to operate as the national consultative process to support consistent and timely implementation of service arrangements across the nine CHOs	Q1-Q4
Complete revision of Part two of documentation in collaboriation with the National Compliance Unit	Q2-Q3
Service Improvement Team	
Implement the improvements from the findings / signposts of the completed SIT based reports	Q1-Q4
Develop in collaboration with CHOs and provider partners a *Resource Allocation and Cost Model* that will involve a deeper analysis of the cost base in the sector	Q1-Q4
Respite Services Including Home Sharing	
Led by the national designated disability lead the HSE will further develop home sharing as a person-centered and comunity inclusive type of support for people with disabilities involving the development of an Implementation Plan in 2017 which will address the priority recommendations of the National Expert Group Report on Home Sharing published in 2016.	Q1-Q4
Quality & Safety	
Governance For Quality and Safety	
Each CHO to establish Residents Councils / Family Forums / Service User Panels or equivalent in Social Care	Q4
Quality and Safety Committees are in place within CHOs	Q1
Each CHO to have a HCAI or Infection Control Committee in place	Q1
Each CHO to have a Drugs and Therapeutic Committee in place	Q1
Each CHO to have a Health & Safety Committee in place	Q1
Each CHO are reporting monthly on the Social Care Quality and Safety Dashboard	Q1
Each CHO to review and analyse incidents (numbers, types, trends)	Each Q
Each CHO will have a process in place to ensure the recommendations of any serious investigations are implemented, and learning shared to include SRE's/Serious Incident Investigations	Each Q
Each CHO will review and analyse complaints (numbers, types, trends)	Each Q
Each CHO to have an active integrated Social Care Risk Register in place	Each Q
The Quality and Safety team will introduce a process to ensure that recommendations from incident investigations, reviews, inspection reports and other sources of best practice are implemented and audited for effectiveness across the Division	Q2

Priority Actions	End Q
A "Shared Learning" template will be developed to standardise the way in which learning from all sources is disseminated internally for social care, cross divisionally and nationally.	Q2
Review and monitor the % of compliance with outcomes of designated centres following HIQA inspections	Q1 –Q4
Implement a system to review trends from the collation of HIQA Notification Forms submitted by HSE provided-services	Q1 – 4
Development of a sepsis awareness programme through the establishment of a working group in disability services	
Medication Management: Distribute medication management framework to older persons services and monitor effectiveness through audit	Q2
Provide additional dedicated resource in the area of dietetics to support individual dietary needs and to advise on diverse and healthy options in social care residential care services.	Q3– Q4
Each CHO will nominate appropriate person to hold one workshop for Person in Charge (PIC)/Persons Participating in Management (PPIM's)	Q2
Further to the workshop the positive learning will be disseminated across the sector in the CHO	Q3
Staff will be released to engage with person centred culture programme and to embed person centredness in the disability services.	Q1-Q4

Volume of services in 2017 includes:

Social Care – Disability Services			
Area of service provision	NSP 2016 Expected Activity	Projected Outturn 2016	Expected Activity 2017
Residential Places			
No. of residential places for people with a disability	8,271	8,171	8,371[i]
200 emergency places provided in 2016	0	200	0
Total residential places	8,271	8,371	8,371
New Emergency Places and Supports Provided to People with a Disability			
No. of new emergency places provided to people with a disability, 200 in 2016 included above	0	200	185
No. of new home support / in home respite supports for emergency cases	0	0	210
Total no. of new residential emergency and support places	0	200	395
Congregated Settings			
Facilitate the movement of people from congregated to community settings	160	97	223[ii]
Respite Services			
No. of day only respite sessions accessed by people with a disability	35,000	41,100	41,100
No. of overnights (with or without day respite) accessed by people with a disability	180,000	182,506	182,506
No. of people with a disability in receipt of respite services (ID / autism and physical and sensory disability)	5,274	6,320	6,320
Disability Act Compliance			
No. of requests for assessments received	5,539	5,856	6,234

Social Care – Disability Services

Area of service provision	NSP 2016 Expected Activity	Projected Outturn 2016	Expected Activity 2017
Progressing Disability Services for Children and Young People (0–18s) Programme No. of Children's Disability Network Teams established (total of 129 by the end of 2017)	129	56	129
Day Services including School Leavers No. of people with a disability in receipt of work / work-like activity services (ID / autism and physical and sensory disability	3,253	3,253	3,253
No. of people (all disabilities) in receipt of rehabilitation training (RT)	2,870	2,870	2,870
No. of people with a disability in receipt of other day services (excl. RT and work / work-like activities) (adult) (ID / autism and physical and sensory disability)	16,832	17,752	18,672
Personal Assistance (PA) No. of PA service hours delivered to adults with a physical and / or sensory disability	1.3m	1.5m	1.4m
No. of adults with a physical and / or sensory disability in receipt of a PA service	2,186	2,357	2,357
Home Support Service No. of home support hours delivered to persons with a disability	2.6m	2.9m	2.75m
No. of people with a disability in receipt of home support services (ID / autism and physical and sensory disability)	7,312	7,447	7,447

(i) The residential placements take account of an increase of 200 emergency places during 2016 together with a reduction of 100 places in congregated settings due to vacancies in congregated settings not being replaced to improve compliance with HIQA standards

(ii) The 223 includes the 63 places not completed at the end of 2016 which will transfer to community living in Q1 2017, together with 160 additional transfers in 2017 subject to completion of house purchases, refurbishment and HIQA registration within the required timeframes

Services for Older People

Priorities and priority actions 2017

- Ensure older people are provided with the appropriate supports following an acute hospital episode by maintaining our focus on the reduction of Delayed Discharges in acute hospital
- Finalise and commence the implementation of the Home Care Service Improvement Plan
- Progress all key actions from the National Dementia Strategy through the National Dementia office.
- Roll out the Integrated Care Programme for Older People in conjunction with CSPD in an additional six sites
- Implement the outstanding recommendations of the '*Review of the NHSS'*
- 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.

Priority Actions	End Q
Services for Older People	
Maintain focus on the reduction of Delayed Discharges in acute hospitals	
Provide older people with appropriate supports following an acute hospital episode	Q1-Q4
Continue to provide dedicated home care supports to 10 acute hospitals as part of the 2016/2017 Winter Initiative.	Q1
Prioritise transition care resources to support acute hospital discharge	Q1-Q4
Continue to provide dedicated home care supports as part of the 2016/2017 Winter Initiative to 10 acute hospitals approved for Jan/Feb 2017. Total 300 additional HCPs as follows:	Q1

CHO	HCPs per week	Total
CHO 2	6	36
CHO 3	6	36
CHO 4	3	18
CHO 5	8	48
CHO 7	12	72
CHO 8	9	54
CHO 9	6	36
Total		**300**

Nursing Homes Support Scheme	
Increase the average number of people per week (average bed weeks) supported under the scheme by 278, from 22,989 [expected 2016 outturn is 22,989] to 23,267, with a total of 23,603 people receiving support by the end of 2017. The provision of the additional €18.5m on expected 2016 outturn will fund	Q1-Q4

Priority Actions	End Q
estimated increase in activity during 2017. (2017 Budget - €940m).	
The average number of people on the National Placement List during the year will be 550-600, with an average wait time of 4 weeks.	
Maintain maximum of four week waiting time for funding for the NHSS	
Implement outstanding recommendations of the *Review of the NHSS*	
Improve access to clear information for the public, in relation to the scheme	Q1-Q4
Reduce the number of Nursing Homes Support Offices to create regional centres to improve efficiency and responsiveness	Q1- Q2
Home Care Provision	
Deliver HCPs to 16,750 people by year end (includes WI 2016/17 additional 300 HCPs)	Q1-Q4

CHO	No of Clients in receipt of Home Care Packages
CHO 1	1,331
CHO 2	1,254
CHO 3	1,107
CHO 4	1,517
CHO 5	1,094
CHO 6	1,725
CHO 7	2,171
CHO 8	2,373
CHO 9	4,178
Total	**16,750**

Deliver 10.57m Home Help Hours — Q1-Q4

CHO	No of Home Help Hours
CHO 1	1,435,000
CHO 2	1,294,000
CHO 3	933,000
CHO 4	1,983,000
CHO 5	1,304,000
CHO 6	455,000
CHO 7	734,000
CHO 8	1,260,000
CHO 9	1,172,000
Total	**10,570000**

Priority Actions	End Q
Deliver Intensive HCPs to 130 people at any time plus an additional 60 based on agreement of funding with Atlantic Philanthropies, specific to people with dementia, who would otherwise be in long term Care, or acute hospitals.	Q1-Q4
Actions to Implement Home Care Improvement Plan	
Continue to work with DoH in preparing for future regulation of home care services for older people	Q1-Q4
Progress implementation of *National Standards for Safer Better Healthcare* as applicable to home care services for older people	Q4
Communicate home care service improvements to staff and public	Q4
Continue to develop national standard service delivery processes as appropriate to support model of home care having regard to local implementation	Q4
Prioritise available services to need and demand to ensure that older people needing home care support can be discharged in a timely manner from hospital.	Q1-Q4
Day Care	
Take the learning's from the review of Day Care Services in CHO 4 and develop a project plan to implement best practice across other CHO areas	Q1-Q2
Transitional Care	
Provide 152 transitional care beds per week to all acute hospitals to support older people moving to long stay care and/ or requiring convalescence	
Continue to provide dedicated additional transitional care beds as part of the 2016/2017 Winter Initiative to five acute hospitals, totalling 15 per week approved for Jan/Feb 2017. Total 15 additional HCPs as follows: - Tallaght - 2 per week - St. James's – 5 per week - Beaumont – 4 per week - Connolly – 2 per week - Mater – 2 per week	Q1-Q4
Single Assessment Tool (SAT)	
Work with providers to expedite a greater capacity of SAT assessments across services	Q1- Q4
Optimise the use of SAT in influencing service delivery and planning for older people	Q1
Commence and progress the implementation of SAT in CHOs - 1,3,5,6 &8	Q1-Q4
Progress implementation of SAT beyond Early Adopter Sites in CHOs - 2, 4, 7 & 9	Q1-Q4
Progress the development of Carers Needs Assessment.	Q4
Public Residential Care Services.	
Progress the HSE's Capital Plan 2016-2021through continued collaboration with Estates and CHOs	Q1-Q4
Work with managers of residential care services providing guidance and support to the delivery system in relation to the provision of services in a safe, equitable and cost efficient manner and in accordance with relevant standards	
Ensure that each CHO implements a reduction of reliance on agency staffing and to provide for a sustainable workforce into the future	Q1-Q2

Priority Actions	End Q
Progress the implementation of the 'money follows the patient' payment model from pilot phase to full implementation for short stay public residential care across all CHOs on a phased basis	Q1-Q4
The appointment of a Service Improvement Team Leader in late 2016 will allow for a formal service improvement process to commence in 2017. This will continue on from site visits etc. undertaken by a service improvement team in 2016. The Service Improvement Team will support the local managers of residential services to focus on the following range of measures - Support the DON's and the leadership in the community hospitals and residential settings to implement a best practice model within the resources available - Complete and implement the *Skill Mix Review* of direct care costs across all centres and commence the process of reviewing indirect care costs - Review nursing management structures in order to strengthen governance arrangements in public residential care facilities - Continue to provide forensic analysis in respect of cost of care per bed per week to each CHO in order to assist with workforce planning and cost containment initiatives and cost control. - Commence a process of implementation of Advanced Care Directives in Public Residential Care Services.	

National Dementia Strategy

Actions from the Dementia Strategy Implementation Plan	
Work with Health and Well Being to lead and deliver a nationwide support and social media campaign *Understand Together* for people with dementia and their carers	Q1-Q4
Support the development of integrated working to deliver personalised home care packages for up to 120 people with dementia - CHO 2: Galway - CHO 3: Limerick - CHO 4: Cork City - CHO 5: Waterford - CHO 7: Dublin South West & Dublin SE - CHO 9: Dublin North & Dublin North City	Q1-Q4
Develop a clear plan of action In line with the home care service improvement plan, to lead on the adoption of the learning's and outcomes from the HSE/Genio supported dementia specific initiatives across all CHOs	Q1- Q4
Deliver a dementia specific educational programme for primary care teams and GP's as part of the Primary Care Education, Pathways and Research in Dementia (PREPARED) Project (joint approach with the Primary Care Division) in: - CHO 1 & CHO 2 - CHO 3 & CHO 4 - CHO 5 & CHO 6 - CHO7 & CHO 8 & CHO 9	Q1 Q2 Q3 Q4
Complete a framework and procurement process to evaluate the implementation of the National Dementia Strategy Plan	Q2
Develop guidance material on the appropriate management of medication for people with dementia.	Q2
Complete a mapping of services for people with dementia and carers currently across the nine HSE CHO areas to inform future development and identify gaps in the service.	Q1 –Q3
Complete a mapping exercise of the acute hospitals to determine current dementia specific services available. The results will inform future development and identify gaps in the service	Q1 –Q2
Lead out on the development of a FETAC level 5 Dementia Programme specifically for home care workers	Q2
Enhance the Specialist Clinical Support to the National Dementia Office through the appointment of 0.5 WTE Consultant Clinical Lead.	Q3 -Q4

Priority Actions	End Q
Integrated Care Programme for Older People	
Work with local leadership to embed local governance structures in seven pioneer sites	Q2
Complete recruitment of non-consultant staff on Integrated Care, Older Person Team personnel (IC OPT) in pioneer sites	Q2
Work with local clinical, managerial leadership and service partners to address steps 1-3 of 10 Step Integrated Care Framework in pioneer sites	Q4
Establish local governance in six further sites following local consultation with CHOs and Hospital Groups	Q4
Initiate recruitment of Integrated Care, Older Person Teams (IC OPT) in new sites	Q1
Work with national divisions and DoH to address integration enablers (Policy, Workforce, Finance, ICT)	Q4
Dublin City Age Friendly Houing with Care Working Group	
The HSE will continue to hold membership both from a national and local operational level on this working group	Q1-Q4
Progress plan for pilot site in Inchicore	Q1-Q4
Research – Housing with Care Models	
Continue to work with Waterford Institute of Technology regarding a research project being around existing models of housing with care in Ireland and their effectiveness and potential for delivering additional options of care for older persons	Q2
ISAX Project	
Independent Living with Care Taskforce. The HSE will continue to be a member of this task force during 2017. Phase 1 of the project focusing on research of various housing models and the effectiveness of these models in delivering care and support to older persons	Q1- Q4
Host Family Scheme (formely known as Boarding Out Scheme)	
Consider the utilisation of the scheme to provide short term respite for older persons to complement existing community services	Q2
Work with DoH in relation to potential amendments to the current Boarding Out Regulations 1993, to meet current needs	Q1
Keeping Older People Well	
Progress the implementation of *Healthy Ireland in the Health Services National Implementation Plan 2015-2017* and the *Positive Ageing Strategy*	
Continue to provide day care services and other community supports either directly or in partnership with voluntary organisations so as to ensure that older people are provided with the necessary supports to remain active and participate in their local communities	Q1-Q4
Continue to develop an integrated care pathway for falls prevention and bone health in each CHO taking the learning from the original pilot sites	Q1-Q4
The National Carers Strategy	

Priority Actions	End Q
Implement the *Carers Strategy* – through: - Leading a multi-divisional group to progress the implementation of the *National Carers Strategy, Recognised, Supported, Empowered* - The Carers Need Assessment Tool will be tested for implementation in 2017 progressed through SAT project - We will collaborate with Local Authorities to support the concept of Age Friendly Cities and local Older Persons Councils - Progress the work of the HSE multi divisional Review Group to review respite services to determine the requirements for respite care and identify the gaps in service provision - Monitor progress on the *National Carers Strategy* for the HSE Annual Progress Report (January – December 2017) - Establish a HSE multi divisional group to review the progress of the recommendations of the Home Solutions Report (tele care services) and provide recommendations - Through the HSE multi divisional Carers Strategy group develop a HSE Policy & Guidelines for the early identification of carers - The development of a Carers Needs Assessment will be progressed through SAT project in 2017	Q1-Q4 Q4 Q1 – 4 Q4 2017 – Q1 (2018) Q1- Q4 Q2- Q4 Q2- Q4

Service User Engagement	
Work alongside SAGE, the National Advocacy Service for Older Persons, to strengthen existing advocacy services for older persons. When established to work alongside where appropriate with the proposed National Patient Advocate Service	Q1– Q4
Ensure that all service users and their families are aware of the role of the Confidential Recipient	Q1– Q4

Service Arrangements	
Monitor and assist with the completion of SLAs –Part 1 and 2 Schedules for services commissioned by service for older people by CHOs within nationally agreed timelines	Q1
Incorporate completion of SLAs related to the National Home Care Tender into the national reporting arrangements to give visibility to home care provision under tender 2016 arrangements as may be required in 2017	Q1 – 4
All SLAs to be completed by Chief Officers by February 28th 2017	Q1
Provide a summary report related to services for older people of the national monthly reports provided by the compliance unit to national office services for older people on a monthly basis	Q1 - Q4
Quality & Safety	
Governance For Quality and Safety	
Each CHO will establish Residents Councils / Family Forums / Service User Panels or equivalent in Social Care	Q4
Quality & Safety Committees are in place within CHOs	Q1
Each CHO will have a HCAI or infection control Committee in place	Q1
Each CHO will have a Drugs and Therapeutic Committee in place	Q1
Each CHO will have a Health & Safety Committee in place	Q1
Each CHO will report monthly on the Social Care Quality and Safety Dashboard	Q1
Safe Care & Support	
Each CHO will review and analyse incidents (numbers, types, trends)	Each Q

Priority Actions	End Q
Each CHO will have a process in place to ensure the recommendations of any serious investigations are implemented, and learning shared to include SRE's/serious incident investigations	Each Q
Each CHO will review and analyse complaints (numbers, types, trends)	Each Q
Each CHO will have an active integrated Social Care Risk Register in place	Each Q
The Quality and Safety team will introduce a process to ensure that recommendations from incident investigations, reviews, inspection reports and other sources of best practice are implemented and audited for effectiveness across the Division	Q2
A "Shared Learning" template will be developed to standardise the way in which learning from all sources is disseminated internally for social care, cross divisionally and nationally	Q2
Development of a sepsis awareness programme through the establishment of a working group in services for older people	Q3
Provide additional dedicated resource in the area of dietetics to support individual dietary needs and to advise on diverse and healthy options in social care residential care services.	Q3 –Q4
Open Disclosure	
Provide assurance that the *Open Disclosure Policy* is in place and demonstrate implementation by having a named open disclosure lead per CHO	Q1
Open Disclosure Trainers providing an on-going training programme which will be recorded on a national database and will be monitored by the social care division	Q1
Monitor the percentage of recording of using the *Open Disclosure Policy* on the National Incident Management System (NIMS)	Q1
Person Centred Care and Support	
Each CHO will conduct annual service user experience surveys amongst representative samples of their social care service user population	
Effective Care and Support	
% of compliance with outcomes of designated centres following HIQA inspections by CHO	Q1-Q4
Each CHO will have a system to review the trends from the collation of HIQA Notification Forms submitted by HSE provided-services	Q1-Q4
Medication Management: Distribute medication management framework to older persons services and monitor effectiveness through audit	Q1-Q2
Emergency Planning	
All older persons residential units and other HSE older person services must have in place: - Emergency plans - Evacuation Plans - Severe Weather Warning Plans - CHO Emergency Plan	Q1 –Q2
All HSE funded older person services must have in place as appropriate: - Emergency plans - Evacuation Plans - Severe Weather Warning Plans	

Volume of services in 2017 includes:

Social Care – Services for Older People			
Area of service provision	NSP 2016 Expected Activity	Projected Outturn 2016	Expected Activity 2017
Home Care Packages (HCPs) Total no. of persons in receipt of a HCP including delayed discharge initiative HCPs	15,450	16,450	16,750
Intensive HCPs: Total no. of persons in receipt of an intensive HCP including Atlantic Philanthropies funded IHCPs	130	181	190
Home Help Hours No. of home help hours provided for all care groups (excluding provision of hours from HCPs)	10.437m	10.570m	10.570m
No. of people in receipt of home help hours (excluding provision of hours from HCPs)	47,800	49,000	49,000
Nursing Homes Support Scheme (NHSS) No. of persons funded under NHSS in long term residential care at year end	23,107[iii]	23,107	23,603
No. of NHSS beds in public long stay units	5,255	5,150	5,088
No. of short stay beds in public long stay units	2,005	1,921	1,918
Average length of stay for NHSS clients in public, private and saver long stay units	3.2 years	3 years	2.9 years
Transitional Care Average weekly transitional care beds available to acute hospitals	109	152	152
Additional weekly transitional care beds winter plan (October 16 – February 17)	-	15	15
No. of people at any given time being supported through transitional care in alternative care settings	450	600	600
No. of persons in acute hospitals approved for transitional care to move to alternative care settings	5,450	7,820	7,820
(iii) Previous figure of 23,450 amended in agreement with DoH during 2016			

Appendices

Appendix 1: Finance

Service Arrangement Funding

Disability Services

Summary	Care Group	Disability funding €	CHO Area 1 € -Cavan/ Monaghan -Donegal -Sligo/ Leitrim/W. Cavan	CHO Area 2 € -Galway -Mayo -Roscommon	CHO Area 3 € -Clare -Limerick -N. Tipperary	CHO Area 4 € -Kerry - North Cork -North Lee -South Lee -West Cork	CHO Area 5 € -Carlow /Kilkenny -S. Tipperary -Waterford -Wexford	CHO Area 6 € - Dublin S.E. -Dun Laoghaire -Wicklow	CHO Area 7 € -Dublin S. City -Dublin S.W -Dublin W -Kildare/ W. Wicklow	CHO Area 8 € - Laois/ Offaly -Longford/ Westmeath -Louth -Meath	CHO Area 9 € -Dublin N. -Dublin N. Central - Dublin N.W	National
S38 – SA	Disability	723,276,230	232,017	61,575,850	79,344,426	99,930,648	53,636,160	74,830,229	136,507,346	76,952,038	140,267,516	0
S39 – SA	Disability	428,048,401	24,242,855	72,750,008	46,687,268	57,472,180	58,699,085	59,994,102	28,600,693	40,209,200	35,832,270	3,560,740
S39 – GA	Disability	5,653,847	1,519,639	658,365	268,770	262,223	802,578	363,368	207,202	183,878	1,378,719	9,104
Total S39	Disability	433,702,248	25,762,494	73,408,373	46,956,038	57,734,403	59,501,663	60,357,470	28,807,895	40,393,078	37,210,990	3,569,844
Total Voluntary	Disability	1,156,978,477	25,994,511	134,984,223	126,300,464	157,665,051	113,137,824	135,187,699	165,315,240	117,345,116	177,478,506	3,569,844
For Profit – SA	Disability	68,051,117	2,464,327	2,060,610	3,463,450	5,305,951	6,068,002	4,239,841	13,693,335	13,934,194	16,821,407	0
Out of State – SA	Disability	8,230,736	3,359,619	300,000	94,240	77,020	389,359	0	343,846	3,392,055	274,597	0
Total Commercial	Disability	76,281,853	5,823,947	2,360,610	3,557,690	5,382,971	6,457,361	4,239,841	14,037,181	17,326,249	17,096,004	0
Total All	Disability	1,233,260,330	31,818,457	137,344,833	129,858,154	163,048,021	119,595,185	139,427,540	179,352,421	134,671,365	194,574,510	3,569,844

Section 38 Service Arrangements

Parent agency	Disability Funding €	CHO Area 1 € -Cavan/ Monaghan -Donegal -Sligo/ Leitrim/W. Cavan	CHO Area 2 € -Galway -Mayo -Roscommon	CHO Area 3 € -Clare -Limerick -N. Tipperary	CHO Area 4 € -Kerry - North Cork -North Lee -South Lee -West Cork	CHO Area 5 € -Carlow /Kilkenny -S. Tipperary -Waterford -Wexford	CHO Area 6 € - Dublin S.E. -Dun Laoghaire -Wicklow	CHO Area 7 € -Dublin S. City -Dublin S.W -Dublin W -Kildare/ W. Wicklow	CHO Area 8 € - Laois/ Offaly -Longford/ Westmeath -Louth -Meath	CHO Area 9 € -Dublin N. -Dublin N. Central - Dublin N.W	National
Saint John of God Community Services Limited	109,853,353	0	0	41,675	16,319,256	0	21,175,276	41,108,747	31,208,399	0	0
Daughters of Charity Disability Support Services Limited	100,261,756	0	0	39,908,201	0	0	0	377,892	1,886,000	58,089,663	0
St. Michael's House	68,303,376	0	0	0	0	0	0	2,055	627,036	67,674,285	0
Brothers of Charity (Galway)	47,055,129	0	47,055,129	0	0	0	0	0	0	0	0
COPE Foundation	44,331,970	0	0	0	44,331,970	0	0	0	0	0	0
Muiriosa Foundation	42,626,430	0	0	0	0	0	0	0	42,626,430	0	0
Stewart's Care Ltd	42,399,258	0	0	0	0	53,591	0	42,345,667	0	0	0
Brothers of Charity Southern Services	39,010,690	0	0	0	39,010,690	0	0	0	0	0	0
Brothers of Charity Services South East	28,376,111	0	0	0	0	28,376,111	0	0	0	0	0
National Rehabilitation Hospital	27,500,000	0	0	0	0	0	27,500,000	0	0	0	0
Brothers of Charity (Limerick)	26,480,689	0	0	26,480,689	0	0	0	0	0	0	0
Cheeverstown House	23,960,793	0	0	0	0	0	0	23,960,793	0	0	0
Sunbeam House Services	22,416,952	0	0	0	0	0	22,416,952	0	0	0	0
KARE	16,284,355	0	0	0	0	140,313	35,400	15,743,533	365,109	0	0
Central Remedial Clinic (CRC)	15,979,924	0	0	354,261	0	925,944	0	184,995	11,156	14,503,568	0
Brothers of Charity (Roscommon)	14,980,646	232,017	14,520,721	0	0	0	0	0	227,908	0	0
Sisters of Charity - Kilkenny	14,458,319	0	0	0	0	14,458,319	0	0	0	0	0
Brothers of Charity (Clare)	12,828,332	0	0	12,559,600	268,732	0	0	0	0	0	0

Parent agency	Disability Funding €	CHO Area 1 € -Cavan/ Monaghan -Donegal -Sligo/ Leitrim/W. Cavan	CHO Area 2 € -Galway -Mayo -Roscommon	CHO Area 3 € -Clare -Limerick -N. Tipperary	CHO Area 4 € -Kerry - North Cork -North Lee -South Lee -West Cork	CHO Area 5 € -Carlow /Kilkenny -S. Tipperary -Waterford -Wexford	CHO Area 6 € - Dublin S.E. -Dun Laoghaire -Wicklow	CHO Area 7 € -Dublin S. City -Dublin S.W -Dublin W -Kildare/ W. Wicklow	CHO Area 8 € - Laois/ Offaly -Longford/ Westmeath -Louth -Meath	CHO Area 9 € -Dublin N. -Dublin N. Central - Dublin N.W	National
Peamount	12,483,664	0	0	0	0	0	0	12,483,664	0	0	0
Carriglea Cairde Services	9,681,882	0	0	0	0	9,681,882	0	0	0	0	0
The Children's Sunshine Home	4,002,601	0	0	0	0	0	3,702,601	300,000	0	0	0
Total All	723,276,230	232,017	61,575,850	79,344,426	99,930,648	53,636,160	74,830,229	136,507,346	76,952,038	140,267,516	0

Section 39 Service Arrangements – Agencies in Receipt of funding in excess of €5m (19 Agencies)

Parent agency	Disability Funding €	CHO Area 1 € -Cavan/ Monaghan -Donegal -Sligo/ Leitrim/W. Cavan	CHO Area 2 € -Galway -Mayo -Roscommon	CHO Area 3 € -Clare -Limerick -N. Tipperary	CHO Area 4 € -Kerry - North Cork -North Lee -South Lee -West Cork	CHO Area 5 € -Carlow /Kilkenny -S. Tipperary -Waterford -Wexford	CHO Area 6 € - Dublin S.E. -Dun Laoghaire -Wicklow	CHO Area 7 € -Dublin S. City -Dublin S.W -Dublin W -Kildare/ W. Wicklow	CHO Area 8 € - Laois/ Offaly -Longford/ Westmeath -Louth -Meath	CHO Area 9 € -Dublin N. -Dublin N. Central - Dublin N.W	National
Rehabcare	44,098,844	4,537,357	3,887,768	12,600,148	3,209,022	3,082,064	8,557,903	23,116	8,179,600	21,866	0
Enable Ireland	35,709,903	1,372,238	2,678,921	8,513,444	5,943,297	1,046,168	12,557,988	1,154,778	2,443,069	0	0
I.W.A. Limited	29,588,489	2,986,364	4,751,547	4,984,598	3,750,303	4,473,709	1,829,075	2,864,164	3,715,258	183,722	49,749
Western Care Association	29,265,487	0	29,265,487	0	0	0	0	0	0	0	0
The Cheshire Foundation in Ireland	23,935,810	1,313,236	2,514,999	2,326,789	3,127,302	3,144,813	7,184,580	1,917,098	358,021	2,048,972	0
Ability West	23,025,436	0	22,989,751	35,685	0	0	0	0	0	0	0
National Learning Network Limited	14,631,040	2,118,228	1,576,409	775,449	3,062,312	1,144,828	1,025,284	1,427,251	2,490,674	1,010,605	0
St. Joseph's Foundation	14,297,459	0	0	6,710,766	7,586,693	0	0	0	0	0	0

Parent agency	Disability Funding €	CHO Area 1 € -Cavan/ Monaghan -Donegal -Sligo/ Leitrim/W. Cavan	CHO Area 2 € -Galway -Mayo -Roscommon	CHO Area 3 € -Clare -Limerick -N. Tipperary	CHO Area 4 € -Kerry - North Cork -North Lee -South Lee -West Cork	CHO Area 5 € -Carlow /Kilkenny -S. Tipperary -Waterford -Wexford	CHO Area 6 € - Dublin S.E. -Dun Laoghaire -Wicklow	CHO Area 7 € -Dublin S. City -Dublin S.W -Dublin W -Kildare/ W. Wicklow	CHO Area 8 € - Laois/ Offaly -Longford/ Westmeath -Louth -Meath	CHO Area 9 € -Dublin N. -Dublin N. Central - Dublin N.W	National
Camphill Communities of Ireland	10,802,117	530,382	176,263	189,897	589,342	5,781,337	805,501	2,443,618	227,778	57,999	0
Peter Bradley Foundation Limited	10,271,127	1,402,595	46,745	1,665,891	635,611	1,125,628	2,288,943	997,042	1,384,434	724,238	0
Kerry Parents & Friends Association	9,369,269	0	0	0	9,369,269	0	0	0	0	0	0
St. Christopher's Services Ltd	8,784,769	87,908	0	0	0	0	0	0	8,696,861	0	0
SOS Kilkenny Ltd	8,746,215	0	0	0	0	8,746,215	0	0	0	0	0
St. Catherine's Association Ltd	7,789,594	0	0	0	0	0	6,019,686	1,623,908	146,000	0	0
Gheel Autism Services	7,331,173	0	279,195	0	0	0	4,099,266	1,694,578	72,894	1,185,240	0
Prosper Fingal	7,268,453	0	0	0	0	0	0	0	0	7,268,453	0
NCBI Services	6,499,935	376,923	451,035	423,390	792,647	676,455	104,844	174,930	361,433	2,859,721	278,557
CoAction West Cork	6,391,064	0	0	0	6,391,064	0	0	0	0	0	0
Autism Spectrum Disorder Initiatives Limited	5,576,093	0	0	0	0	177,795	4,673,404	724,894	0	0	0
Section 39 Service Arrangements Funding (> €5m) Total	**303,382,277**	**14,725,231**	**68,618,120**	**38,226,057**	**44,456,862**	**29,399,012**	**49,146,474**	**15,045,377**	**28,076,022**	**15,360,815**	**328,306**

Agencies in receipt of funding in excess of €1m

Parent agency	Disability Funding €	CHO Area 1 € -Cavan/ Monaghan -Donegal -Sligo/ Leitrim/W. Cavan	CHO Area 2 € -Galway -Mayo -Roscommon	CHO Area 3 € -Clare -Limerick -N. Tipperary	CHO Area 4 € -Kerry - North Cork -North Lee -South Lee -West Cork	CHO Area 5 € -Carlow /Kilkenny -S. Tipperary -Waterford -Wexford	CHO Area 6 € - Dublin S.E. -Dun Laoghaire -Wicklow	CHO Area 7 € -Dublin S. City -Dublin S.W -Dublin W -Kildare/ W. Wicklow	CHO Area 8 € - Laois/ Offaly -Longford/ Westmeath -Louth -Meath	CHO Area 9 € -Dublin N. -Dublin N. Central - Dublin N.W	National
				120 x Section 39 Service Arrangement Agencies							
Rehabcare	44,098,844	4,537,357	3,887,768	12,600,148	3,209,022	3,082,064	8,557,903	23,116	8,179,600	21,866	0
Enable Ireland	35,709,903	1,372,238	2,678,921	8,513,444	5,943,297	1,046,168	12,557,988	1,154,778	2,443,069	0	0
I.W.A. Limited	29,588,489	2,986,364	4,751,547	4,984,598	3,750,303	4,473,709	1,829,075	2,864,164	3,715,258	183,722	49,749
Western Care Association	29,265,487	0	29,265,487	0	0	0	0	0	0	0	0
The Cheshire Foundation in Ireland	23,935,810	1,313,236	2,514,999	2,326,789	3,127,302	3,144,813	7,184,580	1,917,098	358,021	2,048,972	0
Ability West	23,025,436	0	22,989,751	35,685	0	0	0	0	0	0	0
National Learning Network Limited	14,631,040	2,118,228	1,576,409	775,449	3,062,312	1,144,828	1,025,284	1,427,251	2,490,674	1,010,605	0
St. Joseph's Foundation	14,297,459	0	0	6,710,766	7,586,693	0	0	0	0	0	0
Camphill Communities of Ireland	10,802,117	530,382	176,263	189,897	589,342	5,781,337	805,501	2,443,618	227,778	57,999	0
Peter Bradley Foundation Limited	10,271,127	1,402,595	46,745	1,665,891	635,611	1,125,628	2,288,943	997,042	1,384,434	724,238	0
Kerry Parents & Friends Association	9,369,269	0	0	0	9,369,269	0	0	0	0	0	0
St. Christopher's Services Ltd	8,784,769	87,908	0	0	0	0	0	0	8,696,861	0	0
SOS Kilkenny Ltd	8,746,215	0	0	0	0	8,746,215	0	0	0	0	0
St. Catherine's Association Ltd	7,789,594	0	0	0	0	0	6,019,686	1,623,908	146,000	0	0
Gheel Autism Services	7,331,173	0	279,195	0	0	0	4,099,266	1,694,578	72,894	1,185,240	0
Prosper Fingal	7,268,453	0	0	0	0	0	0	0	0	7,268,453	0
NCBI Services	6,499,935	376,923	451,035	423,390	792,647	676,455	104,844	174,930	361,433	2,859,721	278,557
CoAction West Cork	6,391,064	0	0	0	6,391,064	0	0	0	0	0	0

Parent agency	Disability Funding €	CHO Area 1 € -Cavan/ Monaghan -Donegal -Sligo/ Leitrim/W. Cavan	CHO Area 2 € -Galway -Mayo -Roscommon	CHO Area 3 € -Clare -Limerick -N. Tipperary	CHO Area 4 € -Kerry - North Cork -North Lee -South Lee -West Cork	CHO Area 5 € -Carlow /Kilkenny -S. Tipperary -Waterford -Wexford	CHO Area 6 € - Dublin S.E. -Dun Laoghaire -Wicklow	CHO Area 7 € -Dublin S. City -Dublin S.W -Dublin W -Kildare/ W. Wicklow	CHO Area 8 € - Laois/ Offaly -Longford/ Westmeath -Louth -Meath	CHO Area 9 € -Dublin N. -Dublin N. Central - Dublin N.W	National
Autism Spectrum Disorder Initiatives Limited	5,576,093	0	0	0	0	177,795	4,673,404	724,894	0	0	0
Walkinstown Association for People with an Intellectual Disability Limited	4,518,813	0	0	0	0	0	0	4,518,813	0	0	0
Irish Society for Autism	4,511,651	0	0	113,085	0	741,744	0	2,378,466	1,278,356	0	0
St. Aidan's Day Care Centre	4,505,676	0	0	0	0	4,505,676	0	0	0	0	0
County Wexford Community Workshop (Enniscorthy) Ltd (CWCW)	4,429,125	0	0	0	0	4,429,125	0	0	0	0	0
Cork Association for Autism	4,416,193	0	0	0	4,416,193	0	0	0	0	0	0
St. Hilda's Service for the Mentally Handicapped	4,360,980	0	685,075	0	0	0	0	0	3,675,905	0	0
Childvision	4,041,957	0	0	0	0	0	0	0	0	4,041,957	0
The National Association for the Deaf	3,822,609	229,882	433,794	302,241	313,417	290,438	180,588	286,394	303,449	1,252,245	230,161
Catholic Institute for Deaf People (CIDP)	3,812,753	0	0	50,970	0	0	1,193,409	0	41,374	2,527,000	0
Ard Aoibhinn Centre	3,315,927	0	0	0	0	3,315,927	0	0	0	0	0
St. Mary's Centre (Telford) Ltd	3,231,752	0	0	0	0	0	3,231,752	0	0	0	0
Prosper Meath	3,124,040	0	0	0	0	0	0	0	0	3,124,040	0
St. Paul's Hospital & Special School	3,084,070	0	0	0	0	0	0	0	0	3,084,070	0
Waterford Intellectual Disability Association (WIDA)	2,927,527	0	0	0	0	2,927,527	0	0	0	0	0
L'Arche Ireland	2,918,041	0	0	0	1,473,845	968,285	0	0	0	475,911	0
Delta Centre	2,694,128	0	0	0	0	2,371,653	0	0	322,475	0	0
Headway (Ireland) Ltd - The	2,607,621	0	0	229,032	961,461	29,762	136,728	127,359	11,569	1,093,523	18,187

Parent agency	Disability Funding €	CHO Area 1 € -Cavan/ Monaghan -Donegal -Sligo/ Leitrim/W. Cavan	CHO Area 2 € -Galway -Mayo -Roscommon	CHO Area 3 € -Clare -Limerick -N. Tipperary	CHO Area 4 € -Kerry - North Cork -North Lee -South Lee -West Cork	CHO Area 5 € -Carlow /Kilkenny -S. Tipperary -Waterford -Wexford	CHO Area 6 € - Dublin S.E. -Dun Laoghaire -Wicklow	CHO Area 7 € -Dublin S. City -Dublin S.W -Dublin W -Kildare/ W. Wicklow	CHO Area 8 € - Laois/ Offaly -Longford/ Westmeath -Louth -Meath	CHO Area 9 € -Dublin N. -Dublin N. Central - Dublin N.W	National
National Association for Acquired Brain Injury											
The Multiple Sclerosis Society of Ireland	2,575,578	145,816	135,232	64,673	195,667	124,486	0	1,654,663	88,289	0	166,752
Anne Sullivan Foundation for Deaf/Blind	2,564,694	189,151	0	192,934	0	646,533	1,279,882	0	184,770	71,424	0
North West Parents & Friends	2,480,546	2,474,791	0	5,755	0	0	0	0	0	0	0
St. Margaret's Centre	2,377,268	0	0	0	0	0	2,377,268	0	0	0	0
Dara Residential Services Limited	2,358,336	87,162	0	0	0	158,552	0	1,804,381	0	308,241	0
Moorehaven Centre	2,240,185	0	0	403,358	0	1,836,827	0	0	0	0	0
St. Gabriel's Centre	2,076,020	0	0	2,076,020	0	0	0	0	0	0	0
CUMAS New Ross	1,626,921	0	0	0	0	1,626,921	0	0	0	0	0
Disability Federation of Ireland	1,626,847	0	0	0	0	0	0	0	0	0	1,626,847
West Limerick Independent Living Limited	1,585,997	0	0	1,585,997	0	0	0	0	0	0	0
Centre for Independent Living (CIL) - Cork Ltd	1,573,518	0	0	0	1,573,518	0	0	0	0	0	0
St. Vincent's Centre	1,481,350	0	0	0	1,481,350	0	0	0	0	0	0
St. Cronan's Association Limited	1,457,445	0	0	987,731	0	0	0	0	469,714	0	0
Donegal Centre for Independent Living Limited	1,444,235	1,444,235	0	0	0	0	0	0	0	0	0
Centre for Independent Living (CIL) - Laois/Offaly	1,377,586	0	0	0	0	0	0	0	1,377,586	0	0
Steadfast House Ltd.	1,367,663	1,367,663	0	0	0	0	0	0	0	0	0
Áiseanna Tacaiochta Ltd	1,365,862	17,628	232,313	163,052	0	99,528	0	0	282,880	570,461	0
Fingal Home Care Limited	1,248,944	0	0	0	0	0	0	0	25,000	1,223,944	0
Order of Malta Regional Services Drogheda Limited	1,193,674	0	0	0	0	0	0	0	1,193,674	0	0

Parent agency	Disability Funding €	CHO Area 1 € -Cavan/Monaghan -Donegal -Sligo/Leitrim/W. Cavan	CHO Area 2 € -Galway -Mayo -Roscommon	CHO Area 3 € -Clare -Limerick -N. Tipperary	CHO Area 4 € -Kerry - North Cork -North Lee -South Lee -West Cork	CHO Area 5 € -Carlow/Kilkenny -S. Tipperary -Waterford -Wexford	CHO Area 6 € - Dublin S.E. -Dun Laoghaire -Wicklow	CHO Area 7 € -Dublin S. City -Dublin S.W -Dublin W -Kildare/ W. Wicklow	CHO Area 8 € - Laois/ Offaly -Longford/Westmeath -Louth -Meath	CHO Area 9 € -Dublin N. -Dublin N. Central - Dublin N.W	National
Muscular Dystrophy Ireland	1,139,285	30,288	20,000	0	93,751	12,739	19,584	63,132	52,632	767,709	79,450
Drumlin House Training Centre	1,122,269	1,122,269	0	0	0	0	0	0	0	0	0
Clann Mór	1,106,713	0	0	0	0	0	0	0	1,106,713	0	0
Doorway to Life Ltd (Abode Hostel and Day Centre)	1,000,094	0	0	0	1,000,094	0	0	0	0	0	0
Section 39 Service Arrangements Funding over €1m	**404,096,170**	**21,834,116**	**70,124,534**	**44,400,905**	**55,966,158**	**53,484,735**	**57,565,685**	**25,878,585**	**38,490,409**	**33,901,341**	**2,449,703**
89 x For Profit Service Arrangement Agencies											
Nua Healthcare Services	18,404,265	228,800	393,120	816,178	3,704,836	2,974,706	3,106,741	4,290,492	1,593,033	1,296,359	0
Talbot Group	12,822,543	0	180,000	1,797,453	142,272	319,996	628,355	410,234	2,946,904	6,397,330	0
Galro	3,948,068	0	0	0	0	576,000	0	1,063,201	2,308,867	0	0
Elder Home Care Limited	2,618,230	0	0	0	0	0	0	2,402,069	177,590	38,571	0
Three Steps Ltd	2,191,877	288,088	0	0	0	0	0	1,101,462	802,327	0	0
Simplicitas Ltd (UK)	2,050,976	0	0	0	0	0	120,000	1,930,976	0	0	0
Resilience Healthcare Ltd	1,980,781	0	0	78,318	1,366,059	0	0	0	0	536,404	0
Moorehall Lodge Healthcare Services Ltd	1,743,313	0	0	0	0	0	0	0	1,743,313	0	0
Vurzol Limited	1,646,394	0	0	0	0	0	0	0	1,396,365	250,029	0
Tara Winthrop Private Clinic	1,222,300	0	0	0	0	0	0	0	0	1,222,300	0
All In Care Limited	1,072,006	0	0	0	0	0	0	0	0	1,072,006	0
The Village Nursing Home Limited	1,056,906	0	1,056,906	0	0	0	0	0	0	0	0
Aaron Homecare Limited	1,043,984	0	0	0	0	0	0	24,000	1,019,984	0	0
For Profit Service Arrangements Funding above €1m	**51,801,643**	**516,888**	**1,630,026**	**2,691,949**	**5,213,167**	**3,870,702**	**3,855,096**	**11,222,434**	**11,988,382**	**10,812,999**	**0**
11 x Out of State Service Arrangements											
Praxis Care	5,976,126	2,587,973	0	0	0	62,235	0	0	3,051,321	274,597	0
Out of State Service Arrangements Funding over€1m	**5,976,126**	**2,587,973**	**0**	**0**	**0**	**62,235**	**0**	**0**	**3,051,321**	**274,597**	**0**

Services for Older People

Older Persons Services – Total Funding	Older Persons Total €	CHO Area 1 € -Cavan/ Monaghan -Donegal -Sligo/ Leitrim/W. Cavan	CHO Area 2 € -Galway -Mayo -Roscommon	CHO Area 3 € -Clare -Limerick -N. Tipperary	CHO Area 4 € -Kerry - North Cork -North Lee -South Lee -West Cork	CHO Area 5 € -Carlow /Kilkenny -S. Tipperary -Waterford -Wexford	CHO Area 6 € - Dublin S.E. -Dun Laoghaire -Wicklow	CHO Area 7 € -Dublin S. City -Dublin S.W -Dublin W -Kildare/ W. Wicklow	CHO Area 8 € - Laois/ Offally -Longford/ Westmeath -Louth -Meath	CHO Area 9 € -Dublin N. -Dublin N. Central - Dublin N.W	National
S38 – SA	54,095,282	0	0	0	0	0	30,101,000	11,338,882	0	12,655,400	0
S39 – SA	97,717,581	3,737,702	7,386,844	13,844,151	11,813,008	3,388,089	12,777,198	11,058,190	1,624,818	31,362,796	724,785
S39 – GA	15,811,541	1,867,063	1,133,075	1,816,383	4,185,838	3,015,662	742,461	1,080,724	559,781	1,409,054	1,500
Total S39	113,529,122	5,604,765	8,519,919	15,660,534	15,998,846	6,403,751	13,519,659	12,138,915	2,184,599	32,771,851	726,285
Total Voluntary	167,624,404	5,604,765	8,519,919	15,660,534	15,998,846	6,403,751	43,620,659	23,477,797	2,184,599	45,427,251	726,285
For Profit – SA	65,491,433	8,306,549	10,005,997	6,311,361	7,737,807	2,845,158	4,747,538	5,720,807	7,286,239	12,529,978	0
Out of State – SA	88,000	0	0	0	0	0	0	0	88,000	0	0
Total Commercial	65,579,433	8,306,549	10,005,997	6,311,361	7,737,807	2,845,158	4,747,538	5,720,807	7,374,239	12,529,978	0
Total All	233,203,837	13,911,314	18,525,916	21,971,895	23,736,652	9,248,909	48,368,197	29,198,604	9,558,838	57,957,228	726,285

Agencies in receipt of Funding in excess of €1m

Parent agency	Older Persons Total €	CHO Area 1 € -Cavan/ Monaghan -Donegal - Sligo/ Leitrim/ W. Cavan	CHO Area 2 € -Galway -Mayo Roscommon	CHO Area 3 € -Clare -Limerick -N. Tipperary	CHO Area 4 € -Kerry - North Cork -North Lee -South Lee -West Cork	CHO Area 5 € - Carlow /Kilkenny - S. Tipperary -Waterford -Wexford	CHO Area 6 € - Dublin S.E. -Dun Laoghaire - Wicklow	CHO Area 7 € - Dublin S. City - Dublin S.W - Dublin W - Kildare/ W. Wicklow	CHO Area 8 € - Laois/ Offally -Longford/ Westmeath -Louth - Meath	CHO Area 9 € - Dublin N. - Dublin N Central - Dublin N.W	National
6 x Section 38 Service Arrangement Agencies											
Royal Hospital Donnybrook	17,563,000	0	0	0	0	0	17,563,000	0	0	0	0
Leopardstown Park Hospital	12,538,000	0	0	0	0	0	12,538,000	0	0	0	0
Incorporated Orthopaedic Hospital of Ireland	9,993,000	0	0	0	0	0	0	0	0	9,993,000	0

Parent agency	Older Persons Total €	CHO Area 1 € -Cavan/ Monaghan -Donegal - Sligo/ Leitrim/ W. Cavan	CHO Area 2 € -Galway -Mayo Roscommon	CHO Area 3 € -Clare -Limerick -N. Tipperary	CHO Area 4 € -Kerry - North Cork -North Lee -South Lee -West Cork	CHO Area 5 € - Carlow /Kilkenny - S. Tipperary -Waterford -Wexford	CHO Area 6 € - Dublin S.E. -Dun Laoghaire - Wicklow	CHO Area 7 € - Dublin S. City - Dublin S.W - Dublin W - Kildare/ W. Wicklow	CHO Area 8 € - Laois/ Offaly -Longford/ Westmeath -Louth - Meath	CHO Area 9 € - Dublin N. - Dublin N Central - Dublin N.W	National
Peamount	7,675,458	0	0	0	0	0	0	7,675,458	0	0	0
Sisters of Charity - Dublin	3,663,424	0	0	0	0	0	0	3,663,424	0	0	0
Cappagh National Orthopaedic Hospital	2,662,400	0	0	0	0	0	0	0	0	2,662,400	0
Section 38 Service Arrangements Funding Total	**54,095,282**	**0**	**0**	**0**	**0**	**0**	**30,101,000**	**11,338,882**	**0**	**12,655,400**	**0**
30x Section 39 Service Arrangement Agencies											
Alzheimer Society of Ireland	10,736,161	677,054	491,354	1,395,422	1,501,824	869,926	2,712,894	884,643	790,597	1,412,446	0
Clarecare Limited	5,540,727	0	0	5,540,727	0	0	0	0	0	0	0
Fingal Home Care Limited	5,333,503	0	0	0	0	0	0	0	0	5,333,503	0
Family Carers Ireland	5,291,726	392,511	935,571	2,170,211	171,500	807,092	96,926	325,218	282,586	110,112	0
Dublin West Home Help Limited	3,800,383	0	0	0	0	0	0	3,800,383	0	0	0
Roscommon Home Services Co-operative Limited	3,719,064	18,214	3,700,850	0	0	0	0	0	0	0	0
Fold Housing Association Ireland Limited	3,631,760	0	0	0	0	0	0	0	0	3,631,760	0
Blanchardstown & Inner City Home Care Association Ltd	3,212,912	0	0	0	0	0	0	0	0	3,212,912	0
CareBright Limited	3,172,731	0	0	2,800,162	372,569	0	0	0	0	0	0
Northside Home Care Services Limited	2,821,115	0	0	0	0	0	0	0	0	2,821,115	0
Ballymun Home Help Service Limited	2,735,020	0	0	0	0	0	0	0	0	2,735,020	0
North Dublin Inner City Homecare & Home Help Services Limited	2,684,920	0	0	0	0	0	0	0	0	2,684,920	0
Rehabcare	2,163,932	0	0	0	0	0	2,163,932	0	0	0	0

Parent agency	Older Persons Total €	CHO Area 1 € -Cavan/ Monaghan -Donegal - Sligo/ Leitrim/ W. Cavan	CHO Area 2 € -Galway -Mayo Roscommon	CHO Area 3 € -Clare -Limerick -N. Tipperary	CHO Area 4 € -Kerry - North Cork -North Lee -South Lee -West Cork	CHO Area 5 € - Carlow /Kilkenny - S. Tipperary -Waterford -Wexford	CHO Area 6 € - Dublin S.E. -Dun Laoghaire - Wicklow	CHO Area 7 € - Dublin S. City - Dublin S.W - Dublin W - Kildare/ W. Wicklow	CHO Area 8 € - Laois/ Offaly -Longford/ Westmeath -Louth - Meath	CHO Area 9 € - Dublin N. - Dublin N Central - Dublin N.W	National
Caritas Convalescent Centre Ltd	2,047,000	0	0	0	0	0	2,047,000	0	0	0	0
Charter Medical Group Limited	1,971,870	0	0	0	0	0	0	0	0	1,971,870	0
Crumlin Home Care Service Limited	1,961,440	0	0	0	0	0	0	1,961,440	0	0	0
St. Luke's Home	1,892,031	0	0	0	1,892,031	0	0	0	0	0	0
Finglas Home Help/Care Organisation Ltd	1,668,010	0	0	0	0	0	0	0	0	1,668,010	0
Marymount University Hospital and Hospice Limited	1,551,874	0	0	0	1,551,874	0	0	0	0	0	0
Drumcondra Home Help & Care Services Ltd	1,445,164	0	0	0	0	0	0	0	0	1,445,164	0
St. Joseph's Nursing Home - Killorglin	1,422,498	0	0	0	1,422,498	0	0	0	0	0	0
Donnycarney / Beaumont Home Help	1,323,991	0	0	0	0	0	0	0	0	1,323,991	0
Nazareth House Management Ltd	1,228,818	1,228,818	0	0	0	0	0	0	0	0	0
Nazareth House - Cork	1,226,000	0	0	0	1,226,000	0	0	0	0	0	0
Wicklow Community Services Limited	1,185,019	0	0	0	0	0	1,185,019	0	0	0	0
Valentia Community Health and Welfare Association Limited	1,175,143	0	0	0	1,175,143	0	0	0	0	0	0
Terenure Home Care Service Limited	1,151,493	0	0	0	0	0	0	1,151,493	0	0	0
Greystones Home Help Services Ltd	1,134,205	0	0	0	0	0	1,134,205	0	0	0	0
St. Laurence O'Toole Social Services Ltd	1,104,180	0	0	0	0	0	0	0	0	1,104,180	0

Parent agency	Older Persons Total €	CHO Area 1 € -Cavan/ Monaghan -Donegal - Sligo/ Leitrim/ W. Cavan	CHO Area 2 € -Galway -Mayo Roscommon	CHO Area 3 € -Clare -Limerick -N. Tipperary	CHO Area 4 € -Kerry - North Cork -North Lee -South Lee -West Cork	CHO Area 5 € - Carlow /Kilkenny - S. Tipperary -Waterford -Wexford	CHO Area 6 € - Dublin S.E. -Dun Laoghaire - Wicklow	CHO Area 7 € - Dublin S. City - Dublin S.W - Dublin W - Kildare/ W. Wicklow	CHO Area 8 € - Laois/ Offaly -Longford/ Westmeath -Louth - Meath	CHO Area 9 € - Dublin N. - Dublin N Central - Dublin N.W	National
The Arklow Home Help Service Limited	1,053,363	0	0	0	0	0	1,053,363	0	0	0	0
Section 39 Service Arrangements Funding Over €1m	**79,386,053**	**2,316,597**	**5,127,775**	**11,906,521**	**9,313,439**	**1,677,018**	**10,393,339**	**8,123,177**	**1,073,183**	**29,455,004**	**0**
13 x For Profit Service Arrangements Agencies											
Elder Home Care Limited	12,617,237	264,931	1,360,000	1,732,388	1,119,864	354,781	1,200,000	2,370,513	527,262	3,687,499	0
Homecare & Health Services (Ireland) Limited	4,734,611	2,619,281	0	0	0	119,330	0	0	1,996,000	0	0
Aaron Homecare Limited	3,117,291	193,388	0	0	0	0	0	544,545	1,289,078	1,090,280	0
All In Care Limited	3,081,315	0	0	0	0	0	25	545,934	0	2,535,356	0
Lynmara Healthcare Ltd	2,630,000	0	2,630,000	0	0	0	0	0	0	0	0
Caspian B.M.P Limited	2,160,000	0	2,160,000	0	0	0	0	0	0	0	0
Blackwell & Wright Senior Care Ltd	2,125,280	0	0	1,794,811	0	330,469	0	0	0	0	0
MK Expert Providers Ltd	2,032,572	1,348,572	0	0	0	0	0	0	684,000	0	0
Limerick Senior Care Ltd	2,011,220	0	0	2,011,220	0	0	0	0	0	0	0
Kare Plan Limited	1,181,276	0	0	0	0	0	0	0	280,000	901,276	0
Galway Senior Care Ltd	1,150,000	0	1,150,000	0	0	0	0	0	0	0	0
Byzantium MOD Limited	1,133,779	0	0	0	1,133,779	0	0	0	0	0	0
Castle Homecare Limited	1,000,000	0	0	0	0	0	1,000,000	0	0	0	0
For Profit – SAs Funding €1m	**38,974,580**	**4,426,172**	**7,300,000**	**5,538,419**	**2,253,643**	**804,579**	**2,200,025**	**3,460,992**	**4,776,340**	**8,214,410**	**0**

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

Appendix 2: HR Information

Social Care Division Workforce Position: Staff Category Information

HSE / Section 38	Medical / Dental	Nursing	Health and Social Care	Management / Admin	General Support Staff	Patient and Client Care	WTE Sept 2016	% Total
HSE	24	871	94	175	217	1,303	2,685	10.10%
CHO 1	**24**	**871**	**94**	**175**	**217**	**1,303**	**2,685**	**10.10%**
HSE	12	463	51	90	94	593	1,304	4.90%
Section 38	4	193	242	78	49	541	1,107	4.20%
CHO 2	**16**	**657**	**293**	**167**	**143**	**1,135**	**2,410**	**9.10%**
HSE	9	283	90	100	98	338	918	3.50%
Section 38	4	370	277	64	71	749	1,534	5.80%
CHO 3	**13**	**653**	**367**	**164**	**169**	**1,086**	**2,452**	**9.20%**
HSE	25	706	98	140	181	844	1,994	7.50%
Section 38	2	415	329	102	121	975	1,943	7.30%
CHO 4	**27**	**1,121**	**427**	**242**	**301**	**1,818**	**3,937**	**14.80%**
HSE	12	473	128	69	162	466	1,310	4.90%
Section 38	1	154	113	62	29	612	971	3.70%
CHO 5	**13**	**627**	**241**	**131**	**191**	**1,078**	**2,281**	**8.60%**
HSE	7	189	59	29	44	202	530	2.00%
Section 38	25	507	714	243	190	773		9.20%

HSE / Section 38	Medical / Dental	Nursing	Health and Social Care	Management / Admin	General Support Staff	Patient and Client Care	WTE Sept 2016	% Total
							2,451	
CHO 6	**31**	**695**	**773**	**272**	**234**	**975**	**2,981**	*11.20%*
HSE	9	350	88	60	117	482	**1,106**	4.20%
Section 38	10	395	202	123	158	935	**1,823**	6.90%
CHO 7	**19**	**745**	**290**	**183**	**274**	**1,418**	**2,929**	*11.00%*
HSE	12	524	134	139	58	874	**1,741**	6.50%
Section 38	1	284	323	70	75	573	**1,326**	5.00%
CHO 8	**13**	**808**	**457**	**208**	**133**	**1,448**	**3,067**	*11.50%*
HSE	16	482	119	61	105	384	**1,167**	4.40%
Section 38	24	583	841	215	265	744	**2,672**	10.00%
CHO 9	**40**	**1,066**	**960**	**275**	**370**	**1,128**	**3,839**	*14.40%*
HSE				4			**4**	0.00%
Other Non-Acute				**4**			**4**	*0.00%*
Total	**195**	**7,243**	**3,903**	**1,823**	**2,032**	**11,388**	**26,585**	*100.00%*

Appendix 3: 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 po*licy 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 People

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 po*licy 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)
	 - 7,820 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

National Performance Indicator Suite

System Wide – Full Metrics/KPI Suite

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

Social Care Performance Indicator Suite

Key Performance Indicators Service Planning 2017		KPIs 2016								
KPI Title	2017 National Target / Expected Activity	CHO1	CHO2	CHO3	CHO4	CHO5	CHO6	CHO7	CHO8	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%	100%	100%	100%	100%	100%	100%	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%	100%	100%	100%	100%	100%	100%	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%	100%	100%	100%	100%	100%	100%	100%	100%
Total no. of preliminary screenings for adults under 65 years	7,000	665	783	514	1192	896	395	910	971	674
Total no. of preliminary screenings for adults aged 65 and over	3,000	289	325	265	467	352	273	343	344	342
No. of staff trained in safeguarding policy	17,000	1,535	1,865	1,865	3,071	2,303	1,755	1,535	1,206	1,865

Disability Services

Key Performance Indicators Service Planning 2017	KPIs 2017									
KPI Title	**2017 National Target / Expected Activity**	**CHO1**	**CHO2**	**CHO3**	**CHO4**	**CHO5**	**CHO6**	**CHO7**	**CHO8**	**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%	100%	100%	100%	100%	100%	100%	100%	100%
Quality % compliance with inspected outcomes following HIQA inspection of disability residential units	80%	80%	80%	80%	80%	80%	80%	80%	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%	100%	100%	100%	100%	100%	100%	100%	100%
Service Improvement Team Process Deliver on Service Improvement priorities	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Transforming Lives Deliver on VfM Implementation Priorities	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Congregated Settings Facilitate the movement of people from congregated to community settings	223	21	33	11	41	40	4	29	36	8
Disability Act Compliance No. of requests for assessments received	6,234	340	340	301	1331	457	226	1524	545	1170
% of assessments commenced within the timelines as provided for in the regulations	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
% of assessments completed within the timelines as provided for in the regulations	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Progressing Disability Services for Children and Young People (0-18s) Programme % of Children's Disability Network Teams established	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Children's Disability Network Teams Proportion of established Children's Disability Network Teams having	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Key Performance Indicators Service Planning 2017	KPIs 2017									
KPI Title	**2017 National Target / Expected Activity**	**CHO1**	**CHO2**	**CHO3**	**CHO4**	**CHO5**	**CHO6**	**CHO7**	**CHO8**	**CHO9**
current individualised plans for all children										
Number of Children's Disability Network Teams established	100% (129/129)	100% (16/16)	100% (15/15)	100% (12/12)	100% (17/17)	100% (20/20)	100% (7/7)	100% (9/9)	100% (21/21)	100% (12/12)
School Leavers % of school leavers and rehabilitation training (RT) graduates who have been provided with a placement	100%	100%	100%	100%	100%	100%	100%	100%	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	191	58	241	320	352	64	206	123	50
No. of people with a disability in receipt of work / work-like activity services(ID/Autism and Physical and Sensory Disability)	3,253	346	149	383	923	606	176	284	283	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 *	1,506	2,165	1,449	2,436	2,365	1,329	2,635	2,038	2,749
Rehabilitative Training No. of Rehabilitative Training places provided (all disabilities)	2,583	272	385	206	355	254	195	394	206	316
No. of people (all disabilities) in receipt of Rehabilitative Training (RT)	2,870	292	512	231	394	309	188	362	203	379
No. of people with a disability in receipt of residential services (ID/Autism and Physical and Sensory Disability)	8,885	746	854	871	1,201	915	815	1,254	913	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	109	85	119	215	132	36	140	123	65
No. of new people with a disability who commenced respite services (ID/Autism and Physical and Sensory Disability)	782	78	63	110	142	79	21	129	57	103
No. of existing people with a disability in receipt of respite services	,964	558	1,059	534	835	573	352	626	641	786
	591	39	118	102	115	47	11	22	95	46

*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**	**CHO1**	**CHO2**	**CHO3**	**CHO4**	**CHO5**	**CHO6**	**CHO7**	**CHO8**	**CHO9**
No. of people with a disability in receipt of respite services (ID/Autism and Physical and Sensory Disability)	6,320	521	997	639	743	592	418	838	849	723
No. of overnights (with or without day respite) accessed by people with a disability (ID/Autism and Physical and Sensory Disability)	182,506	11,585	40,625	14,996	25,495	13,967	13,765	26,123	18,009	17,941
No. of day only respite sessions accessed by people with a disability (ID/Autism and Physical and Sensory Disability)	41,000	5858	7325	11524	2373	1208	2572	5148	1014	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	6	11	1	10	9	1	6	2	5
PA Service No. of new referrals accepted for adults with a physical and / or sensory disability for a PA service	271	25	35	66	11	47	0	0	58	29
No. of new adults with a physical and / or sensory disability who commenced a PA service	223	24	64	60	11	11	0	0	24	29
No. of existing adults with a physical and / or sensory disability in receipt of a PA service	2,284	230	389	386	415	263	9	77	268	247
No. of adults with a physical or sensory disability formally discharged from a PA service	134	18	35	31	1	10	0	0	12	27
No. of adults with a physical and /or sensory disability in receipt of a PA service	2357	234	304	418	419	274	11	133	250	314
Number of PA Service hours delivered to adults with a physical and / or sensory disability	1,412,561	129,902	263,288	292,821	123,179	100,301	24,508	23,055	161,583	295,317
No. of adults with a physical and / or sensory disability in receipt of 1 - 5 PA Hours per week	957	95	124	104	270	164	1	28	102	69
No. of adults with a physical and / or sensory disability in receipt of 6 - 10 PA hours per week	538	50	96	85	101	51	2	24	81	48
No. of adults with a physical and / or sensory disability in receipt of 11 - 20 PA hours per week	397	44	95	82	29	24	1	19	56	47
No. of adults with a physical and / or sensory disability in receipt of 21 - 40 PA hours per week	256	28	52	77	10	13	2	11	24	39

Key Performance Indicators Service Planning 2017	KPIs 2017									
KPI Title	2017 National Target / Expected Activity	CHO1	CHO2	CHO3	CHO4	CHO5	CHO6	CHO7	CHO8	CHO9
No. of adults with a physical and / or sensory disability in receipt of 41 - 60 PA hours per week	73	9	7	25	1	4	1	3	6	17
No. of adults with a physical and / or sensory disability in receipt of 60+ PA hours per week	83	2	15	27	0	2	2	1	1	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	94	207	41	321	104	106	104	283	156
No. of new people with a disability who commenced a home support service (ID/Autism and Physical and Sensory Disability)	1,273	153	168	78	299	78	67	90	112	228
No. of existing people with a disability in receipt of home support services (ID/Autism and Physical and Sensory Disability)	6,380	759	659	392	676	825	555	714	753	1,047
No. of people with a disability formally discharged from home support services (ID/Autism and Physical and Sensory Disability)	466	61	45	50	53	49	31	27	60	90
No of people with a disability in receipt of Home Support Services (ID/Autism and Physical and Sensory Disability)	7,447	792	710	411	646	887	569	1,102	1,231	1,099
No of Home Support Hours delivered to persons with a disability (ID/Autism and Physical and Sensory Disability)	2,749,712	336,605	181,961	141,279	210,548	240,976	307,172	397,605	514,404	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	301	280	339	413	200	279	360	458	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	94	86	65	174	99	141	158	169	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	46	24	23	95	143	69	109	109	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	32	11	9	38	43	45	54	81	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	7	3	1	6	4	18	11	28	19
No. of people with a disability in receipt of 60 +Home Support hours per week (ID/Autism and Physical and Sensory Disability)	127	20	1	1	15	4	14	17	48	7

Services for Older People

Key Performance Indicators Service Planning 2017	KPIs 2017

KPI Title	2017 National Target / Expected Activity	CHO1	CHO2	CHO3	CHO4	CHO5	CHO6	CHO7	CHO8	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%	100%	100%	100%	100%	100%	100%	100%	100%
% of compliance with inspected outcomes following HIQA inspection of Older Persons Residential Units	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
Service Improvement Team Process Deliver on Service Improvement priorities.	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Home Care Services for Older People Total no. of persons in receipt of a HCP/DDI HCP(Monthly target) including delayed discharge initiative HCPs	16,750	1,331	1,254	1,107	1,517	1,094	1,725	2,171	2,373	4,178
No. of new HCP clients, annually	8,000	640	620	540	685	545	825	1,000	1,150	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%	100%	100%	100%	100%	100%	100%	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%	100%	100%	100%	100%	100%	100%	100%	100%
No. of home help hours provided for all care groups (excluding provision of hours from HCPs)	10,570,000	1,435,000	1,294,000	933,000	1,983,000	1,304,000	455,000	734,000	1,260,000	1,172,000
No. of people in receipt of home help hours (excluding provision of hours from HCPs) (Monthly target)	49,000	5,023	5,843	3,742	8,149	6,151	2,870	5,331	6,868	5,023
NHSS No. of persons funded under NHSS in long term residential care at year						23,603				

Key Performance Indicators Service Planning 2017	KPIs 2017									
KPI Title	**2017 National Target / Expected Activity**	**CHO1**	**CHO2**	**CHO3**	**CHO4**	**CHO5**	**CHO6**	**CHO7**	**CHO8**	**CHO9**
end.*										
% of clients with NHSS who are in receipt of Ancillary State Support	10%									
% of clients who have CSARs processed within 6 weeks	90%									
No. in receipt of subvention	168	13	20	23	14	13	30	21	17	17
No. of NHSS Beds in Public Long Stay Units.	5,088	536	573	346	1,034	532	376	642	601	448
No. of Short Stay Beds in Public Long Stay Units	1918	373	255	184	308	263	164	176	96	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: Public Long Stay Residential Care Beds
Services for Older People

CHO Area	County	Name of Unit	No. of Beds at 31st December 2017	
			NHSS	Short Stay
CHO Area 1	Leitrim	Aras Breffni	25	0
	Leitrim	Aras Carolan	31	5
	Leitrim	Our Lady's Community Hospital	0	35
	Leitrim	St Patrick's Community Hospital	43	22
	Leitrim	Ballinamore	20	0
	Sligo	St John's Community Hospital	95	39
	Cavan	Virginia Community Services	50	6
	Cavan	Ballyconnell	18	0
	Cavan	Sullivan Memorial	16	5
	Cavan	Lisdarn Unit	18	14
	Monaghan	Oriel House	0	21
	Monaghan	St Mary's Hospital	62	8
	Donegal	Buncrana CNU	12	15
	Donegal	Ramelton CNU	14	16
	Donegal	Cardonagh Community Hospital	23	22
	Donegal	Donegal Town Community Hospital	3	26
	Donegal	Dungloe Community Hospital	16	12
	Donegal	Falcarragh Community Hospital	10	25
	Donegal	Killybegs Community Hospital	10	

CHO Area	County	Name of Unit	No. of Beds at 31st December 2017	
			NHSS	Short Stay
	Donegal	Lifford Community Hospital	3	17
	Donegal	Rock CNU	22	0
	Donegal	Shiel Community Unit	16	16
	Donegal	St Joseph's Community Hospital	29	42
CHO Area 1 Total			536	373
CHO Area 2	Galway	Aras Mac Dara	45	2
	Galway	Aras Mhuire	18	2
	Galway	Aras Ronan	10	2
	Galway	Clifden District Hospital	0	33
	Galway	St Anne's CNU	24	0
	Galway	St Brendan's Home	94	6
	Galway	Units 5 and 6 - Merlin PK	34	18
	Galway	Ballinasloe Community Unit	10	15
	Roscommon	Aras Mathair Pol	25	1
	Roscommon	Plunkett Community Unit	31	2
	Roscommon	Sacred Heart Hospital	80	15
	Mayo	Dalton Community Unit	28	1
	Mayo	Belmullet District Hospital	30	20
	Mayo	Mc Bride Community Unit	28	1
	Mayo	Sacred Heart Hospital	55	36
	Mayo	St Augustine's Community Nursing Unit	32	1
	Mayo	St Fionnan's Community Nursing Unit	29	2
	Mayo	St Joseph's District Hospital	0	58

CHO Area	County	Name of Unit	No. of Beds at 31st December 2017	
			NHSS	Short Stay
	Mayo	Swinford District Hospital	0	40
CHO Area 2 Total			573	255
CHO Area 3	Limerick	St Camillus Community Hospital	70	30
	Limerick	St Ita's Community Hospital	65	27
	Tipperary	Hospital of the Assumption	31	29
	Tipperary	St Conlon's Community Nursing Unit	24	3
	Tipperary	Dean Maxwell Community Nursing Unit	22	5
	Clare	Ennistymon Community Nursing Unit	15	12
	Clare	Raheen Community Nursing Unit	15	10
	Clare	Regina House	20	10
	Clare	St Joseph's Community Hospital	84	58
CHO Area 3 Total			346	184
CHO Area 4	Cork	Kanturk Community Hospital	30	10
	Cork	St Joseph's Community Hospital, Millstreet	20	2
	Cork	St Patrick's Community Hospital, Fermoy	54	18
	Cork	Cois Abhainn	15	7
	Cork	Youghal Community Hospital	30	8
	Cork	Macroom Community Hospital	33	5
	Cork	Midleton Community Hospital	46	7
	Cork	Heather House	50	0
	Cork	Bandon Community Hospital	18	7
	Cork	Kinsale Community Hospital	28	12
	Cork	St Finbarrs Hospital	89	76

CHO Area	County	Name of Unit	No. of Beds at 31st December 2017	
			NHSS	Short Stay
	Cork	Ballincollig CNU	80	20
	Cork	Farranlee CNU	85	5
	Cork	Bantry General Hospital	16	6
	Cork	Clonakilty Community Hospital	108	11
	Cork	Skibbereen Community Hospital	27	13
	Cork	Dunmanway Community Hospital	19	4
	Cork	Schull Community Hospital	16	5
	Cork	Castletownbere Community Hospital	20	11
	Kerry	Caherciveen Community Hospital	28	5
	Kerry	Kenmare Community Hospital	21	7
	Kerry	Listowel Community Hospital	24	16
	Kerry	Killarney Community Hospital	92	41
	Kerry	West Kerry Community Hospital	42	12
	Kerry	Tralee Community Nursing Unit	43	0
CHO Area 4 Total			1,034	308
CHO Area 5	Tipperary	Cluain Arainn	0	10
	Tipperary	St Patrick's Hospital	90	39
	Tipperary	Carrick on Suir	0	16
	Tipperary	Clogheen District Hospital	0	18
	Kilkenny	Castlecomer District Hospital	0	18
	Kilkenny	St Columba's Hospital	65	19
	Carlow	Sacred Heart Hospital	55	15
	Carlow	Carlow District Hospital	0	18

CHO Area	County	Name of Unit	No. of Beds at 31st December 2017	
			NHSS	Short Stay
	Waterford	Dunabbey House	26	2
	Waterford	Dungarvan Community Hospital	74	30
	Waterford	St Patrick's Hospital	65	24
	Wexford	New Haughton Hospital	42	0
	Wexford	Abbeygale	115	31
	Wexford	Gorey District Hospital	0	23
CHO Area 5 Total			**532**	**263**
CHO Area 6	Dublin	Dalkey Community Unit	36	14
	Dublin	Dublin South East Units	81	9
	Dublin	Leopardstown Pk	108	22
	Dublin	The Royal Hospital	66	112
	Wicklow	St Colman's Hospital	85	7
CHO Area 6Total			**376**	**164**
CHO Area 7	Dublin	Belvilla Community Unit	46	4
	Dublin	Our Lady's Hospice	50	28
	Dublin	St James Hospital	46	4
	Dublin	Meath Community Unit	37	0
	Dublin	Cherry Orchard Hospital	166	27
	Dublin	Peamount Hospital	48	26
	Dublin	St Brigids Home	51	4
	Dublin	Mount Carmel	0	65
	Wicklow	Baltinglass District Hospital	54	6
	Kildare	Maynooth Community Unit	38	2

CHO Area	County	Name of Unit	No. of Beds at 31st December 2017	
			NHSS	Short Stay
	Kildare	St Vincent's Hospital	106	10
CHO Area 7 Total			642	176
CHO Area 8	Offaly	Birr Community Unit	66	10
	Offaly	Ofalia House	26	2
	Offaly	Riada House	29	6
	Laois	Abbeyleix	3	17
	Laois	St Vincent's Hospital	79	3
	Laois	St Brigid's Shaen	20	3
	Longford	St Joseph's Care Centre	61	7
	Westmeath	St Vincent's Care Centre	40	6
	Westmeath	St Mary's Hospital	0	10
	Westmeath	Cluain Lir Care Centre	48	0
	Louth	St Joseph's Hospital, Ardee	20	0
	Louth	St Mary's Hospital	38	0
	Louth	St Oliver Plunketts	61	2
	Louth	Boyne View	18	5
	Louth	Cottage Hospital	0	23
	Meath	St Joseph's Hospital, Trim	48	2
	Meath	Beaufort	44	0
CHO Area 8 Total			601	96
	Dublin	Raheny Community Unit	100	0
CHO Area 9	Dublin	Lusk Community Unit	45	5
	Dublin	Connolly Hospital	38	2

CHO Area	County	Name of Unit	No. of Beds at 31st December 2017	
			NHSS	Short Stay
	Dublin	St Mary's Hospital	163	75
	Dublin	Cuan Ros Community Unit (Navan Rd.)	35	4
	Dublin	Seanchara	34	6
	Dublin	St Clares	33	7
CHO Area 9 Total			448	99
National Total			5,088	1,918
			7,006	

Appendix 5: 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
SOCIAL CARE – Disability Services									
CHO 5: South Tipperary, Carlow, Kilkenny, Waterford, Wexford									
Co. Wexford – various locations	HIQA compliance works to 5 houses throughout the county	Q1 2017	Q1 2017	0	0	0.04	0.78	0	0.00
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	0	0	1.00	1.00	0	0.00
National									
National	47 units at varying stages of purchase and refurbishment to meet housing requirements for 165 people transitioning from congregated settings	Phased 2017	Phased 2017	0	0	20.00	100.00	0	0.00
SOCIAL CARE – Services for Older People									
CHO 1: Donegal, Sligo/Leitrim/West Cavan, Cavan/Monaghan									
Oriel House, Castleblaney, Co.Monaghan	Refurbishment to (to achieve HIQA compliance)	Q2 2017	Q2 2017	0	21	0.63	0.75	0	0.00
Killybegs CNU, Co. Donegal	Minor refurbishment (to achieve HIQA compliance)	Q2 2017	Q2 2017	0	0	0.02	0.43	0	0.00
Buncrana CNU, Co. Donegal	Refurbishment (to achieve HIQA compliance)	Q4 2017	Q1 2018	0	0	3.10	3.44	0	0.00
Dungloe Community Hospital, Co. Donegal	Refurbishment (to achieve HIQA compliance)	Q4 2017	Q1 2018	0	0	1.40	1.67	0	0.00
Ballymote CNU, Co. Sligo	Refurbishment to (to achieve HIQA compliance)	Q4 2017	Q1 2018	10	20	0.08	0.08	0	0.00
CHO 2: Galway, Roscommon, Mayo									
Sacred Heart Hospital, Castlebar, Co. Mayo	Replacement 74-bed CNU	Q3 2017	Q4 2017	0	74	8.40	13.30	0	0.00
CHO 4: Kerry, North Cork, North Lee, South Lee, West Cork									

Facility	Project details	Project Completion	Fully Operational	Additional Beds	Replace-ment Beds	Capital Cost €m		2017 Implications	
						2017	Total	WTE	Rev Costs €m
Bandon Community Hospital, Co. Cork	Extension and refurbishment (phase 1) - upgrade of existing beds	Q2 2017	Q3 2017	0	25	2.37	4.46	0	0.00
Dunmanway Community Hospital, Co. Cork	Refurbishment and upgrade (to achieve HIQA compliance)	Q4 2016	Q1 2017	0	0	0.03	0.26	0	0.00
Castletownbere Community Hospital, Co. Cork	Refurbishment and upgrade (to achieve HIQA compliance)	Q2 2017	Q2 2017	0	0	0.75	1.04	0	0.00
Cois Abhainn, Youghal, Co. Cork	Refurbishment and upgrade (to achieve HIQA compliance)	Q2 2017	Q2 2017	0	0	0.25	0.35	0	0.00
CHO 7: Kildare/West Wicklow, Dublin West, Dublin South City, Dublin South West									
Baltinglass, Co. Wicklow	Refurbishment and upgrade (to achieve HIQA compliance)	Q4 2016	Q1 2017	0	30	0.75	3.91	0	0.00
CHO 8: Laois/Offaly, Longford/Westmeath, Louth/Meath									
Offalia House, Edenderry, Co. Offaly	Refurbishment and upgrade (to achieve HIQA compliance)	Q4 2016	Q1 2017	0	28	0.77	3.27	0	0.00
Riada House, Tullamore, Co. Offaly	Refurbishment and upgrade (to achieve HIQA compliance)	Q3 2017	Q3 2017	0	35	0.29	0.55	0	0.00
St. Vincent's Hospital, Athlone, Co. Westmeath	Electrical upgrade	Q1 2017	Q1 2017	0	40	0.48	0.90	0	0.00
St. Oliver Plunkett Hospital, Dundalk, Co. Louth	Refurbishment and upgrade (to achieve HIQA compliance)	Q1 2017	Q1 2017	0	63	0.27	5.22	0	0.00