Midlands Louth Meath CHO Operational Plan 2018
Mission

- People in Ireland are supported by health and social care services to achieve their full potential.
- People in Ireland can access safe, compassionate and quality care when they need it.
- People in Ireland can be confident that we will deliver the best health outcomes and value through optimising our resources.

Values

- We will try to live our values every day and will continue to develop them.

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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Foreword from Pat Bennett,
Chief Officer,
Midlands Louth Meath
Community Healthcare Organisation

The Operational Plan for Midlands Louth Meath Community Healthcare Organisation Area is based on the National HSE Service Plan 2018 which sets out the type and volume of health and personal social services to be provided by the Health Service Executive (HSE) in 2018 within the funding available. It details the Services that will be delivered during 2018 across counties Louth, Meath, Laois, Offaly, Longford and Westmeath in the divisions of Social Care, Mental Health, Health & Wellbeing and Primary Care. The plan seeks to balance priorities across the full range of service areas that will deliver on the HSE Corporate Plan 2015 – 2017. Priorities for the Minister for Health and Government as set out in A Programme for a Partnership Government are also incorporated. Our 2018 Plan recognises that underpinning these actions is the goal of improving the health and wellbeing of the people in our CHO and of ensuring the services we deliver are safe and of high quality.

Total funding available to Midlands Louth Meath Community Healthcare Organisation (CHO) in 2018 will be €530.387m. This represents an increase of €30.5813m or 6.2% on our base budget from 2017 which reflects the Government commitment to placing the health service on a sustainable financial footing. While the additional level of funding is welcomed, the growing cost of delivering core health and social services is such that MLM CHO faces a very significant challenge in 2018 in maintaining the existing level of services. The Management Team in Midlands Louth Meath is fully committed to meeting this challenge which will involve the examination of the current operational model of all our services to ensure maximum efficiency and effectiveness whilst maintaining safe levels of health services.

Issues and opportunities

A key focus for the Management Team in 2018 is to maintain quality, deliver good outcomes and recognise that there are opportunities even in a constrained financial environment to provide excellent services to the people in our CHO area.

We have a dedicated workforce who are committed to providing a high quality service to the people in our CHO. I recognise the vital role our staff play in delivering our services and we are committed to their
support and development in 2018. The Senior Management team will agree a suite of development programmes for staff with Leadership, Education and Talent Development (LETD), subject to the capacity of LETD to meet our requirements that will support better management, communication and engagement.

**Opportunities**

Develop our Value Improvement Programme Plan aimed at improving value within existing services, improving value within non-direct service areas and strategic value improvement. Value will be judged in terms of improvement of services and service user experience alongside evidence of economy, efficiency and effectiveness. Each initiative will have a PID developed for approval at the appropriate governance forum. A project group will be charged with delivering the VIP. This may be cross divisional or within a specific division. Some will be short and deliver in 2018 while others will deliver over several years.

- Publish, launch and implement the Midlands Louth Meath CHO Healthy Ireland Plan 2018 – 2023
- Build on our integrated approach with our partners in acute hospital care to implement the Healthy Ireland Framework to begin to shift the balance of care for chronic disease management from acute hospital settings. We are supporting national policy programmes for tobacco, alcohol, healthy eating, active living, healthy childhood, positive ageing and wellbeing and mental health.
- Workforce planning to support reconfiguration and sustainability across the services.
- Commence implementation of the National Framework for Self-Management Support to help reduce levels of chronic disease and improve the health and wellbeing of the CHO population
- Commence implementation of the Children First Act 2015 which confers new statutory obligations on the HSE employees, HSE funded services and contracted services to report child abuse and neglect
- Support the launch and implementation of local Connecting for Life Action Plan 2018-2020 across the CHO area in conjunction with multi-agency stakeholders
- In each of our four divisions we aim to improve quality, strengthen safety, give the greatest access to services to the people of MLM CHO as possible and work within the resources available. Through demonstrating our effectiveness and providing evidence of performance we will advocate for continued growth as additional resources become available into the future. We view ourselves not only as a service provider, not only as a commissioner of services through our partner organisations but also as an advocate for the people we serve.
Issues

- Our current waiting list and the increase in demand for Home Care Packages beyond those funded is of a particular risk in 2018 in the context of a continued focus on alleviation of pressures in ED departments.
- The increase in demand for Bespoke Placements beyond those funded is a major risk in 2018 in the context of Disability and Mental Health Services.
- Non-integration of ICT systems which are not fit for purpose from Clinical, Financial and HR perspectives.
- Demographic pressures over and above those planned for 2018 including an increase in the requirement for Primary Care Services for our young population particularly when we have had a reduction in the staffing numbers employed in Primary Care for 2017 of 20 posts and corresponding increase in demand.
- Meeting statutory obligations under the Disability Acts in relation to Assessment of Needs.
- The deficit in Acute Mental Health Bed capacity will continue to be a service risk.
- Review GP Out Of Hours arrangements in Midlands (MIDOC) and Louth Meath (NEDOC) in line with current challenges and National GP Out of Hours Review which is to be launched Q1 2018.
- Review Oral Health (Dental and Orthodontic) needs for Midlands Louth Meath CHO and implement changes/seek additional supports as necessary

Improving Compliance with Regulatory Framework

MLM CHO services are regulated by a number of independent bodies, the main ones being the Health Information and Quality Authority (HIQA) and the Mental Health Commission (MHC). The functions of the regulators are to promote and foster high standards and good practices in the delivery of services and to protect the interest of the people who receive services from us. Inspection reports are published following each inspection and action plans / improvement plans are drawn up, implemented and monitored to ensure corrective actions are taken to improve our regulatory compliance.

In 2017 MLMCHO continued to improve levels of compliance with HIQA standards within Disability and Older Persons residential services and with the Mental Health Commission. In 2018 we will continue to work to improve our levels of compliance in the quality of care we provide to the people in our residential care settings however capital infrastructure funding to address HIQA compliance has only been provided for the dementia specific unit in St. Joseph’s CNU, Trim, Co. Meath. Capital Funding is also being provided in
2018 for the development of a new community addiction services unit on St. Fintan’s Campus, Portlaoise which will be completed in early 2019.

**Children First**

In 2017, high level actions included the development of Children First implementation plans by CHO’s with support from the Children First National Office; and the delivery of a suite of Children First training programmes for HSE staff and HSE funded organisations. This theme will continue for MLM CHO for 2018 and Child protection policies at CHO level will also be developed and reports will be tracked and monitored by the Children First Office. Children First compliance is now included in the performance assurance process. In 2017 MLM CHO established our Children’s First Implementation Committee.

In 2018 our priority is the Implementation of the Children First Act 2015 which confers new statutory obligations on the HSE employees, HSE funded services and contracted services to report child abuse and neglect.

**Quality and Safety**

In each of our four divisions we aim to improve quality, strengthen safety, give the greatest access to services to the people of MLM CHO as possible and work within the resources available. Through demonstrating our effectiveness and providing evidence of performance we will advocate for continued growth as additional resources become available into the future. We view ourselves not only as a service provider, not only as a commissioner of services through our partner organisations but also as an advocate for the people we serve.

**Performance and Accountability Framework**

The HSE’s Accountability Framework was introduced in 2015 and has been further enhanced and developed for 2018. It sets out the means by which the HSE and in particular the National Divisions, Hospital Groups and CHO’s, 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 by effectively harnessing the efforts of its overall workforce.

The Midlands Louth Meath CHO Management Team will try to maintain existing levels of services in line with financial resources available whilst noting specific developments relating to emergency and home respite support services as well as day/rehabilitative training interventions. The CHO is cognisant that the demand for disability supports and services is growing in a significant way and will ensure throughout 2018 effective monitoring of the impact in this area as part of ongoing planning processes with the National
Director for Operations in respect of the 2019 process. Midlands Louth Meath CHO need to implement value improvement measures to provide services within our budget allocation for 2018. Our Value Improvement Programme will target improvement opportunities to address the overall community financial challenge while maintain levels of activity (further detail Section 7 p.78).

Across the four divisions of services, Health and Wellbeing, Primary Care, Mental Health and Social Care within the MLM CHO area, there are specific individual challenges and they will be referred to later in the plan.

**Conclusion**

Midlands Louth Meath CHO has a number of challenges in the year ahead. In 2018 our objective is to maintain quality, deliver good outcomes and recognise that there are opportunities, even in a constrained financial environment, to provide excellent health and social care services to the people in our area. This will involve ensuring that the resources we have available are targeted towards providing care and support for those patients and clients most in need and ensuring that these services are delivered efficiently and effectively, consistent with best evidence available.

Midlands Louth Meath CHO continues to advocate for a population based approach to budget allocation within the HSE. This will ensure equity of access to services for our service users and a consistent approach to service delivery across all CHO’s. Population based budget allocation needs to be prioritised and planned for, by the HSE Leadership Team, for a delivery of health services in the coming years.

I believe that staff within Midlands Louth Meath CHO are capable and committed to delivering the best service available subject to the funding allocation for our area and I look forward to working with my colleagues across the HSE, the Independent and Voluntary Sector in implementing this operational plan in 2018.

Pat Bennett,

Chief Officer

Midlands, Louth Meath CHO
Section 1: Introduction and Key Reform Themes

The current arrangements for service delivery in Ireland are characterised by an over reliance on costly, hospital based care, with continuing opportunities to deliver care more appropriately in primary and community settings.

The Midlands Louth Meath CHO will continue to strengthen services in the community so that health and social care is delivered at home or closer to homes and that hospital admission is prevented where possible. The CHO will work to enhance the co-ordination and integration of services within the CHO, with our hospital group partners and with our statutory, voluntary and community partners. The CHO will prioritise the following four key reform themes to work towards a CHO that is responsive to the needs of the communities (we serve) and which uses our resources to their full potential.

Key reform themes:

1. Improving population health
2. Delivering care closer to home
3. Developing specialist hospital care networks
4. Improving quality, safety and value.

Improving population health

Keeping people well, reducing ill health and supporting people to live as independently as possible, will all be essential if we are to manage the demands on the finite capacity of the health and social care system.

Prevention is the most cost-effective way to maintain the health of the population in a sustainable manner, creating healthy populations that benefit everyone. During 2018 and beyond, we will seek to progress a range of initiatives and actions that:

- Tackle inequalities in health status and access to services.
- Support the independence and social inclusion of older people, people with disabilities, people with long term health conditions and vulnerable groups.
- Tackle the main causes of chronic illness.
- Target children and families to improve health outcomes.
- Secure the engagement of local communities to improve community health and wellbeing.
- Strengthen existing screening and health protection activities.

The Midlands Louth Meath CHO’s Healthy Ireland plan provides an opportunity for health and wellbeing services to support the health service to shift from treating patients to keeping people healthy and well. The plan will outline key priorities to help reduce the burden of chronic diseases and improve the health and wellbeing of people who use our services, our staff and the wider CHO population.
Delivering care closer to home
Delivering care closer to home is more convenient for patients and supports them to self-manage and live more independently, offers better value for money, and facilitates greater service integration and proactive delivery of care.

Our Primary Care Centres provide a range of accessible services to the people living in the community.

The table below provides details of the positioning of primary care in that central role of providing care closer to home in our CHO.

<table>
<thead>
<tr>
<th>Networks:</th>
<th>Roles within networks:</th>
<th>PHASE 1 Rolling out networks:</th>
</tr>
</thead>
</table>
| • The CHO Report recommended that 12 Community Healthcare networks will be established across Midlands Louth Meath. | • Network manager.  
• Primary Care team co-ordinator.  
• Key worker.  
• Network Coordinator.  
• Assistant Director of Public Health Nursing. | • Two learning sites will be chosen in MLM CHO in Q1,2018.  
• This is for a six-month period, to identify learning to allow for further roll-out of other networks.  
• This is an opportunity to see the best way to roll out networks.  
• Currently in negotiations with all staff representative bodies regarding roll-out of learning sites. |
| • They will allow improved primary care team work.  
• There will be one person within each network responsible for core primary care services.  
• The networks will allow for the integration of services, and improve the links between primary care staff and other staff.  
• It will be easier for staff to work together effectively. | | |

In July, 2017 we commissioned and opened Mullingar Primary Care Centre which facilitates the enhancement for the development of services in the local community setting. In 2018 we will have Drogheda North Primary Care Centre and Tullamore Primary Care Centre being equipped and commissioned to open in Q2, 2018.

In 2017 Clonbrusk Primary Care Centre, Athlone won the Medray/IIRRT2017 Department of the Year award. Patients are able to have x-rays and scans carried out promptly in their local area, thereby reducing unnecessary attendances at Emergency Departments.

Developing specialist hospital care networks

There is a requirement to shift less complex acute care from hospital to community settings and we need to ensure that the secondary and tertiary care sectors are able to deliver complex, specialised and emergency care that will be required by patients. Changes will be required to the current pattern of service delivery on
hospital sites, consistent with national policy and these will ensure that populations have timely access, regionally and nationally, that consistently deliver the best clinical outcomes.

In Longford we have a GP led minor injuries unit located on the St. Joseph’s campus. The GP’s in the centre assess patients and can refer directly to the trauma clinics following assessment. Radiology is on site and x-ray results are returned promptly to the referring GP for treatment/transfer. In 2017 7,603 new patients were seen at the unit. The work of this unit reduces the numbers attending Emergency Departments in the Dublin Midlands Regional Hospital Group.

The X-ray department in Clonbrusk Primary Care Centre in Athlone was the first radiology department to be located within a primary care centre which has proven to be a great success. Patients are able to have their x-rays and scans carried out promptly within their local area, thereby reducing unnecessary attendance at Emergency Departments. There is a walk in service from 10.00-12.00 and from 14.00 to 16.00 when patients who have a recent injury or require a chest x-ray may attend without an appointment. In 2017 the number of x-ray and ultrasound examinations was 9,056 in total.

Improving quality, safety and value

MLM CHO is committed to continually seeking to improve the quality of care and outcomes for our patients. In our residential services we are focused on providing person centred care that is respectful and responsive to the individual needs of values of our patients and service users. We actively engage with our patients, residents and clients via our service user forums, residents’ forums and customer satisfaction surveys to inform future planning of our services. In Mental Health we have an Area Lead for Mental Health engagement who takes the lead on engagement with service users, voluntary agencies and staff to ensure the voice of people with lived experience of Mental Health services is represented at the highest level of decision-making for the future design and delivery of our Mental Health service.

Developing our identity

Since the publication of the CHO report in 2014 we have been working to establish an effective community healthcare organisation for the people of Laois, Offaly, Longford, Westmeath, Louth & Meath.

By the end of 2016 we had made significant progress in this process with recruitment of the CHO Management Team and the finalisation of the governance structures that support the new organisation.

In 2017 we have made further strides forward with the aim of creating an identity which the population of the six counties can identify with given our large geographical spread. Our new identity is the Midlands Louth Meath Community Health Organisation (MLM CHO) which people in our CHO can easily identify with.

In 2018, we will commence a Strategic Planning Process to develop a Midlands Louth Meath Community Health Organisation Strategic Plan. The Strategic Plan will be a three year plan which will set out what we want to achieve and how we will organise and deliver our services over the next three years.
Section 2: Our Population

Our Population
The most recent National Census of 2016 indicates that the population in Midlands Louth Meath CHO Area has increased from 589,442 to 615,258, representing an overall increase of 4.4%. MLM CHO has the fourth largest population of all CHO’s nationally.

MLM CHO has the largest number of children and young people under the age of 18 years and has the 4th largest number of people over 65 years of all CHO’s. The older person population is expected to grow by a further 18% in the next five years. MLM CHO therefore needs to achieve maximum benefit from available budget to provide services to meet the healthcare needs of these two cohorts of clients.

Healthy Ireland
Improving the health and wellbeing of the people in MLM CHO as part of Ireland’s population is a government priority and is one of the four pillars of healthcare reform. The implementation of the MLM CHO Healthy Ireland Implementation Plan is key to the creation of a more sustainable health and social care service and to the rebalancing of health priorities towards chronic disease prevention and popular health improvement within our CHO area.

Population served
Health and Wellbeing is about helping the population of the CHO to stay healthy and well by focusing on prevention, health promotion and improvement, reducing health inequalities, and protecting people from threats to their health and wellbeing.

The Midlands Louth Meath CHO catchment area stretches from the border with Northern Ireland in Louth, south towards counties Dublin, Kildare, Carlow, Kilkenny & Tipperary, and west towards counties Monaghan, Cavan, Leitrim, Roscommon, & Galway. The area covers approximately 10,500 square kilometres in total, and takes in counties Louth, Meath, Laois, Offaly, Westmeath, Longford and a small part of South East Cavan. It includes rural and commuter communities, each presenting different challenges for health service delivery.
According to Census 2016, 619,281 people live in the Midlands Louth Meath CHO area, 13% of the total population of Ireland. The population increase in the Midlands Louth Meath CHO area (4.5%) since Census 2011 and that of most of the counties in the area was higher than the increase for Ireland as a whole (3.8%) for that period. This is shown in Table 1.

Table 1: Census populations and inter-censal change by county, Midlands Louth Meath CHO and Ireland, 2011 and 2016 (Census 2016)

<table>
<thead>
<tr>
<th>Name</th>
<th>Population 2011</th>
<th>Population 2016</th>
<th>Actual Change</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>County Meath</td>
<td>184,135</td>
<td>195,044</td>
<td>10,909</td>
<td>5.9</td>
</tr>
<tr>
<td>County Louth</td>
<td>122,897</td>
<td>128,884</td>
<td>5,987</td>
<td>4.9</td>
</tr>
<tr>
<td>County Laois</td>
<td>80,559</td>
<td>84,697</td>
<td>4,138</td>
<td>5.1</td>
</tr>
<tr>
<td>County Longford</td>
<td>39,000</td>
<td>40,873</td>
<td>1,873</td>
<td>4.8</td>
</tr>
<tr>
<td>County Offaly</td>
<td>76,687</td>
<td>77,961</td>
<td>1,274</td>
<td>1.7</td>
</tr>
<tr>
<td>County Westmeath</td>
<td>86,164</td>
<td>88,770</td>
<td>2,606</td>
<td>3.0</td>
</tr>
<tr>
<td>Total *</td>
<td>592,388</td>
<td>619,281</td>
<td>26,893</td>
<td>4.5</td>
</tr>
<tr>
<td>Midlands Louth Meath CHO 8 *</td>
<td>592,388</td>
<td>619,281</td>
<td>26,893</td>
<td>4.5</td>
</tr>
<tr>
<td>Ireland</td>
<td>4,588,252</td>
<td>4,761,865</td>
<td>173,613</td>
<td>3.8</td>
</tr>
</tbody>
</table>

*Midlands Louth Meath CHO does not match exactly with the six counties so some figures may differ. Source: Health Atlas Ireland (HAI)

Life Expectancy and Health Status

Life expectancy in Ireland has increased by almost two and a half years since 2005 and is now above the EU average, with women at just over 83 years and men at 79.3 years. The greatest gains in life expectancy have been achieved in the older age groups, reflecting decreasing mortality rates from major diseases.

Health Inequalities

Approximately three quarters of deaths in Ireland are due to three chronic diseases – cancer, cardiovascular disease and respiratory diseases. These are largely preventable by modifying lifestyle risk factors such as obesity, smoking and alcohol. From 2017 to 2022, it is estimated there will be more than a 17% increase in the number of adults aged 65 years and over with two or more chronic conditions.

Homeless

The Homeless figures in Midlands Louth Meath CHO in Dec 2017 was 311. The total number of people homeless rose by 12.7% from July 2017 to Dec 2017 (Department of Housing, Planning and Local Government; Homeless Report, December, 2017.)

Travellers and Roma

Irish Travellers represent 0.7% of the general population and are much younger than the general population. Almost three quarters of Travellers are aged 34 years or younger, while just over 7% are 55 years and over. In the rural towns Longford has the second highest number of Travellers (730) with Navan, Mullingar and Dundalk all having over 500 Travellers.
LGBT
The Midlands Louth Meath CHO will support the development of the first national LGBT youth strategy. The importance of developing a healthy attitude to sexual orientation and gender identity builds a foundation for positive health and wellbeing into adulthood and older people. The Midlands Louth Meath CHO will work to ensure that staff are skilled and knowledgeable in the area of LGBT and are confident in the delivery of advice and support in addressing the needs of LGBT service users.

Addiction
Guided by the National Strategy, 'Reducing Harm, Supporting Recovery', the Midlands Louth Meath CHO will continue to progress actions to reduce the harm caused by substance misuse. Partnership between the CHO, community and voluntary sectors will be key to achieving integrated, person-centred services that ensures people have a voice in their own treatment and rehabilitation care plan. From a prevention perspective, the CHO will be seeking to provide high quality drug and alcohol education in order to promote health and wellbeing and reduce the levels of addiction in our communities.

MLM CHO is committed to improving the health outcomes for those with addiction issues. MLM CHO will ensure that adults deemed appropriate for treatment for substance use receive treatment within one calendar month within resources. Work will commence in Q1, 2018 on the development of a new community addiction services unit on St. Fintan’s Campus, Portlaoise which will be completed in early 2019.

Healthy Ireland Framework
Many diseases and premature deaths are preventable. An overwhelming body of evidence has established that many chronic diseases are attributable to a number of known factors – smoking, high blood pressure, obesity, high cholesterol, alcohol misuse, physical inactivity and poor diet. They are also related to inequalities in our society. The Healthy Ireland framework sets out a comprehensive and co-ordinated plan to improve health and wellbeing over the coming years. Having completed our consultation during 2017 we will launch our MLM CHO Healthy Ireland Implementation Plan in Q1, 2018.
Section 3: Building a Better Health Service

Health profiles are designed to help local government and the health services identify problems in their areas and decide how to tackle them. They are a valuable tool for local health services in helping them understand their communities’ needs, so that they can work to improve people’s health and reduce health inequalities. Midlands Louth Meath CHO will work closely with our Public Health colleagues to further examine the county health profiles to understand our population and explore how services need to respond to meet the needs of our population now and in the future.

Midlands Louth Meath are involved in a number of programmes across all divisions, supported by evidence that offer potential to shift the balance of care from acute care to care in the community.

3.1 Midlands Louth Meath Healthy Ireland Implementation Plan 2018-2023

The Midlands Louth Meath CHO Healthy Ireland Implementation Plan sets out our commitment to our service users and staff. This commitment is to engage in service improvement and developments that will support those living with chronic conditions to self-manage their illness better and to ensure access to support in their communities.

The four goals of Healthy Ireland are:

- **Goal 1: Increase the proportion of people who are healthy at all stages of life**
- **Goal 2: Reduce health inequalities**
- **Goal 3: Protect the public from threats to health and wellbeing**
- **Goal 4: Create an environment where every individual and sector of society can play their part in achieving a healthy Ireland**

3.2 Midlands Louth Meath CHO Strategy 2018 - 2023

In Q1, 2018 we are commencing a Strategic Planning Process to develop a Midlands Louth Meath Community Health Organisation Strategic Plan. The Strategy will set out what we want to achieve and how we will organise and deliver our services over the next five years and beyond. We want to enhance our provision of services that are available to people where they need it and when they need it. Each year the detail of how we are working towards achieving our Strategy will be described in our Operational Plan.

3.3 Health Service Improvement - Programme Management Office

A Programme Management Office (PMO) was established in the CHO in the last quarter of 2017. A PMO is a group or structure within an organisation that strives to ensure a consistent and best practice project management approach.

The vision of the Midlands Louth Meath Programme Management Office (PMO) is to ensure that evidence based Project Management practice is standardised and embedded in the services within the Community Health Organisation (CHO) in order to provide a high quality health service.
Our priorities for 2018:

<table>
<thead>
<tr>
<th>Priority</th>
<th>Priority Action</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Methodology</td>
<td>Develop an evidence based PMO Procedure for CHO staff including a standardised Process, Tools and Templates.</td>
<td>Q2 2018</td>
</tr>
<tr>
<td>Governance</td>
<td>Establish a Governance structure and process for Projects and Programmes in the CHO</td>
<td>Q2 2018</td>
</tr>
<tr>
<td>Integration</td>
<td>Develop a CHO Portfolio of Projects, aligned to the CHO Strategy and Operational Plans</td>
<td>Q2 2018</td>
</tr>
<tr>
<td>Integration</td>
<td>Establish partnerships and working relationships with Stakeholders which are key to integration e.g.: Hospital Groups</td>
<td>Q2 2018</td>
</tr>
<tr>
<td>Delivery Support</td>
<td>Provide support to Project Leads and Project Teams for specific projects as agreed with the Chief Officer and Heads of Service</td>
<td>Q4 2018</td>
</tr>
<tr>
<td>Delivery Support</td>
<td>Develop a training package to provide support to Project Leads and Project Teams in Collaboration with other HSE partners</td>
<td>Q3 2018</td>
</tr>
<tr>
<td>Oversight and Traceability</td>
<td>Utilise the Project Vision Software Programme to record, monitor and report on Projects</td>
<td>Q1 2018</td>
</tr>
</tbody>
</table>

**National Clinical & Integrated Care Programmes**

**Integrated Care Programme for Older Persons**

This programme is building on local initiative to incrementally develop pathways for older people across primary and secondary care, especially those with more complex care needs. In 2018 we will endeavour to progress with an integrated plan for developing care for frail elderly and to model the potential impact on patterns of health service utilisation between primary care and acute hospital care. This programme will be in line with the 10 Step Framework currently initiated in 12 sites nationally.
Section 4: Quality and Safety

Introduction
MLM is committed to putting in place a quality and safety programme to support high quality, evidence based safe, effective and person centred care services. Quality improvement and quality assurance and verification, underpins the approach to quality and safety in 2018.

Quality and safety priority areas for 2018 are:

- Establish a robust system of Quality and Safety Governance in Midlands Louth Meath CHO
- Support the implementation of the revised HSE Incident Management Framework
- In partnership with Health and Wellbeing, continue quality improvement programmes in the area of Healthcare Associated Infections (HCAI)
- Collaborate in the development and implementation of quality improvement plans as they relate to the National Standards for Safer Better Healthcare and Best Practice Guidance in Mental Health
- Develop a proactive approach to service user and staff engagement.
- Improve the integrity of the data used for Quality and Safety performance measures and finalise a MLM reporting structure
- Continue to support the collection of data for the Social Care and Primary Care Divisions’ Dashboards
- Support initiatives to develop a more person-centred approach through the roll-out of the primary care patient experience survey.
- Develop a system for monitoring the implementation of recommendations of investigations/reviews and ensure that the learning from these is shared across the system as appropriate
- Develop and implement a MLM Integrated Risk Management Policy
- Support the further development of Clinical Audit within each division
- Continue to support the implementation of the HSE Open Disclosure policy across all health and social care settings in MLM and collate returns in relation to numbers trained
- Support the development of Health and Safety Structures within Midlands Louth Meath CHO
- Develop tools to support reporting on compliance

Patient Safety Programme

- Establish a robust system of Quality and Safety Governance in Midlands Louth Meath CHO
  - Complete the MLM Quality and Safety Committee Structure Project in partnership with the National Quality Improvement Division
• Support the implementation of the revised HSE Incident Management Framework
  
  o Enhance systems for the management of Serious Incidents and Serious Reportable Events in accordance with the HSE Incident Management Framework and in line with the National Standards for the conduct of review of patient safety incidents
  
  o Develop local policy to support implementation of the national incident management framework
  
  o Consider processes to strengthen the reporting of serious incidents / SRE’s to CHO’s by Section 38 & section agencies
  
  o Finalise and implement a MLM CHO Integrated Risk Management Policy
  
  o Support the implementation of the Risk Register system at Divisional level

• In partnership with Health and WellBeing, continue quality improvement programmes in the area of Healthcare Associated Infections (HCAI)
  
  o Support the implementation of the National Standards for the Prevention and Control of Healthcare Associated Infections with a particular focus on Hand hygiene training
  
  o Develop and coordinate MLM HCAI/IMR committee (jointly with H&WB)
  
  o Support the establishment of relevant sub Committees in line with National Strategy

• Support the roll out of quality improvement initiatives i.e. the Zero Pressure Ulcer Initiative, Falls and Medication Management across Midlands Louth Meath CHO

Maintaining standards and minimising risk

• Collaborate in the development and implementation of quality improvement plans as they relate to the National Standards for Safer Better Healthcare and Best Practice Guidance in Mental Health
  
  o Participate in the National Working Group for the Implementation of Better Standards Better Care in Primary Care
  
  o Support the Implementation of Best Practice Guidance across all mental health services within MLM CHO
  
  o Establish a MLM Primary Care Safer Better Health Care Standards Committee

• Develop a proactive approach to service user and staff engagement.
  
  o In partnership with the HSE Quality Improvement Division develop and support Walk Aroun5ds by senior managers in the divisions
  
  o Support the engagement of service users, family and carers as part of the self-assessment teams in the implementation of HSE Best Practice Guidance in Mental Health

• Support the roll out of service user surveys by providing analysis of the returns.

• Improve the integrity of the data used for performance measures and finalise a MLM reporting structure
• Support the monitoring and evaluation of quality by working with the divisions to ensure that there is a standardised system within each division for collection of data to feed into Quality KPIs e.g. Primary Care and Social Care dashboards

• Develop a MLM Governance Process for the management of PPPGs and roll out of same
  o Provide training on the roll out of the National Framework for Developing Policies, Procedures, Protocols and Guidelines in partnership with the HSE Quality Improvement Division
  o Develop a system for monitoring the implementation of recommendations of investigations/reviews and ensure that the learning from these is shared across the system as appropriate
  o Develop and implement a MLM Integrated Risk Management Policy

• Support the further development of clinical Audit within each division
  o Support and develop quality improvement audit tools for audits in areas identified by the MLM Quality and Safety Governance Committee
  o Put in place a plan for clinical audit training across the divisions
  o Work with services to develop a schedule of clinical audits

• Provide support and advice on carrying out research on evidence based practice, analyses of data and report writing-

• Continue to support the implementation of the HSE Open Disclosure policy across all health and social care settings in Midlands Louth Meath CHO

• Support the development of Health and Safety Structures within MLM
  o Lead out on the implementation of a structured validated actuarial risk assessment on violence and aggression towards staff in acute mental setting. Facilitate learning across the CHO and nationally.
  o A Grade VII Health and Safety Advisor will be appointed to MLM
  o Finalise MLM CHO Health & Safety Statement
  o Support divisions and the NH&SF in preparing for and the carrying out of Health and Safety audits across the CHO
  o Support Health and Safety Training across the CHO in areas such as risk assessment and Health & safety Representative training

• Support the National Health and Safety Function regarding the provision of supplementary violence and aggression one day training with a priority given to lone workers

• Develop a Quality and Safety Induction Process
  o Develop a Quality and Safety pack for use as part of the induction process for new staff
Section 5: Health and Social Care Delivery
Health and Wellbeing Services

Population served
Health and Wellbeing is about helping the population of the CHO to stay healthy and well by focusing on prevention, health promotion and improvement, reducing health inequalities, and protecting people from threats to their health and wellbeing.

The Midlands Louth Meath CHO catchment area stretches from the border with Northern Ireland in Louth, south towards counties Dublin, Kildare, Carlow, Kilkenny & Tipperary, and west towards counties Monaghan, Cavan, Leitrim, Roscommon, & Galway. The area covers approximately 10,500 square kilometres in total, and takes in counties Louth, Meath, Laois, Offaly, Westmeath, Longford and a small part of South East Cavan. It includes rural and commuter communities, each presenting different challenges for health service delivery.

According to Census 2016, 619,281 people live in the Midlands Louth Meath CHO area, 13% of the total population of Ireland. The population increase in the Midlands Louth Meath CHO area (4.5%) since Census 2011 and that of most of the counties in the area was higher than the increase for Ireland as a whole (3.8%) for that period. This is shown in Table 1.

Table 1: Census populations and inter-censal change by county, Midlands Louth Meath CHO and Ireland, 2011 and 2016 (Census 2016)

<table>
<thead>
<tr>
<th>Name</th>
<th>Population 2011</th>
<th>Population 2016</th>
<th>Actual Change</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>County Meath</td>
<td>184,135</td>
<td>195,044</td>
<td>10,909</td>
<td>5.9</td>
</tr>
<tr>
<td>County Louth</td>
<td>122,897</td>
<td>128,884</td>
<td>5,987</td>
<td>4.9</td>
</tr>
<tr>
<td>County Laois</td>
<td>80,559</td>
<td>84,697</td>
<td>4,138</td>
<td>5.1</td>
</tr>
<tr>
<td>County Longford</td>
<td>39,000</td>
<td>40,873</td>
<td>1,873</td>
<td>4.8</td>
</tr>
<tr>
<td>County Offaly</td>
<td>76,687</td>
<td>77,961</td>
<td>1,274</td>
<td>1.7</td>
</tr>
<tr>
<td>County Westmeath</td>
<td>86,164</td>
<td>88,770</td>
<td>2,606</td>
<td>3.0</td>
</tr>
<tr>
<td>Total *</td>
<td>589,442</td>
<td>616,229</td>
<td>26,787</td>
<td>4.5</td>
</tr>
<tr>
<td>Midlands Louth Meath CHO 8 *</td>
<td>592,388</td>
<td>619,281</td>
<td>26,893</td>
<td>4.5</td>
</tr>
<tr>
<td>Ireland</td>
<td>4,588,252</td>
<td>4,761,865</td>
<td>173,613</td>
<td>3.8</td>
</tr>
</tbody>
</table>

*Midlands Louth Meath CHO does not match exactly with the six counties so some figures may differ. Source: Health Atlas Ireland (HAI)

Services provided
The CHO Head of Health and Wellbeing works in a collaborative and integrated manner with the Heads of Service for Primary Care, Social Care and Mental Health to ensure that Health and Wellbeing initiatives are a priority within and across all services areas within the CHO. The CHO Health and Wellbeing division will continue to support the following National Priority Programmes by ensuring that required actions are reflected in the Midlands Louth Meath CHO Healthy Ireland plan in addition to the annual operational plans:

- Healthy Childhood
- Tobacco
- Alcohol
Healthy Eating Active Living (HEAL)
Mental Health and Wellbeing
Sexual Health
Positive Ageing
Making Every Contact Count
Chronic Illness and Self Management
Screening and Immunisation
Staff Health and Wellbeing
Strengthening Partnerships

The Head of Health and Wellbeing will also support and promote the national screening programmes for BreastCheck, Cervical Check, Bowel Screen and Diabetic Retina Screen, particularly in areas of low uptake rates within the CHO. These programmes aim to reduce morbidity and mortality in the population through early detection and treatment.

Issues and opportunities
There is an unsustainable horizon for future health services and for our population’s wellbeing, driven by lifestyle disease patterns and ageing population trends. Our population profiles together with population projections for Ireland for the coming years point to pressures on our services which will increase over time. These pressures arise out of the fact that people are living longer with disease which would previously have resulted in premature death. The increase in life expectancy rates is most welcome however, chronic long term conditions, such as diabetes, heart failure, COPD, etc can be debilitating and reduce the quality of life for many.

An overwhelming body of evidence has established that many chronic diseases are attributable to a number of known and preventable risk factors – smoking, high blood pressure, obesity, high cholesterol, alcohol misuse, physical inactivity and poor diet. However, chronic disease is largely preventable and action is needed at every level to combat the rise of these illnesses.

The Midlands Louth Meath CHO’s Healthy Ireland plan provides an opportunity for health and wellbeing services to support the health service to shift from treating patients to keeping people healthy and well. The plan will outline key priorities to help reduce the burden of chronic diseases and improve the health and wellbeing of people who use our services, our staff and the wider CHO population.

The following sets out the priority service plan actions for 2018. It should be noted that the achievement of many of the health and wellbeing priority actions in the CHO is dependent on the resource capacity in the care group areas, particularly in primary care services, in addition to the capacity within the Health Promotion and Improvement service.

Priorities 2018
- Publish and launch the Midlands Louth Meath CHO Healthy Ireland Plan 2018 – 2022
- Implement the 2018 actions from the Midlands Louth Meath CHO Healthy Ireland plan
- Commence implementation of the National Framework for Self-Management Support to help reduce levels of chronic disease and improve the health and wellbeing of the CHO population
Protect the population from threats to their health and wellbeing through the improvement of immunisation rates, uptake rates for national screening programmes and supporting capacity building for the prevention, surveillance and management of HCAIs and AMR.

Support and develop CHO staff health and wellbeing

Create and strengthen cross-sectoral partnerships for improved health outcomes

Implementing priorities 2018 in line with Corporate Plan goals

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

<table>
<thead>
<tr>
<th>Priority</th>
<th>Priority Actions</th>
<th>Timeline</th>
<th>Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commence the implementation of the Healthy Ireland Framework through the publication of the MLM CHO Healthy Ireland Plan</td>
<td>Publish and launch the Midlands Louth Meath CHO Healthy Ireland Plan  Implement identified actions from the CHO Healthy Ireland plan for 2018  Develop partnerships with local hospital group(s) on Healthy Ireland implementation</td>
<td>Q1  Q1 – Q4  Q1 – Q4</td>
<td>HoHWB with the support of CHO Heads of Service HoHWB</td>
</tr>
<tr>
<td>Commence implementation of Making Every contact Count training programme with the support of the National MECC implementation team</td>
<td>Commence rollout of training package for MECC  401 frontline staff to complete the online Making Every Contact Count training programme in brief intervention, subject to availability of resources  80 frontline staff to complete the face to face module of the Making Every Contact Count training programme in brief intervention, subject to availability of resources</td>
<td>Q1 – Q4  Q1 – Q4  Q1 – Q4</td>
<td>HoHWB with the support of CHO Heads of Service HoHWB with the support of CHO Heads of Service HoHWB with the support of CHO Heads of Service</td>
</tr>
<tr>
<td>Protect the population from threats to health and wellbeing</td>
<td>Support the improvement of primary childhood immunisation uptake rates  Improve uptake rates for the School Immunisation programme (SIP) with a particular focus on HPV vaccine  Improve influenza vaccine uptake rates amongst staff in frontline settings (to reach 65%) and among persons aged 65 and over</td>
<td>Q1 – Q4  Q1 – Q4  Q2 – Q4</td>
<td>HoHWB &amp; HoPC HoHWB &amp; HoPC HoHWB with support of all HOS</td>
</tr>
</tbody>
</table>
Develop and implement a flu plan for 2018/2019 to improve influenza vaccine uptake rates amongst staff in frontline settings. Facilitated session with key CHO stakeholders to be held in Q1 to learn what worked well in the 2017/2018 flu season.

In partnership with the Quality and Safety Division, provide co-ordination across the CHO for capacity building for the prevention, surveillance and management of HCAIs and antimicrobial resistance (AMR).

Nominate a member of the CHO management team as Infection Prevention Control (IPC)/Antimicrobial Stewardship (AMS) lead and commence the development of CHO plan for HCAI/AMR governance and human resources for the next 3 years.

Support actions required to respond to AMR (including CPE) as outlined in iNAP – Ireland’s National Action Plan on Antimicrobial Resistance 2017 – 2020 by ensuring hand hygiene training programmes are implemented for all directly managed community residential services.

Promote and support the national screening programmes (eg BreastCheck, Cervical Check, Bowel Screen) particularly in areas across the CHO that have low uptake rates.

Develop new sub-structures within the CHO in collaboration with the national office to facilitate the development of a new Health Promotion and Improvement function within the CHO.

<table>
<thead>
<tr>
<th>Priority</th>
<th>Priority Actions</th>
<th>Timeline</th>
<th>Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commence CHO implementation of the Self Management Support framework as outlined in the national framework</td>
<td>In partnership with Primary Care, establish a CHO Chronic Illness Group to provide leadership and oversight to the development of responsive services in Primary Care Settings that support people living with a chronic condition across the CHO area Map, produce and maintain a directory of programmes and supports for SMS for chronic</td>
<td>Q1</td>
<td>HoHWB &amp; HoPC</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Priority</th>
<th>Priority Actions</th>
<th>Timeline</th>
<th>Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>In partnership with Primary Care, establish a CHO Chronic Illness Group to provide leadership and oversight to the development of responsive services in Primary Care Settings that support people living with a chronic condition across the CHO area Map, produce and maintain a directory of programmes and supports for SMS for chronic</td>
<td>Q1</td>
<td>HoHWB &amp; HoPC</td>
<td></td>
</tr>
</tbody>
</table>
conditions identifying gaps in services

Develop plans for SMS implementation within the CHO

Develop signposting of local community and voluntary resources to enhance Self-Management Support

Engage with and promote awareness of SMS with HSCPs serving the CHO population, including HGs, to promote and support delivery of SMS to patients with chronic conditions, and optimise the delivery of SMS within current capacity

Work with voluntary organisations, and patients/carers directly, to ensure patient involvement in the development of SMS activities and resource development – e.g. staff training, service development and evaluation (including patient outcome measures), and facilitate the development of peer support and increasing public awareness of SMS.

Collaborate with key stakeholders to collate and develop toolkits for implementation of SMS to include care plan templates and other resources, building on resources already developed, and ensuring continuity across settings

Support the roll out of the Chronic Illness programme by validating and actively managing the Midlands Diabetes Structured Care Programme database.

Support the carrying out of research in partnership with the Midlands Community Nurse Specialists (CNS) in Diabetic Care (Primary Care)

Continue to progress and support the implementation of demonstrator projects for chronic conditions within the CHO

Implement CHO Healthy Ireland actions for 2018

Establish a CHO child health governance group to provide oversight of child health services and to support the development of
services in line with Framework for the National Healthy Childhood and Nurture Programme, including the Nurture Programme – Infant Health and Wellbeing Programme

Appoint a CHO Child Health Development Officer to support the roll out of the National Healthy Childhood Programme

Support the implementation of the HSE Breastfeeding Action Plan 2016-2021

Deliver nutrition reference pack training (for infants aged 0-12) to public health nurses in CHOs

Support and maintain the existing level of service of the Triple P parenting programme and extend with partners to remaining counties in line with available resources

Support the roll out of the “START” campaign to encourage parents and guardians to start making healthy choices for their children.

Support the roll out of HSE national alcohol risk communication campaign - www.askaboutalcohol.ie

Connecting for Life – Support the development and implementation of the Midlands Louth Meath CHO Connecting for Life action plan

Support the development of the forthcoming national mental health promotion plan

<table>
<thead>
<tr>
<th>Priority</th>
<th>Priority Action</th>
<th>Timeline</th>
<th>Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive Ageing</td>
<td>Support the roll out of Health Related actions in the Positive Ageing Strategy</td>
<td>Q1 – Q4</td>
<td>HoHWB &amp; HoPC</td>
</tr>
<tr>
<td></td>
<td>Support awareness building to create</td>
<td></td>
<td>HoHWB &amp; HoSC</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>HoHWB &amp; HoMH</td>
</tr>
</tbody>
</table>

Corporate Plan Goal 3: Foster a culture that is honest, compassionate, transparent and accountable
<table>
<thead>
<tr>
<th>Compassionate inclusive communities for people with dementia and their carers</th>
<th>Q1 – Q4</th>
<th>HoSC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participate in the development of integrated services for older people that support older people to age well within their own homes and communities</td>
<td>Q1 – Q4</td>
<td>HoHWB &amp; HoSC</td>
</tr>
<tr>
<td>In partnership with the Social Care Division, promote the development of innovative solutions (including ICT solutions) aimed at improving the health and wellbeing of older people in MLM CHO.</td>
<td>Q1 – Q4</td>
<td>HoHWB &amp; HoSC</td>
</tr>
</tbody>
</table>

**Strengthen cross-sectoral partnerships for improved health outcomes and address health inequalities**

<table>
<thead>
<tr>
<th>Continue to support HSE representatives on the six Local Community Development committees (LCDCs) within the CHO to contribute to the implementation of actions that support and promote health and wellbeing.</th>
<th>Q1 – Q4</th>
<th>HoHWB &amp; support of HoPC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide nominees to the CYPSCs in the CHO that do not have HSE representation</td>
<td>Q1</td>
<td>HoHWB, HoMH &amp; HoPC</td>
</tr>
<tr>
<td>Establish a support forum for the HSE representatives of the CYPSCs within the CHO to contribute to the implementation of actions that support and promote the health and wellbeing of children and young people</td>
<td>Q1 – Q4</td>
<td>HoHWB, HoMH &amp; HoPC</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Priority</th>
<th>Priority Action</th>
<th>Timeline</th>
<th>Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support the development of the HSE Staff health &amp; Wellbeing Strategy</td>
<td>Implement heart health checks for 1,000 staff in collaboration with the Irish Heart Foundation across the CHO</td>
<td>Q1 - Q2</td>
<td>HoHWB</td>
</tr>
<tr>
<td></td>
<td>Support staff health and wellbeing initiatives that can be delivered within available resources in 2018</td>
<td>Q2 – Q4</td>
<td>HoHWB</td>
</tr>
<tr>
<td>Build a culture to support staff health and wellbeing</td>
<td>Support the development of a staff engagement forum for the CHO where staff health and wellbeing can form a significant part of the agenda</td>
<td>Q2 – Q4</td>
<td>HoHWB &amp; HoHR</td>
</tr>
<tr>
<td></td>
<td>Support uptake of the HSE staff engagement survey which will include health and wellbeing measures and this will support the establishment of baseline measures for the</td>
<td>Q2 – Q3</td>
<td>HoHWB &amp; all HoS</td>
</tr>
</tbody>
</table>
CHO in 2018
Implement joined up staff health and wellbeing initiatives at local level using effective communication campaigns e.g. #littlethings, #quit, #askaboutalcohol, #dementia, #understandtogether, #breastfeeding
Identify initiatives to promote positive mental health among staff

Q2 – Q4
HoHWB & all HoS
Q2 – Q4
HoHWB & HoMH

Corporate Plan 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

<table>
<thead>
<tr>
<th>Priority</th>
<th>Priority Action</th>
<th>Timeline</th>
<th>Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implement and support key initial actions under A Healthy Weight for Ireland: Obesity Policy and Action Plan 2016-2025</td>
<td>Implement the HSE Healthier Vending policy across the CHO (dependent on contract dates).</td>
<td>Q1 - Q4</td>
<td>HoHWB with the support of HoS</td>
</tr>
<tr>
<td></td>
<td>Maintain the existing level of community development programmes that support healthy lifestyles and the prevention and management of overweight and obesity in children and adults eg Cook It programmes.</td>
<td>Q1 – Q4</td>
<td>HoHWB &amp; HoPC</td>
</tr>
<tr>
<td></td>
<td>Deliver structured patient education programmes for Type 2 Diabetes as per KPI targets eg XPERT, DESMOND programmes</td>
<td>Q1 – Q4</td>
<td>HoHWB &amp; HoPC</td>
</tr>
<tr>
<td></td>
<td>Maintain the level of existing physical activity programmes such as Smart Start/Be Active and extend these programmes, where resources allow</td>
<td>Q1 – Q4</td>
<td>HoHWB with the support of HoS</td>
</tr>
<tr>
<td>Implement the HSE Tobacco Free Campus Policy</td>
<td>Implement the HSE Tobacco Free Campus Policy in all remaining sites across mental health and social care and strengthen monitoring and compliance in all other services.</td>
<td>Q1 – Q4</td>
<td>HoHWB with the support of HoS</td>
</tr>
<tr>
<td></td>
<td>Display QUIT support resources in all services and sites and refer service users to QUIT and other appropriate smoking cessation services.</td>
<td>Q1 – Q4</td>
<td>HoHWB with the support of HoS</td>
</tr>
<tr>
<td></td>
<td>Implement the Health Behaviour Patient Management System (e-referral to Quit</td>
<td>Q1 – Q4</td>
<td>HoHWb</td>
</tr>
</tbody>
</table>
Primary Care Services

Population served

The demand for primary care services is highly influenced by demographic and population changes. While birth rates are decreasing, the child population (aged 0 to 17 years) represents 25% of our total population, approximately 7% more than the EU average.

The population is also ageing. The number of people aged 65 years and over in Midlands Louth Meath has increased from 10.4% in 2011 to 12% in 2016. In Midlands Louth Meath the population over 65 years has grown by 20.7% to 74,534. Approximately 65% of people aged 65 years and over currently have two or more chronic medical conditions and the prevalence of age related disease continues to show signs of increase. In Midlands Louth Meath CHO our children's population has increased by 3.5% from 2011 to 2016 with 147,213 children under the age of 14 years being provided with services.

The increasing demand for expanded primary care services and improved access to services reflects these changes in population and demographic patterns.

Services provided

Primary care services include primary care teams (PCTs), community network services, general practice, community schemes, social inclusion and palliative care services. Reference to primary care throughout the plan includes reference to all of these services.

The PCT is the starting point for service delivery, consisting of general practice, community nursing, physiotherapy, occupational therapy and speech and language therapy and covers populations of approximately 7,000 to 10,000 people. Community network services include audiology, ophthalmology, dietetics, podiatry, psychology and oral health services and are typically provided for populations of approximately 50,000 people. Other primary care services may include GP out of hours, diagnostic services and community intervention teams (CITs). It should be noted that there is not full/necessary capacity to reach on all service needs. In excess of 743,000 patients are seen by community nursing services each year, over 1.5m patients are treated by therapy services, over 36,000 patients receive care from CITs and over 2m patients are managed by GP services. Approximately 520 children are supported at home by way of paediatric home care packages.

Primary care services also provide for those people who are most vulnerable in society, details of which can be seen further in this section within social inclusion services. In addition, services are also provided to those who require palliative care and these are also detailed further in the sections below.

Midlands Louth Meath CHO Primary Care Services

<table>
<thead>
<tr>
<th>Administration</th>
<th>Public Health Nursing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care Teams</td>
<td>Paediatric Home Care Packages</td>
</tr>
</tbody>
</table>
Issues and opportunities

Ensuring accessible, comprehensive, continuous, and co-ordinated primary care is central to better serving the needs of the population. Internationally, the strategic repositioning of health services is recognised as a better approach to meet the challenges of escalating demand from an ageing population and the prevalence of chronic diseases, while at the same time ensuring better access to care, addressing inequalities in health and delivering sustainability and best value for population health. The increasing population and changing demographic profile has resulted in an increased demand for all services such as GP services, community nursing services, therapy services, social inclusion and palliative care services. Diagnostic (ultrasound) services have commenced in certain geographic areas of greatest need and where there is necessary resources and support by Acute colleagues. However, GP access to diagnostics remains a key capacity deficit in supporting the decisive shift to primary care, which the €25m investment in primary care in 2018 will assist in beginning to address.

A key issue in primary care for 2018 will be the capacity to maintain existing levels of service in a number of key areas due to overall resource constraints. However, the reduction to funded levels of activity still has implications in relation to community demand-led schemes.

Meath Louth CHO are been funded for the establishment of CIT Services in Laois/Offaly. In addition we are funded for 16 Assistant Psychology posts to enhance Primary Care Psychology Services. The commissioning of primary care centres Drogheda and Tullamore Primary Care Centres will be a key enabler for the effective and efficient delivery of PCT and network services in our CHO. However we have a funding deficit in GP OOH which needs to be addressed with support from National Division.

Priorities 2018

- The establishment of CIT Services in Laois/Offaly
- The recruitment of 16 Assistant Psychology posts to enhance Primary Care Psychology Services
- Improve quality, safety, access and responsiveness of primary care services to support the decisive shift of services to primary care.
• Improve health outcomes for the most vulnerable in society including those with addiction issues, the homeless, refugees, asylum seekers, Traveller and Roma communities
• Improve access, quality and efficiency of palliative care services
• Strengthen accountability and compliance across all services and reviewing contractor arrangements.
• Progress plans for Specialist Palliative Care Inpatient Units for both the Midland and Louth/Meath
• Review GP OOH arrangements in Midlands (MIDOC) and Louth Meath (NEDOC) in line current challenges and National GP Out of Hours Review which is to be launched Q1 2018
• Review Oral Health (Dental and Orthodontic) needs for Midlands Louth Meath CHO and implement changes/seek additional supports as necessary
• Implement identified actions from the CHO Healthy Ireland plan for 2018

Implementing priorities 2018 in line with Corporate Plan goals

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

<table>
<thead>
<tr>
<th>Priority</th>
<th>Priority Action</th>
<th>Timeline</th>
<th>Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improve influenza vaccination uptake rates for those aged 65 years and over, and among staff in frontline settings</td>
<td>Improve influenza vaccination rates amongst persons aged 65 years and over.</td>
<td>Ongoing</td>
<td>HoPC &amp;HoHWB</td>
</tr>
<tr>
<td></td>
<td>Improve influenza vaccination rates to 65% among staff in front line settings.</td>
<td></td>
<td>HoPC &amp;HoHWB</td>
</tr>
<tr>
<td></td>
<td>Increase the percentage of children who receive vaccines to the target percentages.</td>
<td></td>
<td>HoPC &amp;HoHWB</td>
</tr>
<tr>
<td>Healthy Ireland</td>
<td>Support the implementation of the rotavirus and meningococcal B vaccination programmes within available resources.</td>
<td></td>
<td>HoPC &amp;HoHWB</td>
</tr>
<tr>
<td></td>
<td>Implement actions in support of national policy priority programmes for tobacco, alcohol, healthy eating, active living, sexual health, positive ageing and wellbeing and mental health</td>
<td>Q1 – Q4</td>
<td>HoPC &amp;HoHWB</td>
</tr>
<tr>
<td></td>
<td>Implement identified actions from the CHO Healthy Ireland plan for 2018</td>
<td>Q1 – Q4</td>
<td>HoPC &amp;HoHWB</td>
</tr>
<tr>
<td>Commence</td>
<td>Commence rollout of training package for</td>
<td>Q1 – Q4</td>
<td>HoPC</td>
</tr>
<tr>
<td>Implementation of Making Every Contact Count training programme with the support of the National MECC implementation team</td>
<td>Protect the population from threats to health and wellbeing</td>
<td>HoHWB</td>
<td></td>
</tr>
<tr>
<td>---</td>
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</tr>
<tr>
<td>MECC to 124 frontline staff to complete the online Making Every Contact Count training programme on brief intervention</td>
<td>Support 25 frontline staff to complete the face to face module of Making Every Contact Count training in brief intervention.</td>
<td>&amp;HoHWB</td>
<td></td>
</tr>
<tr>
<td>Support the improvement of primary childhood immunisation uptake rates</td>
<td>Improve uptake rates for the School Immunisation programme (SIP) with a particular focus on HPV vaccine</td>
<td>HoPC &amp; GMs</td>
<td></td>
</tr>
<tr>
<td>Develop and implement a flu plan for 2018/2019 to improve influenza vaccine uptake rates amongst staff in frontline settings.</td>
<td>Support actions required to respond to AMR (including CPE) as outline in INAP – Ireland’s National Action Plan on Antimicrobial Resistance 2017 – 2020</td>
<td>HoPC &amp; GMs</td>
<td></td>
</tr>
<tr>
<td>Support the development of CHO plan for HCAI/AMR governance</td>
<td>Promote and support the national screening programmes (e.g. Breast Check, Cervical Check, Bowel Screen) particularly in areas across the CHO that have low uptake rate</td>
<td>HoPC &amp; GMs</td>
<td></td>
</tr>
<tr>
<td>Progress the implementation of the healthy childhood and nurture programmes when rolled out to CHO’s</td>
<td></td>
<td>HoPC &amp; GMs</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Priority</th>
<th>MIDLANDS LOUTH MEATH CHO Action</th>
<th>Timeline</th>
<th>Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>Establish CIT Services in Laois/Offaly to facilitate a high volume of complex hospital avoidance and early discharge cases, and strengthen the</td>
<td>Establish CIT services for Laois/Offaly and provide treatment for 3290 referrals.</td>
<td>Q1 – Q4</td>
<td>HoPC &amp; GMs</td>
</tr>
<tr>
<td></td>
<td>Support the strengthen of governance and reporting of CIT services in line with national</td>
<td>Q 2</td>
<td>HoPC &amp; GMs</td>
</tr>
<tr>
<td>Governance and quality of services provided</td>
<td>Support packages of care for children discharged from hospital with complex medical conditions to funded levels.</td>
<td>Q1 - Q4</td>
<td>HoPC/ Acute Services Midlands</td>
</tr>
<tr>
<td>---</td>
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</tr>
<tr>
<td>Provide additional packages of care for children discharged from hospital with complex medical conditions to funded levels.</td>
<td>Implement, when agreed, a protocol for discharge planning for children with complex medical conditions.</td>
<td>Q1 - Q4</td>
<td>HoPC &amp; GMs</td>
</tr>
<tr>
<td></td>
<td>Implement, when agreed, a clinical and service assessment tool for children with complex medical conditions.</td>
<td>Q1 - Q4</td>
<td>HoPC &amp; GMs</td>
</tr>
<tr>
<td></td>
<td>Implement unified governance and management structure children with complex needs</td>
<td>Q1 - Q4</td>
<td>HoPC &amp; GMs</td>
</tr>
<tr>
<td></td>
<td>Continue to advocate for CIT services in Longford/Westmeath</td>
<td>Q1-Q4</td>
<td>HoPC &amp; GMs</td>
</tr>
<tr>
<td>Implement CHO Healthy Ireland actions for 2018</td>
<td>Establish a CHO child health governance group to provide oversight of child health services and to support the development of services in line with Framework for the National Healthy Childhood and Nurture Programme, including the Nurture Programme – Infant Health and Wellbeing Programme</td>
<td>Q2</td>
<td>HoPC &amp; HoHWB</td>
</tr>
<tr>
<td></td>
<td>Appoint a CHO Child Health Development Officer to support the roll out of the National Healthy Childhood Programme</td>
<td>Q2</td>
<td>HoPC &amp; HoHWB</td>
</tr>
<tr>
<td></td>
<td>Support the implementation of the HSE Breastfeeding Action Plan 2016-2021</td>
<td>Q2</td>
<td>HoPC &amp; HoHWB</td>
</tr>
<tr>
<td></td>
<td>Deliver nutrition reference pack training (for infants aged 0-12) to public health nurses which will involve the release of PHN’s for training.</td>
<td>Q2- Q4</td>
<td>HoPC &amp; GMs</td>
</tr>
<tr>
<td>Area</td>
<td>Activity</td>
<td>Timeframe</td>
<td>Responsible Party</td>
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<tr>
<td>Support and maintain the existing level of service of the Triple P parenting programme and extend with partners to remaining counties in line with available resources</td>
<td>Support the roll out of the “START” campaign to encourage parents and guardians to start making healthy choices for their children. Support the roll out of HSE national alcohol risk communication campaign - <a href="http://www.askaboutalcohol.ie">www.askaboutalcohol.ie</a></td>
<td>Q2- Q4</td>
<td>HoPC &amp; GMs</td>
</tr>
<tr>
<td>Improve access for primary care occupational therapy service with a focus on addressing patients waiting over 52 weeks</td>
<td>Continue to review activity of OT across the CHO with OT Managers with a view to addressing patients waiting over 52 weeks Continue to advocate for increased resources to directly/indirectly support OT service delivery Continue to advocate with Mental Health Division for the creation of an OT Manager post (which would be comparable to other areas) for Mental Health thus allowing OT Manager to focus more on primary care (&amp; social care)</td>
<td>Q1 - Q4</td>
<td>HoPC &amp; GMs</td>
</tr>
<tr>
<td>Implement the Integrated Care Programme for the Prevention and Management of Chronic Disease.</td>
<td>In partnership with Health &amp; Wellbeing, establish a CHO Chronic Illness Local implementation Group to provide leadership and oversight to the development of responsive services in Primary Care Settings that support people living with a chronic condition across the CHO area Promote awareness of SMS with HSCPs serving the CHO population, including HGs, to promote and support delivery of SMS to patients with chronic conditions, and optimise the delivery of SMS within current capacity</td>
<td>Q2 - Q4</td>
<td>HoPC &amp; HoHWB</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Support the roll out of the Diabetes and COPD Asthma chronic disease programmes utilising the 2016 CHO 8 approved posts for diabetes - CHO 8 – Senior Podiatrist (2) and Senior Dietician (2) where funding allocated</td>
<td></td>
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<tr>
<td>Diabetes</td>
<td>Support the roll out of the Chronic Illness programme by validating and actively managing the Midlands Diabetes Structured Care Programme database.</td>
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<tr>
<td>Diabetes</td>
<td>Carry out research in partnership with the Midlands Community Nurse Specialists (CNS) in Diabetic Care (Primary Care)</td>
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<tr>
<td>Diabetes</td>
<td>Continue to progress and support the implementation of demonstrator projects for chronic conditions within the CHO</td>
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<tr>
<td>Diabetes</td>
<td>Support the Inter Divisional Local Implementation Group in the delivery of the chronic disease programme across MLM CHO.</td>
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<td></td>
<td>Q1 – Q4</td>
<td>HoPC &amp;GMs</td>
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<td></td>
<td>Q3 – Q4</td>
<td>HoPC &amp;GMs</td>
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<td>Q3 - Q4</td>
<td>HoPC &amp;GMs</td>
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<td></td>
<td>Q3 - Q4</td>
<td>HoPC &amp;GMs</td>
<td></td>
</tr>
<tr>
<td>Increase the provision of diagnostic services in primary care sites.</td>
<td>Work alongside our acute hospital in regularising, strengthening and developing access to diagnostic services within Primary Care Centres.</td>
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<td></td>
<td>Q1 - Q4</td>
<td>HoPC &amp; Acutes</td>
<td></td>
</tr>
<tr>
<td>Implement, within existing resources and on a phased basis, the recommendations from the reviews of the primary care physiotherapy, occupational therapy reviews.</td>
<td>Implement Recommendations of National Review on Occupational Therapy and Physiotherapy services when published with due consideration to available resources.</td>
<td></td>
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<tr>
<td></td>
<td>Q4</td>
<td>HoPC &amp; GMs</td>
<td></td>
</tr>
<tr>
<td>Speech &amp; Language Therapy</td>
<td>Conclude recruitment of 9 WTEs for implementation of speech and language therapy service improvement initiatives across Midlands Louth Meath CHO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Speech &amp; Language Therapy</td>
<td>Provide 3,379 additional Speech &amp; Language Therapy appointments as part of the 2016</td>
<td>Q1 – Q3</td>
<td>NRS/Primary Care</td>
</tr>
<tr>
<td>Speech &amp; Language Therapy</td>
<td></td>
<td>Q1 - Q4</td>
<td>HoPC &amp; GMs</td>
</tr>
</tbody>
</table>
| Psychology | Service improvement initiatives:  
Conclude the recruitment of 16 Assistant Psychologist posts.  
Implement revised children and adolescent primary care psychology model in collaboration with Mental Health with available resources  
Implement within existing resources prioritised recommendations from the model of service  
Continue to support the development and enhancement of out of hour’s services through engagement with GPs and appropriate funding of MIDOC and NEDOC.  
Relocation of Navan, Birr and Edenderry GP OOH services in line review and needs  
Review and where appropriate implementation of new service model for Nurse Triage including relocation of service to improved facilities  
Review activity 2017/18 and submit plan for pressure points 2018/19  
Improve governance of GP OOH  
Support roll out of actions arising from the GP Out of Hours Review. | Q2 – Q4 | NRS/Primary Care  
Q4 | HoPC & GMs & HoMH  
Q2 – Q4 | HoPC & GMs  
Q4 | HoPC & GMs  
Q2 - Q4 | HoPC & GMs  
Q2 - Q4 | HoPC & GMs  
Q2 - Q4 | HoPC & GMs  
Q2 - Q4 | HoPC & GMs  
Q2 - Q4 | HoPC & GMs  
Q2 - Q4 | HoPC & GMs  
Q2 - Q4 | HoPC & GMs  
Q2 - Q4 | HoPC & GMs |

| GP Out of Hours Review Report Operational Plan Actions |  |

| Primary Care Eye Services Review Report Operational Plan Actions |  |

| Civil Registration |  |
| Improve access waiting times for orthodontic services for children | Advocate to secure additional resources to meet deficit in clinical capacity in Oral Health (Dental and Orthodontics) in MLM CHO   
Implement targeted screening for 11-13 year olds with available resources   
Provide treatment for 11-13 year old children prioritising public dental health i.e. fissure sealants.   
Continue to advocate for the extension of the national waiting list initiative for children’s orthodontic services for ‘long-waiters’ | Q1 - Q4 | HoPC & GMs   
Q3 | HoPC & GMs   
Q3 | HoPC & GMs   
Q1 - 4 | HoPC & GMs |
| Commission additional primary care centres | Commission Drogheda North and Tullamore Primary Care Centres and continue planning for other centres in particular Navan and Portaloise   
Continue to consolidate the delivery of primary care services through our Primary Care Teams and 12 Networks. | Q2 & Q3 | HoPC & GMs   
Q2 - Q4 | HoPC & GMs |
| Hepatitis C | Review 50 cardholders in MLM CHO who were identified in the Health Amendment Act, 1966 | Q3- Q4 | HoPC & GMs |
| Children with disability or developmental delay (Access Policy) | In conjunction with Social Care Map the actions required including resource implications within our CHO to provide access to Primary Care services for children with a disability or developmental delay. | Q1- Q4 | HoPC & HoSC & GMs |
| Other MLM CHO Actions Primary Care Services | Establish fora for engagement with GPs across MLM CHO. | Q2- Q4 | HoPC & GMs |

**Corporate Plan Goal 3: Foster a culture that is honest, compassionate, transparent and accountable**

<table>
<thead>
<tr>
<th>Priority</th>
<th>Priority Action</th>
<th>Timeline</th>
<th>Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promote quality and safety of services in line</td>
<td>Promote quality and safe services in line with the Framework for Improving Quality</td>
<td>Q1 - Q4</td>
<td>HoPC &amp; QPS Lead</td>
</tr>
<tr>
<td>with the Framework for Improving Quality in our Health Service</td>
<td>Support the roll out of the HSE Framework for “Improving Quality in our Health Service”.</td>
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<tr>
<td>Strengthen cross-sectoral partnerships for improved health outcomes and address health inequalities</td>
<td>Continue to support HSE representatives on the six Local Community Development committees (LCDCs) within the CHO to contribute to the implementation of actions that support and promote health and wellbeing.</td>
<td>Q1 – Q4</td>
<td>HoPC &amp; QPS Lead</td>
</tr>
<tr>
<td></td>
<td>Provide nominees to the CYPSCs in the CHO that do not have HSE representation</td>
<td>Q2 – Q4</td>
<td>HoPC &amp; HoHWB</td>
</tr>
<tr>
<td></td>
<td>Establish a support forum for the HSE representatives of the CYPSCs within the CHO to contribute to the implementation of actions that support and promote the health and wellbeing of children and young people</td>
<td>Q2- Q4</td>
<td>HoPC &amp; QPS Lead</td>
</tr>
<tr>
<td>Promote safe services in line with the Integrated Risk Management and Incident Management Frameworks</td>
<td>Implement MLM CHO Risk Management Policy In collaboration with Quality and Safety ensure there is a standardised system for collection of data to feed into the Primary Care Quality and Safety dashboard with available resources allocated Continue return of data through the primary care quality and safety dashboard. Continue to meet QPS targets. Develop a system for monitoring the implementation of recommendations of investigations/reviews and ensure that the learning from these is shared across Primary Care as appropriate Continue to advocate for the establishment of national investigation unit comprised of dedicated full-time investigators to expedite timelines for investigations Support the roll out of NIMS in primary care.</td>
<td>Q1 - Q4</td>
<td>HoPC &amp; HoQPS &amp; GMs</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Q1 - Q4</td>
<td>HoPC &amp; HoQPS &amp; GMs</td>
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<td></td>
<td>Q1 - Q4</td>
<td>HoPC &amp; HoQPS &amp; GMs</td>
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<td>Q1 - Q4</td>
<td>HoPC &amp; HoQPS &amp; GMs</td>
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<td>Q1 - Q4</td>
<td>HoPC &amp; HoQPS &amp; GMs</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Q1 - Q4</td>
<td>HoPC &amp; HoQPS &amp; GMs</td>
</tr>
<tr>
<td>National Standards for Safer Better Healthcare</td>
<td>Support the implementation of national safety programmes with available allocated resources</td>
<td>Q4</td>
<td>HoPC &amp; GMs</td>
</tr>
<tr>
<td>Support initiatives to develop a more person-centred approach through the roll-out of the primary care patient experience survey.</td>
<td>Support initiatives to develop a more person-centred approach through the roll-out of the primary care survey</td>
<td>Q2 – Q4</td>
<td>HoPC &amp; GMs</td>
</tr>
<tr>
<td></td>
<td>Establish a formal process to engage with patients and service users, using a wide range of methods to obtain feedback and commit to dissemination of this information</td>
<td>Q2 – Q4</td>
<td>HoPC &amp; GMs</td>
</tr>
<tr>
<td>Implement HSE Child Protection Policy</td>
<td>Review implications for practice; ensure appropriate supervision in place to support mandated staff to comply with Children First.</td>
<td>Q1 - Q4</td>
<td>All Service Managers</td>
</tr>
<tr>
<td></td>
<td>Ensure all staff have completed Children First e-learning training by 11th March’18.</td>
<td>Q1 - Q4</td>
<td>All Service Managers</td>
</tr>
<tr>
<td></td>
<td>Ensure compliance with Children First training requirements by HSE and funded services</td>
<td>Q1 &amp; Q4</td>
<td>All Service Managers</td>
</tr>
<tr>
<td></td>
<td>Agree list of mandated persons for the CHO</td>
<td>Q2</td>
<td>HoPC &amp; GMs</td>
</tr>
<tr>
<td>Patient Experience Survey</td>
<td>Conduct Patient Experience Surveys in 2 Primary Centres in each county in the CHO.</td>
<td>Q2 - Q4</td>
<td>GMs</td>
</tr>
<tr>
<td>Quality and Safety Develop primary care action plan for increased compliance with HIQA standards for Safer Better Health Care.</td>
<td>Establish Primary Care Quality &amp; Patient Safety committee</td>
<td>Q2 – Q3</td>
<td>HoPC &amp; GMs</td>
</tr>
<tr>
<td>Quality and Safety Support the implementation of national safety programmes such as pressure ulcers to zero collaborative, HCAI, falls prevention and decontamination</td>
<td>Progress the rollout of programmes across MLM CHO with allocated resources</td>
<td>Q1 - Q4</td>
<td>HoPC &amp; GMs</td>
</tr>
<tr>
<td>Quality and Safety Collaborate with Consumer Affairs on the management and analysis of complaints</td>
<td>Complaints Officers within Primary Care to be trained to utilise the Complaints Management System for recording complaints.</td>
<td>Q1 &amp; Q2</td>
<td>HoPC &amp; GMs</td>
</tr>
<tr>
<td>Quality and Safety Implement the open disclosure policy.</td>
<td>Support staff training by ensuring senior management staff participate in the Train the Trainer Programme</td>
<td>Q2 – Q4</td>
<td>HoPC &amp; GMs</td>
</tr>
<tr>
<td>Quality and Safety Develop a robust CHO wide clinical audit programme, as resources allow.</td>
<td>In collaboration with Quality and Safety department identify Clinical audit priorities for 2018</td>
<td>Q2 – Q4</td>
<td>HoPC &amp; GMs</td>
</tr>
<tr>
<td>Quality and Safety ED Taskforce and Winter Planning Provide primary care services within allocated funding to support hospital avoidance and early discharge including GP out of hours services, community intervention team services and aids and appliances in MLM CHO</td>
<td>Submit review of GP OOH 2017/18 with a view to recommendations 2018/9</td>
<td>Q1 – Q2</td>
<td>HoPC &amp; GMs</td>
</tr>
<tr>
<td>Quality and Safety Strengthen national supports and guidance</td>
<td>MLM CHO Primary Care will continue to promote hand hygiene training and audit and will maintain target of 100% compliance in</td>
<td>Q1 - Q4</td>
<td>HoPC &amp; GMs</td>
</tr>
<tr>
<td>Priority</td>
<td>Priority Action</td>
<td>Timeline</td>
<td>Lead</td>
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</tr>
<tr>
<td>To PC providers in relation to Health Care Associated Infection</td>
<td>2018 with available resources</td>
<td></td>
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</tr>
<tr>
<td>Healthy Ireland: Implement MLM CHO plan for <em>Healthy Ireland.</em></td>
<td>In collaboration with Health and Wellbeing rollout of MLM CHO Health Ireland Plan</td>
<td>Q2 – Q4</td>
<td>HoPC &amp; GMs &amp; Service Managers</td>
</tr>
<tr>
<td>Policy Programmes Breastfeeding:</td>
<td>Increase breastfeeding rates to 40% at the first PHN visit and at three months.</td>
<td>Q1 – Q4</td>
<td>DPHN’s and PHN’s</td>
</tr>
<tr>
<td>Staff Health and Safety</td>
<td>Ensure staff attend mandatory training as per MLM Health and Safety Policy</td>
<td>Q1 – Q4</td>
<td>HoPC &amp; GMs</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Priority</th>
<th>Priority Action</th>
<th>Timeline</th>
<th>Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>In collaboration with Office of Nursing and Midwifery implement agreed prioritised actions from the National Quality Improvement/Practice Development Governance Framework for Public Health Nursing Service with a focus on tissue viability</td>
<td>MLM CHO Public Health Nursing service in collaboration with the Office of Nursing and Midwifery will implement agreed prioritised actions with a focus on tissue viability</td>
<td>Q1 – Q4</td>
<td>GMs</td>
</tr>
<tr>
<td>Implement the CHO</td>
<td>Support staff health and wellbeing initiatives</td>
<td></td>
<td>HoPC &amp;</td>
</tr>
</tbody>
</table>
Build a culture to support staff health and wellbeing.

- that can be delivered within available resources in 2018
- Support the development of a staff engagement forum for the CHO where staff health and wellbeing can form a significant part of the agenda
- Support uptake of the HSE staff engagement survey which will include health and wellbeing measures and this will support the establishment of baseline measures for the CHO in 2018
- Implement joined up staff health and wellbeing initiatives at local level using effective communication campaigns e.g. #littlethings, #quit, #askaboutalcohol, #dementia, #understandtogether, #breastfeeding
- Identify initiatives to promote positive mental health among staff

Corporate Plan 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

<table>
<thead>
<tr>
<th>Priority</th>
<th>Priority Action</th>
<th>Timeline</th>
<th>Lead</th>
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</thead>
<tbody>
<tr>
<td>Community funded Schemes and Projects</td>
<td>Implement national policy for agreed value for money projects for community demand led schemes in relation to aids and appliances, respiratory products, orthotics, prosthetics and specialised footwear, incontinence wear, urinary, ostomy and bowel care, nutrition, bandages and dressings.</td>
<td>Q1 - Q4</td>
<td>HoPC &amp; Gms</td>
</tr>
</tbody>
</table>
| Implement and support key initial actions under A Healthy Weight for Ireland: Obesity Policy and Action Plan 2016-2025 | Maintain the existing level of community development programmes that support healthy lifestyles and the prevention and management of overweight and obesity in children and adults e.g. Cook It programmes

  Deliver structured patient education programmes for Type 2 Diabetes as per KPI targets e.g. XPERT, DESMOND programmes

  Maintain the level of existing physical activity | Q1 - Q4  | HoPC & Gms |
programmes such as Smart Start/Be Active and extend these programmes, where resources allow  Q1 - Q4  HoPC & Gms

| Implement the HSE Tobacco Free Campus Policy | Display QUIT support resources in all services and sites and refer service users to QUIT and other appropriate smoking cessation services. | Q1 - Q4  HoPc & HoHWB |

**Social Inclusion Services**

**Population served**

Improving health outcomes for the most vulnerable in society is the key focus of social inclusion services. This includes provision of targeted interventions for people from marginalised groups who experience health inequalities, have difficulties accessing services and present with multiple, complex health and support needs. Various studies have illustrated that homeless, Traveller and migrant populations face greater healthcare needs than the general population. Primary care has a major role to play in relation to the health of people with addictions or who are homeless and in delivering on commitments such as the Refugee Relocation Programme. Vulnerable people and communities include Travellers and Roma, asylum seekers, refugees and lesbian, gay, bisexual, transgender and intersex service users.

**Services provided**

Social inclusion works across a range of statutory services in partnership with the community and voluntary sectors, to improve access to health services for disadvantaged groups. Examples include the 9,700 clients receiving opioid substitution treatments, 1,600 clients attending the pharmacy needle exchange programme and 1,000 homeless clients admitted to emergency accommodation who have their health needs addressed within two weeks of admission.

**Issues and opportunities**

Ensuring that we improve patient outcomes for those most vulnerable in society is a key priority. Capacity to meet government commitments as set out in the Refugee Protection Programme / EU Relocation and Resettlement Programme, Rebuilding Ireland Action Plan for Housing and Homelessness, 2016 and the national drug strategy Reducing Harm, Supporting Recovery – A health led response to drug and alcohol use in Ireland 2017-2025 will support more effective social inclusion.

**Implementing priorities 2018 in line with Corporate Plan goals**

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

<table>
<thead>
<tr>
<th>Priority</th>
<th>Priority Action</th>
<th>Timeline</th>
<th>Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>Addiction Services</td>
<td>Implement actions in</td>
<td>Ensure that adults deemed appropriate for</td>
<td>Q1 - Q4</td>
</tr>
<tr>
<td><strong>Reducing Harm, Supporting Recovery</strong> - A health-led response to drug and alcohol use in Ireland 2017-2025 for which the HSE has lead responsibility</td>
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<tr>
<td><strong>treatment for substance use receive treatment within one calendar month.</strong></td>
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<tr>
<td><strong>Expand drug and alcohol treatment services.</strong></td>
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<tr>
<td>Midlands (Tullamore, Longford, Portlaoise &amp; Mullingar) treatment service provided on 2.5 days per week to recruit additional 1.5 wte staff to support 50 additional clients.</td>
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<tr>
<td>Strengthen the governance structures within MLM CHO addiction services with the recruitment of a Clinical Lead.</td>
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<tr>
<td>Provide additional counselling service Louth /Meath section 39 to support 40 additional clients with allocated resources.</td>
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<tr>
<td>Continue to focus on harm reduction initiatives focused on people who inject drugs – Section 39 to support an additional 40 clients with allocated resources.</td>
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<tr>
<td><strong>Homeless Services</strong></td>
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<tr>
<td>Implement the health actions, identified as a priority in 2018, in <em>Rebuilding Ireland Action Plan for Housing and Homelessness, 2016</em>, in order to provide the most appropriate primary care and specialist addiction / mental health services for homeless people.</td>
<td></td>
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<tr>
<td>Provide supports including key working, case management, GP and nursing services, to address the complex and diverse health needs of homeless people through the Homeless Action Team(s).</td>
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<tr>
<td>Review existing service arrangements with Section 39 service providers to ensure a stronger focus on addressing the health needs of homeless persons including the development of targets, outcomes, quality standards, enhanced monitoring and evaluation.</td>
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<tr>
<td>Implement the Homeless Hospital Discharge protocol within the CHO.</td>
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<td>Seek additional resources to provide in reach.</td>
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<tr>
<td><strong>Lead</strong></td>
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<td><strong>Q2 - Q4</strong></td>
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<tr>
<td>GM and Addiction Lead</td>
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<td>Q4</td>
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<tr>
<td>GM &amp; Addiction Lead</td>
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<tr>
<td>Q4</td>
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</tr>
<tr>
<td>GM &amp; Addiction Lead</td>
<td></td>
<td></td>
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<tr>
<td><strong>Q4</strong></td>
<td></td>
<td></td>
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<tr>
<td>GM &amp; Addiction Lead</td>
<td></td>
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<tr>
<td><strong>Q1 - Q4</strong></td>
<td></td>
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<tr>
<td>GM &amp; Social Inclusion Lead</td>
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<tr>
<td>Q2 - Q4</td>
<td></td>
<td></td>
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<tr>
<td>GM &amp; Social Inclusion Lead</td>
<td></td>
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<tr>
<td>Q4</td>
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<td></td>
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<tr>
<td>GM &amp; Social Inclusion Lead</td>
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| GM &
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<tr>
<th>Improve access to primary care services for refugees in emergency reception and orientation centres / resettlement phase, with a focus on chronic disease management, increasing access to mental health supports and addressing the oral health needs of children and adults.</th>
<th>Support access for refugees to Primary Care services from within existing resources and submit a business case where additional resources are required.</th>
<th>Q1 - Q4</th>
<th>GM &amp; Social Inclusion Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roll out a mobile health screening unit to facilitate access to basic health screening, GP and nursing services by marginalised groups, refugees, asylum seekers and Roma communities.</td>
<td>Implement health actions, within available resources, including provision of GP, nursing and mental health support services, to support the Irish Refugee Protection Programme including supports at emergency reception and orientation centres during the resettlement phase.</td>
<td>Q1 - Q4</td>
<td>GM &amp; Social Inclusion Lead</td>
</tr>
<tr>
<td>Train a minimum of 2 staff on intercultural awareness and practice in health and social care. On completion of training each CHO to develop a quality improvement plan incorporating the further roll out of this training.</td>
<td>Participate in the development of a national medical screening programme for homeless and refugee programme.</td>
<td>Q1 - Q4</td>
<td>GM &amp; Social Inclusion Lead</td>
</tr>
<tr>
<td>Enhance service provision of medical care to refugees in Mosney, Portlaoise with allocated resources</td>
<td></td>
<td>Q1 - Q4</td>
<td>GM &amp; Social Inclusion Lead</td>
</tr>
</tbody>
</table>
| Provide targeted interventions as a means of reducing health inequalities in the Traveller and Roma communities, with a focus on improving mental health and reducing the rate of suicide. | Train staff in Traveller Health Units on *Connecting for Life* so that it can be promoted, in a culturally appropriate manner, to members of the Traveller community.  
Develop closer working relationships between Traveller Primary Care Health Projects, Mental Health and Health and Wellbeing.  
Develop knowledge base of Travellers to begin to address issues concerning domestic violence.  
Promote and support the development of Small Changes – Big Differences Traveller Education Programme for Heart Disease and Diabetes.  
Establish the Asthma Education Programme for Traveller Community Health Workers.  
Develop knowledge base of Travellers to begin to address issues concerning domestic violence.  
Continue to support the Traveller Primary Health Care Projects. | Lead |
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<tr>
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<tbody>
<tr>
<td>Q2 - Q4 HoPC &amp; HoMH</td>
<td>Q2 - Q4 HoPC &amp; HoMH</td>
<td>Q2 - Q4 HoPC &amp; GMs</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Implement agreed HSE assigned actions under the Second National Strategy on Domestic, Sexual and Gender-based Violence 2016-2021 with allocated resources.</th>
<th>Implement agreed HSE assigned actions under the Second National Strategy on Domestic, Sexual and Gender-based Violence 2016-2021 with allocated resources.</th>
<th>Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1-Q4 HoPC &amp; GMs</td>
<td>Q1-Q4 HoPC &amp; GMs</td>
<td>Q1-Q4 HoPC &amp; GMs</td>
</tr>
</tbody>
</table>

| Other Addiction Services MLM CHO Actions | Develop a co-ordinated plan to respond to alcohol use in conjunction with the Drug and Alcohol Drug Task Forces.  
Pharmacy Needle Exchange | Q1 - Q4 HoPC & GMs | Q1 - Q4 HoPC & GMs | Q1 - Q4 HoPC & GMs |
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</thead>
<tbody>
<tr>
<td>Implement the recommendations of the Evaluation Report for the Pharmacy Needle Exchange Programme.</td>
<td>Q1 - Q4</td>
<td>GMs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ensure the provision of pharmacy needle exchange matches demand</td>
<td>Q1 - Q4</td>
<td>HoPC &amp; GMs</td>
<td></td>
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</tr>
<tr>
<td>Develop integrated care pathways and referral pathways from pharmacy needle exchange to other agencies e.g. sexual health, blood borne virus testing.</td>
<td>Q1 - Q4</td>
<td>HoPC &amp; GMs</td>
<td></td>
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<tr>
<td>Expand and monitor the provision of other paraphernalia i.e. foil within the pharmacy needle exchange programme to allow clients the option of smoking rather than injecting.</td>
<td>Q1 - Q4</td>
<td>HoPC &amp; GMs</td>
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**Palliative Care Services**

**Population served**

Demand for palliative care services is growing as the population ages. The total number of new invasive cancer cases (including non-melanoma skin cancer) is projected to increase by 84% for females and 107% for males between 2010 and 2040. Palliative care services also play a key role in the management of patients with many life-limiting non-cancer conditions. It is estimated that 50% of deaths from non-cancer conditions, such as heart disease, respiratory disease, cerebrovascular disease and dementia can benefit from palliative care support.

**Services provided**

The scope of palliative care includes cancer-related diseases and non-malignant / chronic illness. Palliative care services support people wherever they are being cared for at home, in hospices and in hospitals. In any month, in excess of 310 patients access specialist inpatient beds and a further 3,300 patients receive specialist palliative care treatment in a home setting.

**Issues and opportunities**

Enhanced palliative care offers potential to improve patient outcomes and to shift care from acute hospitals to the community, ensuring better efficiency and value for money. Improving access to specialist palliative care inpatient beds for adults is a challenge in a number of geographic areas in particular Midlands and Louth/Meath where there is no specialist inpatient palliative care services. Supporting individuals to remain at home at end of life stage remains a priority. We are continuing to work with local hospice organisations to progress the hospice development plan. Implementation of the *Palliative Care Services – Three Year Development Framework 2017-2019* and the *Evaluation of the Children’s Palliative Care Programme, 2016* will inform palliative care service delivery in 2018.

**Priorities 2018**
- Improve access, quality and efficiency of Palliative Care Services.

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

<table>
<thead>
<tr>
<th>Priority</th>
<th>Priority Action</th>
<th>Timeline</th>
<th>Lead</th>
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<tbody>
<tr>
<td></td>
<td><strong>Commence implementation of the Palliative Care Services – Three Year Development Framework 2017-2019 for palliative care within existing resources.</strong> Facilitate “baseline” workshop for Palliative Care Managers from MLM CHO to review budget, HR with a view to establishing planning priorities and governance. Commence the implementation the model of care for adult palliative care services. Implement, on a phased basis, the 10 recommendations from the Palliative Care Support Beds Review. Develop closer governance links across the palliative care services in the six counties.</td>
<td>Q1 - Q4</td>
<td>HoPC &amp; GMs</td>
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<tr>
<td></td>
<td></td>
<td>Q1 - Q4</td>
<td>HoPC &amp; GMs</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Q1 - Q4</td>
<td>HoPC &amp; GMs</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Q1 - Q4</td>
<td>HoPC &amp; GMs</td>
</tr>
<tr>
<td></td>
<td><strong>Provide for expansion of specialist inpatient beds in 2018 and plan for the expansion of specialist inpatient beds for 2019.</strong> Develop the plans for and advocate for the creation of Specialist Inpatient Units for the Midlands and Louth/Meath.**</td>
<td>Q2 &amp; Q3</td>
<td>HoPC &amp; GMs</td>
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<td></td>
<td><strong>Commence the implementation of the model of care</strong> Support the development of the clinical guideline on ‘Care of the Dying Adult in the last days of life’.**</td>
<td>Q1 - Q4</td>
<td>HoPC &amp; GMs</td>
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<tr>
<td></td>
<td><strong>Progress the implementation of the recommendations contained in the Evaluation of the Children’s Palliative Care Programme, 2016 within existing resources.</strong> Provide access to the clinical Nurse Co-Coordinator for 30 children with Life Limiting Conditions with allocated resources**</td>
<td>Q1 - Q4</td>
<td>HoPC &amp; GMs</td>
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<tr>
<td></td>
<td><strong>Increase access to palliative medical care for children.</strong> Ensure patients with a primary non-cancer diagnosis have equal access to services as per the eligibility criteria guideline with allocated resources**</td>
<td>Q1 - Q4</td>
<td>HoPC &amp; GMs</td>
</tr>
</tbody>
</table>
Mental Health Services

Population served

Area Description

The Midlands Louth Meath Mental Health Services comprises Louth Meath Mental Health Service (LMMHS) and the Midlands Mental Health Services (MMHS) which delivers psychiatric services to a total population of 619,281 (Census, 2016). The Midlands area incorporates 2 former Mental Health (MH) Catchment Areas (CAs) of Laois/ Offaly and Longford/Westmeath. The Mental Health Services in Midlands Louth Meath CHO are committed to the delivery of high-quality, accessible, safe and service-user centred services in compliance with all regulatory requirements.

Services provided

<table>
<thead>
<tr>
<th>Team/Service</th>
<th>Midlands</th>
<th>Louth-Meath</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Adult teams</td>
<td>8</td>
<td>9</td>
<td>17</td>
</tr>
<tr>
<td>Psychiatry of Old Age</td>
<td>2</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>CAMHS</td>
<td>6</td>
<td>5</td>
<td>11</td>
</tr>
<tr>
<td>Rehabilitation and Recovery team</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>CAMHS Mental Health Intellectual Disability</td>
<td>0.5</td>
<td>0</td>
<td>0.5</td>
</tr>
<tr>
<td>Mental Health Intellectual Disability (Adult)</td>
<td>1</td>
<td>1 * shared with Cavan Monaghan</td>
<td>2</td>
</tr>
<tr>
<td>Mental Health Services for people with co-morbid severe mental illness and substance abuse problems</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Day Hospitals</td>
<td>12</td>
<td>2</td>
<td>14</td>
</tr>
<tr>
<td>Day Centres</td>
<td>9</td>
<td>3</td>
<td>12</td>
</tr>
<tr>
<td>Adult Acute In-Patient Beds</td>
<td>60 (+10 KWW)</td>
<td>46</td>
<td>116</td>
</tr>
<tr>
<td>Adult Non Acute Beds</td>
<td>92</td>
<td>75</td>
<td>167</td>
</tr>
<tr>
<td>Assertive Outreach Teams</td>
<td>2</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Home Based Treatment Teams</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>

- All acute in-patient units are now co-located or located close to a major hospital
- Mental Health Liaison services operate in the following acute General Hospitals in the region:
  - OLOL, Drogheda; Midlands Regional Hospital Mullingar; Midlands Regional Hospital Tullamore; Midlands Regional Hospital Portlaoise.
• National Clinical Programmes for Eating Disorders (ED) and Early Intervention in Psychosis (EIP) are under development.
• Substance Misuse Mental Health Services are provided by Addiction counsellors within the Adult Community Mental Health Teams in Laois Offaly and by a 0.5 consultant lead team in Longford Westmeath
• There is also provision for a self harm service, Alcohol Counsellors, Family Therapy, Cognitive Behaviour Therapy, Community Support Team, Affective Disorder Team, Dialectal Behavioural Therapy, Clozapine service

National Counselling Service

The HSE National Counselling Service (NCS) in the Midlands Louth Meath CHO provides a range of services including Counselling for Adults who have Experienced Childhood Abuse, which provides counselling for moderate to severe mental health problems arising from the impact of childhood abuse and trauma, and the Counselling in Primary Care service (CIPC) which delivers short term counselling to clients presenting with mild to moderate mental health issues. Counselling in Primary Care Service (CIPC) is currently available to people who hold a medical card. The development of mental health services within primary care settings was one of the crucial components of A Vision for Change. The critical role of Counselling in Primary Care in providing access to counselling for common mental health disorders is highlighted by increasing demand for the service in the Midlands Louth Meath CHO.

Issues and opportunities

• Recruitment
  o Shortage of staff across all professions including qualified nursing staff to fill vacant positions
• Accommodation
  o Lack of appropriate accommodation, in Dundalk, to deliver safe and quality Adult, Psychiatry of Later Life (POLL) and CAMHS mental health services and day hospital services for adults
• Mental Health Intellectual Disability
  o Further development of Mental Health Intellectual Disability services towards Vision for
• Compliance with National KPI
  o Participate in the agreed national initiative to reduce / eliminate waiting lists for CAMHs compared to 2017 through agreement and delivery of CHO targeted plans.

Priorities 2018

1. Service Reform Fund
  o Housing: transition residents to community housing options
  o Workforce planning to support reconfiguration and sustainability
  o Community provision to support personal recovery journeys
  o Recovery focused culture change including development and training of all stakeholder groups
2. **Connecting for Life**  
   - Launch and implementation of 3 year CHO plan

3. **Mental Health Engagement**  
   - Continue development of engagement structures

4. **Seven Day Service**  
   - Development of a Day Hospital Service in Laois Offaly  
   - Enhance Homebase Team in Louth Meath

5. **Best Practice Guidance (BPG)**  
   - Continue implementation of BPG across all MHS in CHO

   - Commitment to an ethos of recovery focused service delivery  
   - Implementation of area recovery plans

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**Implementing priorities 2018 in line with Corporate Plan goals**

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

<table>
<thead>
<tr>
<th>Priority</th>
<th>Priority Action</th>
<th>Timeline</th>
<th>Lead</th>
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<tbody>
<tr>
<td>Commence the implementation of the Healthy Ireland Framework through the publication of the MLM CHO Healthy Ireland Plan</td>
<td>Implement identified actions from the CHO Healthy Ireland plan for 2018</td>
<td>Q1 – Q4</td>
<td>HoMH with the support of HoHWB</td>
</tr>
</tbody>
</table>
| Commence implementation of Making Every contact Count training programme with the support of the National MECC implementation team | Commence rollout of training package for MECC  
100 frontline staff to complete the online Making Every Contact Count training programme in brief intervention  
20 frontline staff to complete the face to face module of the Making Every Contact Count training programme in brief intervention | Q1 – Q4 | Health & Wellbeing leading out across CHO |
<p>| Protect the population | Improve influenza vaccine uptake rates | Q3 | HoMH with the |</p>
<table>
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<tr>
<th>from threats to health and wellbeing</th>
<th>amongst staff in frontline settings (to reach 65%) and among persons aged 65 and over</th>
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<tbody>
<tr>
<td>Develop and implement a flu plan for 2018/2019 to improve influenza vaccine uptake rates amongst staff in frontline settings.</td>
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<tr>
<td>Commence the development of CHO plan for HCAI/AMR governance and human resources for the next 3 years</td>
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<tr>
<td>Support actions required to respond to AMR (including CPE) as outline in iNAP – Ireland’s National Action Plan on Antimicrobial Resistance 2017 – 2020</td>
<td></td>
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</table>

| Q1 – Q4 | support of HoHWB HoMH with the support of HoHWB |
| Q1 – Q4 | HoMH with the support of HoHWB |
| Q1 – Q4 | HoHWB HoMH with the support of HoHWB |

| Completion, launch and implementation of CHO and local Connecting for Life plans capable of being reported at CHO level per national Connecting for Life requirements | • Finalise and launch Connecting for Life action plan (2018-2020) for MLM CHO |
| | • Agree implementation structures to support the roll out of Connecting For Life actions |
| | • Establish Connecting for life implementation groups/structures |
| | • MLM CHO is committed to reviewing and monitoring the implementation of the CHO Connecting for Life actions? |

| Q1 | Connecting for Life Local Implementation Group/Resource Officer for Suicide Prevention |
| Q1 | |
| Q4 | |

| Deliver a programme of Connecting for Life training | Deliver four Applied Suicide Intervention Skills Training (ASIST) workshops in Louth Meath |
| | Deliver 12 Safe Talk Workshops |
| | Deliver four Understanding Self Harm Training Workshops |

| Q1 - Q4 | Resource officers for suicide prevention |

| Recovery focused services | Establish CHO Recovery Working Group |
| | In line with proposed Service Reform Fund initiatives deliver on a programme of work to support clients of the service in their recovery journey. |

| Q1 | MDT members from across CHO |
| Q1 – Q4 | Service Reform Fund Lead |
The Counselling in Primary Care service will continue to provide evidence based early intervention psychological therapy for mental health difficulties at primary care level in a timely way.

 Provision of accessible and timely counselling to clients within nationally agreed time frames.

On-going
Director of Counselling

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

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<tr>
<th>Priority</th>
<th>Priority Action</th>
<th>Timeline</th>
<th>Lead</th>
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</thead>
<tbody>
<tr>
<td>Continue to map and perform gap analyses against Vision for Change (VfC) for Adult, Old Age, CAMHS, MHID and Rehabilitation and Recovery Mental Health Services.</td>
<td>• Identify actions for improvement: Workforce planning, Care pathways, Service Reconfiguration, Staff Development Needs • Monitor performance across all teams to ensure that activity levels meet national standards • Continue development of Mental Health Intellectual Disability services in line with national model (VfC)</td>
<td>Q2 Q1 – Q4 Ongoing</td>
<td>Area catchment teams/ECDs Area catchment teams/ECDs/Head of Service ECDs/Head of Service</td>
</tr>
<tr>
<td>National Clinical Care Programmes</td>
<td>Support clinical responses to the national clinical care programmes</td>
<td>Q1 – Q4</td>
<td>ECD’s</td>
</tr>
<tr>
<td>Incident Management Framework</td>
<td>Support the implementation of the HSE Incident Management Framework 2018</td>
<td>Q1 - Q4</td>
<td>MH QPS</td>
</tr>
<tr>
<td>Review of Patient Safety Incidents</td>
<td>Support the implementation of the National Standards for the conduct of review of patient Safety incidents</td>
<td>Q2 - Q4</td>
<td>MHQPS</td>
</tr>
<tr>
<td>Roll out Best Practice Guidelines across all MH services in Louth Meath</td>
<td>Establishment of self assessment teams across all sites</td>
<td>Q1 - Q4</td>
<td>QPS lead</td>
</tr>
<tr>
<td>Progress Counselling in Primary Care national research study to</td>
<td>Train Counselling in Primary Care Counsellors; implement research protocol; gather evaluation data.</td>
<td>Q1 - Q4</td>
<td>Director of Counselling/ Counselling</td>
</tr>
<tr>
<td>assess the effectiveness of the service in Midlands Louth Meath CHO.</td>
<td>Implement CHO Healthy Ireland actions for 2018</td>
<td></td>
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<tr>
<td>Connecting for Life – Support the development and implementation of the Midlands Louth Meath CHO Connecting for Life action plan (There will be plenty of actions around this in Mental Health plan)</td>
<td>Support the development of the forthcoming national mental health promotion plan</td>
<td>Q1 – Q4</td>
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<td></td>
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<td>in Primary Care Coordinator</td>
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Corporate Plan Goal 3: Foster a culture that is honest, compassionate, transparent and accountable

<table>
<thead>
<tr>
<th>Priority</th>
<th>Priority Action</th>
<th>Timeline</th>
<th>Lead</th>
</tr>
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<tbody>
<tr>
<td>Implement the HSE Risk Management Policy (2017) in Midlands Louth Meath CHO</td>
<td>Ensure the Risk Management process is in place in compliance with the new policy of risk registers across all service areas in line with HSE Risk Management Policy (2017)</td>
<td>Q4</td>
<td>MH QPS Lead</td>
</tr>
<tr>
<td>Implement HSE Child Protection Policy</td>
<td>Review implications for practice; ensure appropriate supervision in place to support mandated staff to comply with Children First. Ensure all staff have completed Children First Training.</td>
<td>Q1</td>
<td>All Service Managers</td>
</tr>
<tr>
<td>Implement recommendations of the Quality Assurance and Verification Division Audit of MIDLANDS LOUTH MEATH CHO National Counselling Service Child Protection Referral Procedures [Report due Jan 2018]</td>
<td>Review report findings when available and draft plan to implement recommendations.</td>
<td>Q1</td>
<td>Director of Counselling</td>
</tr>
<tr>
<td>Access to Louth Meath Mental Health Services</td>
<td>Develop a web based portal via HSE intranet for all mental health policies within Louth Meath</td>
<td>Q3</td>
<td>QPS Lead</td>
</tr>
<tr>
<td>policies</td>
<td>Mental Health Service</td>
<td></td>
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</tr>
<tr>
<td>Continue the development of National Counselling Service client evaluation feedback system</td>
<td>Commence analysis of client feedback and Disseminate findings Midlands Louth Meath Government Group.</td>
<td>Q4</td>
<td>Director of Counselling</td>
</tr>
<tr>
<td>Strengthen cross-sectoral partnerships for improved health outcomes and address health inequalities</td>
<td>Continue to support HSE representatives on the six Local Community Development committees (LCDCs) within the CHO to contribute to the implementation of actions that support and promote health and wellbeing. Provide nominees to the CYPSCs in the CHO that do not have HSE representation</td>
<td>Q1 – Q4</td>
<td>HoMH &amp; HoHWB</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Priority</th>
<th>Priority Action</th>
<th>Timeline</th>
<th>Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stabilize Current Workforce and WTEs to Ensure ongoing service provision and development</td>
<td>Map current workforce and provision against HR and financial reporting systems to ensure optimum workforce within available resources (Terms of Reference) for Funds and Position Management</td>
<td>Q1 – Q4</td>
<td>Head of Finance MLM CHO/GM (MHS)</td>
</tr>
<tr>
<td>Advanced Nurse Practitioner (ANP)</td>
<td>Introduce Advanced Nurse Practitioner in adult mental health VFC teams to address appropriate assessment pathways of care and appropriate follow up service</td>
<td>Q4</td>
<td>Area Directors of Nursing</td>
</tr>
<tr>
<td>Roll out training and development to all stakeholders to support Service Reform initiatives</td>
<td>Carry out a needs analysis of all stakeholders to ascertain training needs to support the roll out of the service reform initiatives Develop a training programme based on needs analysis Support delivery of identified training programmes</td>
<td>Q1</td>
<td>Service Reform Lead</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Q2</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Q2 - Q4</td>
<td></td>
</tr>
<tr>
<td>Provide adequate accommodation to facilitate safe and quality service delivery in a timely fashion</td>
<td>Mental Health Service will be involved in CHO Accommodation and Estates process to maximise integration, plan for future need and address individual service requirements.</td>
<td>Q1 - Q4</td>
<td>GM, Business Managers</td>
</tr>
</tbody>
</table>
## Corporate Plan 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

<table>
<thead>
<tr>
<th>Priority</th>
<th>Priority Action</th>
<th>Timeline</th>
<th>Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monitor and manage performance using national KPIs</td>
<td>Monthly review of activity and waiting times with focus on delays</td>
<td>Q1 - Q4</td>
<td>Midlands Louth Meath CHO Mental Health Services Governance Group and local CMT</td>
</tr>
<tr>
<td></td>
<td>Implementation of enhanced 7/7 services across Midlands Louth Meath CHO</td>
<td></td>
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</tr>
<tr>
<td>Continue to Reconfigure day</td>
<td>Continue to establish links with C&amp;V sector to support the reconfiguration of the day services</td>
<td>Q3</td>
<td>ECD’s/SMT’s</td>
</tr>
<tr>
<td>Service today hospital model</td>
<td>Support the roll out of the iRecover project in conjunction with Dublin North, North East Recovery College</td>
<td>Q1</td>
<td>Business Manager, Louth Meath</td>
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</tr>
<tr>
<td>CAWT iRecover project</td>
<td>Scope requirements for extension of CORENet system to National Counselling Service for adults who have experienced childhood abuse. Devise action plan for implementation.</td>
<td>Q4</td>
<td>Directors of Counselling</td>
</tr>
<tr>
<td>Develop Clinical model</td>
<td>Develop, Pilot, Trial and review a preferred method of feeding in information from the Local Forum and feedback from Mental Health Management Teams Across Midlands Louth Meath CHO</td>
<td>Q2</td>
<td>Area Lead Mental Health Engagement &amp; Area Management Team Members</td>
</tr>
<tr>
<td></td>
<td>Develop a Service Response Action Plan/log for responding to and recording data from Local Forum meetings and subsequent actions arising from this</td>
<td>Q3</td>
<td>Area Lead Mental Health Engagement &amp; Area Management Team Members</td>
</tr>
<tr>
<td></td>
<td>Ensuring that Mental Health Engagement is a standing item on every AMT agenda and all CHO Governance Group agendas</td>
<td>Q1</td>
<td>Area Lead Mental Health Engagement &amp; Admin</td>
</tr>
<tr>
<td>Development of Mental Health model</td>
<td>Development of Local Forum in 100% of County Areas</td>
<td>Q2</td>
<td>Area Lead Mental Health Engagement</td>
</tr>
<tr>
<td>Engagement Structures</td>
<td>Development of one Area Forum in Midlands</td>
<td>Q2</td>
<td>Area Lead Mental Health Engagement</td>
</tr>
<tr>
<td>Topic</td>
<td>Description</td>
<td>Quarter(s)</td>
<td>Responsible Party</td>
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</tr>
<tr>
<td><strong>Mental Health Engagement: New Policy and Service Development</strong></td>
<td>Influence the planning, design, delivery and evaluation of HSE mental health services. New policies/service development in Midlands Louth Meath CHO Mental Health Services should be meaningfully co-produced with representatives from the local forum.</td>
<td>Q1 – Q4</td>
<td>Area Lead Mental Health Engagement &amp; Management Teams &amp; Local Community, Voluntary and NGOs</td>
</tr>
<tr>
<td><strong>Exploration and Mapping of Other Mechanisms of Engagement in Midlands Louth Meath CHO Mental Health Service</strong></td>
<td>Map current feedback mechanisms in place in Approved Centres. Listening Meetings Link to Your Service Your Say Complaints Management process in Mental Health Services.</td>
<td>Q2</td>
<td>GM</td>
</tr>
<tr>
<td><strong>Mental Health Engagement embedded in healthcare staff induction/training</strong></td>
<td>Introduction of CHIME framework (Connectedness, Hope, Identity, Meaning, Empowerment) to current projects and interventions Co-production of training relating to introduction to CHIME Framework in Midlands Louth Meath CHO Mental Health Services</td>
<td>Q2</td>
<td>GM</td>
</tr>
<tr>
<td><strong>Implement and support key initial actions under A Healthy Weight for Ireland: Obesity Policy and Action Plan 2016-</strong></td>
<td>Implement the HSE Healthier Vending policy across the CHO (dependent on contract dates).</td>
<td>Q1 - Q4</td>
<td>HoMH with the support of HoHWB</td>
</tr>
<tr>
<td>2025</td>
<td>Implement the HSE Tobacco Free Campus Policy</td>
<td>Implement the HSE Tobacco Free Campus Policy in all remaining sites across mental health and social care and strengthen monitoring and compliance in all other services. Display QUIT support resources in all services and sites and refer service users to QUIT and other appropriate smoking cessation services.</td>
<td>Q1 - Q4</td>
</tr>
</tbody>
</table>
Disability Services

Population served
The 2016 Census indicates a total of 643,131 people with a disability in April 2016 accounting for 13.5 per cent of the population.

Services provided
Disability Services, Midlands Louth Meath CHO, provide services to children and adults with a disability including day, respite, residential, multi-disciplinary and a range of additional supports through advocacy, personal assistants and home supports. These services are provided directly by the HSE, Non-Statutory organisations and For-profit organisations with service arrangements in place.

Issues and opportunities
Disability Services aim to provide better support services to children and adults with disabilities and their families. Our objective is to deliver disability services that are person centred, transparent, accountable and cost effective. A key issue for people with disability and their families is the lack of available respite services and supports. The current demand for this service far exceeds availability. The lack of development in respite services has had significant impact resulting in the need for high cost emergency residential placements. Better supporting children and adults with disabilities and their families through the enhancement and development of respite services across the Midlands Louth Meath CHO is our key priority for 2018. This includes developing alternative respite options for individuals and their families.

Challenges remain in meeting legislative requirements under the Disability Act (2005). Access to multi-disciplinary assessment and intervention for children with disabilities/complex needs also remains a challenge. In addition current accommodation for Children’s Disability Network Teams in some areas is inadequate and does not allow for co-location of teams in line with National Policy.

Challenges associated with the monitoring and oversight with regard to the implementation, progression and quality assurances of National Disability Policies continue. As de-congregation progresses for people in intuitional care there has been no plan or resources available to respond to the needs of people with intellectual disability living at home and requiring residential care and support.

Priorities 2018
- Implementation of Disability Services Respite Action Plan for the Midlands Louth Meath CHO through the identified work streams.
- Progress the development of additional residential and non-residential respite in accordance with the allocation of ring-fenced funding.
- Develop and implement a Value Improvement Programme within the CHO to improve value within existing services, improve value within non-direct service areas and improve strategic value of all services.
• Work with colleagues in Primary Care to agree deliverables within Assessment of Need (Disability Act, 2005) for the Midlands Louth Meath CHO.

• Progress the reconfiguration of Children’s Disability Services across the Midlands Louth Meath CHO within the resources available.

• Work with Primary Care colleagues to agree the distribution of existing resources for the provision of essential therapy assessments and interventions within Disability Services.

• Strengthen the management and review process for emergency residential placements.

• Provide 53 new emergency and support places including in-home respite supports and residential placements in accordance with the Disability Supports Application Management Tool.

• To maintain levels of HIQA compliance with regulatory inspections in line with national targets including best utilisation of residential resources.

• To continue the de-congregation programme under “Moving On” 2011 in line with national targets.

• To develop a plan for the review of high cost residential placements.

• To continue the roll out of ‘New Directions’ in line with the current MLM CHO work plan and available resources.

• Continue to progress the provision of day service supports for 135 school leavers and 62 service users graduating from RT programmes in Midlands Louth Meath CHO in 20181.

• Promote health and wellbeing throughout all aspects of service provision in line with national policy.

Implementing priorities 2018 in line with Corporate Plan goals

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

<table>
<thead>
<tr>
<th>Priority</th>
<th>Priority Action</th>
<th>Timeline</th>
<th>Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality and Safety for our clients</td>
<td>Continue to promote Quality &amp; Safety via the Q&amp;S Committee for Disability Services.</td>
<td>Q1 - Q4</td>
<td>HoSC/GM</td>
</tr>
<tr>
<td></td>
<td>Continue to monitor HCAI / Infection Control as part of the HCAI/Infection Control Committee.</td>
<td>Q1 - Q4</td>
<td>HoSC/GM</td>
</tr>
<tr>
<td></td>
<td>Establish a Health &amp; Safety Committee for Social Care</td>
<td>Q1 - Q4</td>
<td>HoSC/GM</td>
</tr>
<tr>
<td></td>
<td>Report monthly on the Social Care Quality and Safety Dashboard</td>
<td>Q1 - Q4</td>
<td>HoSC/GM</td>
</tr>
<tr>
<td></td>
<td>Take a project management approach to reviewing and analysing incidents (numbers, types, trends)</td>
<td>Q1 - Q4</td>
<td>HoSC/GM</td>
</tr>
<tr>
<td></td>
<td>Ensure the recommendations of any serious investigations are implemented, and</td>
<td>Q1 - Q4</td>
<td>HoSC/GM</td>
</tr>
</tbody>
</table>

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1 (Current figures on the OG database. These figures will change over the next few months to reflect changes in service users' choice and options available).
<table>
<thead>
<tr>
<th>Action</th>
<th>Timeframe</th>
<th>Responsible Officer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning shared to include SRE's/Serious Incident Investigations</td>
<td>Q1 - Q4</td>
<td>HoSC/GM</td>
</tr>
<tr>
<td>Take a Project Management approach to reviewing and analysing complaints (numbers, types, trends)</td>
<td>Q1 - Q4</td>
<td>HoSC/GM</td>
</tr>
<tr>
<td>Finalise work on the development of an active integrated Social Care Risk Register</td>
<td>Q1 - Q4</td>
<td>HoSC/GM</td>
</tr>
<tr>
<td>Commence the implementation of the Healthy Ireland Framework through the publication of the MLM CHO Healthy Ireland Plan</td>
<td>Q1 – Q4</td>
<td>HoSC with the support of Head Of HWB</td>
</tr>
<tr>
<td>Implement identified actions from the CHO Healthy Ireland plan for 2018</td>
<td>Q1 – Q4</td>
<td>HoSC with the support of Head Of HWB</td>
</tr>
<tr>
<td>89 frontline staff to complete the online Making Every Contact Count training in brief intervention in Social Care Disability Services</td>
<td>Q1 – Q4</td>
<td>HoSC with the support of Head Of HWB</td>
</tr>
<tr>
<td>18 frontline staff to complete the face to face module of Making Every Contact Count training in brief intervention in Social Care Disability Services</td>
<td>Q3</td>
<td>HoSC with the support of HHWB</td>
</tr>
<tr>
<td>Improve influenza vaccine uptake rates amongst staff in frontline settings (to reach 65%) and among persons aged 65 and over</td>
<td>Q1 – Q4</td>
<td>HoSC with the support of Ho HWB</td>
</tr>
<tr>
<td>Develop and implement a flu plan for 2018/2019 to improve influenza vaccine uptake rates amongst staff in frontline settings. Facilitated session with key CHO stakeholders to be held in Q1 to learn what worked well in the 2017/2018 flu season</td>
<td>Q1 – Q4</td>
<td>HoSC with the support of Ho HWB</td>
</tr>
<tr>
<td>Commence the development of CHO plan for HCAI/AMR governance and human resources for the next 3 years</td>
<td>Q1 – Q4</td>
<td>HoSC with the support of Ho HWB</td>
</tr>
</tbody>
</table>
Support actions required to respond to AMR (including CPE) as outline in iNAP – Ireland’s National Action Plan on Antimicrobial Resistance 2017 – 2020

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

<table>
<thead>
<tr>
<th>Priority</th>
<th>Priority Action</th>
<th>Timeline</th>
<th>Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disability Services Respite Plan</td>
<td>Implement the Disability Services Respite Action Plan in the following identified work streams: 1. Progress the transfer of respite from St. John of God North East Services. 2. Residential Respite work stream. Louth – complete a competitive tender process to engage a private provider to provide for 4 additional respite beds. Midlands – open new capacity for 1 respite bed with existing voluntary organisation. CHO 7 and MLM CHO to complete a competitive tender process to engage a private provider to provide 6 additional respite beds with 50% access for each CHO to these beds. CHO 9 and MLM CHO to complete a competitive tender process to engage a private provider to provide 6 additional respite beds with 50% access for each CHO to these beds. Non residential respite – develop and implement a range of non residential supports.</td>
<td>Q1 – Q4</td>
<td>GM Disability Services.</td>
</tr>
<tr>
<td>Joint Protocol between HSE &amp; Tusla</td>
<td>Implement the joint protocol for inter agency collaboration between the HSE and Tulsa to promote the best interests of children and</td>
<td>Q1 – Q4</td>
<td>HoSC &amp; GM</td>
</tr>
</tbody>
</table>
Develop an Estates plan to meet the accommodation needs of the Children’s Disability Network teams in Louth & Meath.

Reconfigurations of children’s multi-disciplinary supports from St John of God North East Services to HSE Disability Services.

### Corporate Plan Goal 3: Foster a culture that is honest, compassionate, transparent and accountable

<table>
<thead>
<tr>
<th>Priority</th>
<th>Priority Action</th>
<th>Timeline</th>
<th>Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Residential Placements</td>
<td>Strengthen the management and review process for emergency residential placements through the updating and monitoring of the DSMAT and the Residential Consultative Committee.</td>
<td>Q1 - Q4</td>
<td>HoSC.</td>
</tr>
<tr>
<td>New emergency places and support provided to people with a disability</td>
<td>Provide 18 new emergency places to people with a disability</td>
<td>Q1 - Q4</td>
<td>HoSC &amp; GM</td>
</tr>
<tr>
<td></td>
<td>Provide 19 new home support for emergency cases</td>
<td>Q1 - Q4</td>
<td>HoSC &amp; GM</td>
</tr>
<tr>
<td></td>
<td>Provide 16 in home respite supports for emergency cases</td>
<td>Q1 - Q4</td>
<td>HoSC &amp; GM</td>
</tr>
<tr>
<td></td>
<td>MLM CHO will provide a total of 53 new emergency and support place as detailed above</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Review of high cost residential placements</td>
<td>Develop a plan for the review of high cost residential placements in order to provide levels of assurance in relation to current service user needs, quality and safety and value for money for these placements.</td>
<td>Q1 - Q2</td>
<td>HoSC/GM</td>
</tr>
<tr>
<td></td>
<td>Commence implementation of this plan on a</td>
<td>Q3 - Q4</td>
<td>HoSC/GM</td>
</tr>
</tbody>
</table>
Strengthen cross-sectorial partnerships for improved health outcomes and address health inequalities phased basis across the MLM CHO.

Continue to support HSE representatives on the six Local Community Development committees (LCDCs) within the CHO to contribute to the implementation of actions that support and promote health and wellbeing.

Provide nominees to the CYPSCs in the CHO that do not have HSE representation.

| Corporate Plan Goal 4: Engage, develop and value our workforce to deliver the best possible care and services to the people who depend on them |
|---|---|---|---|
| **Priority** | **Priority Action** | **Timeline** | **Lead** |
| Reconfiguration of Existing Resources | Cross Divisional MLM CHO Working Group to be established to review the mapping exercise completed in 2017 relating to AHP. Identify & reconfigure the resources into care groups. | Q2 | Chief Officer. |
| | | Q3 - Q4 | HoSC/GM |
| HIQA Compliance | To maintain and build on existing compliance levels to achieve national compliance targets. Continue to develop and implement a training and support plan for key stakeholders to ensure compliance with regulations. | Q1 – Q4 | GM Disability Services. |
| | | Q1 - Q4 | GM Disability Services. |
| Support the development of the HSE Staff health & Wellbeing Strategy | Support staff health and wellbeing initiatives that can be delivered within available resources in 2018 | Q2 – Q4 | HoSC with the support of Head Of HWB |
| Build a culture to support staff health and wellbeing | Support the development of a staff engagement forum for the CHO where staff health and wellbeing can form a significant part of the agenda Support uptake of the HSE staff engagement survey which will include health and wellbeing measures and this will support the establishment of baseline | Q2 – Q4 | HoSC with the support of Head Of HWB |
| | | Q2 – Q3 | HoSC with the support of Head Of HWB |
measures for the CHO in 2018
Implement joined up staff health and wellbeing initiatives at local level using effective communication campaigns e.g. #littlethings, #quit, #askaboutalcohol, #dementia, #understandtogether, #breastfeeding
Identify initiatives to promote positive mental health among staff

Q2 – Q4
Q2 – Q4

Corporate Plan 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

<table>
<thead>
<tr>
<th>Priority</th>
<th>Priority Action</th>
<th>Timeline</th>
<th>Lead</th>
</tr>
</thead>
</table>
| Value Improvement Programme | Improve value within existing services.  
| | Improve value within non-direct service areas.  
| | Deliver strategic value improvement for all services. | Q1 - Q4.  
| | Q1 - Q4.  
| | Q1 - Q4. | HoSC/GM’s  
| | HoSC/GM’s  
| | HoSC/GM’s. | |
| Assessment of Need | Implementation of the National Standard Operating Procedure for Assessment of Need  
| | To continue to improve compliance with legislation (Disability Act, 2005). | Q2 - Q4.  
| | Q1 - Q2. | HoSC/GM  
| | GM Disability Services. | |
| De-congregation Programme | Progress 30 clients from St John of God, Drumcar utilising the Service Reform Fund 2018.  
| | Support individuals to live meaningful lives in their transition to their new homes in the community.  
| | Liaise with Louth Co Council to identify suitable housing to support and increase the opportunity for de-congregation from SJOGS Drumcar  
| | Continue to actively work with SJOGS to support them in any way to maximise the de-congregation process during 2018  
| | Support SJOGS to identify alternative suitable services to meet the needs of residents who presently live in unsuitable congregated accommodation which will not be registered | Q1 - Q4.  
| | Q1 - Q4.  
| | Q1 - Q4. | HoSC  
| | HoSC  
<p>| | GM with responsibility for De-congregation. |</p>
<table>
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<tr>
<th>with HIQA</th>
<th>for De-congregation.</th>
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</table>
| **National Policy ‘New Directions’** | In line with the National Implantation plan develop and strengthen Service User Forums linked to the Draft Person Centred Framework.  
Preparation for the implementation of the Interim Standards and the Person Centred Framework in line with national policy. | Q1 - Q4  
Q1 - Q4 | GM/Disability Managers.  
GM/Disability Managers. |
| **School Leavers Process** | Provide required information/reports regarding all individuals requiring and allocated funded day services in 2018 in line with School Leaver process.  
All school leavers and those exiting RT to be profiled by end of January 2018.  
Clarification by end of January re the funding available for school leavers for 2018.  
Capacity Identification School Leavers Process 2018  
Documentation and templates to issue to all service providers HSE and Non HSE to identify existing capacity in the system to address the needs of SL RT leavers 2018 | Q1 - Q4 | GM/Disability Managers. |
| **Implement and support key initial actions under A Healthy Weight for Ireland: Obesity Policy and Action Plan 2016-2025** | Implement the HSE Healthier Vending policy across the CHO (dependent on contract dates). | Q1 - Q4 | Hosc with the support of Head of HWB |
| **Implement the HSE Tobacco Free Campus Policy** | Implement the HSE Tobacco Free Campus Policy in all remaining sites across mental health and social care and strengthen monitoring and compliance in all other services.  
Display QUIT support resources in all services and sites and refer service users to QUIT and other appropriate smoking cessation services. | Q1 – Q4  
Q1 – Q4 | HoSC with the support of Head of HWB  
HoSC with the support of Head of HWB |
Older Persons’ Services

Population served
The number of older persons nationally (over the age of 65) has increased by 19.1% from 2011 according to the Central Statistics Office (CSO) April 2016 census. For Midlands Louth Meath CHO Meath has seen the most significant increase of 27.4%, Louth has seen an increase of 19.3%, Longford with an increase of 19.3%, Westmeath with an increase of 16.1%, Laois had an increase of 18.6% and Offaly with an increase of 18.9%. Of the total population aged 65 years and over 156,799 lived alone representing 26.7% of the total.

Based on projections from the CSO regional population projections between 2016 -2031 the number of old persons (65 years and over) will almost double in every region over the life-time of the projections, with the most marked increases likely to occur in the Mid-East (+136.5%) and Midland (+95.1%) regions.

Services provided
Midlands Louth Meath CHO Older Person Services provide day, respite, residential, multi-disciplinary and a range of additional supports through advocacy and home supports. Transitional care facilitates short stay clients in an interim capacity while awaiting on sourcing of a home care package or fair deal approval for a residential setting. Intensive Home Care packages for dementia clients facilitate clients to remain in their home setting for as long as possible.

These services are provided directly by the HSE, non-statutory organisations and for-profit organisations with service arrangements in place.

Issues and opportunities

- The demand for home help and home support packages far exceeds current available resources. The HSE and MLM CHO will support the DOH in relation to the development of plans for a new statutory scheme and system of regulation for home support services. In 2018 home support services will be delivered through single funding models which will provide an enhanced level of care, improving the availability, accessibility and experience of these services for older people and their families. The process of applying for home support services will be simplified for the public.

- The CHO will continue to work with National Office in order to deliver home support services though a single funding model.

- There are a number of people over the age of 65 who are deemed fit for discharge from hospital but require long term care and are awaiting on Fair Deal approval or on an appropriate long term care bed. MLM CHO will continue to work with acute hospital colleagues in an
integrated way to progress discharge from hospital in line with national targets and available funding

- Monthly performance management meetings will continue with the Directors of Nursing in the community nursing units to ensure the cost of care remains in line with national target of €1,575 per bed per week.

- A recruitment campaign for nurses and multitask attendants will roll out in MLM in 2018 and will further reduce the reliance on agency staff.

- MLM will continue to adhere to compliance with the legislative framework under the Health Act 2007 and related regulations and standards.

- There is a lack of multi-disciplinary supports in older person services and as such a review of allied health professionals across divisions is underway with the view to agree WTEs across the divisions including older person services.

- Recruitment of a community geriatrician would support future developments in residential units in the Laois / Offaly area. This post would also provide clinical input to enhance home support and prevent hospital admissions. The approved geriatrician post in Louth which remains unfilled is pivotal to the management of the OPIC Team in Louth.

- A number of day and residential units require review, updating and refurbishment to meet the legislative requirements.

- Improved access to General Practitioners to coordinate 3 monthly medical reviews within residential units.

- Appropriate placement for individuals with Acquired Brain Injury under 65 with daily access to Allied Health Professionals.

**Priorities 2018**

- Ensure older people are provided with the appropriate supports following an acute hospital episode by maintaining the focus on the reduction of delayed discharges.

- Continue to progress the key actions from the National Dementia Strategy.

- Continue the work of the NHSO project team to implement the recommendations of the NHSS review to amalgamate the NHSO in CHO1 and MLM CHO.

- Continue the roll out of the Single Assessment Tool through the pilot sites in Louth and Offaly.

- Review the current management structure in to support the delivery of an equitable service.

- Work with primary care colleagues to agree the distribution of existing resources for the provision of essential therapy assessments and interventions within older persons’ services.

- Strengthen the governance and management structure and systems to achieve greater compliance in older persons’ services.

- To develop a community infrastructure within older persons services across the CHO to support the individual to remain living at home with clinical support and to avoid unnecessary hospital admissions.
• Work with HSE Estates and Maintenance to identify the budget for a rolling maintenance schedule to address areas of need within older persons’ services.
• Pilot a dementia specific hub in Co Longford in line with the National Dementia Strategy.
• Develop and progress with internationally recognised models of residential support for older people in line with best practice.
• All residential units and other HSE older person services will have in place:
  - Emergency plan
  - Evacuation plan
  - Severe weather warning plan
  -

**Implementing priorities 2018 in line with Corporate Plan goals**

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

<table>
<thead>
<tr>
<th>Priority</th>
<th>Priority Action</th>
<th>Timeline</th>
<th>Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>Older Persons’ Services Community Infrastructure</td>
<td>Continue to liaise with acute and primary care colleagues to enhance and further develop the OPIC model across the CHO.</td>
<td>Q1 – Q4</td>
<td>GM OPS</td>
</tr>
<tr>
<td></td>
<td>Establish Remote Monitoring for Technology Enhanced Care (REMTEC) as a pilot regional e-service support to improve the integration and effectiveness of health and social care services in the region.</td>
<td>Q3</td>
<td>GM OPS &amp; GM Health and wellbeing</td>
</tr>
<tr>
<td></td>
<td>Commence the Power Project as part of a Cooperation and Working Together (CAWT) initiative.</td>
<td>Q3</td>
<td>GM OPS &amp; GM Health and wellbeing</td>
</tr>
<tr>
<td>National Dementia Strategy</td>
<td>Support the building of a network of local and national partnerships under the Dementia Understand Together campaign to increase awareness, and create companionate inclusive communities for people with dementia and their carers.</td>
<td>Q3 - Q4</td>
<td>HoSC &amp; GM OPS</td>
</tr>
<tr>
<td></td>
<td>Continue the roll out of dementia initiatives in accordance with the National Dementia Strategy.</td>
<td>Q2</td>
<td>HoSC &amp; GM OPS</td>
</tr>
<tr>
<td></td>
<td>Support the roll out of Dementia Training to staff and carers.</td>
<td>Q2</td>
<td>HoSC &amp; GM OPS</td>
</tr>
<tr>
<td></td>
<td>Complete the mapping of services for people with dementia and carers currently across the CHO area to inform future development and identify gaps in service.</td>
<td>Q2</td>
<td>HoSC &amp; GM OPS</td>
</tr>
<tr>
<td>Keeping Older People Well</td>
<td>Continue to provide older people with appropriate home supports following an acute hospital admission.</td>
<td>Q1 - Q4</td>
<td>GM OPS</td>
</tr>
<tr>
<td>---------------------------</td>
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</tr>
<tr>
<td></td>
<td>Continue to provide dedicated home care supports to the hospitals as part of the 2017/2018 Winter Initiative.</td>
<td>Q1 - Q2</td>
<td>GM OPS</td>
</tr>
<tr>
<td></td>
<td>Maximise full use of the six ring fenced home care packages and one extra transitional care package for Portlaoise and two extra transitional care packages for Our Lady of Lourdes as part of the 2017/2018 Winter Initiative Plan. This Winter Initiative is running from 16.10.17 to the week commencing 06.04.18 and applies to Our Lady of Lourdes Hospital Louth, the Regional Hospital Portlaoise and the Regional Hospital Mullingar.</td>
<td>Q1 - Q2</td>
<td>GM OPS &amp; Business Manager</td>
</tr>
<tr>
<td></td>
<td>Deliver home support services to 5,597 clients by year end. A total of 1.76 million hours.</td>
<td>Q1 - Q4</td>
<td>HoSC</td>
</tr>
<tr>
<td></td>
<td>Manage the demand, expectations and current waiting lists for home support within the CHO.</td>
<td>Q1 - Q4</td>
<td>HoSC &amp; GM OPS</td>
</tr>
<tr>
<td></td>
<td>Provide available services based on need to ensure that older people requiring home care</td>
<td>Q1 - Q4</td>
<td>GM OPS</td>
</tr>
</tbody>
</table>
support can be discharged in a timely fashion from hospital.

Progress the implementation of the Healthy Ireland in the Health Services National Implementation Plan 2015-2017 and the Positive Aging Strategy.

Continue to provide day care services and other community supports either directly or in partnership with other organisations to enable older people to remain active and participate in their local communities.

In conjunction with national office, continue to support dementia clients with an intensive home care package, to facilitate living at home.

Conduct a service user satisfaction survey for recipients of home care services across the CHO

<table>
<thead>
<tr>
<th>Open Disclosure</th>
<th>Nominate a lead for the CHO on the Open Disclosure Policy and demonstrate implementation and training.</th>
<th>Q2</th>
<th>HoSC</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Open Disclosure Trainers (subject to resources being provided) will provide ongoing training programmes which will be recorded on HR PPARS.</td>
<td>Q2</td>
<td>HoSC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Integrated Care</th>
<th>Continue to develop an integrated care pathway for falls prevention and bone health taking on the learning from the original pilot sites.</th>
<th>Q1 - Q4</th>
<th>HoSC &amp; GM OPS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Continue to work with the National Division to address the 10 Step Integrated Care Framework.</td>
<td>Q1 - Q4</td>
<td>HoSC &amp; GM OPS</td>
</tr>
<tr>
<td></td>
<td>Embed the multi-disciplinary Integrated Care Older Persons Team in a shared base with an agreed operational policy.</td>
<td>Q1 - Q4</td>
<td>HoSC &amp; GM OPS</td>
</tr>
<tr>
<td></td>
<td>Finalise the recruitment of the 4.0 WTE posts under the integrated care programme.</td>
<td>Q1 - Q4</td>
<td>HoSC &amp; GM OPS</td>
</tr>
<tr>
<td></td>
<td>Agree with the National Division and work with the Integrated Care Programme for Older</td>
<td>Q1 - Q4</td>
<td>HoSC &amp; GM OPS</td>
</tr>
<tr>
<td>Persons (ICPOP) to implement the key elements of the ICPOP Framework.</td>
<td>OPS</td>
<td></td>
<td></td>
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<tr>
<td>----------------------------------------------------------------------------------------------------------------------------------</td>
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<td></td>
<td></td>
</tr>
<tr>
<td><strong>Assisted Decision Making</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Continue to carry out needs assessment workshops across the CHO.</td>
<td>Q1 - Q4</td>
<td>HoSC &amp; GM OPS</td>
<td></td>
</tr>
<tr>
<td><strong>Service Arrangements</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complete all service arrangements by 28th February 2018.</td>
<td>Q1</td>
<td>HoSC &amp; GM OPS</td>
<td></td>
</tr>
<tr>
<td><strong>Service User Engagement</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Support vulnerable clients by promoting the use of SAGE, the National Advocacy Service for Older Persons in order to strengthen existing advocacy services for older persons.</td>
<td>Q1 - Q2</td>
<td>HoSC &amp; GM OPS</td>
<td></td>
</tr>
<tr>
<td>Ensure that all service users and their families are aware of the role of the Confidential Recipient.</td>
<td>Q1 - Q4</td>
<td>GM OPS</td>
<td></td>
</tr>
<tr>
<td><strong>Quality and Safety for our clients</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Continue to promote Quality &amp; Safety via the Quality and Safety Committee for older person services.</td>
<td>Q1 - Q4</td>
<td>GM &amp; DONs</td>
<td></td>
</tr>
<tr>
<td>Continue to monitor Healthcare Acquired Infections (HCAI) / Infection Control as part of the HCAI/Infection Control Committee.</td>
<td>Q1 - Q4</td>
<td>GM &amp; DONs</td>
<td></td>
</tr>
<tr>
<td>Continue to establish a Drugs and Therapeutic Committee across MLM (subject to additional resources).</td>
<td>Q1 - Q4</td>
<td>GM &amp; DONs</td>
<td></td>
</tr>
<tr>
<td>Establish a Health &amp; Safety Committee for Social Care.</td>
<td>Q2</td>
<td>HoSC</td>
<td></td>
</tr>
<tr>
<td>Report monthly on the Social Care Quality and Safety Dashboard.</td>
<td>Q2 - Q4</td>
<td>HoSC</td>
<td></td>
</tr>
<tr>
<td>Take a project management approach to reviewing and analysing incidents (numbers, types, trends).</td>
<td>Q2 - Q4</td>
<td>HoSC</td>
<td></td>
</tr>
<tr>
<td>Ensure the recommendations of any serious investigations are implemented, and learning shared to include Serious Reportable Events/Serious Incident Investigations.</td>
<td>Q1 - Q4</td>
<td>HoSC</td>
<td></td>
</tr>
<tr>
<td>Take a Project Management approach to reviewing and analysing complaints (numbers, types, trends).</td>
<td>Q1-Q4</td>
<td>HoSC</td>
<td></td>
</tr>
<tr>
<td>Finalise work on the development of an active integrated Social Care Risk Register.</td>
<td>Q3</td>
<td>HoSC</td>
<td></td>
</tr>
<tr>
<td>Commence the implementation of the Healthy Ireland</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Implement identified actions from the CHO Healthy Ireland plan for 2018</td>
<td>Q1 – Q4</td>
<td>HoSC with the support of Head Of</td>
<td></td>
</tr>
</tbody>
</table>

MLM CHO Operational Plan 2018
<table>
<thead>
<tr>
<th>Framework through the publication of the MLM CHO Healthy Ireland Plan</th>
<th></th>
<th>HWB</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Commence implementation of Making Every Contact Count training programme with the support of the National MECC implementation team</strong></td>
<td>88 frontline staff to complete the online Making Every Contact Count training programme in brief intervention</td>
<td>Q1 – Q4</td>
</tr>
<tr>
<td></td>
<td>17 frontline staff to complete the face to face module of the Making Every Contact Count training programme in brief intervention</td>
<td>Q1 – Q4</td>
</tr>
<tr>
<td><strong>Protect the population from threats to health and wellbeing</strong></td>
<td>Improve influenza vaccine uptake rates amongst staff in frontline settings (to reach 65%) and among persons aged 65 and over</td>
<td>Q1 – Q4</td>
</tr>
<tr>
<td></td>
<td>Develop and implement a flu plan for 2018/2019 to improve influenza vaccine uptake rates amongst staff in frontline settings. Facilitated session with key CHO stakeholders to be held in Q1 to learn what worked well in the 2017/2018 flu season</td>
<td>Q1 – Q4</td>
</tr>
<tr>
<td></td>
<td>Commence the development of CHO plan for HCAI/AMR governance and human resources for the next 3 years</td>
<td>Q1 – Q4</td>
</tr>
<tr>
<td></td>
<td>Support actions required to respond to AMR (including CPE) as outline in iNAP – Ireland’s National Action Plan on Antimicrobial Resistance 2017 – 2020</td>
<td>Q1 – Q4</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Priority</th>
<th>Priority Action</th>
<th>Timeline</th>
<th>Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Delayed Discharges</strong></td>
<td>Continue to work closely with acute hospital colleagues to progress patient flow ensuring we are optimising and utilising all community resources. In the event of hospitals within the three hospital groups being in danger of black escalation (due to numbers of delayed discharges exceeding the agreed target for delayed discharges to the CHO) then contact is made by the Lead for Unscheduled and Scheduled Care with the General Manager older persons’ services in order to prioritise community supports, as appropriate and to</td>
<td>Q1 - Q4</td>
<td>GM OPS &amp; Lead for Unscheduled Care</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Q1 - Q4</td>
<td>GM OPS &amp; Lead for Unscheduled Care</td>
</tr>
</tbody>
</table>
 assists with delayed discharges or provide community supports for hospital admission avoidance.

To ensure maximum patient flow the CHO have established the following support processes:

- Two Senior Management Steering Group Integrated Forums for the CHO are in place to work with acute service colleagues & community services colleagues to enhance patient flow and progress future developments. Levels of escalation have been agreed at these steering groups.
- A winter planning lead from the office of Head of Social Care for the CHO will hold weekly teleconferences with key leads in each of the acute services to identify clients which are listed as delayed discharge and progress with discharge planning.
- The lead from Head of Social Care office will work with managers in residential settings, Home Support Departments and primary care colleagues to ensure community resources are utilised to a maximum to facilitate timely and safe discharges from the acute setting.
- The CHO will monitor the daily trolley guard figures.
- The CHO will endeavour to work collaboratively with key stakeholders to assist in keeping delayed discharge figures below nationally advised targets.
- The CHO will ensure that aids and appliances are sourced for patients in a timely manner to ensure safe discharge home from acute services utilising any additional resources allocated to support our winter plan to full effect.

<table>
<thead>
<tr>
<th>Reconfiguration of Resources</th>
<th>Cross Divisional CHO working group to be established to review the mapping exercise completed in 2017 relating to allied health professionals. Identify and reconfigure the resources into</th>
<th>Q2</th>
<th>Chief Officer</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Q3</td>
<td>HoSC &amp;</td>
</tr>
</tbody>
</table>
### Respite Services
Review the current respite capacity and scope out future requirements.

<table>
<thead>
<tr>
<th>Care Groups</th>
<th>HoPC</th>
<th>Q1 – Q4</th>
<th>GM OPS</th>
</tr>
</thead>
</table>

### Corporate Plan Goal 3: Foster a culture that is honest, compassionate, transparent and accountable

<table>
<thead>
<tr>
<th>Priority</th>
<th>Priority Action</th>
<th>Timeline</th>
<th>Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safeguarding</td>
<td>Continue to work closely with the Safeguarding Team to identify areas or risk and abuse for older people.</td>
<td>Q1 - Q4</td>
<td>GM OPS</td>
</tr>
<tr>
<td></td>
<td>Continue with the roll out of safeguarding training for all staff within older person services.</td>
<td>Q1 - Q4</td>
<td>GM OPS</td>
</tr>
<tr>
<td></td>
<td>Refresher training will be provided for staff that has exceeded the two years.</td>
<td>Q1 - Q4</td>
<td>GM OPS</td>
</tr>
<tr>
<td>HIQA</td>
<td>In order to ensure HIQA compliance a Person in Charge (PIC) quality assurance group will be established. The role and function of this group is to share action plans being returned to HIQA.</td>
<td>Q2</td>
<td>GM OPS</td>
</tr>
<tr>
<td></td>
<td>Establish learning hubs across residential units to further enhance the quality and shared learning throughout the CHO and to review action plans and learn from other sites.</td>
<td>Q2</td>
<td>GM OPS</td>
</tr>
<tr>
<td></td>
<td>Finalise the membership, terms of reference and standing order for the older person service governance group to strengthen management and governance across the CHO.</td>
<td>Q1-Q4</td>
<td>HoSC &amp; GM OPS</td>
</tr>
<tr>
<td></td>
<td>Monitor compliance with HIQA regulations and standards.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Positive Ageing</td>
<td>Support the roll out of Health Related actions in the Positive Ageing Strategy</td>
<td>Q1 – Q4</td>
<td>HoSC with the support of Ho HWB</td>
</tr>
<tr>
<td></td>
<td>Increase awareness and create compassionate inclusive communities for people with dementia and their carers</td>
<td>Q1 – Q4</td>
<td>HoSC with the support of Ho HWB</td>
</tr>
<tr>
<td></td>
<td>Participate in the development of integrated services for older people that support older people to age well within their own homes and communities</td>
<td>Q1 – Q4</td>
<td>HoSC with the support of Ho HWB</td>
</tr>
<tr>
<td></td>
<td>In partnership with the Social Care Division,</td>
<td>Q1 – Q4</td>
<td>HoSC with</td>
</tr>
</tbody>
</table>
promote the development of innovative solutions (including ICT solutions) aimed at improving the health and wellbeing of older people in MLM.

Strengthen cross-sectoral partnerships for improved health outcomes and address health inequalities

Continue to support HSE representatives on the six Local Community Development committees (LCDCs) within the CHO to contribute to the implementation of actions that support and promote health and wellbeing.

Provide nominees to the CYPSCs in the CHO that do not have HSE representation

Q1

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

<table>
<thead>
<tr>
<th>Priority</th>
<th>Priority Action</th>
<th>Timeline</th>
<th>Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>Management Structure</td>
<td>Complete the process of engagement with key stakeholders in the reconfiguration of the existing management team/resource and align it to the CHO structure and divisions. Establish the audit and monitoring function of home support through the recruitment of CNM II, CNM I, Grade VII and Grade IV.</td>
<td>Q1</td>
<td>HoSC</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Q2 - Q4</td>
<td>GM OPS</td>
</tr>
<tr>
<td>HIQA Compliance</td>
<td>Develop a pathway for the communication and management of regulatory inspections through the PIC quality assurance group. Strengthen and develop quality assurance systems for the completion and return of SMART HIQA action plans. Develop and implement a training and support plan for key stakeholders to ensure compliance with regulations.</td>
<td>Q2</td>
<td>GM OPS</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Q3</td>
<td>GM OPS</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Q3</td>
<td>GM OPS</td>
</tr>
<tr>
<td>Support the development of the HSE Staff health &amp; Wellbeing Strategy</td>
<td>Support staff health and wellbeing initiatives that can be delivered within available resources in 2018</td>
<td>Q2 – Q4</td>
<td>HoSC with the support of Ho HWB</td>
</tr>
<tr>
<td>Build a culture to support staff health and wellbeing</td>
<td>Support the development of a staff engagement forum for the CHO where staff health and wellbeing can form a significant part of the agenda Support uptake of the HSE staff engagement survey which will include health and wellbeing measures and this will support the establishment of baseline measures for the</td>
<td>Q2 – Q4</td>
<td>HoSC with the support of Ho HWB</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Q2 – Q3</td>
<td>HoSC with the support of Ho HWB</td>
</tr>
</tbody>
</table>
CHO in 2018
Implement joined up staff health and wellbeing initiatives at local level using effective communication campaigns e.g. #littlethings, #quit, #askaboutalcohol, #dementia, #understandtogether, #breastfeeding

Identify initiatives to promote positive mental health among staff

<table>
<thead>
<tr>
<th>Priority Action</th>
<th>Timeline</th>
<th>Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continue to work with the National Office to progress the implementation of the outstanding recommendations of the NHSS Review including: - review of cost of care in relation to national average - review of skill mix</td>
<td>Q1 – Q4</td>
<td>HoSC</td>
</tr>
<tr>
<td>Continue to work to ensure that the average wait time for funding approval under the NHSS remains at four weeks.</td>
<td>Q1 – Q4</td>
<td>HoSC</td>
</tr>
<tr>
<td>Assist families with NHSS applications by providing clear information for the public, in relation to the scheme.</td>
<td>Q1 - Q4</td>
<td>GM OPS</td>
</tr>
<tr>
<td>Continue the work of amalgamating CHO 1 and MLM CHO NHSO to Tullamore, Co. Offaly.</td>
<td>Q1 - Q4</td>
<td>GM OPS</td>
</tr>
<tr>
<td>Continue the roll out of the Single Assessment Tool (SAT) through the pilot sites in Our Lady of Lourdes Hospital (Louth) &amp; Tullamore Hospital (Offaly)</td>
<td>Q1 – Q4</td>
<td>GM/SAT Clinical Leads</td>
</tr>
<tr>
<td>Establish a working group with estates, maintenance &amp; older person services to develop a rolling maintenance plan for the general upkeep of residential units.</td>
<td>Q2</td>
<td>GM OPS</td>
</tr>
<tr>
<td>Implement the HSE Healthier Vending policy across the CHO (dependent on contract dates).</td>
<td>Q1 – Q4</td>
<td>HoSC with the support of Ho HWB</td>
</tr>
<tr>
<td>Implement the HSE Tobacco Free Campus Policy</td>
<td>Implement the HSE Tobacco Free Campus Policy in all remaining sites across mental health and social care and strengthen monitoring and compliance in all other services. Display QUIT support resources in all services and sites and refer service users to QUIT and other appropriate smoking cessation services.</td>
<td>Q1 – Q4</td>
</tr>
</tbody>
</table>
Section 6: Finance

The CHO and the National Divisions engaged in detailed consultation in arriving at the approved allocation for 2018. The final approved allocation reflects the Letter of Determination received from the Department of Health and Programme for Government. In addition to the funding detailed in this plan funding has also been provided by DoH to HSE under the heading of ‘development monies’ which will held by the DoH in the first instance and will be allocated in 2018 in line with DoH / HSE direction so as to maintain and expand existing services while also driving new developments and other improvements.

While the CHO acknowledges the additional funding received, there remain many challenges in providing existing levels of service (ELS) within the funding envelope being made available, while dealing with ever increasing pressures arising from demographic and other pressures. These are detailed in the specific divisional sections.

There is an overarching legal requirement to protect and promote the health and wellbeing of the population, having regard to the resources available and by making the most efficient and effective use of those resources. While the CHO acknowledges the additional funding received, there remain many challenges in providing existing levels of service (ELS) within the funding envelope being made available, while dealing with ever increasing pressures arising from demographic and other areas. These specific challenges are detailed in the relevant sections of this chapter.

Given these challenges and recognising the necessity to secure improved value, the HSE is taking forward a systematic review of its existing activities to drive value with a view to taking forward, from the beginning of 2018, a comprehensive Value Improvement Programme.

Through the Value Improvement Programme, we will target improvement opportunities to address the overall community services financial challenge while maintaining levels of activity. The Programme, will seek to improve services while also seeking to mitigate the operational financial challenge in community services for 2018. This should only be delivered via realistic and achievable measures that do not adversely impact services. While there are a number of opportunities to secure improved value that are within the remit and role of the CHO to deliver, there are others that will require wider consideration of policy, legislation and regulatory issues and therefore will benefit from the involvement and support of the DoH and other stakeholders.

Further detail on the Value Improvement Programme is available in the National Service Plan Section 6, p85.
### Budget 2018 versus budget 2017

The 2018 initial allocation for Midlands Louth Meath CHO, based on HSE Service Plan 2018, provides a net revenue budget of **€529.333m**, which represents an increase of **€29.759 (5.96%)** on the 2017 Base Allocation. The increases by National Care Groups are as follows:

<table>
<thead>
<tr>
<th>Midlands Louth Meath CHO</th>
<th>Primary Care</th>
<th>Social Care - Older Persons</th>
<th>Social Care - Disability Services</th>
<th>Mental Health</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Base Budget</td>
<td>152.640</td>
<td>66.084</td>
<td>197.370</td>
<td>83.480</td>
<td>499.574</td>
</tr>
<tr>
<td>Pay Cost Pressures</td>
<td>2.575</td>
<td>0.276</td>
<td>4.110</td>
<td>2.612</td>
<td>9.573</td>
</tr>
<tr>
<td>Other adjustments</td>
<td>0.215</td>
<td>-</td>
<td>1.324</td>
<td>9.425</td>
<td>20.186</td>
</tr>
<tr>
<td><strong>2018 Opening Budget</strong></td>
<td><strong>155.430</strong></td>
<td><strong>65.036</strong></td>
<td><strong>213.350</strong></td>
<td><strong>95.517</strong></td>
<td><strong>529.333</strong></td>
</tr>
<tr>
<td>Development Funding held Nationally (WI funding 2017)</td>
<td></td>
<td></td>
<td>2.245</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Budget Variation</strong></td>
<td><strong>2.790</strong></td>
<td>-</td>
<td><strong>15.980</strong></td>
<td><strong>12.037</strong></td>
<td><strong>29.759</strong></td>
</tr>
<tr>
<td>% Increase / (Decrease)</td>
<td>1.83%</td>
<td>-1.59%</td>
<td>8.10%</td>
<td>14.42%</td>
<td>5.96%</td>
</tr>
</tbody>
</table>

*Includes funding for other CHOs for SJOG – split as yet unknown, but budget will move in year.

** In 2018, funding for short stay beds will be will be provided to the CHO retrospectively on a quarterly basis, based on actual bed usage, following the principal of ‘money follows the patient’.

The increases need to be viewed with respect to the 2017 outturn.
### Midlands Louth Meath CHO Operational Plan 2018

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Outturn (Net Expenditure) 2017</th>
<th>2018 Opening Budget</th>
<th>Difference</th>
<th>% Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care</td>
<td>€156.95m</td>
<td>€155.43m</td>
<td>-1.520m</td>
<td>-0.97%</td>
</tr>
<tr>
<td>Social Care - Older Persons</td>
<td>€67.615m</td>
<td>€65.036m</td>
<td>-2.579m</td>
<td>-3.81%</td>
</tr>
<tr>
<td>Social Care - Disability Services</td>
<td>€204.03m</td>
<td>€213.35m</td>
<td>9.316m</td>
<td>4.57%</td>
</tr>
<tr>
<td>Mental Health</td>
<td>€94.081m</td>
<td>€95.517m</td>
<td>1.436m</td>
<td>1.53%</td>
</tr>
<tr>
<td>Total</td>
<td>€522.680m</td>
<td>€522.939m</td>
<td></td>
<td>1.47%</td>
</tr>
</tbody>
</table>

#### Budget Framework 2018

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

- Incremental costs of developments commenced during 2017.
- Full year impact of 2017 school leavers and emergency placements
- Impact of national pay agreements (primarily public sector-wide).
- Increases in drugs and other clinical non-pay costs including health technology innovations.
- Inflation-related price increases.
- Additional costs associated with demographic factors.

#### Pay Cost Pressure Funding (including Lansdowne Road and Haddington Road Agreements)

Pay cost pressure funding is provided to the HSE in respect of the growth in pay costs associated with the *Lansdowne Road Agreement (LRA)*, *Haddington Road Agreement (HRA)*, 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.

Pay cost pressure funding does not include any funding for S39 agencies.

**Divisional Financial Challenges and Value Improvement Programme**

The Value Improvement Programme will be a single over-arching programme, but with the following three broad priority themes:

- Priority theme 1: Improving value within existing services
- Priority theme 2: Improving value within non-direct service areas
- Priority theme 3: Strategic value improvement

The CHO has already identified a number of initiatives that will not only reduce costs but also free up resources. Each initiative will have a PID developed for approval at the appropriate governance forum. A project group will be charged with delivering the VIP. This may be cross divisional or within a specific division. Some will be short and deliver in 2018 while others will deliver over several years.

**Primary Care Financial Challenges 2018**

<table>
<thead>
<tr>
<th></th>
<th>€m</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outturn 2017</td>
<td>156.950</td>
</tr>
<tr>
<td>2018 Opening Budget</td>
<td>155.430</td>
</tr>
<tr>
<td>Difference</td>
<td>-1.520</td>
</tr>
</tbody>
</table>

- Stringent paybill management throughout 2017 has resulted in the Primary Care pay budget being in line with expected outturn. This will be continued throughout 2018, with priority posts being submitted for filling at the earliest opportunity.
- Paediatric Homecare Packages are not part of the baseline funding. These will be funded retrospectively, and are projected to cost €4.065m in 2018.
- Primary Care Centres that opened in 2017 will received additional funding toward running costs (€239k). Centres that open in 2018 will also received additional funding.
- NEDOC – price increase in 2015 remains unfunded.
- Aids and appliances in the community remains the greatest financial challenge for the CHO in 2018 (Demand Led Services)
Social Care Financial Challenges 2018

Older Persons

<table>
<thead>
<tr>
<th></th>
<th>€m</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outturn 2017</td>
<td>67.615</td>
</tr>
<tr>
<td><strong>2018 Opening Budget</strong></td>
<td>65.036</td>
</tr>
<tr>
<td><strong>Difference</strong></td>
<td>-2.579</td>
</tr>
</tbody>
</table>

- The retraction of budget for short stay beds has resulted in the drop in opening budget. Certain Long and short stay residences have a considerable work programme ahead to bring the cost of care down towards the national average, and earn sufficient income to prevent a budget deficit.
- Home Support Services developed a sizeable waiting list in 2017, due to tight budgetary management. No additional funding has been received in 2018. The development funding held at the centre is already committed to Winter Initiative packages of care.
- Work is ongoing in relation to the units under the governance of Midlands Regional Hospital Mullingar. The National Division are assisting with having these transferred to the budget of MRHP.

Disability Services

<table>
<thead>
<tr>
<th></th>
<th>€m</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outturn 2017</td>
<td>204.034</td>
</tr>
<tr>
<td><strong>2018 Opening Budget</strong></td>
<td>213.350</td>
</tr>
<tr>
<td><strong>Difference</strong></td>
<td>9.316*</td>
</tr>
</tbody>
</table>

*includes SJOG funding for Cellbridge and Beaufort which will be withdrawn at end of Q1

- The National Division has continued it’s support for St John of God Drumcar decongregation with funding for the new community units in 2018 of €2.3m.
- Recruitment of staff for the ID Residential Services remains a key focus for 2018. Reduction in use of agency staff is one of the major VIP programmes for the year.
- Management of emergency placements continues to be the most challenging aspect of care provision in Disability Services. No new funding has been made available for 2018, however, an indicative amount of €2.629m has been notified to the CHO. A specific VIP is the review of the costs associated with private provider placements.
- Transport is a major cost driver and will have it’s own VIP in 2018.
- Deficits arising in S39 agencies or in SJOG Drumcar are not reflected in the 2017 financial performance. The National Division has provided some additional funding towards these.
Mental Health Financial Challenges 2018

<table>
<thead>
<tr>
<th></th>
<th>€m</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outturn 2017</td>
<td>94.081</td>
</tr>
<tr>
<td>2018 Opening Budget</td>
<td>95.517</td>
</tr>
<tr>
<td>Difference</td>
<td>1.436</td>
</tr>
</tbody>
</table>

The budget of €95.517m for mental health services in 2018 is to deliver both a break-even position for 2018 whilst also enhancing services through agreed development funding and posts. The above budget is made up of:

- a recurring budget of €88.46m representing a €4.98m or 6% increase compared to the equivalent in 2017;
- a further once-off allocation of €6.816111 resulting from time-related savings (TRS) in the recruitment of your approved development posts plus a further national once-off contribution towards achievement of a break-even position by year end which also required delivery of your own specified agency conversion and cost containment targets of €532,000 and €794,000 respectively.

It is agreed that this budget assumes no further unfunded cost increase during 2018 and both the profiled spend, expected cost reductions and the profiled recruitment of approved development staff will be monitored and reported as part of the monthly performance accountability mechanisms in 2018.

In finalising the above agreed breakeven position for Mental Health in 2018, there is also the requirement to begin immediately in 2018 to identify how the current unsustainable funding model in Mental Health can be addressed to minimise the continued reliance on once-off funding which will not be available to this extent in 2019. This requires examination of the current operational model of all our services to ensure maximum efficiency and effectiveness whilst maintaining safe levels of mental health services.

Achieving a breakeven position in 2018 assumes successful implementation of cost saving measures of €1.3m, including

- Agency conversion. Success will be dependent on recruiting suitably qualified personnel, and strict management of the agency framework
- Non pay cost savings, particularly drugs, travel, subsistence and transport, campus savings / recharges.

Additional VIP programme lines will be identified during 2018.

Additional once off funding will be made available from other HSE services in relation to Rostered Year €85k, Scott Building €32k (from Estates) and Post Grad Medical & Dental Board €3,500.
Measures to address cost pressures & financial risk areas

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 2018.

The Value Improvement Programme will combine and coordinate initiatives within particular divisions as well as cross divisional initiatives.

- Agency conversion and reduction.
- Insurance Costs - Delegate Section 38 Agencies to the States Claims Agency General Indemnity Scheme.
- Procurement and Contract Management

The monthly budget management cycle will be used for engagement on achievement of VIP measures, as well as management of services within available resources.

Finance Work Plan

A specific emphasis throughout 2018 will be on standardising and streamlining finance processes across the CHO with an emphasis on the following:

- Repointing of the lead Finance staff resource to Head of Finance was undertaken in 2017. Other grades involved in financial processing will be reviewed in 2018.
- Pay Bill Management – continued development of an integrated strategy in respect of recruitment, agency conversion and workforce planning in 2018 with particular emphasis of a balanced pay and number strategy.
- Conclusion of workforce and financial realignment project.
- Implementation of a Procurement Compliance Programme as part of the National Compliance Improvement Programme (CIP).

Projects involving Finance in 2018 include

- Mental Health Costing Project
- Single funding for Home Support
- Completion of SAP HR, SAP FI and sub service alignment

Accounting standardisation workstream.

Conclusion

2018 will present the CHO with significant challenges, which will only be met through the consistent application of strict governance to all decisions which impact on costs. The successful implementation of the various VIP work streams will assist greatly in achieving delivery of services within the allocated resources.
Section 7: Workforce

The Workforce Position

Government policy on public service numbers and costs is focused on ensuring that the health workforce operates within the pay budgets available. There were 5,705 WTE employed in Midlands Louth Meath CHO at the end of December 2017 (see Appendix 2 for further information) as follows:

Employment by WTE, Headcount, Gender, Full-Time/Part-Time etc.: Dec 2017

<table>
<thead>
<tr>
<th>CHO 8</th>
<th>WTE</th>
<th>Headcount</th>
<th>Male:Female</th>
<th>Male %</th>
<th>Female %</th>
<th>Male WTE:Female WTE</th>
<th>Male %</th>
<th>Female %</th>
<th>Overall</th>
<th>Total Male</th>
<th>Total Female</th>
<th>Total Part Time</th>
<th>Male PT</th>
<th>Female PT</th>
<th>Male</th>
<th>Female</th>
<th>% Male</th>
<th>% Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>5,705</td>
<td>6,707</td>
<td>1.18</td>
<td>17.4%</td>
<td>82.6%</td>
<td>1.10:1.19</td>
<td>91.4%</td>
<td>88.1%</td>
<td>92.1%</td>
<td>60.3%</td>
<td>39.7%</td>
<td>75.0%</td>
<td>61.0%</td>
<td>38.9%</td>
<td>57.3%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HSE</td>
<td>1,080</td>
<td>1,179</td>
<td>1.09</td>
<td>26.0%</td>
<td>74.0%</td>
<td>1.08:1.11</td>
<td>87.4%</td>
<td>87.4%</td>
<td>89.4%</td>
<td>62.1%</td>
<td>17.9%</td>
<td>72.5%</td>
<td>62.1%</td>
<td>17.9%</td>
<td>52.8%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health</td>
<td>1,080</td>
<td>1,179</td>
<td>1.09</td>
<td>24.0%</td>
<td>76.0%</td>
<td>1.09:1.11</td>
<td>87.4%</td>
<td>87.4%</td>
<td>89.4%</td>
<td>82.1%</td>
<td>17.9%</td>
<td>79.5%</td>
<td>62.1%</td>
<td>15.9%</td>
<td>52.8%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HSE</td>
<td>1,454</td>
<td>1,761</td>
<td>1.21</td>
<td>12.5%</td>
<td>87.5%</td>
<td>1.16:1.23</td>
<td>86.0%</td>
<td>87.0%</td>
<td>88.0%</td>
<td>60.2%</td>
<td>37.8%</td>
<td>73.6%</td>
<td>62.0%</td>
<td>37.8%</td>
<td>79.2%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary Care</td>
<td>1,454</td>
<td>1,761</td>
<td>1.21</td>
<td>12.5%</td>
<td>87.5%</td>
<td>1.16:1.23</td>
<td>94.0%</td>
<td>94.1%</td>
<td>94.5%</td>
<td>61.9%</td>
<td>38.1%</td>
<td>78.7%</td>
<td>62.0%</td>
<td>37.8%</td>
<td>79.2%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HSE</td>
<td>1,701</td>
<td>1,866</td>
<td>1.17</td>
<td>13.9%</td>
<td>86.1%</td>
<td>1.13:1.17</td>
<td>94.1%</td>
<td>94.1%</td>
<td>94.5%</td>
<td>61.9%</td>
<td>38.1%</td>
<td>78.7%</td>
<td>62.0%</td>
<td>37.8%</td>
<td>79.2%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mucina Foundation, Longford/Offaly</td>
<td>241</td>
<td>302</td>
<td>1.21</td>
<td>16.4%</td>
<td>83.6%</td>
<td>1.17:1.27</td>
<td>94.9%</td>
<td>94.8%</td>
<td>94.9%</td>
<td>62.3%</td>
<td>37.7%</td>
<td>75.0%</td>
<td>62.3%</td>
<td>37.7%</td>
<td>79.2%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mucina Foundation, Longford/Offaly</td>
<td>272</td>
<td>326</td>
<td>1.20</td>
<td>19.0%</td>
<td>81.0%</td>
<td>1.13:1.22</td>
<td>94.2%</td>
<td>94.2%</td>
<td>94.2%</td>
<td>62.7%</td>
<td>37.3%</td>
<td>76.0%</td>
<td>62.7%</td>
<td>37.3%</td>
<td>79.2%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mucina Foundation, South Kilbride</td>
<td>301</td>
<td>362</td>
<td>1.21</td>
<td>17.0%</td>
<td>82.9%</td>
<td>1.12:1.30</td>
<td>94.7%</td>
<td>94.7%</td>
<td>94.7%</td>
<td>59.6%</td>
<td>40.4%</td>
<td>75.6%</td>
<td>59.6%</td>
<td>40.4%</td>
<td>79.2%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>St. John’s Hospital, Drogheda</td>
<td>655</td>
<td>746</td>
<td>1.14</td>
<td>23.6%</td>
<td>76.4%</td>
<td>1.11:1.15</td>
<td>94.1%</td>
<td>94.1%</td>
<td>94.1%</td>
<td>63.5%</td>
<td>36.5%</td>
<td>78.0%</td>
<td>63.5%</td>
<td>36.5%</td>
<td>79.2%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Care</td>
<td>1,469</td>
<td>1,761</td>
<td>1.21</td>
<td>20.4%</td>
<td>79.6%</td>
<td>1.14:1.23</td>
<td>90.8%</td>
<td>90.8%</td>
<td>90.8%</td>
<td>42.3%</td>
<td>57.7%</td>
<td>74.8%</td>
<td>60.2%</td>
<td>39.8%</td>
<td>54.4%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The Health Services People Strategy

The Health Services 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 at all levels and is underpinned by its commitment to engage, develop, value and support the workforce.

In 2018 work will continue on developing the HR operating model within Midlands Louth Meath CHO, with due regard to national discussions on CHO implementation.

We will continue to contribute to the development of staff engagement as a core organisational priority and as a foundation for improved performance and will build on the learning from the Staff Survey 2016. These objectives will be addressed through:

- Building on the feedback from staff following the Staff Survey 2016 by addressing specific actions identified, such as increased senior management visibility and informal walk arounds, promoting dignity at work and a positive work environment, and providing development opportunities.

- Agreeing a suite of development programmes for staff with Leadership, Education and Talent Development (LETD), subject to the capacity of LETD to meet our requirements that will support better management, communication and engagement. Programmes to be prioritised include:
  - First time managers
  - Leaders in Management
  - Coaching skills for managers
  - Performance Achievement – supporting managers in PA meetings
  - Dignity at Work/Positive workplace
  - Corporate Induction
- Facilitation on feedback and engagement following the Staff Survey 2018

- Supporting staff on programmes with the Leadership Academy.

- In partnership with Health and Wellbeing support the development of a staff engagement forum for the CHO where staff health and wellbeing can form a significant part of the agenda.

- In partnership with Health and Wellbeing identify initiatives to promote positive mental health among staff.

Pay and Staffing Strategy 2018 and Funded Workforce Plans

The 2018 Pay and Staffing Strategy is a continuation of the 2017 strategy, 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 robustly monitored, managed and controlled to ensure compliance with allocated pay budgets as set out in annual funded workforce plans.

A key objective in 2018 will be to focus on reducing and / or controlling pay costs, including agency and overtime, and implementing cost containment plans, in addition to maximising the performance and productivity of the health workforce.

Public Service Stability Agreement 2018 - 2020

The Public Service Stability Agreement, which represents an extension of the Lansdowne Road Agreement, was negotiated between government and unions in 2017 and will continue until December 2020. The Agreement builds on the provisions of previous agreements to support reform and change in the health services and will inform actions within Midland Louth Meath CHO.

Workforce Planning

The DoH published a National Strategic Framework for Health Workforce Planning – Working Together for Health in 2017, providing an integrated, dynamic and multi-disciplinary approach to workforce planning at all levels of the health service. We will work with National HR on the implementation on the strategic framework as it applies to our CHO.

We will work with National HR in the further development of measures to support the sourcing, recruitment, and retention of nursing and midwifery staff in light of identified shortages.

Enhancing Nursing and Midwifery Services

Midland Louth Meath CHO will work with and support the agenda in the National Service Plan to strengthen the capacity of nurses and midwives and teams to meet the healthcare and wellbeing needs of the population.
European Working Time Directive

Midlands Louth Meath CHO is committed to maintaining and progressing compliance with the requirements of the European Working Time Directive (EWTD) for both non-consultant hospital doctors (NCHDs) and staff in the social care sector. 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. Performance in relation to the measures is monitored on a regular basis.
Appendices
# Appendix 1: Financial Tables

Table 1: Closing Position 2017

<table>
<thead>
<tr>
<th>Midlands Louth Meath CHO</th>
<th>Actual 2017</th>
<th>Budget 2017</th>
<th>(Surplus) / Deficit</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health</td>
<td>94.081</td>
<td>90.238</td>
<td>3.843</td>
<td>4.26%</td>
</tr>
<tr>
<td>Primary Care</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Core</td>
<td>117.687</td>
<td>116.752</td>
<td>0.935</td>
<td>0.80%</td>
</tr>
<tr>
<td>Social Inclusion</td>
<td>6.152</td>
<td>6.388</td>
<td>-0.236</td>
<td>-3.69%</td>
</tr>
<tr>
<td>Palliative Care</td>
<td>5.708</td>
<td>6.018</td>
<td>-0.310</td>
<td>-5.15%</td>
</tr>
<tr>
<td>Demand Led Schemes</td>
<td>27.404</td>
<td>26.580</td>
<td>0.824</td>
<td>3.10%</td>
</tr>
<tr>
<td>Total PC</td>
<td>156.951</td>
<td>155.738</td>
<td>1.213</td>
<td>0.78%</td>
</tr>
<tr>
<td>Social Care</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Older Persons</td>
<td>67.425</td>
<td>66.973</td>
<td>0.452</td>
<td>0.67%</td>
</tr>
<tr>
<td>Disability Services</td>
<td>153.977</td>
<td>150.979</td>
<td>2.998</td>
<td>1.99%</td>
</tr>
<tr>
<td>S38 Muiriosa</td>
<td>50.181</td>
<td>50.057</td>
<td>0.124</td>
<td>0.25%</td>
</tr>
<tr>
<td>Total SC</td>
<td>271.583</td>
<td>268.009</td>
<td>3.574</td>
<td>1.33%</td>
</tr>
<tr>
<td>Office of CO</td>
<td>3.090</td>
<td>1.313</td>
<td>1.777</td>
<td>135.34%</td>
</tr>
<tr>
<td>Total CHO8</td>
<td>525.705</td>
<td>515.298</td>
<td>10.407</td>
<td>2.02%</td>
</tr>
<tr>
<td>St. John of Gods Drumcar</td>
<td>36.977</td>
<td>31.547</td>
<td>5.430</td>
<td>17.20%</td>
</tr>
</tbody>
</table>

Budget includes both recurring budget and non recurring budget
### Table 2: Movement from closing recurring budget 2017 to opening budget 2018.

<table>
<thead>
<tr>
<th>Midlands Louth Meath CHO</th>
<th>Primary Care</th>
<th>Social Care - Older Persons</th>
<th>Social Care - Disability Services</th>
<th>Mental Health</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>€m</td>
<td>€m</td>
<td>€m</td>
<td>€m</td>
<td>€m</td>
</tr>
<tr>
<td>Base Budget</td>
<td>152.640</td>
<td>66.084</td>
<td>197.370</td>
<td>83.480</td>
<td>499.574</td>
</tr>
<tr>
<td><strong>Additional budget details</strong></td>
<td></td>
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</tr>
<tr>
<td>Pay Cost Pressures</td>
<td>3.336</td>
<td>0.276</td>
<td>4.110</td>
<td>2.612</td>
<td>10.334</td>
</tr>
<tr>
<td>2018 ELS Allocations</td>
<td>0.215</td>
<td>0.615</td>
<td>4.400</td>
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<td>5.230</td>
</tr>
<tr>
<td>Short Stay Retractions</td>
<td></td>
<td>(1.486)**</td>
<td></td>
<td>(1.486)</td>
<td></td>
</tr>
<tr>
<td>PFG Funding (recurring and Non Recurring)</td>
<td></td>
<td></td>
<td>3.493</td>
<td>3.493</td>
<td></td>
</tr>
<tr>
<td>Other adjustments</td>
<td>0.293</td>
<td>(0.453)</td>
<td>4.100*</td>
<td>5.932</td>
<td>9.872</td>
</tr>
<tr>
<td>Transforming Lives (SJOG)</td>
<td></td>
<td></td>
<td>2.300</td>
<td>2.300</td>
<td></td>
</tr>
<tr>
<td>School Leavers 2017 Full Year Costs</td>
<td></td>
<td></td>
<td>1.070</td>
<td></td>
<td>1.070</td>
</tr>
<tr>
<td><strong>2018 Opening Budget</strong></td>
<td><strong>156.484</strong></td>
<td><strong>65.036</strong></td>
<td><strong>213.350</strong></td>
<td><strong>95.517</strong></td>
<td><strong>530.387</strong></td>
</tr>
<tr>
<td>Development Funding held Nationally (WI funding 2017)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Budget Variation</strong></td>
<td>3.844</td>
<td>(1.048)</td>
<td>15.980</td>
<td>12.037</td>
<td>30.813</td>
</tr>
<tr>
<td>% Increase / (Decrease)</td>
<td>2.5%</td>
<td>(1.6%)</td>
<td>8.1%</td>
<td>14.4%</td>
<td>6.2%</td>
</tr>
</tbody>
</table>

*Includes funding for other CHOs for SJOG – split as yet unknown, but budget will move in year.

** In 2018, funding for short stay beds will be provided to the CHO retrospectively on a quarterly basis, based on actual bed usage, following the principal of ‘money follows the patient’.
Appendix 2: HR Information

Position for Midlands Louth Meath CHO at December 2017

Employment by Staff Group

<table>
<thead>
<tr>
<th>Dec 2017 (Dec 2016 figure: 5,636)</th>
<th>WTE Dec 2017</th>
<th>WTE change since Dec 16</th>
<th>% change since Dec 16</th>
<th>WTE change since Nov 17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>5,705</td>
<td>+69</td>
<td>+1.2%</td>
<td>+42</td>
</tr>
<tr>
<td>Consultants</td>
<td>40</td>
<td>-1</td>
<td>-3.0%</td>
<td>+1</td>
</tr>
<tr>
<td>NOHs</td>
<td>128</td>
<td>+2</td>
<td>+2.5%</td>
<td>+2</td>
</tr>
<tr>
<td>Medical (other) &amp; Dental</td>
<td>74</td>
<td>-2</td>
<td>-2.5%</td>
<td>-0</td>
</tr>
<tr>
<td>Medical/Dental</td>
<td>242</td>
<td>-0</td>
<td>-0.1%</td>
<td>+2</td>
</tr>
<tr>
<td>Nurse Manager</td>
<td>366</td>
<td>+3</td>
<td>+0.8%</td>
<td>+4</td>
</tr>
<tr>
<td>Nurse Specialist</td>
<td>97</td>
<td>-1</td>
<td>-0.1%</td>
<td>+0</td>
</tr>
<tr>
<td>Staff Nurse</td>
<td>1,611</td>
<td>-26</td>
<td>-2.5%</td>
<td>+4</td>
</tr>
<tr>
<td>Public Health Nurse</td>
<td>166</td>
<td>-1</td>
<td>-0.4%</td>
<td>+2</td>
</tr>
<tr>
<td>Nursing Student</td>
<td>14</td>
<td>-4</td>
<td>-22.0%</td>
<td>-5</td>
</tr>
<tr>
<td>Nursing (other)</td>
<td>9</td>
<td>+2</td>
<td>+36.3%</td>
<td>+0</td>
</tr>
<tr>
<td>Nursing</td>
<td>1,715</td>
<td>-26</td>
<td>-1.5%</td>
<td>+5</td>
</tr>
<tr>
<td>Therapists (OT, Physio, SLT)</td>
<td>371</td>
<td>+19</td>
<td>+5.3%</td>
<td>+4</td>
</tr>
<tr>
<td>Health Professionals (other)</td>
<td>636</td>
<td>+59</td>
<td>+10.2%</td>
<td>+12</td>
</tr>
<tr>
<td>Health &amp; Social Care Professionals</td>
<td>1,007</td>
<td>+77</td>
<td>+8.3%</td>
<td>+17</td>
</tr>
<tr>
<td>Management (VIII+)</td>
<td>63</td>
<td>+4</td>
<td>+7.7%</td>
<td>+1</td>
</tr>
<tr>
<td>Clerical &amp; Supervisory (III to VII)</td>
<td>672</td>
<td>+2</td>
<td>+0.3%</td>
<td>-1</td>
</tr>
<tr>
<td>Management/ Admin</td>
<td>736</td>
<td>+7</td>
<td>+0.9%</td>
<td>+0</td>
</tr>
<tr>
<td>General Support</td>
<td>211</td>
<td>-6</td>
<td>-2.8%</td>
<td>+0</td>
</tr>
<tr>
<td>Patient &amp; Client Care</td>
<td>1,794</td>
<td>+18</td>
<td>+1.0%</td>
<td>+18</td>
</tr>
</tbody>
</table>

MLM CHO Direct Workforce Numbers by staff category

<table>
<thead>
<tr>
<th>MLMCHO</th>
<th>Medical / Dental</th>
<th>Nursing</th>
<th>Health and Social Care</th>
<th>Management / Admin</th>
<th>General Support</th>
<th>Patient and Client Care</th>
<th>Projected Dec 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care</td>
<td>141</td>
<td>409</td>
<td>341</td>
<td>404</td>
<td>29</td>
<td>131</td>
<td>1454</td>
</tr>
<tr>
<td>Social Care Disabilities</td>
<td>3</td>
<td>455</td>
<td>488</td>
<td>149</td>
<td>72</td>
<td>886</td>
<td>2053</td>
</tr>
<tr>
<td>Social Care Older Persons</td>
<td>11</td>
<td>341</td>
<td>28</td>
<td>71</td>
<td>47</td>
<td>620</td>
<td>1118</td>
</tr>
<tr>
<td>Mental Health</td>
<td>88</td>
<td>510</td>
<td>151</td>
<td>111</td>
<td>63</td>
<td>157</td>
<td>1080</td>
</tr>
</tbody>
</table>
### CHO 8 Employment by Division: Dec 2017

<table>
<thead>
<tr>
<th>Division</th>
<th>WTE Dec 2017</th>
<th>WTE change since Dec 16</th>
<th>% change since Dec 16</th>
<th>WTE change since Nov 17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>5,705</td>
<td>+69</td>
<td>+1.2%</td>
<td>+42</td>
</tr>
<tr>
<td>Mental Health</td>
<td>1,060</td>
<td>+39</td>
<td>+3.7%</td>
<td>-0</td>
</tr>
<tr>
<td>Primary Care</td>
<td>1,454</td>
<td>-21</td>
<td>-1.4%</td>
<td>+5</td>
</tr>
<tr>
<td>Disabilities</td>
<td>2,053</td>
<td>+91</td>
<td>+4.7%</td>
<td>+31</td>
</tr>
<tr>
<td>Older People</td>
<td>1,116</td>
<td>-40</td>
<td>-3.5%</td>
<td>+6</td>
</tr>
<tr>
<td>Social Care</td>
<td>3,171</td>
<td>+51</td>
<td>+1.6%</td>
<td>+37</td>
</tr>
</tbody>
</table>

### CHO 8 Employment by Division: Dec 2017

<table>
<thead>
<tr>
<th>Division</th>
<th>WTE Dec 2017</th>
<th>WTE change since Dec 16</th>
<th>% change since Dec 16</th>
<th>WTE change since Nov 17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>5,705</td>
<td>+69</td>
<td>+1.2%</td>
<td>+42</td>
</tr>
<tr>
<td>Mental Health</td>
<td>1,060</td>
<td>+39</td>
<td>+3.7%</td>
<td>-0</td>
</tr>
<tr>
<td>Primary Care</td>
<td>1,454</td>
<td>-21</td>
<td>-1.4%</td>
<td>+5</td>
</tr>
<tr>
<td>Disabilities</td>
<td>2,053</td>
<td>+91</td>
<td>+4.7%</td>
<td>+31</td>
</tr>
<tr>
<td>Older People</td>
<td>1,116</td>
<td>-40</td>
<td>-3.5%</td>
<td>+6</td>
</tr>
<tr>
<td>Social Care</td>
<td>3,171</td>
<td>+51</td>
<td>+1.6%</td>
<td>+37</td>
</tr>
</tbody>
</table>

### CHO 8 Employment by Administration (HSE / S38): December 2017

<table>
<thead>
<tr>
<th>Division</th>
<th>WTE Dec 2017</th>
<th>WTE change since Dec 16</th>
<th>% change since Dec 16</th>
<th>WTE change since Nov 17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>5,705</td>
<td>+69</td>
<td>+1.2%</td>
<td>+42</td>
</tr>
<tr>
<td>HSE</td>
<td>4,236</td>
<td>-24</td>
<td>-0.6%</td>
<td>+14</td>
</tr>
<tr>
<td>Section 38</td>
<td>1,469</td>
<td>+93</td>
<td>+6.8%</td>
<td>+29</td>
</tr>
</tbody>
</table>

![Pie chart showing 74.2% and 25.8%]
## Appendix 3: Scorecard and Performance Indicator Suite

### Health and Wellbeing Division

<table>
<thead>
<tr>
<th>Key Performance Indicators (KPIs) 2018</th>
<th>NSP / OP</th>
<th>Performance Area</th>
<th>Reporting Frequency</th>
<th>Reported at National / CHO / HG</th>
<th>National Target / Expected Activity 2017</th>
<th>National Projected Outturn 2017</th>
<th>National Target / Expected Activity 2018</th>
<th>CHO 8: Target / Expected Activity 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tobacco</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. of smokers who received intensive cessation support from a cessation counsellor</td>
<td>NSP</td>
<td>Access and Integration</td>
<td>M</td>
<td>National / CHO / HG</td>
<td>13,000</td>
<td>13,476</td>
<td>13,000</td>
<td>115</td>
</tr>
<tr>
<td><strong>HP&amp;I Physical Activity</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. of 5k Parkruns completed by the general public in community settings</td>
<td>OP</td>
<td>Access and Integration</td>
<td>M</td>
<td>CHO</td>
<td>240,000</td>
<td>330,794</td>
<td>377,011</td>
<td>33,780</td>
</tr>
<tr>
<td>No. of unique runners completing a 5k parkrun</td>
<td>OP</td>
<td>Access and Integration</td>
<td>M</td>
<td>CHO</td>
<td>138,000</td>
<td>179,350</td>
<td>197,172</td>
<td>18,199</td>
</tr>
<tr>
<td>No. of unique new first time runners completing a 5k parkrun</td>
<td>OP</td>
<td>Access and Integration</td>
<td>M</td>
<td>CHO</td>
<td>47,000</td>
<td>49,638</td>
<td>54,314</td>
<td>4,340</td>
</tr>
<tr>
<td><strong>HP&amp;I Schools</strong></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of primary schools trained to participate in the after schools activity programme - Be Active</td>
<td>OP</td>
<td>Access and Integration</td>
<td>Q</td>
<td>CHO</td>
<td>25.0%</td>
<td>26.4%</td>
<td>30.0%</td>
<td>30.0%</td>
</tr>
<tr>
<td>% of preschools participating in Smart Start</td>
<td>OP</td>
<td>Access and Integration</td>
<td>Q</td>
<td>CHO</td>
<td>20.0%</td>
<td>21.8%</td>
<td>25.0%</td>
<td>25.0%</td>
</tr>
<tr>
<td><strong>Chronic Disease Management</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. of people who have completed a structured patient education programme for diabetes</td>
<td>NSP</td>
<td>Access and Integration</td>
<td>M</td>
<td>CHO</td>
<td>2,440</td>
<td>2,055</td>
<td>4,500</td>
<td>605</td>
</tr>
<tr>
<td>No. of people attending a structured community based healthy cooking programme</td>
<td>OP</td>
<td>Access and Integration</td>
<td>M</td>
<td>CHO</td>
<td>4,400</td>
<td>6,126</td>
<td>4,400</td>
<td>900</td>
</tr>
<tr>
<td>% of PHNs trained by dietitians in the Nutrition Reference Pack for Infants 0-12 months</td>
<td>OP</td>
<td>Access and Integration</td>
<td>Q</td>
<td>CHO</td>
<td>50.0%</td>
<td>52.9%</td>
<td>50.0%</td>
<td>50.0%</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td><strong>Making Every Contact Count (MECC)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. of frontline Staff to complete the online Making Every Contact Count Training in brief intervention</td>
<td>NSP</td>
<td>Access and Integration</td>
<td>Q</td>
<td>National / CHO / HG</td>
<td>NEW KPI 2018</td>
<td>NEW KPI 2018</td>
<td>7,523</td>
<td>400</td>
</tr>
<tr>
<td>No. of frontline Staff to complete the Face to Face Module of the Making Every Contact Count Training in brief intervention</td>
<td>NSP</td>
<td>Access and Integration</td>
<td>Q</td>
<td>National / CHO / HG</td>
<td>NEW KPI 2018</td>
<td>NEW KPI 2018</td>
<td>1,505</td>
<td>80</td>
</tr>
<tr>
<td><strong>Immunisations</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% children aged 12 months who have received 3 doses Diphtheria (D3), Pertussis (P3), Tetanus (T3) vaccine Haemophilus influenzae type b (Hib3), Polio (Polio3) hepatitis B (HepB3) (6 in 1)</td>
<td>OP</td>
<td>Quality and Safety</td>
<td>Q-1Q</td>
<td>CHO</td>
<td>95.0%</td>
<td>90.8%</td>
<td>95.0%</td>
<td>95.0%</td>
</tr>
<tr>
<td>% children at 12 months of age who have received two doses of the Pneumococcal Conjugate vaccine (PCV2)</td>
<td>OP</td>
<td>Quality and Safety</td>
<td>Q-1Q</td>
<td>CHO</td>
<td>95.0%</td>
<td>90.4%</td>
<td>95.0%</td>
<td>95.0%</td>
</tr>
<tr>
<td>% children at 12 months of age who have received 1 dose of the Meningococcal group C vaccine (MenC1)</td>
<td>OP</td>
<td>Quality and Safety</td>
<td>Q-1Q</td>
<td>CHO</td>
<td>95.0%</td>
<td>94.5%</td>
<td>95.0%</td>
<td>95.0%</td>
</tr>
<tr>
<td>% children at 12 months of age who have received two doses of the Meningococcal group B vaccine (MenB2)</td>
<td>OP</td>
<td>Quality and Safety</td>
<td>Q-1Q</td>
<td>CHO</td>
<td>95.0%</td>
<td>95.0%</td>
<td>95.0%</td>
<td>95.0%</td>
</tr>
<tr>
<td>% children at 12 months of age who have received two doses of Rotavirus vaccine (Rota2)</td>
<td>OP</td>
<td>Quality and Safety</td>
<td>Q-1Q</td>
<td>CHO</td>
<td>95.0%</td>
<td>94.8%</td>
<td>95.0%</td>
<td>95.0%</td>
</tr>
<tr>
<td>% children aged 24 months who have received 3 doses Diphtheria (D3), Pertussis (P3), Tetanus (T3) vaccine, Haemophilus influenzae type b (Hib3), Polio (Polio3), hepatitis B (HepB3) (6 in 1)</td>
<td>NSP</td>
<td>Quality and Safety</td>
<td>Q-1Q</td>
<td>CHO</td>
<td>95.0%</td>
<td>94.8%</td>
<td>95.0%</td>
<td>95.0%</td>
</tr>
<tr>
<td>% children aged 24 months who have received 2 doses Meningococcal C (MenC2) vaccine</td>
<td>OP</td>
<td>Quality and Safety</td>
<td>Q-1Q</td>
<td>CHO</td>
<td>95.0%</td>
<td>86.0%</td>
<td>95.0%</td>
<td>95.0%</td>
</tr>
<tr>
<td>% children aged 24 months who have received 1 dose Haemophilus influenzae type B (Hib) vaccine</td>
<td>OP</td>
<td>Quality and Safety</td>
<td>Q-1Q</td>
<td>CHO</td>
<td>95.0%</td>
<td>90.1%</td>
<td>95.0%</td>
<td>95.0%</td>
</tr>
<tr>
<td>% children aged 24 months who have received 3 doses Pneumococcal Conjugate (PCV3) vaccine</td>
<td>OP</td>
<td>Quality and Safety</td>
<td>Q-1Q</td>
<td>CHO</td>
<td>95.0%</td>
<td>90.5%</td>
<td>95.0%</td>
<td>95.0%</td>
</tr>
<tr>
<td>% children aged 24 months who have received the Measles, Mumps, Rubella (MMR) vaccine (National Scorcard KPI - Child Health)</td>
<td>NSP</td>
<td>Quality and Safety</td>
<td>Q-1Q</td>
<td>CHO</td>
<td>95.0%</td>
<td>92.4%</td>
<td>95.0%</td>
<td>95.0%</td>
</tr>
<tr>
<td>% of children aged 24 months who have received three doses of the Meningococcal group B vaccine (MenB3)</td>
<td>OP</td>
<td>Quality and Safety</td>
<td>Q-1Q</td>
<td>CHO</td>
<td>NEW KPI 2018</td>
<td>NEW KPI 2018</td>
<td>95.0%</td>
<td>95.0%</td>
</tr>
<tr>
<td>% of children aged 24 months who have received two doses of the Rotavirus vaccine (Rota2)</td>
<td>OP</td>
<td>Quality and Safety</td>
<td>Q-1Q</td>
<td>CHO</td>
<td>NEW KPI 2018</td>
<td>NEW KPI 2018</td>
<td>95.0%</td>
<td>95.0%</td>
</tr>
<tr>
<td>% children in junior infants who have received 1 dose 4-in-1 vaccine (Diphtheria, Tetanus, Polio, Pertussis)</td>
<td>OP</td>
<td>Quality and Safety</td>
<td>A</td>
<td>CHO</td>
<td>95.0%</td>
<td>84.8%</td>
<td>95.0%</td>
<td>95.0%</td>
</tr>
<tr>
<td>% children in junior infants who have received 1 dose Measles, Mumps, Rubella (MMR) vaccine</td>
<td>OP</td>
<td>Quality and Safety</td>
<td>A</td>
<td>CHO</td>
<td>95.0%</td>
<td>84.7%</td>
<td>95.0%</td>
<td>95.0%</td>
</tr>
<tr>
<td>% first year students who have received 1 dose Tetanus, low dose Diphtheria, Acellular Pertussis (Tdap) vaccine</td>
<td>OP</td>
<td>Quality and Safety</td>
<td>A</td>
<td>CHO</td>
<td>95.0%</td>
<td>85.0%</td>
<td>95.0%</td>
<td>95.0%</td>
</tr>
<tr>
<td>% of first year girls who have received two doses of HPV Vaccine</td>
<td>NSP</td>
<td>Quality and Safety</td>
<td>A</td>
<td>CHO</td>
<td>85.0%</td>
<td>49.4%</td>
<td>85.0%</td>
<td>85.0%</td>
</tr>
<tr>
<td>% of first year students who have received one dose meningococcal C (MenC) vaccine</td>
<td>OP</td>
<td>Quality and Safety</td>
<td>A</td>
<td>CHO</td>
<td>95.0%</td>
<td>82.2%</td>
<td>95.0%</td>
<td>95.0%</td>
</tr>
<tr>
<td>% of health care workers who have received seasonal Flu vaccine in the 2017-2018 influenza season (long term care facilities in the community)</td>
<td>NSP</td>
<td>Quality and Safety</td>
<td>A</td>
<td>CHO</td>
<td>40.0%</td>
<td>33.7%</td>
<td>65.0%</td>
<td>65.0%</td>
</tr>
<tr>
<td>% uptake in Flu vaccine for those aged 65 and older with a medical card or GP visit card</td>
<td>NSP</td>
<td>Quality and Safety</td>
<td>A</td>
<td>CHO</td>
<td>75.0%</td>
<td>56.0%</td>
<td>75.0%</td>
<td>75.0%</td>
</tr>
</tbody>
</table>
Primary Care Scorecard and Performance Indicator Suite

Note: 2017 and 2018 expected activity and targets are assumed to be judged on a performance that is equal or greater than (≥) unless otherwise stated (i.e. if less than (<) or, less than or equal to symbol (≤) is included in the target).

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Performance Area</th>
<th>Reporting Period</th>
<th>NSP 2017 Expected Activity / Target</th>
<th>Projected Outturn 2017</th>
<th>Expected Activity / Target 2018</th>
<th>CHO 8</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Primary Care Services</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Intervention Teams</td>
<td>Quality and Safety</td>
<td>M</td>
<td>32,861</td>
<td>36,500</td>
<td>38,180</td>
<td>3,290</td>
</tr>
<tr>
<td>No. of referrals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Admission Avoidance (includes OPAT)</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Hospital Avoidance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Early Discharge (includes OPAT)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unscheduled Referrals from community sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Amendment Act: Services to persons with State Acquired Hepatitis C</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>No. of Health Amendment Act card holders who were reviewed</td>
<td></td>
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<td></td>
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<tr>
<td>Healthcare Associated Infections: Medication Management</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consumption of antibiotics in community settings (defined daily doses per 1,000 population)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nursing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. of patients seen</td>
<td></td>
<td></td>
<td>898,944</td>
<td>743,605</td>
<td>743,605</td>
<td>83,379</td>
</tr>
<tr>
<td>% of new patients accepted onto the nursing caseload and seen within 12 weeks</td>
<td></td>
<td></td>
<td>100%</td>
<td>96%</td>
<td>96%</td>
<td>96%</td>
</tr>
<tr>
<td>Therapies / Community Healthcare Network Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total no. of patients seen</td>
<td></td>
<td></td>
<td>1,549,256</td>
<td>1,517,489</td>
<td>1,524,864</td>
<td>211,949</td>
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<tr>
<td>Physiotherapy</td>
<td>Access and Integration</td>
<td>M</td>
<td>613,320</td>
<td>581,661</td>
<td>581,661</td>
<td>82,708</td>
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<tr>
<td>No. of patients seen</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of new patients seen for assessment within 12 weeks</td>
<td></td>
<td></td>
<td>81%</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>% on waiting list for assessment ≤52 weeks</td>
<td></td>
<td></td>
<td>98%</td>
<td>93%</td>
<td>93%</td>
<td>93%</td>
</tr>
<tr>
<td>Occupational Therapy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. of patients seen</td>
<td></td>
<td></td>
<td>338,705</td>
<td>334,139</td>
<td>336,836</td>
<td>50,981</td>
</tr>
<tr>
<td>% of new service users seen for assessment within 12 weeks</td>
<td></td>
<td></td>
<td>72%</td>
<td>68%</td>
<td>68%</td>
<td>68%</td>
</tr>
<tr>
<td>% on waiting list for assessment ≤52 weeks</td>
<td></td>
<td></td>
<td>92%</td>
<td>77%</td>
<td>85%</td>
<td>85%</td>
</tr>
<tr>
<td>Speech and Language Therapy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. of patients seen</td>
<td></td>
<td></td>
<td>265,182</td>
<td>278,862</td>
<td>279,803</td>
<td>41,223</td>
</tr>
</tbody>
</table>
### Primary Care Services

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Performance Area</th>
<th>Reporting Period</th>
<th>NSP 2017 Expected Activity / Target</th>
<th>Projected Outturn 2017</th>
<th>Expected Activity / Target 2018</th>
<th>CHO 8</th>
</tr>
</thead>
<tbody>
<tr>
<td>% on waiting list for assessment ≤52 weeks</td>
<td></td>
<td></td>
<td>100%</td>
<td>96%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>% on waiting list for treatment ≤52 weeks</td>
<td></td>
<td></td>
<td>100%</td>
<td>94%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

#### Podiatry

<table>
<thead>
<tr>
<th>No. of patients seen</th>
<th>74,952</th>
<th>74,206</th>
<th>74,206</th>
<th>10,756</th>
</tr>
</thead>
<tbody>
<tr>
<td>% on waiting list for treatment ≤12 weeks</td>
<td>44%</td>
<td>26%</td>
<td>26%</td>
<td>26%</td>
</tr>
<tr>
<td>% on waiting list for treatment ≤52 weeks</td>
<td>88%</td>
<td>77%</td>
<td>77%</td>
<td>77%</td>
</tr>
</tbody>
</table>

#### Ophthalmology

<table>
<thead>
<tr>
<th>No. of patients seen</th>
<th>97,150</th>
<th>96,404</th>
<th>96,404</th>
<th>5,801</th>
</tr>
</thead>
<tbody>
<tr>
<td>% on waiting list for treatment ≤12 weeks</td>
<td>50%</td>
<td>26%</td>
<td>26%</td>
<td>26%</td>
</tr>
<tr>
<td>% on waiting list for treatment ≤52 weeks</td>
<td>81%</td>
<td>66%</td>
<td>66%</td>
<td>66%</td>
</tr>
</tbody>
</table>

#### Audiology

<table>
<thead>
<tr>
<th>No. of patients seen</th>
<th>56,834</th>
<th>52,548</th>
<th>52,548</th>
<th>3,993</th>
</tr>
</thead>
<tbody>
<tr>
<td>% on waiting list for treatment ≤12 weeks</td>
<td>50%</td>
<td>41%</td>
<td>41%</td>
<td>41%</td>
</tr>
<tr>
<td>% on waiting list for treatment ≤52 weeks</td>
<td>95%</td>
<td>88%</td>
<td>88%</td>
<td>88%</td>
</tr>
</tbody>
</table>

#### Dietetics

<table>
<thead>
<tr>
<th>No. of patients seen</th>
<th>65,217</th>
<th>63,382</th>
<th>63,382</th>
<th>5,801</th>
</tr>
</thead>
<tbody>
<tr>
<td>% on waiting list for treatment ≤12 weeks</td>
<td>48%</td>
<td>37%</td>
<td>37%</td>
<td>37%</td>
</tr>
<tr>
<td>% on waiting list for treatment ≤52 weeks</td>
<td>96%</td>
<td>79%</td>
<td>79%</td>
<td>79%</td>
</tr>
</tbody>
</table>

#### Psychology

<table>
<thead>
<tr>
<th>No. of patients seen</th>
<th>37,896</th>
<th>36,287</th>
<th>40,024</th>
<th>9,497</th>
</tr>
</thead>
<tbody>
<tr>
<td>% on waiting list for treatment ≤12 weeks</td>
<td>60%</td>
<td>26%</td>
<td>36%</td>
<td>36%</td>
</tr>
<tr>
<td>% on waiting list for treatment ≤52 weeks</td>
<td>100%</td>
<td>71%</td>
<td>81%</td>
<td>81%</td>
</tr>
</tbody>
</table>

#### Oral Health

| % of new patients who commenced treatment within three months of scheduled oral health assessment | 88% | 92% | 92% | 92% |

| Reduce the proportion of patients (grades 4 and 5) on the treatment waiting list waiting longer than four years | Access and Integration | <5% | 4% | <1% | <1% |

#### Child Health

| % of children reaching 10 months within the reporting period who have had child development health screening on time or before reaching 10 months of age | Quality and Safety | 95% | 93% | 95% | 95% |

| % of newborn babies visited by a PHN within 72 hours of discharge from maternity services | Q | 98% | 98% | 98% | 98% |

| % of babies breastfed (exclusively and not exclusively) at first PHN visit | Q (1 Qtr in arrears) | 58% | 55% | 58% | 58% |

| % of babies breastfed exclusively at first PHN visit | New NSP PI 2018 | New NSP PI 2018 | 48% | 48% |

| % of babies breastfed (exclusively and not exclusively) at three month PHN visit | 40% | 39% | 40% | 40% |
### Primary Care Services

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Performance Area</th>
<th>Reporting Period</th>
<th>NSP 2017 Expected Activity / Target</th>
<th>Projected Outturn 2017</th>
<th>Expected Activity / Target 2018</th>
<th>CHO 8</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of babies breastfed exclusively at three month PHN visit</td>
<td></td>
<td></td>
<td>New NSP PI 2018</td>
<td>New NSP PI 2018</td>
<td>30%</td>
<td>30%</td>
</tr>
</tbody>
</table>

### Social Inclusion Services

#### Opioid Substitution

<table>
<thead>
<tr>
<th>No. of clients in receipt of opioid substitution treatment (outside prisons)</th>
<th>Access and Integration</th>
<th>M (1 Mth in arrears)</th>
<th>9,700</th>
<th>9,748</th>
<th>10,028</th>
<th>684</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average waiting time from referral to assessment for opioid substitution treatment</td>
<td></td>
<td>4 days</td>
<td>3 days</td>
<td>3 days</td>
<td>3 days</td>
<td></td>
</tr>
<tr>
<td>Average waiting time from opioid substitution assessment to exit from waiting list or treatment commenced</td>
<td></td>
<td>28 days</td>
<td>16 days</td>
<td>28 days</td>
<td>28 days</td>
<td></td>
</tr>
</tbody>
</table>

#### Needle Exchange

<table>
<thead>
<tr>
<th>No. of unique individuals attending pharmacy needle exchange</th>
<th>Quality and Safety</th>
<th>Q (1 Qtr in arrears)</th>
<th>1,647</th>
<th>1,628</th>
<th>1,628</th>
<th>509</th>
</tr>
</thead>
</table>

#### Homeless Services

<table>
<thead>
<tr>
<th>No. of service users admitted to homeless emergency accommodation hostels / facilities whose health needs have been assessed within two weeks of admission</th>
<th>Quality and Safety</th>
<th>Q (1 Qtr in arrears)</th>
<th>1,272</th>
<th>1,035</th>
<th>1,035</th>
<th>114</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of service users admitted to homeless emergency accommodation hostels / facilities whose health needs have been assessed within two weeks of admission</td>
<td></td>
<td>85%</td>
<td>73%</td>
<td>73%</td>
<td>73%</td>
<td></td>
</tr>
</tbody>
</table>

#### Traveller Health

<table>
<thead>
<tr>
<th>No. of people who received information on type 2 diabetes or participated in related initiatives</th>
<th>Quality and Safety</th>
<th>Q (1 Qtr in arrears)</th>
<th>New NSP PI 2018</th>
<th>New NSP PI 2018</th>
<th>3,735</th>
<th>662</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of people who received information on cardiovascular health or participated in related initiatives</td>
<td></td>
<td>New NSP PI 2018</td>
<td>New NSP PI 2018</td>
<td>3,735</td>
<td>662</td>
<td></td>
</tr>
</tbody>
</table>

#### Substance Misuse

<table>
<thead>
<tr>
<th>No. and % of substance misusers (over 18 years) for whom treatment has commenced within one calendar month following assessment</th>
<th>Access and Integration</th>
<th>100%</th>
<th>4,298</th>
<th>98%</th>
<th>4,946</th>
<th>100%</th>
<th>507</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. and % of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment</td>
<td></td>
<td>100%</td>
<td>326</td>
<td>98%</td>
<td>333</td>
<td>100%</td>
<td>78</td>
</tr>
</tbody>
</table>

### Palliative Care Services

#### Community Palliative Care Services

<table>
<thead>
<tr>
<th>No. of patients who received specialist palliative care treatment in their normal place of residence in the month</th>
<th>Access and Integration</th>
<th>3,620</th>
<th>3,349</th>
<th>3,376</th>
<th>437</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to specialist palliative care services in the community provided within seven days (normal place of residence)</td>
<td></td>
<td>95%</td>
<td>93%</td>
<td>95%</td>
<td>95%</td>
</tr>
</tbody>
</table>
## Primary Care Services

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Performance Area</th>
<th>Reporting Period</th>
<th>NSP 2017 Expected Activity / Target</th>
<th>Projected Outturn</th>
<th>Expected Activity / Target 2018</th>
<th>CHO 8</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of patients triaged within one working day of referral (community)</td>
<td>Quality and Safety</td>
<td></td>
<td></td>
<td>90%</td>
<td>94%</td>
<td>94%</td>
</tr>
<tr>
<td>Children’s Palliative Care Services</td>
<td>Access and Integration</td>
<td></td>
<td></td>
<td>269</td>
<td>292</td>
<td>280</td>
</tr>
<tr>
<td>No. of children in the care of the acute specialist paediatric palliative care team (during the reporting month)</td>
<td>Access and Integration</td>
<td></td>
<td></td>
<td>20</td>
<td>97</td>
<td>97</td>
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</tbody>
</table>

## 2018 Primary Care – Full Metrics/KPI Suite (All metrics highlighted in yellow background are those that are included in the Balance Scorecard)

<table>
<thead>
<tr>
<th>Key Performance Indicators Service Planning 2018</th>
<th>NSP/ DOP</th>
<th>Performance Area</th>
<th>Reporting Period</th>
<th>2017 National Target / Expected Activity</th>
<th>2017 Projected outturn</th>
<th>2018 National Target / Expected Activity</th>
<th>Reported at National/ CHO / HG</th>
<th>CHO 8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Intervention Teams Referrals by referral category</td>
<td>NSP/ DOP</td>
<td>Quality and Safety</td>
<td>M</td>
<td>1,187</td>
<td>753</td>
<td>1,186</td>
<td>CHO</td>
<td>174</td>
</tr>
<tr>
<td>Admission Avoidance (includes OPAT)</td>
<td>NSP</td>
<td>Quality and Safety</td>
<td>M</td>
<td>21,629</td>
<td>28,819</td>
<td>28,417</td>
<td>CHO</td>
<td>2,137</td>
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<tr>
<td>Hospital Avoidance</td>
<td>NSP</td>
<td>Quality and Safety</td>
<td>M</td>
<td>6,072</td>
<td>4,903</td>
<td>5,997</td>
<td>CHO</td>
<td>501</td>
</tr>
<tr>
<td>Early discharge (includes OPAT)</td>
<td>NSP</td>
<td>Quality and Safety</td>
<td>M</td>
<td>3,972</td>
<td>2,025</td>
<td>2,580</td>
<td>CHO</td>
<td>478</td>
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<tr>
<td>Unscheduled referrals from community sources</td>
<td>NSP</td>
<td>Quality and Safety</td>
<td>M</td>
<td>≤5%</td>
<td>3.80%</td>
<td>≤5%</td>
<td>HG</td>
<td>≤5%</td>
</tr>
<tr>
<td>Outpatient Parenteral Antimicrobial Therapy (OPAT) Re-admission rate %</td>
<td>DOP</td>
<td>Access and Integration</td>
<td>M</td>
<td>1,680</td>
<td>1,074</td>
<td>1,654</td>
<td>CHO</td>
<td>171</td>
</tr>
<tr>
<td>KPI Title</td>
<td>NSP/DOP</td>
<td>Performance Area</td>
<td>Reporting Period</td>
<td>2017 National Target / Expected Activity</td>
<td>2017 Projected outturn</td>
<td>2018 National Target / Expected Activity</td>
<td>Reported at National / CHO / HG</td>
<td>CHO 8</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
<td>---------</td>
<td>------------------</td>
<td>------------------</td>
<td>------------------------------------------</td>
<td>------------------------</td>
<td>------------------------------------------</td>
<td>--------------------------------</td>
<td>-------</td>
</tr>
<tr>
<td><strong>Physiotherapy</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. of physiotherapy patient referrals</td>
<td>DOP</td>
<td>Access and Integration</td>
<td>M</td>
<td>197,592</td>
<td>197,299</td>
<td>197,299</td>
<td>CHO 27,400</td>
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</tr>
<tr>
<td>No. of physiotherapy patients seen for a first time assessment</td>
<td>DOP</td>
<td>Access and Integration</td>
<td>M</td>
<td>163,596</td>
<td>162,552</td>
<td>162,554</td>
<td>CHO 22,292</td>
<td></td>
</tr>
<tr>
<td>No. of physiotherapy patients treated in the reporting month</td>
<td>DOP</td>
<td>Access and Integration</td>
<td>M</td>
<td>37,477</td>
<td>34,927</td>
<td>34,927</td>
<td>CHO 5,035</td>
<td></td>
</tr>
<tr>
<td>(monthly target)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. of physiotherapy service face to face contacts/visits</td>
<td>DOP</td>
<td>Access and Integration</td>
<td>M</td>
<td>756,000</td>
<td>726,725</td>
<td>726,724</td>
<td>CHO 101,940</td>
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<tr>
<td>Total no. of physiotherapy patients on the assessment waiting list</td>
<td>DOP</td>
<td>Access and Integration</td>
<td>M</td>
<td>30,454</td>
<td>35,429</td>
<td>35,429</td>
<td>CHO 5,817</td>
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</tr>
<tr>
<td>at the end of the reporting period</td>
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<td></td>
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</tr>
<tr>
<td>% of new physiotherapy patients seen for assessment within 12 weeks</td>
<td>NSP</td>
<td>Access and Integration</td>
<td>M</td>
<td>81%</td>
<td>80%</td>
<td>80%</td>
<td>CHO 80%</td>
<td></td>
</tr>
<tr>
<td>% of physiotherapy patients on waiting list for assessment ≤ 26 weeks</td>
<td>DOP</td>
<td>Access and Integration</td>
<td>M</td>
<td>88%</td>
<td>80%</td>
<td>80%</td>
<td>CHO 80%</td>
<td></td>
</tr>
<tr>
<td>% of physiotherapy patients on waiting list for assessment ≤ 39 weeks</td>
<td>DOP</td>
<td>Access and Integration</td>
<td>M</td>
<td>95%</td>
<td>89%</td>
<td>89%</td>
<td>CHO 89%</td>
<td></td>
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<tr>
<td>% of physiotherapy patients on waiting list for assessment ≤ to 52 weeks</td>
<td>NSP</td>
<td>Access and Integration</td>
<td>M</td>
<td>98%</td>
<td>93%</td>
<td>93%</td>
<td>CHO 93%</td>
<td></td>
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<tr>
<td><strong>Occupational Therapy</strong></td>
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<tr>
<td>No. of occupational therapy service user referrals</td>
<td>DOP</td>
<td>Access and Integration</td>
<td>M</td>
<td>93,264</td>
<td>90,961</td>
<td>90,961</td>
<td>CHO 15,093</td>
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<tr>
<td>No. of new occupational therapy service users seen for a first</td>
<td>DOP</td>
<td>Access and Integration</td>
<td>M</td>
<td>90,605</td>
<td>88,003</td>
<td>90,700</td>
<td>CHO 12,772</td>
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<tr>
<td>assessment</td>
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</tr>
<tr>
<td>No. of occupational therapy service users treated (direct and indirect)</td>
<td>DOP</td>
<td>Access and Integration</td>
<td>M</td>
<td>20,675</td>
<td>20,513</td>
<td>20,513</td>
<td>CHO 3,184</td>
<td></td>
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<tr>
<td>monthly target</td>
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</tr>
<tr>
<td>Total no. of occupational therapy service users on the assessment</td>
<td>DOP</td>
<td>Access and Integration</td>
<td>M</td>
<td>25,874</td>
<td>30,258</td>
<td>30,258</td>
<td>CHO 5,655</td>
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<tr>
<td>waiting list at the end of the reporting period</td>
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<td></td>
<td></td>
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<td></td>
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<tr>
<td>% of new occupational therapy service users seen for</td>
<td>NSP</td>
<td>Access and Integration</td>
<td>M</td>
<td>72%</td>
<td>68%</td>
<td>68%</td>
<td>CHO 68%</td>
<td></td>
</tr>
<tr>
<td>assessment within 12 weeks</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>% of occupational therapy service users on waiting list for assessment</td>
<td>DOP</td>
<td>Access and Integration</td>
<td>M</td>
<td>59%</td>
<td>54%</td>
<td>54%</td>
<td>CHO 54%</td>
<td></td>
</tr>
<tr>
<td>≤ 26 weeks</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>% of occupational therapy service users on waiting list for assessment</td>
<td>DOP</td>
<td>Access and Integration</td>
<td>M</td>
<td>73%</td>
<td>67%</td>
<td>67%</td>
<td>CHO 67%</td>
<td></td>
</tr>
<tr>
<td>≤ 39 weeks</td>
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<td></td>
</tr>
<tr>
<td>% of occupational therapy service users on waiting list for assessment</td>
<td>NSP</td>
<td>Access and Integration</td>
<td>M</td>
<td>92%</td>
<td>77%</td>
<td>85%</td>
<td>CHO 85%</td>
<td></td>
</tr>
<tr>
<td>≤ to 52 weeks</td>
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<td></td>
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<td></td>
</tr>
<tr>
<td><strong>Primary Care – Speech and Language Therapy</strong></td>
<td></td>
<td></td>
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<tr>
<td>KPI Title</td>
<td>NSP/DOP</td>
<td>Performance Area</td>
<td>Reporting Period</td>
<td>2017 National Target / Expected Activity</td>
<td>2017 Projected outcome</td>
<td>2018 National Target / Expected Activity</td>
<td>Reported at National/ CHO / HG</td>
<td>2018 Expected Activity / Target</td>
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<tr>
<td>-------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>No. of speech and language therapy patient referrals</td>
<td>DOP</td>
<td>Access and Integration</td>
<td>M</td>
<td>52,584</td>
<td>51,763</td>
<td>51,763</td>
<td>CHO</td>
<td>7,992</td>
</tr>
<tr>
<td>Existing speech and language therapy patients seen in the month</td>
<td>DOP</td>
<td>Access and Integration</td>
<td>M</td>
<td>16,958</td>
<td>19,477</td>
<td>19,515</td>
<td>CHO</td>
<td>2,847</td>
</tr>
<tr>
<td>New speech and language therapy patients seen for initial assessment</td>
<td>DOP</td>
<td>Access and Integration</td>
<td>M</td>
<td>44,040</td>
<td>45,145</td>
<td>45,631</td>
<td>CHO</td>
<td>7,065</td>
</tr>
<tr>
<td>Total no. of speech and language therapy patients waiting initial assessment at end of the reporting period</td>
<td>DOP</td>
<td>Access and Integration</td>
<td>M</td>
<td>14,164</td>
<td>13,359</td>
<td>13,359</td>
<td>CHO</td>
<td>2,093</td>
</tr>
<tr>
<td>Total no. of speech and language therapy patients waiting initial therapy at end of the reporting period</td>
<td>DOP</td>
<td>Access and Integration</td>
<td>M</td>
<td>8,823</td>
<td>8,008</td>
<td>8,008</td>
<td>CHO</td>
<td>660</td>
</tr>
<tr>
<td>% of speech and language therapy patients on waiting list for assessment ≤ to 52 weeks</td>
<td>NSP</td>
<td>Access and Integration</td>
<td>M</td>
<td>100%</td>
<td>96%</td>
<td>100%</td>
<td>CHO</td>
<td>100%</td>
</tr>
<tr>
<td>% of speech and language therapy patients on waiting list for treatment ≤ to 52 weeks</td>
<td>NSP</td>
<td>Access and Integration</td>
<td>M</td>
<td>100%</td>
<td>94%</td>
<td>100%</td>
<td>CHO</td>
<td>100%</td>
</tr>
<tr>
<td>Primary Care – Speech and Language Therapy Service Improvement Initiative</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>New speech and language therapy patients seen for initial assessment</td>
<td>DOP</td>
<td>Access and Integration</td>
<td>M</td>
<td>17,646</td>
<td>5,659</td>
<td>5,659</td>
<td>CHO</td>
<td>832</td>
</tr>
<tr>
<td>No. of speech and language therapy initial therapy appointments</td>
<td>DOP</td>
<td>Access and Integration</td>
<td>M</td>
<td>43,210</td>
<td>18,940</td>
<td>18,940</td>
<td>CHO</td>
<td>3,379</td>
</tr>
<tr>
<td>No. of speech and language therapy further therapy appointments</td>
<td>DOP</td>
<td>Access and Integration</td>
<td>M</td>
<td>39,316</td>
<td>21,732</td>
<td>21,732</td>
<td>CHO</td>
<td>951</td>
</tr>
<tr>
<td>Primary Care – Podiatry</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>No. of podiatry patient referrals</td>
<td>DOP</td>
<td>Access and Integration</td>
<td>M</td>
<td>11,148</td>
<td>10,749</td>
<td>10,749</td>
<td>CHO</td>
<td>3,091</td>
</tr>
<tr>
<td>Existing podiatry patients seen in the month</td>
<td>DOP</td>
<td>Access and Integration</td>
<td>M</td>
<td>5,454</td>
<td>5,656</td>
<td>5,656</td>
<td>CHO</td>
<td>811</td>
</tr>
<tr>
<td>New podiatry patients seen</td>
<td>DOP</td>
<td>Access and Integration</td>
<td>M</td>
<td>9,504</td>
<td>6,339</td>
<td>6,339</td>
<td>CHO</td>
<td>1,023</td>
</tr>
<tr>
<td>Total no. of podiatry patients on the treatment waiting list at the end of the reporting period</td>
<td>DOP</td>
<td>Access and Integration</td>
<td>M</td>
<td>2,699</td>
<td>4,145</td>
<td>4,145</td>
<td>CHO</td>
<td>563</td>
</tr>
<tr>
<td>% of podiatry patients on waiting list for treatment ≤ 12 weeks</td>
<td>NSP</td>
<td>Access and Integration</td>
<td>M</td>
<td>44%</td>
<td>26%</td>
<td>26%</td>
<td>CHO</td>
<td>26%</td>
</tr>
<tr>
<td>% of podiatry patients on waiting list for treatment ≤ 26 weeks</td>
<td>DOP</td>
<td>Access and Integration</td>
<td>M</td>
<td>62%</td>
<td>43%</td>
<td>43%</td>
<td>CHO</td>
<td>43%</td>
</tr>
<tr>
<td>% of podiatry patients on waiting list for treatment ≤ 39 weeks</td>
<td>DOP</td>
<td>Access and Integration</td>
<td>M</td>
<td>71%</td>
<td>61%</td>
<td>61%</td>
<td>CHO</td>
<td>61%</td>
</tr>
<tr>
<td>% of podiatry patients on waiting list for treatment ≤ to 52 weeks</td>
<td>NSP</td>
<td>Access and Integration</td>
<td>M</td>
<td>88%</td>
<td>77%</td>
<td>77%</td>
<td>CHO</td>
<td>77%</td>
</tr>
<tr>
<td>KPI Title</td>
<td>NSP/DOP</td>
<td>Performance Area</td>
<td>Reporting Period</td>
<td>2017 National Target / Expected Activity</td>
<td>2018 National Target / Expected Activity</td>
<td>Reported at National/CHO/HG</td>
<td>CHO 8</td>
<td></td>
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<td>--------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>No. of patients with diabetic active foot disease treated in the reporting month</td>
<td>DOP</td>
<td>Quality and Safety</td>
<td>M</td>
<td>166</td>
<td>462</td>
<td>CHO 39</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. of treatment contacts for diabetic active foot disease in the reporting month</td>
<td>DOP</td>
<td>Access and Integration</td>
<td>M</td>
<td>667</td>
<td>815</td>
<td>CHO 100</td>
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<tr>
<td><strong>Primary Care – Ophthalmology</strong></td>
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<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>No. of ophthalmology patient referrals</td>
<td>DOP</td>
<td>Access and Integration</td>
<td>M</td>
<td>28,452</td>
<td>28,286</td>
<td>CHO 2,579</td>
<td></td>
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<tr>
<td>Existing ophthalmology patients seen in the month</td>
<td>DOP</td>
<td>Access and Integration</td>
<td>M</td>
<td>5,281</td>
<td>5,923</td>
<td>CHO 397</td>
<td></td>
<td></td>
</tr>
<tr>
<td>New ophthalmology patients seen</td>
<td>DOP</td>
<td>Access and Integration</td>
<td>M</td>
<td>33,779</td>
<td>25,314</td>
<td>CHO 1,036</td>
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</tr>
<tr>
<td>Total no. of ophthalmology patients on the treatment waiting list at the end of the reporting period</td>
<td>DOP</td>
<td>Access and Integration</td>
<td>M</td>
<td>16,090</td>
<td>20,748</td>
<td>CHO 702</td>
<td></td>
<td></td>
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<tr>
<td>% of ophthalmology patients on waiting list for treatment ≤ 12 weeks</td>
<td>NSP</td>
<td>Access and Integration</td>
<td>M</td>
<td>50%</td>
<td>26%</td>
<td>CHO 26%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of ophthalmology patients on waiting list for treatment ≤ 26 weeks</td>
<td>DOP</td>
<td>Access and Integration</td>
<td>M</td>
<td>58%</td>
<td>46%</td>
<td>CHO 46%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of ophthalmology patients on waiting list for treatment ≤ 39 weeks</td>
<td>DOP</td>
<td>Access and Integration</td>
<td>M</td>
<td>61%</td>
<td>58%</td>
<td>CHO 58%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of ophthalmology patients on waiting list for treatment ≤ 52 weeks</td>
<td>NSP</td>
<td>Access and Integration</td>
<td>M</td>
<td>81%</td>
<td>66%</td>
<td>CHO 66%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Primary Care – Audiology</strong></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>No. of audiology patient referrals</td>
<td>DOP</td>
<td>Access and Integration</td>
<td>M</td>
<td>22,620</td>
<td>21,139</td>
<td>CHO 2,389</td>
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</tr>
<tr>
<td>Existing audiology patients seen in the month</td>
<td>DOP</td>
<td>Access and Integration</td>
<td>M</td>
<td>2,740</td>
<td>2,899</td>
<td>CHO 238</td>
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<td></td>
</tr>
<tr>
<td>New audiology patients seen</td>
<td>DOP</td>
<td>Access and Integration</td>
<td>M</td>
<td>23,954</td>
<td>17,765</td>
<td>CHO 1,140</td>
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<tr>
<td>Total no. of audiology patients on the treatment waiting list at the end of the reporting period</td>
<td>DOP</td>
<td>Access and Integration</td>
<td>M</td>
<td>14,650</td>
<td>14,693</td>
<td>CHO 2,488</td>
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<td></td>
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<tr>
<td>No. of audiology patients on the treatment waiting list at the end of the reporting period 0 - ≤ 12 weeks</td>
<td>DOP</td>
<td>Access and Integration</td>
<td>M</td>
<td>No target</td>
<td>6,001</td>
<td>CHO No target</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of audiology patients on waiting list for treatment ≤ 12 weeks</td>
<td>NSP</td>
<td>Access and Integration</td>
<td>M</td>
<td>50%</td>
<td>41%</td>
<td>CHO 41%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of audiology patients on waiting list for treatment ≤ 26 weeks</td>
<td>DOP</td>
<td>Access and Integration</td>
<td>M</td>
<td>64%</td>
<td>64%</td>
<td>CHO 64%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of audiology patients on waiting list for treatment ≤ 39 weeks</td>
<td>DOP</td>
<td>Access and Integration</td>
<td>M</td>
<td>76%</td>
<td>78%</td>
<td>CHO 78%</td>
<td></td>
<td></td>
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<tr>
<td>KPI Title</td>
<td>NSP/DOP</td>
<td>Performance Area</td>
<td>Reporting Period</td>
<td>2017 National Target / Expected Activity</td>
<td>2017 Projected Outturn</td>
<td>2018 National Target / Expected Activity</td>
<td>Reported at National / CHO / HG</td>
<td>CHO 8</td>
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<td>--------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>% of audiology patients on waiting list for treatment ≤ to 52 weeks</td>
<td>NSP</td>
<td>Access and Integration</td>
<td>M</td>
<td>95%</td>
<td>88%</td>
<td>88%</td>
<td>CHO 8</td>
<td>88%</td>
</tr>
<tr>
<td>National Newborn Hearing Screening Programme</td>
<td>DOP</td>
<td>Access and Integration</td>
<td>Q, 1 Qtr in Arrears</td>
<td>New 2018</td>
<td>New 2018</td>
<td>64,027 &gt;95%</td>
<td>National. CHO number baseline to be established in 2018</td>
<td>&gt;95%</td>
</tr>
<tr>
<td>Total no. and % of eligible babies whose screening was complete by four weeks</td>
<td>DOP</td>
<td>Access and Integration</td>
<td>Q, 1 Qtr in Arrears</td>
<td>New 2018</td>
<td>New 2018</td>
<td>90</td>
<td>CHO 10</td>
<td>10</td>
</tr>
<tr>
<td>No. of babies identified with primary childhood hearing impairment referred to audiology services from the screening programme</td>
<td>DOP</td>
<td>Access and Integration</td>
<td>Q, 1 Qtr in Arrears</td>
<td>New 2018</td>
<td>New 2018</td>
<td>71 ≥80%</td>
<td>CHO 8</td>
<td>8 ≥80%</td>
</tr>
<tr>
<td>No. and % of babies from screening programme identified with a hearing loss by six months of age</td>
<td>DOP</td>
<td>Quality and Safety</td>
<td>Q, 1 Qtr in Arrears</td>
<td>New 2018</td>
<td>New 2018</td>
<td>90</td>
<td>CHO 10</td>
<td>10</td>
</tr>
<tr>
<td>Primary Care – Dietetics</td>
<td>DOP</td>
<td>Access and Integration</td>
<td>M</td>
<td>31,884</td>
<td>34,015</td>
<td>34,015</td>
<td>CHO 4,399</td>
<td>4,399</td>
</tr>
<tr>
<td>No. of dietetic patient referrals</td>
<td>DOP</td>
<td>Access and Integration</td>
<td>M</td>
<td>13,212</td>
<td>12,480</td>
<td>12,480</td>
<td>CHO 2,864</td>
<td>2,864</td>
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<tr>
<td>Existing dietetic patients seen in the month</td>
<td>DOP</td>
<td>Access and Integration</td>
<td>M</td>
<td>3,400</td>
<td>3,459</td>
<td>3,459</td>
<td>CHO 371</td>
<td>371</td>
</tr>
<tr>
<td>New dietetic patients seen</td>
<td>DOP</td>
<td>Access and Integration</td>
<td>M</td>
<td>23,457</td>
<td>21,873</td>
<td>21,873</td>
<td>CHO 2,539</td>
<td>2,539</td>
</tr>
<tr>
<td>Total no. of dietetic patients on the treatment waiting list at the end of the reporting period</td>
<td>DOP</td>
<td>Access and Integration</td>
<td>M</td>
<td>8,843</td>
<td>14,241</td>
<td>14,241</td>
<td>CHO 2,350</td>
<td>2,350</td>
</tr>
<tr>
<td>% of dietetic patients on waiting list for treatment ≤ 12 weeks</td>
<td>NSP</td>
<td>Access and Integration</td>
<td>M</td>
<td>48%</td>
<td>37%</td>
<td>37%</td>
<td>CHO 37%</td>
<td>37%</td>
</tr>
<tr>
<td>% of dietetic patients on waiting list for treatment ≤ 26 weeks</td>
<td>DOP</td>
<td>Access and Integration</td>
<td>M</td>
<td>70%</td>
<td>59%</td>
<td>59%</td>
<td>CHO 59%</td>
<td>59%</td>
</tr>
<tr>
<td>% of dietetic patients on waiting list for treatment ≤ 39 weeks</td>
<td>DOP</td>
<td>Access and Integration</td>
<td>M</td>
<td>80%</td>
<td>71%</td>
<td>71%</td>
<td>CHO 71%</td>
<td>71%</td>
</tr>
<tr>
<td>% of dietetic patients on waiting list for treatment ≤ to 52 weeks</td>
<td>NSP</td>
<td>Access and Integration</td>
<td>M</td>
<td>96%</td>
<td>79%</td>
<td>79%</td>
<td>CHO 79%</td>
<td>79%</td>
</tr>
<tr>
<td>Primary Care – Psychology</td>
<td>DOP</td>
<td>Access and Integration</td>
<td>M</td>
<td>13,212</td>
<td>12,480</td>
<td>12,480</td>
<td>CHO 2,864</td>
<td>2,864</td>
</tr>
<tr>
<td>No. of psychology patient referrals</td>
<td>DOP</td>
<td>Access and Integration</td>
<td>M</td>
<td>2,312</td>
<td>2,240</td>
<td>2,240</td>
<td>CHO 609</td>
<td>609</td>
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<tr>
<td>KPI Title</td>
<td>NSP/ DOP</td>
<td>Performance Area</td>
<td>Reporting Period</td>
<td>2017 National Target / Expected Activity</td>
<td>2017 Projected outturn</td>
<td>2018 National Target / Expected Activity</td>
<td>Reported at National/ CHO / HG</td>
<td>CHO 8</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
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<td>------------------------</td>
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</tr>
<tr>
<td>New psychology patients seen</td>
<td>DOP</td>
<td>Access and Integration</td>
<td>M</td>
<td>10,152</td>
<td>9,407</td>
<td>13,144</td>
<td>CHO</td>
<td>2,185</td>
</tr>
<tr>
<td>Total no. of psychology patients on the treatment waiting list at the end of the reporting period</td>
<td>DOP</td>
<td>Access and Integration</td>
<td>M</td>
<td>7,068</td>
<td>7,868</td>
<td>7,868</td>
<td>CHO</td>
<td>1,082</td>
</tr>
<tr>
<td>% of psychology patients on waiting list for treatment ≤ 12 weeks</td>
<td>NSP</td>
<td>Access and Integration</td>
<td>M</td>
<td>60%</td>
<td>26%</td>
<td>36%</td>
<td>CHO</td>
<td>36%</td>
</tr>
<tr>
<td>% of psychology patients on waiting list for treatment ≤ 26 weeks</td>
<td>DOP</td>
<td>Access and Integration</td>
<td>M</td>
<td>80%</td>
<td>48%</td>
<td>48%</td>
<td>CHO</td>
<td>48%</td>
</tr>
<tr>
<td>% of psychology patients on waiting list for treatment ≤ 39 weeks</td>
<td>DOP</td>
<td>Access and Integration</td>
<td>M</td>
<td>90%</td>
<td>62%</td>
<td>62%</td>
<td>CHO</td>
<td>62%</td>
</tr>
<tr>
<td>% of psychology patients on waiting list for treatment ≤ 52 weeks</td>
<td>NSP</td>
<td>Access and Integration</td>
<td>M</td>
<td>100%</td>
<td>71%</td>
<td>81%</td>
<td>CHO</td>
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</table>

**Primary Care – Nursing**

<table>
<thead>
<tr>
<th>KPI Title</th>
<th>NSP/ DOP</th>
<th>Performance Area</th>
<th>Reporting Period</th>
<th>2017 National Target / Expected Activity</th>
<th>2017 Projected outturn</th>
<th>2018 National Target / Expected Activity</th>
<th>Reported at National/ CHO / HG</th>
<th>CHO 8</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of nursing patient referrals</td>
<td>DOP</td>
<td>Access and Integration</td>
<td>M</td>
<td>135,384 Data Gaps</td>
<td>Data Gaps</td>
<td>139,184 Data Gaps</td>
<td>CHO</td>
<td>16,053 Data Gaps</td>
</tr>
<tr>
<td>Existing nursing patients seen in the month</td>
<td>DOP</td>
<td>Access and Integration</td>
<td>M</td>
<td>64,660 Data Gaps</td>
<td>Data Gaps</td>
<td>52,063 Data Gaps</td>
<td>CHO</td>
<td>5,856 Data Gaps</td>
</tr>
<tr>
<td>New nursing patients seen</td>
<td>DOP</td>
<td>Access and Integration</td>
<td>M</td>
<td>123,024 Data Gaps</td>
<td>Data Gaps</td>
<td>118,849 Data Gaps</td>
<td>CHO</td>
<td>13,107 Data Gaps</td>
</tr>
<tr>
<td>% of new patients accepted onto the nursing caseload and seen within 12 weeks</td>
<td>NSP</td>
<td>Access and Integration</td>
<td>M</td>
<td>100%</td>
<td>96%</td>
<td>96%</td>
<td>CHO</td>
<td>96%</td>
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</tbody>
</table>

**Child Health**

<table>
<thead>
<tr>
<th>KPI Title</th>
<th>NSP/ DOP</th>
<th>Performance Area</th>
<th>Reporting Period</th>
<th>2017 National Target / Expected Activity</th>
<th>2017 Projected outturn</th>
<th>2018 National Target / Expected Activity</th>
<th>Reported at National/ CHO / HG</th>
<th>CHO 8</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of children reaching 10 months within the reporting period who have had child development health screening on time or before reaching 10 months of age</td>
<td>NSP</td>
<td>Quality and Safety</td>
<td>M 1 Mth in Arrears</td>
<td>95%</td>
<td>93%</td>
<td>95%</td>
<td>CHO</td>
<td>95%</td>
</tr>
<tr>
<td>% of newborn babies visited by a PHN within 72 hours of discharge from maternity services</td>
<td>NSP</td>
<td>Quality and Safety</td>
<td>Q</td>
<td>98%</td>
<td>98%</td>
<td>98%</td>
<td>CHO</td>
<td>98%</td>
</tr>
<tr>
<td>% of babies breastfed (exclusively and not exclusively) at first PHN visit</td>
<td>NSP</td>
<td>Quality and Safety</td>
<td>Q 1 Qtr in Arrears</td>
<td>58%</td>
<td>55%</td>
<td>58%</td>
<td>CHO</td>
<td>58%</td>
</tr>
<tr>
<td>% of babies breastfed exclusively at first PHN visit</td>
<td>NSP</td>
<td>Quality and Safety</td>
<td>Q 1 Qtr in Arrears</td>
<td>New 2018</td>
<td>New 2018</td>
<td>48%</td>
<td>CHO</td>
<td>48%</td>
</tr>
<tr>
<td>% of babies breastfed (exclusively and not exclusively) at three month PHN visit</td>
<td>NSP</td>
<td>Quality and Safety</td>
<td>Q 1 Qtr in Arrears</td>
<td>40%</td>
<td>39%</td>
<td>40%</td>
<td>CHO</td>
<td>40%</td>
</tr>
<tr>
<td>% of babies breastfed exclusively at three month PHN visit</td>
<td>NSP</td>
<td>Quality and Safety</td>
<td>Q 1 Qtr in Arrears</td>
<td>New 2018</td>
<td>New 2018</td>
<td>30%</td>
<td>CHO</td>
<td>30%</td>
</tr>
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</table>
### Key Performance Indicators
Service Planning 2018

<table>
<thead>
<tr>
<th>Key Performance Indicators</th>
<th>NSP/DOP</th>
<th>Performance Area</th>
<th>Reporting Period</th>
<th>2017 National Target / Expected Activity</th>
<th>2017 Projected outturn</th>
<th>2018 National Target / Expected Activity</th>
<th>Reported at National / CHO / HG</th>
<th>CHO 8</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>KPI Title</strong></td>
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<td></td>
</tr>
<tr>
<td>Oral Health Primary Dental Care</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>No. of new oral health patients in target groups attending for scheduled assessment</td>
<td>DOP</td>
<td>Access and Integration</td>
<td>M</td>
<td>Unavailable</td>
<td>131,386 Data Gaps</td>
<td>131,386 Data Gaps</td>
<td>CHO</td>
<td>25,180 Data Gaps</td>
</tr>
<tr>
<td>No. of new oral health patients attending for unscheduled assessment</td>
<td>DOP</td>
<td>Access and Integration</td>
<td>M</td>
<td>Unavailable</td>
<td>62,081 Data Gaps</td>
<td>62,081 Data Gaps</td>
<td>CHO</td>
<td>8,999 Data Gaps</td>
</tr>
<tr>
<td>% of new oral health patients who commenced treatment within three months of scheduled oral health assessment</td>
<td>NSP</td>
<td>Access and Integration</td>
<td>M</td>
<td>88%</td>
<td>92% Data Gaps</td>
<td>92% Data Gaps</td>
<td>CHO</td>
<td>92% Data Gaps</td>
</tr>
<tr>
<td><strong>Tobacco Control</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>No of frontline primary care staff to complete the online Making Every Contact Count Training in brief intervention</td>
<td>DOP</td>
<td>Quality and Safety</td>
<td>Q</td>
<td>New 2018</td>
<td>New 2018</td>
<td>792</td>
<td>CHO</td>
<td>124</td>
</tr>
<tr>
<td>No of frontline primary care staff to complete the face to face module of the Making Every Contact Count Training in brief intervention</td>
<td>DOP</td>
<td>Quality and Safety</td>
<td>Q</td>
<td>New 2018</td>
<td>New 2018</td>
<td>158</td>
<td>CHO</td>
<td>25</td>
</tr>
</tbody>
</table>

Social Inclusion – Full Metrics/KPI Suite (All metrics highlighted in yellow background are those that are included in the Balance Scorecard)

<table>
<thead>
<tr>
<th>Key Performance Indicators</th>
<th>NSP / DOP</th>
<th>Performance Area</th>
<th>Reporting Period</th>
<th>2017 National Target / Expected Activity</th>
<th>2017 Projected outturn</th>
<th>2018 National Target / Expected Activity</th>
<th>Reported at National / CHO</th>
<th>CHO 8</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>KPI Title</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Substance Misuse</td>
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<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. of substance misusers who present for treatment</td>
<td>DOP</td>
<td>Access and Integration</td>
<td>Q, 1 Qtr in arrears</td>
<td>6,760</td>
<td>5,534</td>
<td>6,182</td>
<td>CHO</td>
<td>755</td>
</tr>
<tr>
<td>No. of substance misusers who present for treatment who receive an assessment within two weeks</td>
<td>DOP</td>
<td>Quality and Safety</td>
<td>Q, 1 Qtr in Arrears</td>
<td>4,748</td>
<td>4,064</td>
<td>6,182</td>
<td>CHO</td>
<td>755</td>
</tr>
<tr>
<td>No. of substance misusers (over 18 years) for whom treatment has commenced following assessment</td>
<td>DOP</td>
<td>Quality and Safety</td>
<td>Q, 1 Qtr in Arrears</td>
<td>5,932</td>
<td>4,398</td>
<td>5,046</td>
<td>CHO</td>
<td>521</td>
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<tr>
<td>KPI Title</td>
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<td>2017 Projected outturn</td>
<td>2018 National Target / Expected Activity</td>
<td>Reported at National / CHO</td>
<td>CHO 8</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
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<td>------------------------------------------</td>
<td>------------------------</td>
<td>------------------------------------------</td>
<td>----------------------------</td>
<td>-------</td>
</tr>
<tr>
<td>No. of substance misusers (over 18) for whom treatment has commenced within one calendar month following</td>
<td>NSP</td>
<td>Access and Integration</td>
<td>Q, 1 Qtr in Arrears</td>
<td>5,304</td>
<td>4,298</td>
<td>4,946</td>
<td>CHO</td>
<td>507</td>
</tr>
<tr>
<td>% of substance misusers (over 18 years) for whom treatment has commenced within one calendar month following assessment</td>
<td>NSP</td>
<td>Access and Integration</td>
<td>Q, 1 Qtr in Arrears</td>
<td>100%</td>
<td>98%</td>
<td>100%</td>
<td>CHO</td>
<td>100%</td>
</tr>
<tr>
<td>No. of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment</td>
<td>DOP</td>
<td>Access and Integration</td>
<td>Q, 1 Qtr in Arrears</td>
<td>348</td>
<td>333</td>
<td>333</td>
<td>CHO</td>
<td>78</td>
</tr>
<tr>
<td>% of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment</td>
<td>NSP</td>
<td>Access and Integration</td>
<td>Q, 1 Qtr in Arrears</td>
<td>100%</td>
<td>98%</td>
<td>100%</td>
<td>CHO</td>
<td>100%</td>
</tr>
<tr>
<td>% of substance misusers (over 18 years) for whom treatment has commenced who have an assigned key worker</td>
<td>DOP</td>
<td>Quality and Safety</td>
<td>Q, 1 Qtr in Arrears</td>
<td>100%</td>
<td>67%</td>
<td>100%</td>
<td>CHO</td>
<td>100%</td>
</tr>
<tr>
<td>% of substance misusers (over 18 years) for whom treatment has commenced who have a written care plan</td>
<td>DOP</td>
<td>Quality and Safety</td>
<td>Q, 1 Qtr in Arrears</td>
<td>100%</td>
<td>79%</td>
<td>100%</td>
<td>CHO</td>
<td>100%</td>
</tr>
<tr>
<td>% of substance misusers (under 18 years) for whom treatment has commenced who have an assigned key worker</td>
<td>DOP</td>
<td>Quality and Safety</td>
<td>Q, 1 Qtr in Arrears</td>
<td>100%</td>
<td>87%</td>
<td>100%</td>
<td>CHO</td>
<td>100%</td>
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<tr>
<td>% of substance misusers (under 18 years) for whom treatment has commenced who have a written care plan</td>
<td>DOP</td>
<td>Quality and Safety</td>
<td>Q, 1 Qtr in Arrears</td>
<td>100%</td>
<td>85%</td>
<td>100%</td>
<td>CHO</td>
<td>100%</td>
</tr>
</tbody>
</table>

**Opioid Substitution**

<p>| Total no. of clients in receipt of opioid substitution treatment (outside prisons) | NSP       | Access and Integration | M, 1 Mth in Arrears | 9,700                                    | 9,748                  | 10,028                                   | CHO                        | 684   |
| No. of clients in opioid substitution treatment in clinics | DOP       | Access and Integration | M, 1 Mth in Arrears | 5,084                                    | 5,562                  | 5,404                                    | CHO                        | 275   |
| No. of clients in opioid substitution treatment with level 2 GP’s | DOP       | Access and Integration | M, 1 Mth in Arrears | 2,108                                    | 2,194                  | 2,184                                    | CHO                        | 202   |
| No. of clients in opioid substitution treatment with level 1 GP’s | DOP       | Access and Integration | M, 1 Mth in Arrears | 2,508                                    | 1,991                  | 2,441                                    | CHO                        | 207   |
| No. of clients transferred from clinics to level 1 GP’s | DOP       | Access and Integration | M, 1 Mth in Arrears | 300                                     | 15                     | 300                                      | CHO                        | 12    |
| No. of clients transferred from clinics to level 2 GP’s | DOP       | Access and Integration | M, 1 Mth in Arrears | 140                                     | 9                      | 140                                      | CHO                        | 9     |
| No. of clients transferred from level 2 to level 1 GPs | DOP       | Access and Integration | M, 1 Mth in Arrears | 150                                     | 5                      | 150                                      | CHO                        | 10    |
| Total no. of new clients in receipt of opioid substitution treatment (outside prisons) | DOP       | Access and Integration | M, 1 Mth in Arrears | 645                                     | 564                    | 844                                      | CHO                        | 98    |
| Total no. of new clients in receipt of opioid substitution treatment (clinics) | DOP       | Access and Integration | M, 1 Mth in Arrears | 507                                     | 468                    | 748                                      | CHO                        | 74    |</p>
<table>
<thead>
<tr>
<th>KPI Title</th>
<th>NSP / DOP</th>
<th>Performance Area</th>
<th>Reporting Period</th>
<th>2017 National Target / Expected Activity</th>
<th>2017 Reported outturn</th>
<th>2018 National Target / Expected Activity</th>
<th>Reported at National / CHO</th>
<th>CHO</th>
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</thead>
<tbody>
<tr>
<td>Total no. of new clients in receipt of opioid substitution treatment (level 2 GP)</td>
<td>DOP</td>
<td>Access and Integration</td>
<td>M, 1 Mth in Arrears</td>
<td>138</td>
<td>84</td>
<td>84</td>
<td>CHO</td>
<td>24</td>
</tr>
<tr>
<td>Average waiting time (days) from referral to assessment for opioid substitution treatment</td>
<td>NSP</td>
<td>Access and Integration</td>
<td>M, 1 Mth in Arrears</td>
<td>4 days</td>
<td>3 days</td>
<td>3 days</td>
<td>CHO</td>
<td>3 days</td>
</tr>
<tr>
<td>Average waiting time (days) from opioid substitution assessment to exit from waiting list or treatment commenced</td>
<td>NSP</td>
<td>Access and Integration</td>
<td>M, 1 Mth in Arrears</td>
<td>28 days</td>
<td>16 days</td>
<td>28 days</td>
<td>CHO</td>
<td>28 days</td>
</tr>
<tr>
<td>No. of pharmacies providing opioid substitution treatment</td>
<td>DOP</td>
<td>Access and Integration</td>
<td>M, 1 Mth in Arrears</td>
<td>654</td>
<td>691</td>
<td>691</td>
<td>CHO</td>
<td>103</td>
</tr>
<tr>
<td>No. of people obtaining opioid substitution treatment from pharmacies</td>
<td>DOP</td>
<td>Access and Integration</td>
<td>M, 1 Mth in Arrears</td>
<td>6,630</td>
<td>6,829</td>
<td>7,009</td>
<td>CHO</td>
<td>750</td>
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<tr>
<td>Alcohol Misuse</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. of problem alcohol users who present for treatment</td>
<td>DOP</td>
<td>Access and Integration</td>
<td>Q, 1 Qtr in Arrears</td>
<td>3,736</td>
<td>4,064</td>
<td>4,112</td>
<td>CHO</td>
<td>1,714</td>
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<td>No. of problem alcohol users who present for treatment who receive an assessment within two weeks</td>
<td>DOP</td>
<td>Access and Integration</td>
<td>Q, 1 Qtr in Arrears</td>
<td>1,900</td>
<td>3,022</td>
<td>4,112</td>
<td>CHO</td>
<td>1,714</td>
</tr>
<tr>
<td>% of problem alcohol users who present for treatment who receive an assessment within two weeks</td>
<td>DOP</td>
<td>Access and Integration</td>
<td>Q, 1 Qtr in Arrears</td>
<td>100%</td>
<td>73%</td>
<td>100%</td>
<td>CHO</td>
<td>100%</td>
</tr>
<tr>
<td>No. of problem alcohol users (over 18 years) for whom treatment has commenced following assessment</td>
<td>DOP</td>
<td>Access and Integration</td>
<td>Q, 1 Qtr in Arrears</td>
<td>3,424</td>
<td>3,694</td>
<td>3,742</td>
<td>CHO</td>
<td>1,590</td>
</tr>
<tr>
<td>No. of problem alcohol users (over 18 years) for whom treatment has commenced within one calendar month following assessment</td>
<td>DOP</td>
<td>Access and Integration</td>
<td>Q, 1 Qtr in Arrears</td>
<td>2,956</td>
<td>3,668</td>
<td>3,716</td>
<td>CHO</td>
<td>1,588</td>
</tr>
<tr>
<td>% of problem alcohol users (over 18 years) for whom treatment has commenced within one calendar month following assessment</td>
<td>DOP</td>
<td>Access and Integration</td>
<td>Q, 1 Qtr in Arrears</td>
<td>100%</td>
<td>99%</td>
<td>100%</td>
<td>CHO</td>
<td>100%</td>
</tr>
<tr>
<td>% of problem alcohol users (under 18 years) for whom treatment has commenced within one week following assessment</td>
<td>DOP</td>
<td>Access and Integration</td>
<td>Q, 1 Qtr in Arrears</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>CHO</td>
<td>100%</td>
</tr>
<tr>
<td>% of problem alcohol users (over 18 years) for whom treatment has commenced who have an assigned key worker</td>
<td>DOP</td>
<td>Quality and Safety</td>
<td>Q, 1 Qtr in Arrears</td>
<td>100%</td>
<td>72%</td>
<td>100%</td>
<td>CHO</td>
<td>100%</td>
</tr>
<tr>
<td>% of problem alcohol users (over 18 years) for whom treatment has commenced who have a written care plan</td>
<td>DOP</td>
<td>Quality and Safety</td>
<td>Q, 1 Qtr in Arrears</td>
<td>100%</td>
<td>91%</td>
<td>100%</td>
<td>CHO</td>
<td>100%</td>
</tr>
<tr>
<td>% of problem alcohol users (under 18 years) for whom treatment has commenced who have an assigned key worker</td>
<td>DOP</td>
<td>Quality and Safety</td>
<td>Q, 1 Qtr in Arrears</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>CHO</td>
<td>100%</td>
</tr>
</tbody>
</table>
### KPI Title

<table>
<thead>
<tr>
<th>KPI Title</th>
<th>NSP / DOP</th>
<th>Performance Area</th>
<th>Reporting Period</th>
<th>2017</th>
<th>2017</th>
<th>2018</th>
<th>2018</th>
<th>Reported at National / CHO</th>
<th>CHO 8</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of problem alcohol users (under 18 years) for whom treatment has commenced who have a written care plan</td>
<td>DOP</td>
<td>Quality and Safety</td>
<td>Q, 1 Qtr in Arrears</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>CHO 100%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. of staff trained in SAOR Screening and Brief Intervention for problem alcohol and substance use</td>
<td>DOP</td>
<td>Quality and Safety</td>
<td>Q, 1 Qtr in Arrears</td>
<td>778</td>
<td>1,239</td>
<td>822</td>
<td>CHO 100%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Needle Exchange

| No. of pharmacies recruited to provide Needle Exchange Programme | DOP       | Quality and Safety              | Q, 1 Qtr in Arrears | 112  | 111  | 113  | CHO 34                       |       |
| No. of unique individuals attending pharmacy needle exchange     | NSP       | Access and Integration          | Q, 1 Qtr in Arrears | 1,647 | 1,628 | 1,628 | CHO 509                      |       |
| Total no. of clean needles provided each month                   | DOP       | Access and Integration          | Q, 1 Qtr in Arrears | 23,727 | 22,558 | 22,558 | CHO 6,926                    |       |
| Average no. of clean needles (and accompanying injecting paraphernalia) per unique individual each month | DOP       | Quality and Safety              | Q, 1 Qtr in Arrears | 14   | 14   | 14   | CHO 14                       |       |
| No. and % of needle / syringe packs returned                     | DOP       | Quality and Safety              | Q, 1 Qtr in Arrears | 1,166 (30%) | 643 (41%) | 643 (41%) | CHO 208 (41%)                |       |

### Homeless Services

| No. and % of individual service users admitted to homeless emergency accommodation hostels/ who have medical cards | DOP       | Quality and Safety              | Q                | 1,121 (75%) | 1,066 (75%) | 1,066 (75%) | CHO 118 (75%)               |       |
| No. and % of service users admitted during the quarter who did not have a valid medical card on admission and who were assisted by hostel staff to acquire a medical card during the quarter | DOP       | Quality and Safety              | Q                | 281 (70%) | 186 (52%) | 253 (70%) | CHO 45 (70%)                |       |
| No. and % of service users admitted to homeless emergency accommodation hostels / facilities whose health needs have been assessed within two weeks admission | NSP       | Quality and Safety              | Q                | 1,272 (85%) | 1,035 (73%) | 1,035 (73%) | CHO 114 (73%)               |       |
| No. and % of service users admitted to homeless emergency accommodation hostels / facilities whose health needs have been assessed and are being supported to manage their physical / general health, mental health and addiction issues as part of their care/support plan | DOP       | Quality and Safety              | Q                | 1,017 (80%) | 888 (86%)  | 888 (86%)  | CHO 98 (86%)                |       |

### Traveller Health

<p>| No. of people who received information on type 2 diabetes or participated in related initiatives | NSP       | Quality and Safety              | Q                | New PI 2018 | New PI 2018 | 3,735  | CHO 662                      |       |
| No. of people who received information on cardiovascular health or participated in related initiatives | NSP       | Quality and Safety              | Q                | New 2018    | New 2018    | 3,735  | CHO 662                      |       |</p>
<table>
<thead>
<tr>
<th>KPI Title</th>
<th>NSP / DOP</th>
<th>Performance Area</th>
<th>Reporting Period</th>
<th>2017 National Target / Expected Activity</th>
<th>2017 Projected outturn</th>
<th>2018 National Target / Expected Activity</th>
<th>Reported at National / CHO</th>
<th>CHO 8</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of people who received information on or participated in positive mental health initiatives</td>
<td>DOP</td>
<td>Quality and Safety</td>
<td>New 2018</td>
<td>New 2018</td>
<td>3,735</td>
<td>CHO</td>
<td>662</td>
<td></td>
</tr>
</tbody>
</table>

**Palliative Care – Full Metrics/KPI Suite (All metrics highlighted in yellow background are those that are included in the Balance Scorecard)**

<table>
<thead>
<tr>
<th>Key Performance Indicators</th>
<th>Reporting Period</th>
<th>2017 National Target / Expected Activity</th>
<th>2018 National Target / Expected Activity</th>
<th>Reported at National / CHO / HG Level</th>
<th>CHO 8</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Community Palliative Care Services</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Access to specialist palliative care services in the community provided within seven days (normal place of residence)</td>
<td>NSP</td>
<td>Access and Integration</td>
<td>M</td>
<td>95%</td>
<td>93%</td>
</tr>
<tr>
<td>Access to specialist palliative care services in the community provided to patients in their place of residence within eight to 14 days (normal place of residence) (during the reporting month)</td>
<td>DOP</td>
<td>Access and Integration</td>
<td>M</td>
<td>3%</td>
<td>6%</td>
</tr>
<tr>
<td>Access to specialist palliative care services in the community provided to patients in their place of residence within 15+ days (normal place of residence) (during the reporting month)</td>
<td>DOP</td>
<td>Access and Integration</td>
<td>M</td>
<td>2%</td>
<td>1%</td>
</tr>
<tr>
<td>% of patients triaged within one working day of referral (community)</td>
<td>NSP</td>
<td>Quality and Safety</td>
<td>M</td>
<td>90%</td>
<td>94%</td>
</tr>
<tr>
<td>No. of patients who received specialist palliative care treatment in their normal place of residence in the month</td>
<td>NSP</td>
<td>Access and Integration</td>
<td>M</td>
<td>3,620</td>
<td>3,349</td>
</tr>
<tr>
<td>No. of new patients seen by specialist palliative care services in their normal place of residence</td>
<td>DOP</td>
<td>Access and Integration</td>
<td>M</td>
<td>9,610</td>
<td>9,575</td>
</tr>
<tr>
<td><strong>Intermediate Care</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. of patients in receipt of care in designated palliative care support beds (during the reporting month)</td>
<td>DOP</td>
<td>Access and Integration</td>
<td>M</td>
<td>176</td>
<td>137</td>
</tr>
<tr>
<td><strong>Children’s Palliative Care Services</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. of children in the care of the Clinical Nurse Co-ordinator for Children with Life Limiting Conditions (children’s outreach nurse)</td>
<td>NSP</td>
<td>Access and Integration</td>
<td>M</td>
<td>269</td>
<td>292</td>
</tr>
</tbody>
</table>
### Key Performance Indicators

#### Service Planning 2018

<table>
<thead>
<tr>
<th>KPI Title</th>
<th>NSP / DOP</th>
<th>Performance Area</th>
<th>Reporting Period</th>
<th>2017 National Target / Expected Activity</th>
<th>2017 Projected outturn</th>
<th>2018 National Target / Expected Activity</th>
<th>Reported at National / CHO / HG Level</th>
<th>CHO 8</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of new children in the care of the Clinical Nurse Co-ordinator for Children with Life Limiting Conditions (children’s outreach nurse)</td>
<td>DOP</td>
<td>Access and Integration</td>
<td>M</td>
<td>New metric 2017</td>
<td>65</td>
<td>47</td>
<td>CHO</td>
<td>10</td>
</tr>
</tbody>
</table>

### Bereavement Services

<table>
<thead>
<tr>
<th>No. of family units who received bereavement services</th>
<th>NSP / DOP</th>
<th>Performance Area</th>
<th>Reporting Period</th>
<th>2017 National Target / Expected Activity</th>
<th>2017 Projected outturn</th>
<th>2018 National Target / Expected Activity</th>
<th>Reported at National / CHO / HG Level</th>
<th>CHO 8</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>DOP</td>
<td>Access and Integration</td>
<td>M</td>
<td>671</td>
<td>640</td>
<td>651</td>
<td>CHO</td>
<td>90</td>
</tr>
</tbody>
</table>

### System Wide – Full Metrics/KPI Suite (All metrics highlighted in yellow background are those that are included in the Balance Scorecard)

<table>
<thead>
<tr>
<th>Key Performance Indicators</th>
<th>NSP / DOP</th>
<th>Performance Area</th>
<th>Reporting Period</th>
<th>2017 National Target / Expected Activity</th>
<th>2017 Projected outturn</th>
<th>2018 National Target / Expected Activity</th>
<th>Reported at National / CHO / HG Level</th>
<th>CHO 8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality and Safety</td>
<td>NSP</td>
<td>Quality and Safety</td>
<td>Q</td>
<td>75%</td>
<td>74%</td>
<td>75%</td>
<td>CHO</td>
<td>75%</td>
</tr>
<tr>
<td>Service User Experience</td>
<td>M</td>
<td>Quality and Safety</td>
<td>M</td>
<td>New PI 2016</td>
<td>New PI 2018</td>
<td>99%</td>
<td>CHO</td>
<td>99%</td>
</tr>
<tr>
<td>Serious Incidents</td>
<td>M</td>
<td>Quality and Safety</td>
<td>M</td>
<td>New PI 2018</td>
<td>New PI 2018</td>
<td>90%</td>
<td>CHO</td>
<td>90%</td>
</tr>
<tr>
<td>Incident Reporting</td>
<td>Q</td>
<td>Quality and Safety</td>
<td>Q</td>
<td>90%</td>
<td>48%</td>
<td>90%</td>
<td>CHO</td>
<td>90%</td>
</tr>
<tr>
<td></td>
<td>Q</td>
<td>Quality and Safety</td>
<td>Q</td>
<td>&lt;1%</td>
<td>0.8%</td>
<td>&lt;1%</td>
<td>CHO</td>
<td>&lt;1%</td>
</tr>
<tr>
<td></td>
<td>Annual</td>
<td>Quality and Safety</td>
<td>Q</td>
<td>40%</td>
<td>38%</td>
<td>&lt;30%</td>
<td>CHO</td>
<td>&lt;30%</td>
</tr>
<tr>
<td>Finance</td>
<td>NSP</td>
<td>Finance, Governance and Compliance</td>
<td>M</td>
<td>≤0.1%</td>
<td>To be reported in Annual Financial Statements 2017</td>
<td>≤0.1%</td>
<td>CHO</td>
<td>≤0.1%</td>
</tr>
<tr>
<td></td>
<td>NSP</td>
<td>Finance, Governance and Compliance</td>
<td>M</td>
<td>≤0.1%</td>
<td>To be reported in Annual Financial Statements 2017</td>
<td>≤0.1%</td>
<td>CHO</td>
<td>≤0.1%</td>
</tr>
<tr>
<td></td>
<td>NSP</td>
<td>Finance, Governance and Compliance</td>
<td>M</td>
<td>≤0.1%</td>
<td>To be reported in Annual Financial Statements 2017</td>
<td>≤0.1%</td>
<td>CHO</td>
<td>≤0.1%</td>
</tr>
</tbody>
</table>

### Capital
<table>
<thead>
<tr>
<th>KPI Title</th>
<th>NSP/DOP</th>
<th>Performance Area</th>
<th>Reporting Period</th>
<th>2017</th>
<th>2017</th>
<th>2018</th>
<th>2018 Expected Activity / Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capital expenditure versus expenditure profile</td>
<td>NSP</td>
<td>Finance, Governance and Compliance</td>
<td>Q</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>CHO 100%</td>
</tr>
<tr>
<td>Governance and Compliance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Procurement - expenditure (non-pay) under management</td>
<td>NSP</td>
<td>Finance, Governance and Compliance</td>
<td>Q (1 Qtr in arrears)</td>
<td>New NSP PI 2018</td>
<td>New NSP PI 2018</td>
<td>25% increase</td>
<td>CHO 25% increase</td>
</tr>
<tr>
<td>Audit</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of internal audit recommendations implemented within six months of the report being received</td>
<td>NSP</td>
<td>Finance, Governance and Compliance</td>
<td>Q</td>
<td>75%</td>
<td>65%</td>
<td>75%</td>
<td>CHO 75%</td>
</tr>
<tr>
<td>% of internal audit recommendations implemented, against total no. of recommendations, within 12 months of report being received</td>
<td>NSP</td>
<td>Finance, Governance and Compliance</td>
<td>Q</td>
<td>95%</td>
<td>78%</td>
<td>95%</td>
<td>CHO 95%</td>
</tr>
<tr>
<td>Service Arrangements / Annual Compliance Statement</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of number of service arrangements signed</td>
<td>NSP</td>
<td>Finance, Governance and Compliance</td>
<td>M</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>CHO 100%</td>
</tr>
<tr>
<td>% of the monetary value of service arrangements signed</td>
<td>NSP</td>
<td>Finance, Governance and Compliance</td>
<td>Annual</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>CHO 100%</td>
</tr>
<tr>
<td>% of annual compliance statements signed</td>
<td>NSP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Workforce</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff Engagement</td>
<td>NSP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of staff who complete staff engagement survey annually</td>
<td>NSP</td>
<td>Workforce</td>
<td>Annual</td>
<td>New NSP PI 2018</td>
<td>New NSP PI 2018</td>
<td>20%</td>
<td>CHO 20%</td>
</tr>
<tr>
<td>Attendance Management % absence rates by staff category</td>
<td>NSP</td>
<td></td>
<td>M (1 Mth in arrears)</td>
<td>≤3.5%</td>
<td>4.4%</td>
<td>≤3.5%</td>
<td>CHO ≤3.5%</td>
</tr>
<tr>
<td>Pay and Staffing Strategy / Funded Workforce Plan</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pay expenditure variance from plan</td>
<td></td>
<td></td>
<td>M</td>
<td>New NSP PI 2018</td>
<td>New NSP PI 2018</td>
<td>≤0.1%</td>
<td>CHO ≤0.1%</td>
</tr>
</tbody>
</table>
# Disability KPI’s

## Key Performance Indicators Service Planning 2018

<table>
<thead>
<tr>
<th>KPI Title</th>
<th>2018 National Target / Expected Activity</th>
<th>MIDLANDS LOUTH MEATH CHO</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Quality</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of compliance with regulations following HIQA inspection of disability residential services</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>% of CHO quality and safety committees in place with responsibilities to include governance of the quality and safety of HSE provided Disability Services who have met in this reporting month</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Service User Experience</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of CHOs who have established a Residents’ Council / Family Forum / Service User Panel or equivalent for Disability Services by Q3</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Service Improvement Team Process</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deliver on Service Improvement priorities</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Residential Places</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. of residential places for people with a disability</td>
<td>8,399</td>
<td></td>
</tr>
<tr>
<td><strong>New Emergency Places and Supports Provided to People with a Disability</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. of new emergency places provided to people with a disability</td>
<td>130</td>
<td>18</td>
</tr>
<tr>
<td>No. of new home support for emergency cases</td>
<td>135</td>
<td>19</td>
</tr>
<tr>
<td>No. of in home respite supports for emergency cases</td>
<td>120</td>
<td>16</td>
</tr>
<tr>
<td><strong>Total no. of new Emergency and Support Places</strong></td>
<td>385</td>
<td>53</td>
</tr>
<tr>
<td><strong>Transforming Lives</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deliver on VfM Implementation Priorities</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Congregated Settings</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facilitate the movement of people from congregated to community settings</td>
<td>170</td>
<td>30</td>
</tr>
<tr>
<td><strong>Disability Act Compliance</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. of requests for assessments received</td>
<td>6,548</td>
<td>573</td>
</tr>
<tr>
<td>% of assessments commenced within the timelines as provided for in the regulations</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Progressing Disability Services for Children and Young People (0-18s) Programme</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of Children’s Disability Network Teams established</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Children’s Disability Network Teams</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proportion of established Children’s Disability Network Teams having current individualised plans for all children</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Number of Children’s Disability Network Teams established</td>
<td>100%</td>
<td>100% 24/24</td>
</tr>
<tr>
<td><strong>School Leavers</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>% of school leavers and rehabilitation training (RT) graduates who have been provided with a placement</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Work/work like activity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. of work / work-like activity WTE 30 hour places provided for people with a disability (ID/Autism and Physical and Sensory Disability)</td>
<td>1,605</td>
<td>123</td>
</tr>
<tr>
<td>No. of people with a disability in receipt of work / work-like activity services (ID/Autism and Physical and Sensory Disability)</td>
<td>2,752</td>
<td>239</td>
</tr>
<tr>
<td><strong>Other Day services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. of people with a disability in receipt of Other Day Services (excl. RT and work-like-work activities) - Adult (Q2 &amp; Q4 only) (ID/Autism and Physical and Sensory Disability)</td>
<td>19,672</td>
<td>2147</td>
</tr>
<tr>
<td><strong>Rehabilitative Training</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. of Rehabilitative Training places provided (all disabilities)</td>
<td>2,583</td>
<td>206</td>
</tr>
<tr>
<td>No. of people (all disabilities) in receipt of Rehabilitative Training (RT)</td>
<td>2,432</td>
<td>172</td>
</tr>
<tr>
<td>No. of people with a disability in receipt of residential services (ID/Autism and Physical and Sensory Disability)</td>
<td>8,885</td>
<td>913</td>
</tr>
<tr>
<td><strong>Respite Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>One additional respite house in each of the nine CHO areas – no. of individuals supported</td>
<td>251</td>
<td></td>
</tr>
<tr>
<td>Three additional respite houses in the greater Dublin Region – no. of individuals supported</td>
<td>143</td>
<td></td>
</tr>
<tr>
<td>Alternative models of respite provision including Home Sharing, Saturday Club, Extended Day – no. of individuals supported</td>
<td>250</td>
<td></td>
</tr>
<tr>
<td>No. of new referrals accepted for people with a disability for respite services (ID/Autism and Physical and Sensory Disability)</td>
<td>1,023</td>
<td>123</td>
</tr>
<tr>
<td>No. of new people with a disability who commenced respite services (ID/Autism and Physical and Sensory Disability)</td>
<td>782</td>
<td>57</td>
</tr>
<tr>
<td>No. of existing people with a disability in receipt of respite services (ID/Autism and Physical and Sensory Disability)</td>
<td>5,964</td>
<td>641</td>
</tr>
<tr>
<td>No. of people with a disability formally discharged from respite services (ID/Autism and Physical and Sensory Disability)</td>
<td>595</td>
<td>95</td>
</tr>
<tr>
<td>No. of people with a disability in receipt of respite services (ID/Autism and Physical and Sensory Disability)</td>
<td>6,320</td>
<td>849</td>
</tr>
<tr>
<td>No. of overnights (with or without day respite) accessed by people with a disability (ID/Autism and Physical and Sensory Disability)</td>
<td>182,506</td>
<td>18,009</td>
</tr>
<tr>
<td>No. of day only respite sessions accessed by people with a disability (ID/Autism and Physical and Sensory Disability)</td>
<td>42,552</td>
<td>1053</td>
</tr>
<tr>
<td>No. of people with a disability who are in receipt of more than 30 overnights continuous respite (ID/Autism and Physical and Sensory Disability)</td>
<td>51</td>
<td>2</td>
</tr>
<tr>
<td><strong>PA Service</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. of new referrals accepted for adults with a physical and / or sensory disability for a PA service</td>
<td>271</td>
<td>58</td>
</tr>
<tr>
<td>No. of new adults with a physical and / or sensory disability who commenced a PA service</td>
<td>223</td>
<td>24</td>
</tr>
<tr>
<td>No. of existing adults with a physical and / or sensory disability in receipt of a PA service</td>
<td>2,284</td>
<td>268</td>
</tr>
<tr>
<td>Description</td>
<td>No.</td>
<td>%</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------</td>
<td>-----</td>
<td>---</td>
</tr>
<tr>
<td>No. of adults with a physical or sensory disability formally discharged from a PA service</td>
<td>134</td>
<td>12</td>
</tr>
<tr>
<td>No. of adults with a physical and/or sensory disability in receipt of a PA service</td>
<td>2,357</td>
<td>276</td>
</tr>
<tr>
<td>Number of PA Service hours delivered to adults with a physical and/or sensory disability</td>
<td>1.46m</td>
<td>166850</td>
</tr>
<tr>
<td>No. of adults with a physical and/or sensory disability in receipt of 1 - 5 PA Hours per week</td>
<td>979</td>
<td>104</td>
</tr>
<tr>
<td>No. of adults with a physical and/or sensory disability in receipt of 6 - 10 PA Hours per week</td>
<td>550</td>
<td>83</td>
</tr>
<tr>
<td>No. of adults with a physical and/or sensory disability in receipt of 11 - 20 PA Hours per week</td>
<td>406</td>
<td>57</td>
</tr>
<tr>
<td>No. of adults with a physical and/or sensory disability in receipt of 21 - 40 PA Hours per week</td>
<td>262</td>
<td>25</td>
</tr>
<tr>
<td>No. of adults with a physical and/or sensory disability in receipt of 41 - 60 PA Hours per week</td>
<td>75</td>
<td>6</td>
</tr>
<tr>
<td>No. of adults with a physical and/or sensory disability in receipt of 60+ PA Hours per week</td>
<td>85</td>
<td>1</td>
</tr>
<tr>
<td><strong>Home Support</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. of new referrals accepted for people with a disability for home support services (ID/Autism and Physical and Sensory Disability)</td>
<td>1416</td>
<td>283</td>
</tr>
<tr>
<td>No. of new people with a disability who commenced a home support service (ID/Autism and Physical and Sensory Disability)</td>
<td>1,273</td>
<td>112</td>
</tr>
<tr>
<td>No. of existing people with a disability in receipt of home support services (ID/Autism and Physical and Sensory Disability)</td>
<td>6,380</td>
<td>753</td>
</tr>
<tr>
<td>No. of people with a disability formally discharged from home support services (ID/Autism and Physical and Sensory Disability)</td>
<td>466</td>
<td>60</td>
</tr>
<tr>
<td>No of people with a disability in receipt of Home Support Services (ID/Autism and Physical and Sensory Disability)</td>
<td>7,447</td>
<td>1164</td>
</tr>
<tr>
<td>No of Home Support Hours delivered to persons with a disability (ID/Autism and Physical and Sensory Disability)</td>
<td>2.93m</td>
<td>547095</td>
</tr>
<tr>
<td>No. of people with a disability in receipt of 1 - 5 Home Support hours per week (ID/Autism and Physical and Sensory Disability)</td>
<td>4091</td>
<td>597</td>
</tr>
<tr>
<td>No. of people with a disability in receipt of 6 - 10 Home Support hours per week (ID/Autism and Physical and Sensory Disability)</td>
<td>1559</td>
<td>220</td>
</tr>
<tr>
<td>No. of people with a disability in receipt of 11 - 20 Home Support hours per week (ID/Autism and Physical and Sensory Disability)</td>
<td>981</td>
<td>142</td>
</tr>
<tr>
<td>No. of people with a disability in receipt of 21 - 40 Home Support hours per week (ID/Autism and Physical and Sensory Disability)</td>
<td>524</td>
<td>106</td>
</tr>
<tr>
<td>No. of people with a disability in receipt of 41 - 60 Home Support hours per week (ID/Autism and Physical and Sensory Disability)</td>
<td>126</td>
<td>36</td>
</tr>
<tr>
<td>No. of people with a disability in receipt of 60+ Home Support hours per week (ID/Autism and Physical and Sensory Disability)</td>
<td>166</td>
<td>63</td>
</tr>
</tbody>
</table>
## Older Person’s Services

### Key Performance Indicators Service Planning 2018

<table>
<thead>
<tr>
<th>KPI Title</th>
<th>2018 National Target/Expected Activity</th>
<th>MIDLANDS LOUTH MEATH CHO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safeguarding: % of Preliminary Screenings for adults aged 65 and over</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Safeguarding: % of Preliminary Screenings for adults aged under 65</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>No. of staff trained in Safeguarding Policy</td>
<td>10,000</td>
<td>1,152</td>
</tr>
<tr>
<td>No. of Home Support hours provided (excluding provision from IHCPs)</td>
<td>17,094,000</td>
<td>1,760,000</td>
</tr>
<tr>
<td>No. of people in receipt of home support (excluding provision from IHCPs)</td>
<td>50,500</td>
<td>5597</td>
</tr>
<tr>
<td>% of clients in receipt of IHCP with a Key Worker Assigned</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>% of clients in receipt of an IHCP on the last day of the month who were clinically reviewed</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>No. of NHSS Beds in Public Long Stay Units</td>
<td>5,096</td>
<td>593</td>
</tr>
<tr>
<td>No. of Short Stay Beds in Public Long Stay Units</td>
<td>2,053</td>
<td>87</td>
</tr>
</tbody>
</table>
### National Performance Indicator Suite

**Note:** 2017 and 2018 expected activity and targets are assumed to be judged on a performance that is equal or greater than (>), unless otherwise stated (i.e. if less than (<) or, less than or equal to symbol (≤) is included in the target).

#### System-Wide

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Performance Area</th>
<th>Reporting Period</th>
<th>NSP 2017 Expected Activity / Target</th>
<th>Projected Outturn 2017</th>
<th>Expected Activity / Target 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Finance</strong>&lt;br&gt;Net expenditure variance from plan (total expenditure)<strong>&lt;br&gt;Gross expenditure variance from plan (pay + non-pay)</strong>&lt;br&gt;Non-pay expenditure variance from plan</td>
<td>Finance, Governance and Compliance</td>
<td>M</td>
<td>≤0.1%</td>
<td>To be reported in Annual Financial Statements 2017</td>
<td>≤0.1%</td>
</tr>
<tr>
<td><strong>Capital</strong>&lt;br&gt;Capital expenditure versus expenditure profile</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>≤0.1%</td>
</tr>
<tr>
<td><strong>Governance and Compliance</strong> Procurement expenditure (non-pay) under management</td>
<td></td>
<td>Q (1 Qtr in arrears)</td>
<td>New NSP PI 2018</td>
<td>New NSP PI 2018</td>
<td>25% increase</td>
</tr>
<tr>
<td><strong>Audit</strong>&lt;br&gt;% of internal audit recommendations implemented within six months of the report being received&lt;br&gt;% of internal audit recommendations implemented, against total no. of recommendations, within 12 months of report being received</td>
<td></td>
<td>Q</td>
<td>75%</td>
<td>65%</td>
<td>75%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>95%</td>
<td>78%</td>
<td>95%</td>
</tr>
<tr>
<td><strong>Service Arrangements / Annual Compliance Statement</strong>&lt;br&gt;% of number of service arrangements signed&lt;br&gt;% of the monetary value of service arrangements signed&lt;br&gt;% annual compliance statements signed</td>
<td></td>
<td>M</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Annual</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Workforce</strong>&lt;br&gt;Staff Engagement&lt;br&gt;% of staff who complete staff engagement survey annually</td>
<td>Workforce</td>
<td></td>
<td></td>
<td>New NSP PI 2018</td>
<td>New NSP PI 2018</td>
</tr>
<tr>
<td><strong>Attendance Management</strong>&lt;br&gt;% absence rates by staff category</td>
<td>Workforce</td>
<td>M (1 Mth in arrears)</td>
<td>≤3.5%</td>
<td>4.4%</td>
<td>≤3.5%</td>
</tr>
<tr>
<td><strong>Pay and Staffing Strategy / Funded Workforce Plan</strong>&lt;br&gt;Pay expenditure variance from plan</td>
<td></td>
<td>M</td>
<td>New NSP PI 2018</td>
<td>New NSP PI 2018</td>
<td>≤0.1%</td>
</tr>
</tbody>
</table>
| **EWTD**<br>&lt;24 hour shift (acute – NCHDs)<br>&lt;24 hour shift (mental health – NCHDs)<br>&lt;24 hour shift (disability services – social care workers) | Workforce | M | New NSP PI 2018 | New NSP PI 2018 | 100% }
<table>
<thead>
<tr>
<th>Indicator</th>
<th>Performance Area</th>
<th>Reporting Period</th>
<th>NSP 2017 Expected Activity / Target</th>
<th>Projected Outturn 2017</th>
<th>Expected Activity / Target 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;48 hour working week (acute – NCHDs)</td>
<td></td>
<td></td>
<td>95%</td>
<td>82%</td>
<td>95%</td>
</tr>
<tr>
<td>&lt;48 hour working week (mental health – NCHDs)</td>
<td></td>
<td></td>
<td>95%</td>
<td>90.2%</td>
<td>95%</td>
</tr>
<tr>
<td>&lt;48 hour working week (disability services – social care workers)</td>
<td></td>
<td></td>
<td>New NSP PI 2018</td>
<td>New NSP PI 2018</td>
<td>90%</td>
</tr>
<tr>
<td>Quality and Safety Service User Experience</td>
<td>Quality and Safety</td>
<td>Q</td>
<td>75%</td>
<td>74%</td>
<td>75%</td>
</tr>
<tr>
<td>% of complaints investigated within 30 working days of being acknowledged by the complaints officer</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Serious Incidents</td>
<td></td>
<td></td>
<td>New NSP PI 2018</td>
<td>New NSP PI 2018</td>
<td>99%</td>
</tr>
<tr>
<td>% of serious incidents being notified within 24 hours of occurrence to the senior accountable officer</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of serious incidents requiring review completed within 125 calendar days of occurrence of the incident</td>
<td></td>
<td></td>
<td>New NSP PI 2018</td>
<td>New NSP PI 2018</td>
<td>90%</td>
</tr>
<tr>
<td>Incident Reporting</td>
<td></td>
<td></td>
<td>Q</td>
<td>90%</td>
<td>48%</td>
</tr>
<tr>
<td>% of reported incidents entered onto NIMS within 30 days of occurrence by CHO / Hospital Group / NAS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extreme and major incidents as a % of all incidents reported as occurring</td>
<td></td>
<td></td>
<td>&lt;1%</td>
<td>0.8%</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>% of claims received by State Claims Agency that were not reported previously as an incident</td>
<td></td>
<td></td>
<td>Annual</td>
<td>40%</td>
<td>38%</td>
</tr>
</tbody>
</table>
## Appendix 4: Capital Infrastructure

This appendix outlines capital projects that: 1) were completed in 2016 / 2017 and will be operational in 2018; 2) are due to be completed and operational in 2018; or 3) are due to be completed in 2018 and will be operational in 2019.

<table>
<thead>
<tr>
<th>Facility</th>
<th>Project details</th>
<th>Project Completion</th>
<th>Fully Operational</th>
<th>Additional Beds</th>
<th>Replacement Beds</th>
<th>Capital Cost €m</th>
<th>2018 Implications</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2018 Total</td>
<td>WTE</td>
</tr>
<tr>
<td><strong>Primary Care Services- MLM CHO</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drogheda North, Co. Louth</td>
<td>Primary care Centre, by lease agreement</td>
<td>Q2, 2018</td>
<td>Q.2, 2018</td>
<td>0</td>
<td>0</td>
<td>0.30</td>
<td>0.30</td>
</tr>
<tr>
<td>Tullamore, Co. Offaly</td>
<td>Primary Care Centre, by lease agreement</td>
<td>Q2, 2018</td>
<td>Q3, 2018</td>
<td>0</td>
<td>0</td>
<td>0.30</td>
<td>0.30</td>
</tr>
<tr>
<td>St. Fintan’s Campus, Portlaoise, Co. Laois</td>
<td>Community addiction services unit- new facility for counselling and support services</td>
<td>Q4, 2018</td>
<td>Q1, 2019</td>
<td>0</td>
<td>0</td>
<td>2.40</td>
<td>2.95</td>
</tr>
<tr>
<td><strong>Older Person Services- MLM CHO</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>St. Joseph’s CNU, Trim, Co. Meath</td>
<td>HIQA compliance (including 12 bed dementia unit)</td>
<td>Q4, 2018</td>
<td>Q4, 2018</td>
<td>0</td>
<td>12</td>
<td>2.66</td>
<td>6.67</td>
</tr>
<tr>
<td>St. Loman’s Mullingar, Co. Westmeath</td>
<td>Refurbishment of former Children and Family Unit to facilitate removal of staff from the main building</td>
<td>Q4, 2017</td>
<td>Q1, 2018</td>
<td>0</td>
<td>0</td>
<td>0.10</td>
<td>0.60</td>
</tr>
<tr>
<td><strong>Disability Services</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>St. John of God, St. Mary’s Campus, Drumcar, Co. Louth</td>
<td>Eight units at varying degrees of purchase/new build/refurbishment to meet the housing requirements for 19 people transitioning from congregated settings</td>
<td>Phased 2018/2019</td>
<td>Phased 2081/2019</td>
<td>0</td>
<td>19</td>
<td>1.20</td>
<td>3.70</td>
</tr>
</tbody>
</table>
Appendix 5: Organisational Structure

Mr. Pat Bennett Chief Officer
Midlands Louth Meath

Head of Health & Wellbeing
Fiona Murphy

Head of Social Care
Jude O’Neill

Head of Mental Health
Siobhan McArdle

General Manager
Ann Coyle

General Manager
Disability Services
Patricia Whelehan

General Manager
Older Persons Services
Donal Fitzsimons

General Manager
Dervila Eyres

Head of Finance
Anne Kennedy

Head of Human Resources
John Brehony

Business Support QPS
Ann Coyle

PR & Communications Manager