



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive



Health Service Executive

Cork and Kerry

Community Healthcare Organisation

Operational Plan 2016

Values

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

Care

Compassion

Trust

Learning

Vision

A healthier Ireland with a high quality health service valued by all

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

Contents

Executive Summary	4
Improving Quality	12
Health Service Reform	17
Risks to the Delivery of the CHO Operational Plan	19
Operational Framework	21
Financial Framework.....	22
Workforce.....	32
Accountability Framework.....	39
Delivery of Services	43
Health and Wellbeing	44
Primary Care.....	59
Social Care	87
Mental Health.....	119
Appendices	135
Appendix 1: Financial Tables.....	136
Appendix 2: HR Information	142
Appendix 3: National Performance Indicator Suite	143
Appendix 4: Public Residential Care Beds Older Persons.....	176
Appendix 5: Capital Infrastructure.....	177

Executive Summary

The Cork & Kerry CHO Operational Plan is prepared as part of the service planning framework outlined in the HSE's National Service Plan 2016 which was published on 16th December 2015 and sets out the type and volume of health and personal social services which will be provided by Cork & Kerry CHO within the funding allocated by Government over the course of the year. This operational plan is consistent with and informed by the National Operational Plans published on the 3rd February 2016:

- Primary Care
- Social Care
- Mental Health
- Health and Wellbeing

Early in 2015 the HSE launched our *Corporate Plan* which sets out our ambition for the Health Services over the three years 2015–2017. Delivery on our vision of a 'high quality health service valued by all' is underpinned by five key goals set out below. The Cork & Kerry Operational Plan 2016 sets out the actions which we will take to deliver on the goals over the course of the year.



The objective of Cork & Kerry Community Healthcare Organisation is to work with local communities in assisting them to live healthy lives. We aim to provide safe, quality, accessible and sustainable health and social care services based on values of care, compassion, trust and learning.

Improving Quality

We want people in Cork & Kerry to be able to access and have confidence in care that is safe, high quality and compassionate.

Cork & Kerry CHO has strengthened processes for identifying, reporting, investigating and learning from adverse incidents. Risk Management processes and quality and safety multidisciplinary governance structures are being enhanced at service level.

A number of key priorities have been identified for 2016 which encourage patients, service users and staff to be more involved in their services and their care where, their opinions are sought and their voices heard. We will:

- ▶ Further strengthen governance and leadership in the delivery of quality safe services.
- ▶ Continue the development of quality and safety structures at all levels and work to improve compliance with standards and regulations.
- ▶ Recruit a quality and patient safety lead and additional quality and patient safety advisors.
- ▶ Continue the training in safety incident management, incident investigation, risk management and audit.
- ▶ Implement a programme of audit.
- ▶ Drive continuous quality improvement through building capacity of all staff.
- ▶ Implement approaches which enable and empower people to be at the centre of service delivery.
- ▶ Deliver patient safety programmes including healthcare acquired infection (HCAI), pressure ulcers, falls prevention, nutrition and hydration.

Particular challenges were experienced in relation to residential standards for people with disabilities in 2015. While the majority of residential centres for people with disabilities are substantially compliant with the national standards, a small number of centres experienced substantial difficulties in achieving compliance. These centres are prioritised for move to new models of community based living in 2016 so that people with disabilities can live a life of their choice in a community.

In 2015 a safeguarding and protection committee was established and a safeguarding protection team put in place. The roll out of the Safeguarding Vulnerable persons at risk of abuse will continue in 2016.

Given the pivotal importance of quality and patient safety the HSE has reprioritised €3m nationally from within our overall allocation to invest in quality and patient safety improvements and assurance. This will require an additional €3m nationally in 2017 to meet the full year costs which will be dealt with as part of 2017 estimates / service planning process with the DoH. A National Patient Safety Office is being established by the DoH and the HSE will work to support the establishment of the Office in the coming year to deliver shared objectives.

Healthy Ireland

The *Healthy Ireland* (HI) Framework was adopted by the Irish Government in 2013 to improve the health and wellbeing of the population and reduce health inequalities. In line with our *Corporate Plan* Vision of a 'Healthy Ireland with a high quality health service valued by all', the HSE developed an implementation plan – *Healthy Ireland in the Health Services National Implementation Plan 2015–2017*. Three clear strategic priorities for action have been identified:

- ▶ System reform – ensuring the significant reforms underway are delivered, supporting a better health system.
- ▶ Reducing chronic disease – the biggest risk to the population's health and to service provision.
- ▶ Staff health and wellbeing – ensuring a resilient and healthy workforce.

In 2016 Cork & Kerry CHO will develop a Healthy Ireland Implementation plan for this area. The plan will build

on existing initiatives and the experience in this CHO in working with communities along with statutory and voluntary organisations to achieve better health outcomes. The plan will include healthy eating, child health, active living, mental health, positive ageing and reduction in alcohol and tobacco consumption.

Connecting for Life – Suicide Prevention

Connecting for Life 2015–2020 is the new national strategy to reduce suicide and sets out a vision of an Ireland where fewer lives are lost through suicide and where communities and individuals are empowered to improve their mental health and wellbeing. This vision will be achieved through the adoption of a number of goals. These include a better understanding of the factors that are linked to suicidal behaviour, supporting communities to prevent and respond to recognised risks for suicide at community and individual level, targeted approaches for those vulnerable to suicide, improved access, consistency and integration of services, safe and high quality services, reduced access to means and better data and research.

In Cork & Kerry there are many local and national organisations working with communities in the area of suicide prevention. Cork & Kerry CHO will continue to work with these organisations to promote positive mental health and to ensure help is available to those who need it. Initiatives such as *Cork Beats Stress* and *Your Good Self* also help in raising awareness of the importance of promoting and supporting positive mental health.

Integrated Care/ Acute Hospital – Community Interface

Cork & Kerry CHO continue to work closely with colleagues in the acute hospitals to reduce numbers waiting and waiting times for admission through Emergency Departments. These efforts are co-ordinated through structures which were realigned following publication of the ED Taskforce report.

In 2016 an integrated care programme for older people will be established initially in Cork University Hospital. This service will focus on avoiding hospital admission where possible or where admission is necessary ensuring older patients have access to the services they need in a timely manner to reduce length of stay and ensure a safe discharge to services in the community.

Cork & Kerry CHO continue to support early discharges through access to home supports, convalescence beds in community hospitals and increased service of the Community Intervention Team. Enhanced processes are in place to support a collaborative multidisciplinary approach to ensuring people with complex needs can access residential services when they require.

Reforming services and achieving better outcomes

The people in Ireland rely on public health services. The ambition of the HSE is to deliver the best health service possible within the funding available. To do this it is necessary to embark upon a programme of reform to ensure that the changes necessary to deliver on the ambition are achieved. The HSE has a programme of reform in place with a range of projects all aimed at improving the health services and realising the ambition.

The key vehicle for this reform in Cork & Kerry CHO is the implementation of the Community Healthcare Organisation report (2014). In 2016 the management team for the CHO will be appointed. This will provide an essential platform to finalise an implementation plan and to engage more widely with staff on how the change

process can be effectively implemented to achieve demonstrable improvements in experience for service users.

Reducing waiting times and waiting lists

Cork / Kerry CHO will continue to work to ensure available resources are utilised in an optimal way to minimise waiting numbers and waiting times.

Access to diagnostic tests will be prioritised in 2016 to be improved through the development and implementation of primary care initiatives.

Early intervention for children who require therapy services will receive focused attention in 2016. Initiatives are planned to expand the provision of speech and language therapy in primary care and to support the re-organisation and expansion of speech and language and other therapies under *Progressing Disability Services Programme for Children and Young People*. This includes the further development of early intervention services to facilitate the inclusion of children with a disability in mainstream pre-school settings, as part of the implementation of the Early Childhood Care and Education Programme (ECCE). Access to mental health services for children and adolescents including access through primary care counselling for those under 18 years will be improved.

Managing the year on year growth in demand for community-based social services is one of the key challenges for Older Persons Services in 2016. The Nursing Homes Support Scheme will see the level of support increase to an average of 23,450 clients per week for the duration of 2016, representing 1,222,750 total weeks of care provided. To meet the growing demand for home care and transitional care, which is above the 2015 service plan level, the HSE will utilise time related savings from the new initiatives monies held by the DoH. This will assist in maintaining 2015 outturn levels of home help hours, home care packages and transitional care beds.

Primary Care – Extension of GP care

Provision has been made in the HSE budget allocation for the full year costs of universal GP services for those aged under 6 years and over 70 years.

It is intended to extend GP care without fees to all children up to 12 years in 2016. This will require contractual negotiations with the IMO in accordance with the Framework Agreement of June 2014.

Service Pressures

Changes in demographics are continuing to lead to increases in demand for services for older people and children in particular. This increased demand is evidenced in increased numbers of older people requiring residential places or increased levels of Home Care. Population growth is contributing to increased demands on Speech and Language Therapy, Occupational Therapy, Child & Adolescent Mental Health Services and Orthodontic Services. In addition, increased life expectancy for people with disabilities, along with the absence of structured investment over a number of years, has increased the need for residential places for people with a disability.

Additional funding for some services made available in 2015 is recurring in 2016, as outlined above. Some additional funding is available for developments in Speech and Language and for multidisciplinary support for children with disabilities and for school leavers with disabilities. However, there are a number of services which will be severely challenged to meet increasing levels of demand.

Children First

The Children First implementation plan sets out the key actions needed to ensure compliance with both the Children First legislation and national policy. Under legislation, the HSE and any HSE funded organisations who are a provider of services to children and young people will be required to undertake an assessment of any risk to a child who is availing of their services, and use this risk assessment to publish a Child Safeguarding Statement. The purpose of the statement is to identify how the organisation will manage any risks identified in the risk assessment. The Safeguarding Statement will also outline how staff / volunteers will be provided with information to identify abuse which children may experience outside the organisation, and what they should do with any concerns about child safety.

In 2016, high level actions include the development of a Children First implementation plan by the CHO for Cork and Kerry with support from the Children First National Office; the delivery of a suite of Children First training programmes for HSE staff and HSE funded organisations. Children First implementation will also be included in the performance assurance process. Child protection policies will also be developed and reports will be tracked and monitored by the Children First Office.

Occupational Safety and Health at Work

Health and safety at work is taken very seriously. The Corporate Safety Statement will be reviewed and revised, key performance indicators in health and safety management and performance will be developed, a new statutory occupational safety and health at work training policy will be launched, a national proactive audit and inspection programme will be developed and will commence. Staff will be supported to become healthier in their workplaces and an Occupational Health Business Unit will be established.

Capital / Infrastructural Development

A 2016 capital allocation of €399m has been received including an ICT capital allocation of €55m. The main priority in 2016 will be judicious management of the capital budget and compliance with regulatory and statutory requirements. In line with the *Corporate Plan* capital projects will take account of resources and support a strategy that delivers best health outcomes, improves people's experience of using the services and demonstrates value for money.

It is our aim to provide quality safe health and personal social care services from buildings that are fit for purpose.

In 2015, a new mental health inpatient unit was opened in CUH. In 2016 a new primary care centre will open in Charleville. Work will commence on similar centres in Cork City North East (Gurranabraher) and Carrigaline.

Deer Lodge residential and mental health unit will open in Killarney. Subject to accessing capital funding, inpatient facilities for patients with mental illness in Kerry University Hospital, Mercy University Hospital and Carraig Mór will be re-developed.

The re-development of Schull Community Hospital was completed in 2015. Work will commence on Bandon Community Hospital in 2016. In addition a six year capital programme will provide for refurbishment or replacement of several other facilities in the period 2016-2021.

Work is ongoing to assist people with disabilities transfer to live in communities. Capital funding has been prioritised in 2016 to support this in St. Raphael's Intellectual Disability services Youghal, Cluain Fhionnáin, Killarney, St. John of Gods, Killarney and Cope Foundation, Cork.

Key Enablers

Delivery of the quantum of health and personal social care services outlined in this Operational plan requires a number of enablers in terms of finance, HR, ICT and Estates

Funding

Cork Kerry CHO will receive a total budget of €560m in 2016.

Significant inflationary pressures will require to be managed within this additional funding. The HSE will strive to increase efficiency and value for money across all services and activities in 2016. An integrated pay bill management strategy will be developed in respect of recruitment, agency conversion and workforce planning. Cost containment and reduction programmes will be implemented across key areas of non-pay expenditure. In addition, the provisions of the enhanced accountability framework will be used to further intensify the focus on budgetary control across the system.

Funding, nationally, for new initiatives includes disability services (€7.25m), health and wellbeing (€2.5m), respite care (€1m), palliative care (€0.7m), finance reform including activity based funding (€2m).

The €58.5m being held by the DoH relates to specific initiatives, in the areas of mental health €35m, primary care €13.5m, therapy services for young people €8m, and the nursing taskforce pilot implementation €2m. The release of these funds will be approved as specific implementation plans are agreed during the year. The HSE will use €20m in time related savings from these planned initiatives, on a once off basis, to continue to provide the 2015 outturn levels of home care and transitional care beds, which is above the 2015 planned service level and up to a further €1.5m to put in place an advance purchase agreement in relation to vaccines.

The HSE welcomes this increase in its allocation and recognises that it represents a significant proportion of the increase in public expenditure that is available nationally in 2016. However, the total funding available for existing services within the 2016 allocation is **€12,890m**, which represents an increase in the region of **€100m** (0.8%) above the recurring cost base in 2015.

HR

Staff are our most valuable resource and our biggest investment. They are at the core of service delivery, working within and across all care settings in communities, hospitals and healthcare offices. Investing in and developing our workforce and maintaining continuous professional development and learning is a priority. The *HSE People Strategy 2015–2018* has been developed in recognition of the vital role the workforce plays in delivering safer and better healthcare. The strategy is underpinned by its commitment to engage, develop, value and support the workforce.

An engaged and motivated workforce delivers better patient outcomes. Cork & Kerry CHO is committed to listening to the views and experiences of staff in order that improvements to the health service, both as a place to work and as a place to receive services, can be delivered. A number of priority actions have been identified with the aim of commencing to improve effective engagement with staff at all levels.

Building on the themes from the first employee survey, Cork & Kerry CHO will work in 2016 to improve communications and engagement with staff.

In 2016, the focus will be on optimising the capacity and capability of the workforce within our available pay budgets. Measures to eliminate or reduce agency will be accelerated. There is a requirement for a co-ordinated workforce plan which recruits and retains staff with the required skills where and when required.

There is a requirement to develop leadership at all levels through focused leadership development and training programmes and through effective implementation of performance management approaches.

Cork & Kerry CHO is dependent on support from the reconfigured HR Directorate in areas of employee relations, training and development. In addition, Health Business Systems provides recruitment, payroll and superannuation support. In 2015 a due diligence exercise was carried out in order to ensure continuity through the current cycle of reorganisation in the Directorate.

Information and Communications Technology

Building on the *eHealth Vision for Ireland*, a *Knowledge and Information Plan* was published in 2015. It sets out how integrated information and technology will support the delivery of innovative, safe and high quality patient care to meet the needs of the population across all patient pathways and care settings.

A 2016 ICT capital allocation of €55m nationally has been received. A targeted range of new multi-annual programmes will begin delivery in 2016 including the individual health identifier, electronic referrals, electronic health records, ePharmacy, the Digital Children's Hospital and technology in cancer services.

Delivery of Health and Personal Social Care in Cork & Kerry CHO is in the context of current limitations in information availability and access to effective ICT systems. In 2016, we will conduct a capacity review of both available ICT and requirements in liaison with the Office of the Chief Information Officer. National Information Systems are being developed in a number of areas including Primary Care, Mental Health and Disability Services. The roll out of the Single Assessment Tool for Older People will be enabled by new software and hardware. Cork & Kerry CHO will work with the national office to progress the implementation of the National Mental Health ICT Framework Programme.

Estates

HSE Estates continue to support service delivery through essential maintenance, capital planning & development and fire safety. Proposals were received and developed for a number of Primary Care Centres. Capital proposals were included in the capital plan in respect of Community Hospitals and Disability Services. In 2016, the Primary Care Centres programme will continue to be progressed. Capital will be sought for redevelopment of mental health facilities and the Capital Plan priorities for Community Hospitals and Disability Services will be implemented.

Accountability Framework

The HSE is the statutory body tasked with responsibility for the delivery of health and personal social care services in Ireland. In discharging its public accountabilities, it has in place a Governance Framework covering corporate, clinical and financial governance.

The HSE's **Accountability Framework** was introduced in 2015 and has been further enhanced and developed for 2016. It sets out the means by which the HSE and in particular the National Divisions, Hospital Groups and CHOs, 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 Framework has been updated for 2016 to ensure that its operation, effectiveness, and application best meets the evolving needs of the organisation and drives overall performance improvement. A formal review of the Framework was commissioned and completed in 2015, focusing on the operation of the Framework during its first year of operation. Proposed recommendations for further enhancement from the review will be

implemented early in 2016.

The Framework makes explicit the responsibilities of all managers to deliver on the targets set out in the Service Plan. An Escalation and Intervention Framework is also in operation as part of this process. It sets out four levels of escalation identifying supports, interventions and sanctions when service areas are underperforming against defined thresholds.

See page 39 for full details on the Accountability Framework 2016.

Conclusion

While some services will receive additional funding in 2016, we look forward to developments in integrated care for older people admitted to, or at risk of, admission to hospital, mental health and community living for people with disabilities. There are significant financial challenges when consideration is given to the increasing demand for services arising from a growing and ageing population. We will do all within our power to maximise delivery of services within the funding available, whilst striving to deliver quality patient centred care.

Improving Quality

Introduction / Overview

The Cork & Kerry Community Healthcare Organisation (CHO) is committed to providing a quality, safe, person centred service to those who use and work in our healthcare services. In 2016 the CHO will continue to focus on enhancing and developing quality and patient safety structures and processes to ensure that quality and safe services are delivered.

At national level, the process of achieving improvements in quality and patient safety are coordinated by two National Divisions:

- ▶ Quality Improvement Division
- ▶ Quality Assurance and Verification Division

Each of the four National Divisions with responsibility for community healthcare provision has a Head of Quality and Patient Safety (in Mental Health Services this role is entitled Head of Quality and Service User Safety).

Progress in Cork & Kerry CHO in 2015 to date

In 2015, the Cork & Kerry CHO continued to build on the progress made in recent years. The CHO has worked with the Quality Leads in the national divisions including the Quality Improvement Division and the Quality Assurance and Verification Division to develop a strategic approach to quality in all our services. The CHO has made significant progress in implementing the HSE Safety Incident Management Policy and Guidelines. There is a robust reporting and monitoring process in place in respect to risk and incident identification, reporting and management and a significant level of training has been provided in this area in 2015. Significant work has been undertaken in the roll out of the National Incident Management System (NIMS), the National Standards for Safer Better Healthcare, the Open Disclosure Policy and the Safeguarding Vulnerable Persons at Risk of Abuse Policy and Procedures which will continue in 2016. The Cork and Kerry CHO Quality and Patient Safety Committee continues to enhance the quality and patient safety remit with the development of a CHO Clinical Audit Sub Committee and continued development of local quality and patient safety governance structures and processes across all community services.

Key Quality Priorities National Service Plan 2016

The HSE National Service Plan 2016 identifies the key objectives which underpin the Quality and Patient Safety agenda. These include:

1. Services must be accessible and responsive to individual patient and service user needs.
2. Patients and service users must be empowered and enabled to interact with the service delivery system.
3. Health services will put quality of care at the centre of all that they do by implementing an agreed Framework for Quality Improvement.
4. Services must be safe and a strong focus must be placed on ensuring quality and safety is improved through a combination of improvement programmes and formal accountability for ensuring safe services.

Key Quality Priorities for Cork & Kerry CHO for 2016

Quality and Safety Team and Structures

Establishment of a Quality and Safety team within the CHOs is an essential step to support the delivery of the quality and patient safety agenda at CHO level and to support the implementation of the quality and patient safety initiatives across all divisions within the CHO. In line with the ongoing reform of Community Healthcare Services, the Cork and Kerry CHO will have a Quality and Patient Safety Lead and dedicated Quality and Safety personnel appointed during 2016. A key priority will be to ensure that appropriate quality and patient safety structures and processes are in place to ensure appropriate monitoring, accountability and support to optimise patient safety.

Leadership and Governance for Quality and Safety

- ▶ Ensure that authority and accountability for the quality and safety of services across all service areas is integrated into operational service management through appropriate leadership, governance, structures, and processes. This will include each service having a defined client safety and quality operating model to address service user advocacy, complaints, incident management and response, learning systems, and quality improvement initiatives.
- ▶ Continue to promote a culture that is open and transparent in line with HSE Open Disclosure National Guidelines (November 2013).
- ▶ Continue to develop capacity for leadership and improvement in quality and risk management. This will include strengthening the governance arrangements under the health service Accountability Framework by measuring, monitoring and reporting on the performance of the health service in relation to the quality and safety of care.
- ▶ Ensure compliance with all national standards and statutory regulations as they relate to quality and safety in Social Care, Primary Care, Mental Health Services, Health and Wellbeing services along with a strong focus on continuous quality improvement, including developing Quality Improvement Initiatives based on the ongoing analysis of HIQA and MHC inspection reports.
- ▶ Put in place an assurance system including measurement, healthcare audit and reviews that seek evidence that quality and safety is prioritised and committed to at all levels of the CHO.
- ▶ Participate and continue with Six Step Programme to address the quality and safety of residential disability services, in partnership with the Social Care Division (SCD) and Quality Improvement Division (QID), to implement a Quality Improvement Programme in HSE residential centres for adults with intellectual disabilities (ID). The next phase of the programme will assist services.
- ▶ Establish positive and effective staff engagement as a keystone of quality improvement and person centred care.
- ▶ Work with the Quality Improvement Division and National Community Healthcare Divisions to commence the implementation of the Framework for Improving Quality.

Safe care

- ▶ Promote the reduction of risk to service users, the public and staff by implementing best practice risk management processes aligned with national policies.
- ▶ Continue to improve the incident reporting, monitoring and investigation processes, creating opportunities for learning from serious incidents, including Serious Reportable Events (SREs).
- ▶ Progress the implementation of recommendations for major reports and serious incidents across all service areas.

- ▶ Work with the National Quality Improvement programmes to address internationally recognised causes of harm to people (including HCAI, medication safety, pressure ulcers, falls prevention and nutrition and hydration).
- ▶ Build capacity within the CHO to effectively manage and learn from complaints, and monitor and learn from compliments. This will be monitored through the National Incident Management System (NIMS).
- ▶ Monitor the implementation and effectiveness of the HSE's Safeguarding Vulnerable Persons at Risk of Abuse Policy.
- ▶ Continue to enhance and develop risk management procedures including regular review and updating of the CHO Risk Register to ensure that operational priorities within the CHO are proactively aligned with the identified risks on the Risk Register.
- ▶ Continue implementation of the Open Disclosure policy.
- ▶ Continue the process of identification, assessment and management of ligature anchors in mental health settings.

Effective care

- ▶ Monitor and support improved compliance with HIQA standards for Residential Centres (elderly and disability), National Standards for Safer Better Healthcare including QuADS and the MHC Judgement Support Framework with a strong focus on continuous quality improvement aligned with national quality improvement initiatives. The percentage of compliance will continue to be monitored on regularly and service/performance gaps will be addressed with the provider.
- ▶ Monitor performance of health services against agreed indicators for quality and patient safety.
- ▶ Undertake audits of quality and safety and enhance clinical audit development and capacity by providing training and developing audit tools.
- ▶ Support the work of the CHO *Safeguarding Team* in establishing reporting and monitoring of all incidents in line with *Safeguarding Vulnerable Persons at Risk of Abuse – National Policy and Procedures*.
- ▶ Support the development of a national policy framework for Policies, Procedures, Protocols and Guidelines (PPPGs) including education training and support the development of a document control system national repository for PPPGs.

Service User Experience

- ▶ Promote and monitor the establishment of Resident Councils / Family Forums / Service User Panels.
- ▶ Continue to work closely with the Confidential Recipient and the Designated Person for receiving Protected Disclosures to respond effectively to issues raised, and identify themes for quality improvement and learning.
- ▶ Continue to develop access to advocacy for all service users within CHOs; work to ensure that advocacy is available in all settings.
- ▶ Commence Patient Experience Surveys.
- ▶ The appointment of a Head of Service User Engagement, as part of the CHO Mental Health Management Team.
- ▶ Work with the National Division, Mental Health Services, on the ongoing development of the evidence base for effective practice in service user, family member and care engagement.
- ▶ Progress the National Carer's Strategy.
- ▶ Working with the National Division, Mental Health Services, to progress the appointment of peer support workers.
- ▶ Ensure that a streamlined Complaints process for Service Users and families is in place by having greater clarity in guidance and information on how the Complaint system works.

Key Performance Indicators

As part of this governance and monitoring function, each CHO will be required to collect and report on metrics pertaining to the establishment of quality and safety structures and processes within their CHO. This will enable analysis of quality and safety structures and provide assurance that structure, processes and outcome measurements are in place. The other new metrics pertain to Effective Care and Safe Care and will enable managers to focus their attention on specific areas, and work to improve identified concerns. The metrics will begin to provide relevant, accurate and timely data on quality of care and provide monitoring of services from a performance assurance perspective.

KPIs pertaining to Quality and Safety structures and Effective and Safe Care which will be collected at CHO level are detailed in appendix 3. An online dashboard system is being developed to facilitate collection of these metrics at CHO level. It is expected that this will be in place by the end of Q2 2016.

Safeguarding

The National Safeguarding Policy *Safeguarding Vulnerable Persons at Risk of Abuse – Policy and Procedures* was launched in 2014 by the National Social Care Division. The policy applies to all statutory and public funded non-statutory service providers.

The policy outlines the importance of a number of key principles in supporting vulnerable adults to maximise their independence and safeguard them from abuse. These include promotion of human rights, a person-centred approach to care, a support for advocacy, respect for confidentiality, empowerment of individuals, and a collaborative ethos. All of these principles are promoted within a positive culture and each service has a publicly declared “No Tolerance approach” to abuse.

In 2015, Cork & Kerry CHO progressed the implementation of the National Safeguarding Policy, as follows:

- ▶ Establishment of a safeguarding and protection committee.
- ▶ Putting in place a safeguarding and protection team with additional social workers.
- ▶ Appointment of designated officers.
- ▶ Continued training in recognising and reporting concerns in relation to the protection of vulnerable adults.

Improving Compliance with Regulatory Framework

National Residential Standards for Older People

The main challenges experienced in 2015 related to the environment and infrastructure in many of our community hospitals. This impacted on our capacity to provide for the privacy and dignity of residents. The HSE National Capital Plan 2016-2021 provides for major improvements to the infrastructure of these units.

National Residential Standards for Disabilities

During 2015, while many of the residential services inspected by HIQA have been found to be compliant with the *National Standards for Residential Services for Children and Adults with Disabilities*, some inspections have highlighted significant issues which need to be addressed. The standard of care at some centres was unacceptably poor and fell far short of the values of caring and compassion espoused by the HSE and Social Care sector. In some cases full compliance will require improvements in practice, governance and leadership, while in others additional resources or reconfiguration of existing resources and service models will be required. A review of the HIQA Disability Inspection Reports January to November 2015 indicates that on average across all service providers, there was a 64% compliance rate. The move to a more community based model of person-centred service and the implementation of a six step change programme will support improving compliance with the national disability standards, as regulated by HIQA.

In order to ensure best utilisation of this resource including the maximum impact to the benefit of service users, current and emerging demands for quality improvements in services will require to be ranked and prioritised, and these priorities will need to be kept under review as further demands arise, having regard to available funding resources. In 2016, in considering action plans to improve compliance with National Standards as highlighted in HIQA reports, service providers will in the first instance be required to demonstrate maximum utilisation of all resources, including potential for reconfiguration of existing resources and service models in line with national policy. Thereafter proposals emerging from this process which are resource dependent will require approval from the provider's funder, at CHO or national level as appropriate. This will ensure that highest risk areas are being addressed as a priority and that full compliance is achieved in a systematic and co-ordinated way over time within the resource available.

In relation to centres which experienced most difficulty in 2015, there is a requirement to provide a comprehensive implementation plan which consolidates priority actions required under a range of key service improvements as follows:

- ▶ *A Time to Move on from Congregated Settings* – accelerate implementation
- ▶ Maximise reconfiguration of existing resource towards community based person centred model of service
- ▶ Implement *6 Step Programme* and Quality Improvement Team initiatives to improve HIQA Compliance
- ▶ Transfer learning from McCoy Review to secure system wide change
- ▶ Involvement of Volunteer/Advocacy & Family Fora

The Implementation Plan will be prepared by the end of the first quarter with a phased implantation over the remainder of the year in line with the key priorities and actions to achieve corporate goals set out in the second section of this plan. Given the work already undertaken in 2015, this phase of the change programme will include St Raphael's, Youghal, Grove House, Cluain Fhionnain, St John of God (Beaufort), Cope (Ashville).

Mental Health Commission

The Mental Health Commission Judgement Framework was published in July 2015. The Judgement Support Framework has been developed as a guidance document to legislative requirements for Approved Centres.

The Framework incorporates national and international best practice under each relevant section of the legislative requirements. The Cork & Kerry CHO will work on the implementation of the judgement framework within our mental health services including the development and monitoring of quality improvement plans

National Standards for Safer Better Healthcare

A Standards Committee (sub group of the CHO Quality and Patient Safety Committee) has been established within the Cork and Kerry CHO to support the implementation of the self-assessment against *National Standards for Safer Better Healthcare* process which commenced in 2015 and will continue in 2016. A self assessment will be carried out under each of the 8 themes and quality improvement plans developed to address any identified deficits.

Complaints Management

- ▶ Cork/Kerry CHO will work with Consumer Affairs staff in the Quality Assurance and Verification Division to implement the actions from the Ombudsman's Report.
- ▶ There will be a focus on responding in a timely and comprehensive manner to complaints and monitoring trends in complaints data.

Health Service Reform

The HSE is continuing to implement a reform programme which will drive the delivery of person centred care across health and social care services and lead to better outcomes for patients and service users. The key objectives are:

- ▶ That the model of care is fit for purpose and the best that it can be.
- ▶ Provision of care is integrated by providing better and easier access to services for the public which are close to where people live.
- ▶ The services are being reorganised to ensure that they are delivered in the most appropriate way.

Supporting the goals of the Corporate Plan 2015–2017, the reform programme, throughout the HSE will drive the delivery of person-centred, integrated care across the health and social care services and better outcomes for patients and service users. The model of care which we provide must be fit for purpose and the best that it can be.

Provision of care must be integrated by providing better and easier access to services for the public which are close to where people live. Services are being re-organised to ensure they are delivered in the most appropriate way.

A significant programme of change is underway to enable and drive the establishment of hospital groups and CHOs with the aim of delivering integrated services and better outcomes for service users. The CHO implementation programme will deliver on the recommendations of the CHO report to establish appropriate governance and management arrangements for the delivery of services at local community level. Maintaining momentum in this reform programme in the context of increasing operational pressure on the health and social care delivery system is a key focus for 2016.

In Cork & Kerry CHO, the key vehicle for reform of services is the implementation of the Community Healthcare Organisation Report (Oct 2014).

An Implementation Steering Group in Cork and Kerry was established in December 2014. During 2015, the Steering Group met with stakeholders and workshops were held on the network boundaries and scoping the impact of the proposed change for staff and service users.

In 2016:

- ▶ The Cork & Kerry CHO Management Team will be appointed. Q1
- ▶ The community healthcare network boundaries will be finalised for Cork and Kerry. Q1
- ▶ A Programme Management Office will be established to support the implementation of the Community Healthcare Organisation Report. Q2
- ▶ An implementation plan for the CHO Report in Cork and Kerry will be completed. Q2
- ▶ Work will continue at national & local level on the implementation of Community Healthcare Networks. Q1-Q4
- ▶ Communication to staff in relation to the benefits and timelines from the implementation of the CHO Report will be carried out on a regular basis. Q1-Q4
- ▶ Team development training will be provided to teams when reconfigured. Q4

These local implementation priorities will be delivered in tandem with work at national level, under the direction of the National CHO Steering Group and the National CHO Implementation Working Group.

To drive health service reform, service delivery programmes are in place for CHOs and hospital groups, national ambulance services, integrated care and all of the key enabling programmes (including quality and safety, HR,

ICT, finance) Changes in the national divisional structures reflecting the changes to service delivery are being dealt with under the National Centre Programme.

Some of the specific reform projects progressed by the National Divisions include:

- ▶ Transforming Lives – services for people with disabilities.
- ▶ Work of Service Improvement Teams in relation to services for people with disabilities delivered by non-statutory organisations.
- ▶ Service improvement posts in mental health services.
- ▶ The development and phased implementation of ICT capacity for primary care services.
- ▶ Integrated care programmes.
- ▶ National clinical programmes

Risks to the Delivery of the CHO Operational Plan

Both the National Service Plan and the Divisional Operational Plans identify potential risks to effective delivery. Every effort will be made to reduce these risks. However, the following are the main risks which are relevant to Cork & Kerry Community Healthcare Organisation.

- ▶ Services have seen a significant reduction in directly employed staff due to the recruitment moratorium and exit schemes over the last number of years resulting in non replacement of staff following resignations. Although the moratorium is no longer in place, services report difficulty in recruiting certain grades of staff, particularly nurses and medical staff due to non availability of suitable candidates. As a result, many services are reliant on agency staff to maintain rosters. Delivery of associated savings through reduction in agency staff and overtime expenditure by the division in 2016 will be dependent on finding suitable candidates to recruit.
- ▶ Demographic changes over the next 12 months will result in almost 20,000 more people aged 65 and over, and approximately 6,000 more people living with a disability at national level, with increasing levels of dependency. Capacity to meet the needs of this cohort will present a significant challenge. In the context of challenging financial targets and underlying growing demographics and unmet need, Cork & Kerry CHO will have a significant challenge to respond to the growing demands on services for older people for home support and long stay to maintain people in their own communities, support hospital avoidance, reduce length of stay in acute hospitals and enable discharge home whenever possible following an acute hospital stay.
- ▶ The challenge for disability services will be in meeting the demand for residential and respite services and the provision of emergency places, along with the capacity to comply with regulatory requirements in public long stay residential care facilities within the limits of the revenue and capital funding available. This plan outlines mitigating actions to mitigate this risk including management arrangements and processes to prioritise service needs and ensure standardised waiting list arrangements.
- ▶ Demographic growth in numbers of children is leading to increased levels of need for services such as Child and Adolescent Mental Health Services (CAMHS), Speech and Language Therapy, Occupational Therapy, Orthodontic and Dental Services.
- ▶ Management of the scale of reform and change required to support new evolving models of service delivery and drive innovation.
- ▶ The limitations of our clinical, business information, financial and HR systems.
- ▶ Capacity and resources to continue to develop and involve staff in driving change and improving quality and safety and the culture of the organisation.
- ▶ The ability of NHSS (A Fair Deal) to maintain the wait time at 4 weeks given the number and complexity of variables involved and the underlying assumptions.
- ▶ Capacity to comply with regulatory requirements in public long-stay residential care facilities, the disability sector, mental health and hospital services within the limits of the revenue and capital funding available.
- ▶ In relation to PCRS the scale of the financial challenge and other saving measures is linked to the numbers availing of schemes and the volume of medical cards. These measures and the underpinning assumptions around them represent a shared set of risks agreed with DoH.
- ▶ Financial risks associated with the approval of new drugs and the control of existing drugs at or below 2015 funded levels.
- ▶ The capacity to exercise effective control over pay and staff numbers in the context of safety and quality, regulatory, volume and practice driven pressures.

- ▶ Unavoidable public pay policy and approved pay cost growth in areas which have not been funded including staff increments.
- ▶ Risks associated with our capacity to invest in and maintain our infrastructure and equipment.

Operational Framework

Financial Framework

Context

The total funding available to this CHO in 2016 is €560m .

Table 1: Summary of 2015 Budget vs Expenditure

Division		Final Budget 2015	Expenditure 2015	Budget 2016
		000's	000's	000's
Primary Care	Primary Care (excl Community schemes)	95,852	96,536	95,929
	Community Schemes (demand led)	27,352	27,446	28,526
	Social Inclusion	16,196	16,485	15,954
	Palliative Care	8,169	8,233	8,111
	Total Primary Care	147,569	148,700	148,520
Social Care	Older Persons Services	112,631	119,247	108,809 *
	Disability Services	191,766	193,894	195,088
	Total Social Care	304,397	313,141	303,897
Total Mental Health		102,966	105,089	105,336
Total Health & Wellbeing		2,852	2,843	2,852
Total Cork & Kerry CHO		557,784	569,773	560,605

* This figure excludes Regional Services Budget of €6m.

Table 2: Summary of 2016 Initial Budget Allocation Cork & Kerry CHO

Division		Pay	Non-Pay	Income	Total
		000's	000's	000's	000's
Primary Care	Primary Care (excl Community schemes)	65,699	32,554	-2,324	95,929
	Community Schemes (demand led)		28,526		28,526
	Social Inclusion	2,319	13,637	-2	15,954
	Palliative Care	649	7,707	-245	8,111
	Total Primary Care	68,667	82,424	-2,571	148,520
Social Care	Older Persons Services	133,439	52,647	-71,277	114,809
	Disability Services	20,489	180,225	-5,626	195,088
	Total Social Care	153,924	232,872	-76,903	309,897
Total Mental Health		90,776	17,730	-3,170	105,336
Total Health & Wellbeing		2,223	701	-72	2,852
Total Cork & Kerry CHO		315,594	333,727	-82,716	566,605

The cost of providing the existing services at the 2015 level will grow in 2016 due to a variety of factors including national pay agreements / public pay policy requirements, quality and safety requirements, new drug and other clinical non-pay costs, price rises, etc.

An additional base budget has been provided within the 2016 budget and this will assist in dealing with the underlying causes of the 2015 operating deficit with the balance to be dealt with by way of additional savings

and other financial measures and assumptions. The following pages within this section detail the budget allocation including the additional base budget by Division.

The balance of 2016 expected cost growth is to be dealt with by way of additional savings and other financial measures. These measures will be underpinned by a robust pay bill management strategy with a particular emphasis on agency conversion.

Additional Funding 2016

Development Funding / New Initiatives

The following additional funding is provided in the National Service Plan for 2016 for new developments or additional services, nationally.

- ▶ Mental Health – €35m- For the continued enhancement of new and existing services.
- ▶ Primary Care developments €13.5m – GP contract developments including extending care without fees to children up to 12 and provision for rural practices, access to diagnostics, and minor surgery.
- ▶ School Leavers - Additional funding of €7.25m will be made available, at national level, in 2016 for the provision of a day centre place for approximately 1,500 young adults for persons with a disability who are exiting school or rehab training places. In implementing this initiative, providers will be required to adhere to the principles of the *New Directions*.
- ▶ €8m for provision of therapeutic services for young people, including early intervention teams and in particular speech and language therapy services.
 - In line with *Progressing Disability Services for Children and Young Adults with disabilities (0-18s Programme)* €4m of this funding is allocated for 75 new therapy posts. This will assist with the significant programme of reconfiguration already underway within the service which will see the creation of 129 Children's Disability Network Teams.
 - This initiative also includes an initiative to address waiting lists for therapeutic services for children and young people – in particular speech and language therapy. €4m has been provided for these initiatives in 2016 and detailed plans are being prepared as a cross divisional Primary Care & Social Care initiative. Full year funding for this initiative will be made available in 2017.
- ▶ Home Respite Initiatives – an additional €1m has been allocated in 2016 for the development of community based home respite initiatives within the disability sector.
- ▶ Initial implementation of the recommendations of the nursing taskforce as a pilot - €2m.
- ▶ Continued and phased implementation of the Breast Check age extension programme to women aged 65 to 69 (€1.5m)
- ▶ Augment the current Primary Childhood Immunisation schedule to address agreed public health priorities (€2.5m).

None of this funding has been allocated to CHOs at this stage and is not included in the financial budgets outlined in this section.

Service Pressures / Existing Level of Service (ELS)

In addition to funding for new service developments / initiatives, additional funding is also provided in 2016 in respect of full year costs of new initiatives in 2015 and to assist in dealing with cost pressures. The specific areas in which additional funding have been received include:

- ▶ €50.5m (€45.5m disability services, €5m services for older persons) has been provided which will assist social care services in addressing the unfunded costs brought forward from 2015 with the balance to be dealt with by way of savings and other financial measures.
- ▶ €58.5m has been provided in 2016 for the cost of initiatives commenced in 2015 which will have a full year incremental cost in 2016, €6.8m has been allocated to the winter initiative and €51.7m for the

Delayed Discharge Initiative. Both initiatives are intended to alleviate pressures on the acute hospital system.

- ▶ €6m funding has been provided for the full year cost of 2015 school leavers with disabilities and €2m for the full year cost of 2015 therapy posts to support the implementation of the progressing disability service model for children and young adults with disabilities.
- ▶ €16.5m is allocated for provision of full year costs of replacement of residential capacity and emergency places for people with disabilities approved by the HSE and commenced in 2015.
- ▶ €26.8m has been provided to the Nursing Home Support Scheme (NHSS), for residential care for older people: €14.7m for demographics to continue to maintain the waiting time at no longer than 4 weeks, provided that the demand for the scheme remains unchanged, €12.1m has been provided to deal National Treatment Purchase Fund (NTPF) awarded price increases for private nursing home provision within the NHSS scheme.
- ▶ €259m to the Primary Care Reimbursement Scheme to address increased costs in 2015 (€142m) and to provide for increased cost in 2016 (€117m).
- ▶ €25m for local primary care demand led schemes to address increased costs in 2015 (€15m) and to provide for increased activity in 2016 (€10m).
- ▶ €83m for increased costs in 2015 in pensions (€51m) and State Claims Agency reimbursement (€32m).
- ▶ €5m primary care core services which will be allocated to cover the costs of new primary care leases and the costs associated with paediatric home care packages.
- ▶ €20m in expected time related savings will be used in order to maintain 2015 outturn levels in Home Care and Transitional Care.

Improving Compliance with National Residential Standards as Regulated by HIQA

The move to a more community based model of person-centred service and the implementation of the Six Step change programme will support CHOs and service providers in improving compliance with the National Residential Standards as regulated by HIQA.

In recognition of the significant costs and levels of unfunded expenditure in 2015 to improve compliance, the HSE acknowledges the very significant investment in disability services of €45.5m in 2016 to support the full year costs of the compliance work approved by the HSE and commenced in 2015.

The priority in 2016 is to address the 11 centres which have been identified at highest risk by the HSE in conjunction with HIQA. Comprehensive implementation plans will be prepared by each CHO by the end of Quarter 1 in respect of these 11 centres in line with the funding provided and in addition maximising opportunities, the reconfiguration of existing service as well as opportunities for conversion of agency and reduction of any unnecessary overheads. The implementation of these plans will support the improvement and compliance while also moving to new community based models of service while maximising value for Money. The work of the Service Improvement Team analysis of a large five service providers will provide signposts for further guidance on areas where resources can be reconfigured without impacting on frontline service provision.

The remaining funding provided has been allocated to other service providers to support implementation of recommendations from HIQA reports during 2015. The overall thrust in 2016 to consolidate all of these arrangements in line with the resources provided and key actions and processes have been outlined in the Social Care section of this plan on 0 115.

Health Service Reform and Achieving Better Outcomes

The Health Service Reform Programme aims to drive the delivery of person-centred, integrated models of care throughout our health and social care services. The objective is to ensure better health outcomes and improved experiences for patients and service users. In order to support this important goal, the HSE has prioritised:

- ▶ €9m from within the 2016 allocation to progress the implementation of the Integrated Care Programmes strategy. There is an incremental cost of €9m associated with these programmes which will bring the full year cost in 2017 to €18m.
- ▶ €3m from within the 2016 allocation in respect of quality assurance and verification and quality improvement initiatives. An additional €3m investment will be required in 2017, which will bring the full year cost in 2017 to €6m.
- ▶ €1.2m to support the implementation of hospital group and CHO structures in 2016.
- ▶ €10m, from within existing resources, to support the system reform programme and to expand change management capacity across the system.

Pay Funding (including Lansdowne Road Agreement) – €118m

Funding is provided in 2016 to off-set the growth in pay costs associated with the Lansdowne Road Agreement, Labour Relations Commission recommendations and other pay pressures.

Cost Pressures

Pay Costs

It is noted that some unavoidable pay-related costs, identified as part of the estimates process, were not funded within the overall HSE allocation. The most significant of these relate to the net cost of increments, which must be paid in line with approved public pay policy, quantified at €30m, for the HSE at national level for which no funding was received. The HSE will continue to engage with DoH and DPER during 2016 to seek a sustainable solution for this ongoing issue in time for implementation in 2017.

Other unavoidable and unfunded pay costs which will or may occur in 2016 include:

- a) **Increases in Consultant Pay Scales** per Circular 13/2015
- b) **Unavoidable Agency Costs.** Medical and Nursing Agency costs remain a feature, in some services, due to the on-going market and availability issues in recruiting and retaining these staff despite considerable efforts and initiatives;

Non Pay Cost Pressure

Non Pay Cost Pressure includes private placements in mental health services, which although always a feature of our expenditure, are increasing significantly in recent years due to more complex presentations, including Eating Disorders, as well as significantly increased costs per placement arising from regulatory based requirements. There are initiatives that need to be driven, in liaison with the National Division, in order to relieve this key cost pressures in 2016 and beyond. This involves creating a model of care that reduces the need for private placements and ensures that skill mix becomes engrained across all locations maximising the most appropriate use of current staff and introducing new staff available to services.

Emergency Cases – Disability Services

Emergency Placements in Disability Services: increased life expectancy of people with disabilities, along with the lack of structured investment in residential services for a number of years, has led to significant levels of unmet need and emergency needs for residential places. This is likely to continue in 2016.

In 2016, all vacancies that occur in residential places will be the first option to respond to emergency requirements for services. Where existing funding is not available appropriate risk management and wait list processes will apply.

A national working group has been established within disability services, with representation from each CHO, to develop a nationally consistent framework for a centralised waitlist and capacity review process within each CHO, including standardised prioritisation process, working to ensure there is effective prioritisation of

places including emergency residential requirements within allocated resources while maximising existing capacity and opportunity for reconfiguration.

Home Care and Community Support Services – Services for Older Persons

Demographic factors include increased life expectancy for people with disabilities along with the lack of structured investment in residential services for a number of years.

In 2015, measures were put in place to bring the level of home help and home care packages in line with available budgets. Services were prioritised for people who had been assessed in need of home care and who;

- Were being discharged from acute hospital
- Were at risk of admission to acute hospital
- Were at risk of admission to residential care
- Were in receipt of palliative care

At the beginning of January 2016, a total of 747 people in Cork were on a waiting list for home help or home care packages. Of these, 309 were in receipt of services and required an increase in service provisions and 438 were in receiving no service.

Cork & Kerry CHO will continue to assess and clinically review needs for home care services. Services will continue to be provided in line with the priorities identified above.

A national working group has been established, with representation from each CHO, to develop a standardised approach to management and allocation of resources and the reporting of waiting list data.

Savings and Efficiency Measures

In order to utilise the available resources to the best effect, Cork & Kerry CHO continue to identify efficiencies and maximise productivity while providing our services in a safe manner.

Cost of Care - Services for Older Persons

There is an ongoing requirement to reduce the cost of care in a number of residential units. Every effort will be made to utilise our resources in the most cost effective way, including the conclusion of the on-going national consultation with staff representative bodies in relation to matching staffing levels and skill-mix to care needs.

Service Improvement Team – Disability Services

The work of the Social Care Service Improvement Team analysis of the large five disability service providers at national level will provide signposts for further guidance on areas where resources can be reconfigured without impacting on frontline service provision.

Non Pay Costs – Disability Services

Reduction in non-pay costs through reductions in unit costs achieved through procurement initiatives or through greater efficiency and reduction in usage. A specific emphasis throughout 2016 will be on the utilisation of the HSE negotiated contracts and procurement initiatives by Section 38 providers. There is a requirement for HBS to link with providers in a co-ordinated manner to deliver on insurance and other cost saving/service improving initiatives as identified and agreed between HBS, Section 38 providers and Community Healthcare Organisations. In addition, the area of transport has been identified as an area where efficiencies can be delivered over time and a national working group will be established within disability

services, with representation from each CHO, to maximise the cost effectiveness, appropriateness and equity of provision of transport services across all service providers and sites.

Pay Bill Management

The HSE acknowledges that it must further improve pay bill controls in 2016 and is taking action to do so. A key part of this commitment is the plan to develop an integrated strategy in respect of recruitment, agency conversion and workforce planning in 2016. Discussions to inform the 2016 approach involving the HSE, DoH and DPER are planned. It also needs to be acknowledged that there are a variety of factors, including quality and safety issues, driving upward pressure on staff numbers overall.

The Pay bill Framework clearly identifies the overall requirement for each CHO to remain within their notified budget; and the recruitment of any staff must not breach that requirement in the current year, nor build in unsustainable levels into the following year. There is an absolute requirement for each service to have a fully funded workforce plan developed in line with their allocated pay envelope and this should drive all recruitment decisions. All services, including funded non-statutory agencies are required to take immediate steps to significantly reduce their agency expenditure. The management of agency usage and conversion provides significant opportunities, as savings achieved can be used to offset any deficits and to address service pressures. This will be a key performance indicator in 2016.

Financial Risk Areas

The HSE has identified a significant financial challenge in respect of maintaining existing levels of service within the net revenue allocation notified for 2016. The key components of the HSE approach to addressing this challenge involve achieving increased efficiency, value for money and budgetary control in 2016 and include:

- ▶ Governance – intensify focus on budgetary control through enhanced accountability framework
- ▶ Pay – integrated strategy on recruitment, agency conversion and workforce planning
- ▶ Non-Pay – implement targeted cost-containment programmes for specific areas
- ▶ Income – sustain and improve wherever possible the level of income generation achieved in 2015

The Cork & Kerry CHO fully acknowledges the requirement to operate within the limits of the funding notified to it and will ensure this receives the very significant management focus required in 2016.

Mental Health Services Budget Framework 2016

The budget for Cork & Kerry Mental Health Services in 2016 is €103.303m. This is a 1.71% increase on 2015 budget. The National Mental Health Divisional Operational Plan outlines an indicative budget of €105.336m when funding for new posts which commence in 2016 is taken into account. The Cork & Kerry 2016 budget is 14.6% of the national mental health budget, excluding national services.

Table 6: Summary of Mental Health Initial Budget Allocation as per National Mental Health Operational Plan

Mental Health	€m
Opening Budget 2016	101.535
2015 PFG Posts CUH Acute Unit	1.050
2013 & 2015 Development Posts to start in 2016	2.771
LRA/Chairman's Notes	0.196
2016 Cost Containment	
2016 Savings/Efficiencies	(0.045)
Adjustment for ICPs other	(0.171)
	(0.216)
Budget 2016 per Operational Plan	105.336

Reconciliation of Budget 2016 per Operational Plan to Initial CHO Budget	€m
Budget 2016 per Operational Plan	105.336
Rostered Year Nursing Students	0.179
NCHD Refunds	0.012
Sponsor Public Health Service Employees to Nurse	0.035
Indicative Budget 2016	105.562
Balance of 2015 Minor Works	0.512
Development Posts funding held	(2.771)
Initial Budget 2016	103.303

Table 7: Indicative Mental Health Budgets and Spend

Integrated Service Area (ISA)	2015 Projected Net Spend	2015 Projected Spend - Ongoing Services	2015 Minor Works - Once Off	2015 Non Minor Works - Once Off	2015 Projected Total Spend	2016 Opening Budget	2013 & 2014 Dev Posts to start in 2016	2016 Closing Budget
	Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H
Cork	80,921,978	81,699,350	442,000	770,000	82,911,350	80,835,832	1,723,368	82,559,200
Kerry	21,226,160	21,914,875	235,000	/	22,149,875	21,729,715	1,047,396	22,777,111
Cork & Kerry CHO Total	102,148,138	103,614,225	677,000	770,000	105,061,225	102,565,547	2,770,764	105,336,311

Social Care Budget Framework 2016

Table 5: Summary of Social Care Initial Budget Allocation as per National Social Care Operational Plan

Social Care	Older Persons	Disabilities
	€m	€m
Opening Budget		184.406
Sponsor Public Health Service Employees to Nurse		0.035
Rostered Year for Pre-Reg Nursing Degree Students		0.100
Therapy Posts		0.096
Full Year 2015 School Leavers		1.872
Sleepovers		0.804
Twilight Arrears/Ongoing		0.633
Fair Deal Cost of Care	70.946	
Fair Deal Income	(70.946)	
NHSS Fixed Costs Unfunded	-	
HIQA Cost Pressures		
Pay Pressure		3.480
Non Pay Pressure		1.966
		5.446
Short Stay Public	23.171	
Home Help & HCP	54.123	
Community Nursing/Therapies/Support Services	10.664	
Day Care	5.996	
Clinical Services	12.467	
Safeguarding Posts	0.092	
Time Related Savings HH/HCP	3.319	
Regional Services	6.000	
PSPR & Other Pressures		0.071
Other		0.110
LRA/Chairman's Notes	0.755	1.733
2016 Cost Containment	(1.778)	
2016 Savings Measures		(0.025)
Adjustment for ICPs other		(0.193)
		(0.218)
Budget 2016 per Operational Plan	114.809	195.088

Reconciliation of Budget 2016 per Operational Plan to Initial CHO Budget	Older Persons	Disabilities
	€m	€m
Budget 2016 per Operational Plan	114.809	195.088
Contract & Subvention Fair Deal Funded	2.358	
Section 39 Fair Deal Funded	2.163	
Voluntary Bodies Realignment	0.913	
Home Help & HCP Adjustment	(0.739)	
Indicative Budget 2016	119.504	
HH/HCP Sanctioned Overspend	(3.319)	
Initial Budget 2016	116.185	

The budget for Cork & Kerry Older Person Services in 2016 is €119.503m. This is a 13.94% increase on 2015 budget. The Cork & Kerry 2016 budget is 18% of the national older persons' budget excluding national services.

The budget for Cork & Kerry Disability Services in 2016 is €195.088m. This is a 6.92% increase on 2015 budget. The Cork & Kerry 2016 budget is 12.9% of the national disability budget excluding national services.

Primary Care Budget Framework 2016

The budget for Cork & Kerry Primary Care Services in 2016 is €148.519m. This is a 12.74% increase on 2015 budget. The Cork & Kerry 2016 budget is 13% of the national primary care budget excluding national services.

Table 4: Summary of Primary Care Initial Budget Allocation

Primary Care	Primary Care	Palliative Care	Social Inclusion	Local DLS	Total
	€m	€m	€m	€m	€m
Opening Base Budget 2016	95.482	8.123	15.977	25.423	145.005
Programme for Government Funding					
LRA	0.189	0.001	0.003		0.193
Non Pay Cost Pressures 2015				1.929	1.929
Non Pay 2016 Cost Pressures	0.797			1.174	1.971
	0.986	0.001	0.003	3.103	4.093
Savings Measures					
2016 Savings Measures	(0.350)				(0.350)
Efficiencies/VFM		(0.001)	(0.001)		(0.002)
Adjustment for ICPs other	(0.189)	(0.012)	(0.025)		(0.226)
	(0.539)	(0.013)	(0.026)		(0.578)
Initial Budget 2016	95.929	8.111	15.954	28.526	148.520

Health & Wellbeing Services Budget Framework 2016

The budget for Cork & Kerry Health & Wellbeing in 2016 is €2.851m. There is no change in the budget from 2015.

Table 8: Summary of Health & Wellbeing Budget Allocation

Division	Pay	Non-pay	Income	Total
Health & Wellbeing	2,223	699	-70	2,852

Finance - Indicators of Performance

Table 9: Finance Indicators of Performance

Finance	Expected Activity / Target 2016
Budget Management including savings	
Net Expenditure variance from plan (within budget)	0.33%
• Pay – Direct / Agency / Overtime	0.33%
• Non-pay	0.33%
• Income	
Service Arrangements / Annual Compliance Statement	100%
• % of number of Service Arrangements signed	100%
• % of the monetary value of Service Arrangements signed	100%
• % of Annual Compliance Statements signed	
Capital	100%
• Capital expenditure versus expenditure profile	
Audit	75%
• % of internal audit recommendations implemented by due date	95%
• % of internal audit recommendations implemented, against total number of recommendations, within 12 months of report being received	

Workforce

Introduction

Staff in Cork & Kerry CHO are at the core of the delivery of healthcare services. In 2016, Cork & Kerry CHO will bring an increased focus to support and develop a workforce that is dedicated to excellence, welcomes change and innovation, embraces leadership and teamwork, fosters inclusiveness and diversity and maintains continuous professional development and learning.

The HSE People Strategy 2015–2018 has been developed in recognition of the vital role the workforce plays in delivering safer and better healthcare. The strategy is underpinned by its commitment to engage, develop, value and support the workforce.

Recruiting and retaining motivated and skilled staff remains paramount for the delivery of health services delivered every day to an increasing and changing demographic population. This challenge is even greater in a health service which has undergone significant ongoing change and organisation redesign. In addition, ongoing negative public comment, particularly in media, along with reputational damage for failures in other parts of the health service can make the HSE a difficult place for staff to work.

Staff Engagement

An engaged and motivated workforce delivers better patient outcomes. Cork & Kerry CHO is committed to listening to the views and experiences of staff in order that improvements to the health service, both as a place to work and as a place to receive services, can be delivered. The messages from the first staff survey conducted in late 2014 have been reviewed by the Area Management Team in Cork & Kerry CHO. A number of priority actions have been identified with the aim of commencing to improve effective engagement with staff at all levels. These include ensuring that there are frequent and structured team meetings at all levels. Communication from the Area Management Team will be improved through increased visibility with the Area Management Team visiting local services, staff recognition and appreciation and the commencement of a staff newsletter for Cork & Kerry CHO. The next staff survey will be conducted in mid 2016 and there will be a concerted effort across the CHO to improve the rate of staff participation.

Employee engagement is a core and central theme to the People Strategy 2015–2018 with a focus on developing mechanisms for more effective internal communications to support listening and learning across the whole sector, involving staff more in planning and decision-making and enabling them to propose and act on their ideas to improve the quality of care. This includes ensuring staff have the space to discuss their professional and career aspirations with their managers and that these engagements will inform learning and development.

The Workforce Position

Government policy on public service numbers and costs is focused on ensuring that the numbers of people employed are within the pay budgets available. The number of whole time equivalent posts in place in Cork & Kerry CHO at the end of 2015 was 6,345.34.

There was a particular focus in 2015 on agency and overtime to reduce direct expenditure in this area and free up funding for investment in essential posts. This will be continued in 2016. Workforce management in 2016 will be aligned with the allocated pay envelope, adhering to government policy on public sector numbers, pay and workforce related costs. This will be underpinned by a revised and

strengthened Accountability Framework and Pay costs will continue to be managed through funded workforce plans at divisional and service delivery unit level.

Managing the Workforce: Pay and Staff Numbers Strategy

The challenge to the management of the workforce in 2016 is:

- ▶ Continuing the transition from an employment control framework driven by moratorium on recruitment to one operating within allocated pay envelopes.
- ▶ Operating strictly within allocated pay frameworks, while ensuring that services are maintained to the maximum extent and that the service priorities determined by Government are addressed.
- ▶ Strictly complying with public sector pay arrangements and policy on public sector pay costs.
- ▶ Identifying further opportunities for pay savings to allow for re-investment purposes in the health sector workforce.

Pay and Staffing Controls will be enhanced in 2016. Service Delivery Units will be required to submit monthly written assurance and exception reports in respect of 'starters and leavers'. Detailed challenges to any upward movements will be instigated with a view to eliminating further employment growth unless specifically funded in additional 2016 monies. There will be a focus on continued agency conversion and the elimination of further unfunded growth.

The discretion now being provided in managing the workforce presents potentially greater and different management challenges. Service managers will have to focus on stretching pay expenditure to deliver optimal hourly labour costs and optimising the capacity and capability of their workforce, while strictly adhering to the pay envelope. This requires an integrated approach, with service management being supported by HR and finance. It further requires finance and HR workforce data, monitoring, and reporting to be aligned.

Maximising labour cost reductions, efficiencies, and value for money

There is a need to further reduce the cost and reliance on agency staff. The use of agency staffing and/or overtime will be strictly controlled in 2016 to deliver the necessary savings set out in this plan.

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

- ▶ The creation of staff banks, based on geographical or service clusters, will continue to be considered.
- ▶ Skill-mix changes within and across staff disciplines will continue to ensure most appropriate and cost effective delivery of services. Options around substitution with appropriate scope of practice and oversight will also be considered.
- ▶ Review of management structures will continue.

2016 New Service Developments and Other Workforce Additions

This plan provides for specific additional funding in 2016 for new improvements and additional demographic pressures. These are in addition to initial pay allocations and are set out in the financial framework section and in the following subsections.

The planning, approval, notification, management, monitoring and filling of these new posts will be in line with the previous process for approved and funded new service developments specified in national service plans. Other workforce additions, not specifically funded, will be implemented only where offset by funding redirection within allocated pay envelopes.

Health and Wellbeing

Delivering Health Library and Knowledge Services into the Future was approved by the HSE Leadership Team in 2014. Following the Leadership Team's decision, HSE library services will be consolidated into a new National HSE Library Service to be aligned within the Health and Wellbeing Division in 2016. Key steps include the appointment of a National Health Service Librarian in Quarter 1, and the creation of a national governance structure which provides for management of library services on a national basis.

Primary Care

The Primary Care Division will continue service developments commenced in 2015 in the areas of Integrated Care and Chronic Disease Projects, Children First and Palliative Care, supported by the completion of the recruitment process for these projects.

Mental Health

Cork & Kerry CHO will work with the National Mental Health Division in the prioritisation of service developments under the Programme for Government funding for Mental Health Service developments 2015 and 2016.

Social Care

The National Service Plan provides funding for a number of developments in 2016 including:

- ▶ The recruitment of additional therapy posts to reconfigure multidisciplinary children's disability teams and to achieve targeted reductions in waiting lists for therapies.
- ▶ Provision of additional day services to attend to the needs of school leavers and those exiting rehabilitative training that require HSE funded adult day services.
- ▶ Implementation of the Integrated Care Programme for Older People where Cork is a pioneer site.

The Lansdowne Road Public Service Stability Agreement 2013–2018

The *Lansdowne Road Agreement*, concluded in May 2015, between government and public sector unions represents an extension of the *Haddington Road Agreement* (HRA) until 2018. A key additional factor in the agreement is a strengthened oversight and governance arrangement for dealing with matters of implementation and interpretation in respect of disputes that may arise.

The key enablers, such as additional working hours, that existed under the HRA up to now will remain for the duration of the extended agreement and will continue to assist clinical and service managers to manage their workforce through the flexibility measures contained. These enablers will support the reform, reconfiguration and integration of services and contribute to delivering a workforce that is more adaptable, flexible and responsive to needs of the services, while operating with lower pay expenditure costs and within allocated pay envelopes.

The HRA continues to provide the necessary enablers to allow for:

- ▶ Workforce practice changes
- ▶ Reviews of rosters, skill-mix and staffing levels.
- ▶ Increased use of productivity measures
- ▶ Use of redeployment mechanisms
- ▶ Greater use of shared services and combined services focused on cost effectiveness and cost efficiencies.

Workforce Planning

The DoH has committed to establishing a Workforce Planning Group in early 2016 in order to develop an Integrated Strategic Workforce Planning Framework for the health sector. The Group will address the workforce planning and development requirements contained in *Future Health, Healthy Ireland* and the HSE's *Corporate Plan 2015–2017*. The HSE HR Directorate will support the work of this group during 2016 and will operationalise the framework for the health sector in 2017. This will be achieved by supporting the clinical programmes, hospital groups, CHOs and central services to develop the capacity to undertake operational, programme and strategic workforce planning and workforce design. This support will be guided by relevant themes and work streams of the *People Strategy 2015–2018*, in conjunction with the Systems Reform Group and will involve:

- ▶ Supporting the workforce planning work streams in the dependant programmes and structures flowing from the Integrated Strategic Workforce Planning Framework.
- ▶ Developing a national workforce planning process and structure that will support the service units in workforce planning, that will leverage the output of local and regional planning and will identify the workforce planning implications of clinical programmes, national health policy and national employment and migration policy.
- ▶ Building capacity to redesign / reconfigure services and the workforce based on best practice, evidence based models of care and anticipated future needs.
- ▶ Working with the DoH, Department of Education and Skills (DES), DJEI and other external bodies, to influence the quality and quantity of the future supply, acquisitions and deployment of healthcare workers.
- ▶ Assisting in the development and implementation of a relevant and effective resource allocation system.
- ▶ Integrating multi-discipline employee development strategies and programmes with workforce planning thereby building the internal supply.
- ▶ Providing workforce data intelligence, workforce profiles and research.

Leadership, Education and Development

Supporting the development and delivery of effective leadership at all levels is a key priority for Cork & Kerry Community Healthcare Organisation. To progress this in 2016 we will:

- ▶ Focus on the implementation of the HSE Performance Management Framework
- ▶ Support the implementation of a leadership development programme (multi-disciplinary)
- ▶ Support a people development planned interventions, supported by coaching, mentoring and action learning.
- ▶ Support the implementation of the HSE Graduate Intern Programme
- ▶ Progress the development of talent pools across the health system.

It is planned to continue and expand the number of FETAC Level 5 Modules available to support staff and staff supervisors in 2016. Programmes will continue based on identified service requirements, training needs analysis and individual Personal Development Plans (PDPs) as part of the commitment to supporting employee continuous professional development needs.

Recruitment

Particular challenges are being experienced in recruiting staff in some health services. These include:

- ▶ Consultant psychiatrists (both adult and child / adolescent)
- ▶ Nursing (general, ID and mental health)

Cork & Kerry CHO will continue to work with National Divisions and with the HR Division to address the operational and administrative barriers to successful recruitment and retention.

The moratorium on recruitment resulted in a depletion in numbers of administration staff. Work has started to address this in mental health services. Cork & Kerry CHO will work, at a minimum, to maintain its current numbers of admin staff in 2016.

Attendance Management

This continues to be a key priority area and service managers and staff with the support of HR will continue to build on the progress made over recent years in improving attendance levels. The performance target for 2016 remains at $\leq 3.5\%$ staff absence rate.

European Working Time Directive

The HSE is committed to maintaining and progressing compliance with the requirements of the European Working Time Directive (EWTD) for both non-consultant hospital doctors (NCHDs) in Mental Health Services and residential staff in the social care sector. Key indicators of performance include:

- ▶ Maximum average 48 hour week
- ▶ 30 minute breaks
- ▶ 11 hour daily rest / equivalent compensatory rest
- ▶ 35 hour weekly / 59 hour fortnightly / equivalent compensatory rest.

Cork & Kerry CHO will work closely with the Mental Health Division and the national verification group to achieve compliance for NCHDs in mental health services.

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

Ireland's plans for progressing EWTD compliance in residential settings for the Intellectually Disabled in Ireland will be developed in parallel with the planned reform of the community based residential model underway as part of the implementation of recommendations of the *Transforming Lives* programme.

Code of Conduct for Health and Social Care providers

This Code of Conduct, which sets out employees' and managers' responsibilities in relation to achieving an optimal safety culture, governance and performance of the organisation, was approved and endorsed by the Minister in March 2015. The HSE will implement the Code in 2016.

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

Occupational Safety and Health (OSH) at Work

In 2016 safer workplaces will be created by reviewing and revising the Corporate Safety Statement, developing key performance indicators (KPIs) in Health and Safety Management and Performance, launching a new statutory occupational safety and health training policy, and developing and commencing a national proactive audit and inspection programme. Staff will be supported to become healthier in their workplaces and an Occupational Health Business Unit will be established.

HR-Indicators of Performance

HR	Expected Activity / Target 2016
Absence <ul style="list-style-type: none"> • % of absence rates by staff category 	≤ 3.5%
Staffing Levels and Costs <ul style="list-style-type: none"> • % variation from funded staffing thresholds 	≤0.5%
Compliance with European Working Time Directive <ul style="list-style-type: none"> • < 24 hour shift (Acute and Mental Health) • < 48 hour working week (Acute & Mental Health) 	100% 95%
Health and safety <ul style="list-style-type: none"> • No. of calls that were received by the National Health and Safety Helpdesk during the quarter 	15% increase

Accountability Framework

Introduction

The HSE is the statutory body with responsibility for the delivery of health and personal social services within the resources allocated to it by the Minister. In discharging its public accountabilities, the HSE has in place a Governance Framework covering corporate, clinical and financial governance. While the HSE's primary accountability is to the Minister for Health, it also has a range of other accountability obligations to the Oireachtas, Oireachtas Committees and to its Regulators.



The HSE's **Accountability Framework** was introduced in 2015 and has been further enhanced and developed for 2016. It sets out the means by which the HSE and in particular the National Divisions, Hospital Groups and CHOs, 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 introduction of an Accountability Framework as part of the HSE's overall governance arrangements is an important development. The key components of the Performance Accountability Framework 2016 are as follows:

- ▶ Formal Performance Agreements between the Director General and the National Directors and between the National Directors and the Hospital Group CEOs and the CHO Chief Officers.
- ▶ A developed and enhanced formal Escalation and Intervention Framework and process for underperforming services which includes a range of supports, interventions and sanctions for significant or persistent underperformance.
- ▶ The continuation of the National Performance Oversight Group with delegated authority from the Director General to serve as a key accountability mechanism for the Health Service and to support the Director General and the Directorate in fulfilling their accountability responsibilities.
- ▶ Accountability arrangements will be put in place in 2016 between the Director General and the relevant National Directors for support functions (e.g. Finance/ HR/ Health Business Services etc) in respect of delivery against their Operational Business Plans.
- ▶ The continuation of the national level management arrangements for the CHO Chief Officers

Framework Accountability Documentation Suite (Plans, Agreements and Reports)

There are a number of documents that form the basis of the Accountability Framework. The **Corporate Plan 2015-2017** is the 3 year strategic plan for the Health Service. The **National Service Plan** sets out prospectively the performance commitments of the HSE. It describes the type and volume of services which will be provided within the funding provided by Government. This Plan serves as the Contract between the HSE and the Minister for Health, against which the performance of the HSE is measured. **Operational Plans** are prepared for each of the HSEs service Divisions. These detailed plans, together with the Divisional component of the **National Service Plan** are the basis against which the performance of each National Director and their Division are measured and reported. A **CHO Plan** is produced for each of the nine CHO areas outlining details of the performance commitments of each Community Healthcare Organisation in relation to Social Care, Primary Care, Health and Wellbeing and Mental Health. A National **Performance**

Report is produced on a monthly basis to retrospectively account for delivery of services is provided to the Minister for Health and subsequently published. An **Annual Report** is also produced which having been submitted to the Minister for Health is laid before the Houses of the Oireachtas.

A key feature of the Accountability Framework is the formal **Performance Agreements**. They will be updated to reflect the 2016 National Service Plan. These Agreements will be in place at two levels:

- ▶ The first level will be the National Director Performance Agreement between the Director General and each of the National Directors for Community Services.
- ▶ The second level will be the CHO Chief Officer Performance Agreement which will be a single performance agreement (covering all community service Divisions) between the four National Directors for Social Care, Primary Care, Mental Health and Health and Wellbeing and each of the nine CHO Chief Officers.

Performance Agreements at each level, while linked to specific Divisions and service organisations, will also set out expectations in relation to integration priorities and cross boundary working.

Each of the National Directors for Community Services will be accountable for the delivery of their Divisional component of the National Service Plan. This will be reflected in the Performance Agreement. The Performance Agreement will in addition focus on a number of key priorities contained in the Service Plan and Operational Plan. These priorities will be captured in a **Balanced Score Card** which will ensure accountability for the four dimensions of **Access** to services, the **Quality and Safety** of those services, doing this within the **Financial resources** available and by effectively harnessing the commitment and expertise of its overall **Workforce**. The Balanced Score Cards set out both quantitative and qualitative measures.

The Agreement will also set out the core performance expectations, accountability arrangements and escalation, support and intervention measures that will be put in place. A consistent approach to these arrangements will continue during 2016 at each accountability level.

Accountability Framework Processes

The national performance oversight group as a subgroup of the Directorate will continue to be the principle performance accountability mechanism in the HSE. The Director General will formally review the delivery of the National Director performance agreement at monthly performance review meetings with individual National Directors.

During 2015 each of the National Directors for Community Services set out in writing the formal **Performance Management Arrangements** in place for their Division and in relation to their interactions with the CHOs. These were coordinated by the Chair of the Community Services Executive Committee and agreed with the Director General, together with their Performance Agreements. These arrangements will remain in place for 2016 and be updated as relevant.

The **Executive Management Committee (EMC)** for Community HealthCare, comprising the four National Directors (i.e. Primary Care, Social Care, Mental Health, Health and Wellbeing) established in 2015 will continue in its current form in 2016. During 2015 the National Director for Social Care was appointed by the Director General to Chair the Committee. These arrangements will remain in place in 2016 and be updated as relevant.

The **Community Services Executive Management Committee** will formally review the delivery of the **CHO Chief Officer Performance Agreement** at monthly **Performance Review Meetings** with each CHO Chief Officer and members of their core teams. These will continue to be the principal accountability meetings at which progress against the **CHO Chief Officer Performance Agreement** and the **Operational Plans** are reviewed. The output of these meetings will form part of the Divisional Component of the National Performance

Report.

It is at this Forum that each CHO Chief Officer is held to account and the Committee is expected to oversee community services performance in a coordinated way. Individual National Directors and their teams will continue to have ongoing interactions with the CHO Chief Officers and their teams in the normal course of the business of each Division. In this context National Directors will continue to hold their Divisional meetings with each CHO in discharging their delegated accountability.

CHO Plans will continue to be the basis against which the performance of each individual service is measured and reported on by the CHO Chief Officer. Each CHO Chief Officer will continue to hold a formal monthly performance management process with their next line of managers. It is expected that any deviations from planned performance will be addressed at this level in advance of the CHO Performance Management meetings with the National Directors.

The HSE provides funding of more than €3 Billion annually to the non-statutory sector to provide a range of health and personal social services. **Service Arrangements and Grant Aid Agreements** will continue to be the contractual mechanism governing the relationship between the HSE and each Section 38 and Section 39 Agency. Work will be undertaken during 2016 to streamline the Service Arrangement and Grant Agreement process with a particular focus on reducing the requirement for multiple agreements for single national agencies.

Escalation and Intervention Framework 2016

One of the most important elements of the HSEs strengthened accountability arrangements is a requirement that Managers at each level ensure that any issues of underperformance are identified and addressed at the level where they occur. Where there are issues of persistent underperformance in any of the quadrants of the Balanced Score Card, the HSE will implement an enhanced **Escalation and Intervention Framework** and process as part of its Accountability Framework. The Escalation and Intervention Framework, detailed in the National Service Plan 2016 includes the:

- ▶ Responsibilities at each level for performance and escalation.
- ▶ The thresholds and tolerances for underperforming services at each level.
- ▶ The type of supports, interventions and sanctions to be taken at each level of escalation.

In the context of the Escalation and Intervention Framework underperformance includes performance that places patients or service users **at risk, fails** to meet the **required standards** for that service or **departs** from what is considered **normal practice**. Escalation can be described as the increased and intensified application of focus and scrutiny on a particular area of underperformance in order to improve performance.

The Escalation Framework sets clear thresholds for intervention for a number of priority Key Performance Indicators and a rules-based process for escalation at a number of different levels. It is recognised that underperformance may be minor to severe and may be temporary or persistent. Any formal designation of service underperformance will recognise these conditions. Each of the National Directors for Community Services will be required therefore as part of the enhanced Accountability Framework 2016 to agree an overall set of thresholds and 'tolerance levels' against which underperformance issues will need to be escalated to a number of different levels.

An issue that requires escalation can start in any part of the organisation and this process ensures that Service Managers, Chief Officers of Community Healthcare Organisations and each of the National Directors for Community Services provide assurance or escalate issues in accordance with the processes set out in this document. Where escalation occurs, the accountability arrangements in place will require the relevant senior manager to ensure that appropriate interventions are commissioned and implemented. The **4 point Escalation Framework** developed by the National Performance Oversight Group outlines escalation thresholds and

actions to be taken from Level 1 (yellow) to Level 4 (black) which will be used to escalate issues and incidents as required.

Level 1 (Yellow)	is at Chief Officer CHO level
Level 2 (Amber)	is at National Director for Social Care level
Level 3 (Red)	is at National Performance Oversight Group level
Level 4 (Black)	is at Director General Level

Delivery of Services

Health and Wellbeing

Introduction

Improving the health and wellbeing of Ireland's population is a national priority and a key element of healthcare reform. As part of this reform and in response to Ireland's changing health and wellbeing profile, the *Healthy Ireland (HI) Framework* was adopted by the Irish Government. This commitment is also reflected in the HSE's Corporate Plan, *Building a high quality health service for a healthier Ireland 2015-2017*, which identifies the promotion of 'health and wellbeing as part of everything we do' within its five over-arching Corporate Goals.

Within the HSE, the Health and Wellbeing Division is responsible for driving and coordinating the health service response to this agenda. Our services are focussed on helping people to stay healthy and well, reducing health inequalities and protecting people from threats to their health and wellbeing. Identifying successful mechanisms to address the broader determinants of health and the unequal patterns in health outcomes in the population is central to this work.



A major milestone in formulating the health services response to the *HI Framework* was achieved in 2015, with the publication of our *Healthy Ireland in the Health Services National Implementation Plan 2015-2017 (HI Implementation Plan)* which specifically focuses on the HSE, our workforce, our services and the people to whom we provide services.

The appointment of a Head of Health and Wellbeing to the Senior Management of each CHO in 2016 will be a significant enabler to the translation of the goals and actions set out in the *HI Implementation Plan* within communities.

Key developments in health and wellbeing will be delivered in 2016 and which will impact on services to the public in Cork and Kerry CHO include:

- ▶ Within the Child Health area, the augmentation of the current Primary Childhood Immunisation (PCI) schedule to address agreed public health priorities. In addition, the implementation of the revised evidence-based universal child health screening and development programme will commence on a phased basis as will the key components of the Nurture, Infant Health and Wellbeing Programme.
- ▶ The completion of a National Brief Intervention Framework for implementation.
- ▶ The further advancement of the programme of work supporting the continued development of integrated care across health and social care services.
- ▶ The continued work of national policy priority programmes in areas such as Tobacco Free Ireland, Healthy Eating and Active Living (HEAL), Healthy Childhood Programme, Alcohol, Wellbeing and Mental Health, Positive Ageing and Sexual Health to address the burden of chronic illness.
- ▶ A range of projects which will advance of the overall objectives set out in the *Healthy Ireland in the Health Services Implementation Plan 2015-2017*, focusing on, inter alia, initiatives to support staff health and wellbeing and the concept of *making every contact count*.

Health and Wellbeing	
2016 Budget €m 000's	
Cork & Kerry CHO	2,851
Full details of the 2016 budget are available in Appendix 1	

Health and Well Being comprises a range of services to improve the health of the population. These include a mix of local and national staff and services:

Health and Wellbeing Staff Managed Directly by the National Director

- ▶ Public Health
- ▶ Health Promotion
- ▶ Environmental Health
- ▶ Emergency Management

Health and Wellbeing Services Managed by Cork/Kerry CHO

- ▶ Immunisations
- ▶ Child Health
- ▶ Public Analyst Laboratory
- ▶ Food Analyst Laboratory

Healthy Ireland in the Health Services in Cork & Kerry CHO

The HSE has published *Healthy Ireland in the Health Services* – an implementation plan for the Healthy Ireland Framework specifically focused on the HSE, our workforce, our services and the people we care for.

The plan sets out three clear priorities for action on:

- ▶ Reducing Chronic Disease - the biggest risk to our population's health and our services,
- ▶ Staff Health and Wellbeing – ensuring we have a resilient and healthy workforce and
- ▶ System Reform – ensuring that the direction and the effect of the significant reforms underway result in a health system that prioritises health and prevention as it does hospitals and treatment.

Healthy Ireland is a Government plan that involves every part of Irish society in improving our health and wellbeing. The wellbeing and health of the people living in our country is the most valuable resource that we have. Health is a major asset for our society, and improving the health and wellbeing of the nation is a national priority of the Government. Healthy Ireland is a new national framework for action to improve the health and wellbeing of our country over the coming generations. It was published on March 28th 2013, setting out four central goals for our health and wellbeing, and clear routes and strategies to achieve these goals, in which all people and all parts of our society can participate. This framework is needed because the health and wellbeing of our country is changing, and there are many trends that are leading us toward an unhealthy and extremely costly future. Evidence and experience from around the world clearly shows that to create positive health and wellbeing change takes the involvement of the whole community, the whole Government and all of society working in unison.

The Healthy Ireland Vision

A healthy Ireland; where everyone can enjoy physical and mental health and wellbeing to their full potential; where wellbeing is valued and supported at every level of society and is everyone's responsibility. Achieving this vision will be complex and will take place at a growing pace over the coming 10-20 years. Influencing current health trends, reversing them and moving toward a better future will take senior Government and societal commitment, will take time, planning and strong leadership, will take good systems of measurement and implementation and will result ultimately with supporting people to make healthy choices, day by day, as they go about their daily lives.

Healthy Ireland's four high-lever goals will be at the heart of all actions and activities. They are:

- ▶ Increasing the proportion of Irish people who are healthy at all stages of life,
- ▶ Reducing health inequalities,

- ▶ Protecting the public from threats to health and wellbeing and
- ▶ Creating an environment where every sector of society can play its part.

This implementation plan is packaged to support both national and local level implementation, with 126 actions which require leadership and commitment at corporate and local levels for implementation. This plan is about all of us working together to create an environment that improves health and wellbeing.

In 2016, Cork & Kerry CHO will develop and commence a local implementation plan for *Healthy Ireland*. This will involve jointly working with Health and Wellbeing Staff, both locally and nationally. The steps to be taken in 2016 include:

- ▶ Establishing a local steering group, comprising Cork & Kerry CHO staff and local Health and Wellbeing staff.
- ▶ Map current activities in the CHO that align with *Healthy Ireland* priority actions.
- ▶ Targeted consultation to build on the current activities and identified gaps.
- ▶ Draft plan to commence and monitor implementation.

Some of the activities, already underway, which will form part of the *Healthy Ireland* implementation plan include:

- ▶ The Health Action Zones and Healthy Cities initiatives,
- ▶ Age Friendly Cities,
- ▶ Cork Beats Stress,
- ▶ Your Good Self,
- ▶ Genio Dementia Projects,
- ▶ Arts and Health Projects and
- ▶ Primary Care Team health promoting initiatives.

Quality and Patient Safety

The CHO Operational plan places a significant emphasis on quality and safety from a patient and service user perspective and seeks to ensure that people's experience is not only safe and of high quality, but is also caring and compassionate. There are clear links between what is needed to be done to drive safer, higher quality services and improved health and wellbeing.

Key actions identified for 2016 include commitments towards:

- ▶ Including health and wellbeing indicators when measuring patients' needs, experiences and outcomes of care.
- ▶ Involving patients in the development of programmes and initiatives to improve health and wellbeing.
- ▶ Developing a Quality Profile framework for application within all Health and wellbeing services ensuring all relevant sub-divisions and business units have appropriate governance structures in place to address quality and safety issues.
- ▶ Implementing quality indicators in 2016 building on the work undertaken to date.
- ▶ Managing risk within health and wellbeing through the ongoing development of risk management processes.
- ▶ Working collaboratively to enhance the capacity and capability of staff in relation to the management of risk through education and training.

The Health and Wellbeing Division plays a lead role in the management and control of Healthcare Acquired Infection (HCAI) across the health service. In 2016, the CHO will work with the national division in implementing the organisational approach to HCAI and antimicrobial resistance in collaboration with the Quality Improvement Division and all stakeholders.

Key Priorities and Actions to Deliver on Goals in 2016

Goal
1

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

Goal 1: Health & Wellbeing	End Qtr
<p>Healthy Ireland in the Health Services National Implementation Plan 2015-2017</p> <ul style="list-style-type: none"> ▶ Raise service user awareness of the importance of reducing the known and preventable key risk factors for chronic illness through support for the implementation of <i>Making Every Contact Count</i>. ▶ Cork & Kerry CHO will work to reduce chronic disease by focusing on the work of national policy priority programmes in areas such as: Tobacco Free Ireland, Healthy Eating and Active Living (HEAL), Healthy Childhood Programme, Alcohol, Wellbeing and Mental health, Positive Ageing and Sexual Health. ▶ Cork & Kerry CHO will support the implementation of the National Brief Intervention Model. ▶ Cork & Kerry CHO will support the national framework and implementation plan for self management support. 	<p>Q1-Q4</p> <p>Q1-Q4</p>
<p>Tobacco Free Ireland – Working to reduce the prevalence of smoking among the population Cork & Kerry CHO will:</p> <ul style="list-style-type: none"> ▶ Maintain and support the implementation of the HSE Tobacco Free Campus Policy by building capacity among frontline workers to screen and support smokers to quit through the delivery of brief intervention training so they have the skills and confidence to treat tobacco addiction as a care issue. ▶ Staff to be released to undergo this training: <ul style="list-style-type: none"> – 39 (5%) Primary Care staff – 32 (1%) Social Care Staff – 50 (4.5%) Mental Health Staff ▶ Maximise the impact of the QUIT campaign. ▶ Ensure that all health accommodation is to be Tobacco Free compliant. 	<p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q1-Q4</p>
<p>Healthy Eating & Active Living</p> <ul style="list-style-type: none"> ▶ Support the implementation of calorie posting within the CHO. ▶ Cork & Kerry CHO will support the implementation of the HSE Healthy Food and Nutrition Policy including national clinical guideline for identification and management of under-nutrition. ▶ Implement agreed priority actions from the National Physical Activity Plan (NPAP). ▶ Increase opportunities for physical activity in collaboration / partnership with Health Action Zone (HAZ), University College Cork (UCC), Knocknaheeny / Hollyhill Community Health Project (NICHE), An Garda Síochána and various other organisations will run a number of activities/programmes in 2016 including: <ul style="list-style-type: none"> – UCC / HAZ Fundamental Movement Class – promoting movement with children and adults with special needs. Introducing IT is a new part to the current programme. – Reach for the Runners - strength building through circuits with 6th class students in the north side of the city. – Motion and Emotion – North Lee Community Work Team are exploring engagement through movement with young children with ASD or social and communication difficulties. – Work with various partners including Social Centres, Community Development Projects and Voluntary Groups to promote age specific activity. ▶ Cork & Kerry CHO will prioritise training of staff in national programmes and initiatives promoting healthy eating in infants, children and young people and their families. 	<p>Q1-Q4</p> <p>Q4</p>

Goal 1: Health & Wellbeing	End Qtr
<ul style="list-style-type: none"> ▶ Develop and implement a plan to expand the exercise programmes available in Leisureworlds Functional Zone, currently delivered by PCC Physiotherapy Department in partnership with the exercise professionals in Leisureworld, Bishopstown to include Fall Prevention Programmes by Q4 2016. ▶ Complete a staff active living pilot in St. Finbarr's Hospital Campus by making 2 bicycles available through a booking system for staff to attend meetings. ▶ Arrange for staff access to the outdoor patient gym during break times in St. Finbarr's Hospital Campus (when not in use by patients). 	<p>Q2</p> <p>Q1</p>
<ul style="list-style-type: none"> ▶ Obesity: <ul style="list-style-type: none"> – Expand Community based childhood obesity services – Childhood Obesity Training/Motivational Interview training will be delivered across Cork & Kerry CHO. – Community dieticians in Cork & Kerry CHO will provide training for a range of 40 frontline staff across the area on key nutrition areas, such as obesity management, infant and child nutrition and general healthy eating. 	<p>Q1</p> <p>Q4</p>
<ul style="list-style-type: none"> ▶ Diabetes <ul style="list-style-type: none"> – Diabetes Education and Self Management for Ongoing and Newly Diagnosed (Desmond) <i>Desmond Walking Away</i> from Diabetes initiative in Mallow, Fermoy and West Cork outcome will be audited in 2016 by the Public Health Nursing Department. – Cork & Kerry CHO will develop a workforce plan for the diabetic service for the area that outlines the skill set, clinical governance and management requirements that best meets the emerging needs of this service from all divisions. – Cork & Kerry CHO will support the introduction of the new initiative in Primary Care <i>Diabetes Cycle of Care</i> through the following actions: <ul style="list-style-type: none"> ▪ Aid in the development of policies and procedures in primary care/secondary care. ▪ Upskill and update Practice Nurses /GPs on Type 2 Diabetes Management. Education sessions around diabetes care will be undertaken. ▪ Education sessions will be held in nursing homes, community hospitals & with PHNs. ▪ Work with practices to inform them of appropriate referral pathways for Diabetes/Services in CUH and new diabetes day centre in KGH. ▪ Education sessions will be held for patients and the general public in diabetes care in the community (at least four sessions). ▪ Establish a monthly outreach clinic in Killarney & Ballyheigue in 2016 where a large number of GPs can access the service in one location. The remaining GP practices would be supported in their practice. ▪ Establish a new diabetes clinic in one GP practice in Kerry and three GP practices in Cork. ▪ Informal education of Practice Nurses /GPs on Type 2 Diabetes Management will take place. ▪ Foot care course will be organised for Practice Nurses as per the <i>Model of Care for the Diabetic Foot</i>. ▪ Cork & Kerry CHO will train dieticians appointed in 2015 on structured patient education for management of type 2 diabetes. 	<p>Q3</p> <p>Q3</p> <p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q3</p> <p>Q4</p> <p>Q1-Q4</p> <p>Q3</p> <p>Q3</p>
<p>Healthy Childhood</p> <ul style="list-style-type: none"> ▶ Collaborate and work to provide national oversight to the implementation of child health priorities 	<p>Q1-Q4</p>

Goal 1: Health & Wellbeing	End Qtr
<p>(screening; immunisation; early intervention) in partnership with primary care and acute hospital service, in line with outcome one of <i>Better Outcomes Brighter Futures</i>.</p> <ul style="list-style-type: none"> ▶ Begin the phased implementation of the revised evidence-based universal child health screening and development programme, including communication of key changes and the development of training programmes and standards to support service delivery – training will be prioritised for PHNs and community medical staff across Cork & Kerry CHO through the <i>Best Health for Children</i> programme. ▶ Commence the implementation of the key components of the <i>Nurture-Infant Health and Wellbeing Programme</i>, which will include public information and education, staff training and supports, and the development of an integrated service delivery model - training will be prioritised for PHNs and community medical staff across Cork & Kerry CHO by <i>Best Health for Children</i>. ▶ PHNs to avail of revised hearing screening training (national rollout) being delivered with the revised child health training in 2016. ▶ Child Health Record - Child and Family Needs Assessment will be added to existing child health records as part of best practice. ▶ Cork & Kerry CHO will support, through the following actions, the phased implementation of the action plan for breastfeeding 2015-2020 and increased participation rates through the PHN service. (56% at first PHN visit and 38% at 3 month PHN visit). <ul style="list-style-type: none"> – The directors of public health nursing in the CHO are working together to develop ways to promote and support breastfeeding support. – PHN Department North Lee will expand breastfeeding support and initiate weaning clinic in Blarney Health Centre. – The breastfeeding services will be extended to Kerry. ▶ To provide child health clinical services using a cross divisional approach that includes early Intervention services, primary care teams, community paediatricians and allied health professionals. The establishment of children’s disability team networks in 2016 will complement this and robust pathways will be developed as part of this work. 	<p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q3</p> <p>Q1-Q4</p>
<p>Alcohol</p> <ul style="list-style-type: none"> ▶ Collaborate and work with Health and Wellbeing National Division and Social Inclusion Services to develop a 3-year alcohol implementation plan incorporating actions from the National Substance Misuse report and aligned to new legislation. ▶ Cork & Kerry CHO will launch the local Alcohol Strategy in 2016. ▶ Further progress a co-ordinated approach to prevention and education interventions through the community mobilisation on alcohol initiatives with Drug and Alcohol Task Forces. ▶ Increase awareness among the public of alcohol-related harm. 	<p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q1-Q4</p>
<p>Wellbeing and Mental health</p> <ul style="list-style-type: none"> ▶ Cork & Kerry CHO will promote positive mental health and support the National Office for Suicide Prevention to implement relevant recommendations from <i>Connecting for Life – Ireland’s National Strategy to Reduce Suicide 2015-2050</i> with a particular focus on mental health promotion programme activities and partnership to improve community wellbeing. 	<p>Q1-Q4</p>
<p>Positive Ageing</p> <ul style="list-style-type: none"> ▶ Support the implementation of the Carers Strategy through the work of the multi divisional group. ▶ The following projects will take place in Cork & Kerry: <ul style="list-style-type: none"> – Crystal Project – support carers of people with dementia. – Genio projects: Crystal Project, North Cork, Kinsale Community Response to Dementia (K-CoRD) and Integrated Dementia Care Across Settings (IDEAS). – Support carers of people with dementia through IDEAS project in Cork City. 	<p>Q1-Q4</p>

Goal 1: Health & Wellbeing	End Qtr
<ul style="list-style-type: none"> ▶ A number of other 'positive ageing' initiatives will also take place in Cork & Kerry during 2016: <ul style="list-style-type: none"> – Working with business communities across Cork to ensure positive attitudes to dementia and to assist the communities in general to understand and support people with dementia. – Neuro Enhancement for Independent Lives - Project (NEIL Project) - Collaboration with Trinity College in a longitudinal research project (10 years) in understanding of brain health in the population , in particular in the over 50s. – Strengthen the participation of relevant staff in the Primary Care Education Pathways and Research for Dementia – (PREPARED) Initiative in relation to dementia. 	<p>Q1-Q4</p> <p>Q1-Q4</p>
<p>Deliver and expand our Screening Programmes</p> <ul style="list-style-type: none"> ▶ Provide an additional clinic in the new Charleville Primary Care Centre to deliver the diabetic retina screening programme. 	<p>Q3</p>
<p>Immunisations</p> <ul style="list-style-type: none"> ▶ Cork & Kerry CHO will review current capacity for immunisations and prepare a plan to implement national immunisation priorities within the current overall level of resources. ▶ The plan will include a workforce plan including the recruitment and training of staff within current available resources. ▶ Cork & Kerry CHO will implement recommendations from the review of models of delivery and governance of immunisation services. ▶ Follow up with vaccine defaulters to improve national immunisation uptake rates in partnership with Primary Care. ▶ Improve influenza vaccine uptake rates among staff in frontline settings (acute and long-term care in the community) through the following actions: <ul style="list-style-type: none"> – Collaborate with Payroll to include information in regards to influenza vaccination clinics in payslips and online. – Poster campaigns in collaboration with occupational health. ▶ Improve influenza uptake rate among persons aged 65 and over and those with chronic diseases through the following actions: <ul style="list-style-type: none"> – Build capacity among frontline staff through training to educate persons aged 65 and over and those with chronic diseases in the benefits of influenza vaccination. – Healthcare staff will take the opportunity to encourage the uptake of the influenza vaccination ensuring that <i>every contact counts</i>. ▶ Work to augment the current Primary Childhood Immunisation schedule to address agreed public health priorities. (New funding €2.5m). ▶ Phased implementation of HSE delivered Immunisation Services across Cork & Kerry CHO 2016-2018. ▶ Cork & Kerry CHO will roll out a BCG catch up programme in conjunction with Health and wellbeing. ▶ Cork & Kerry CHO will engage in the development and implementation of the National Immunisation and Child Health Information System (NICIS). 	<p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q2</p> <p>Q3-Q4</p>
<p>Healthcare Associated Infections (HCAI)</p> <ul style="list-style-type: none"> ▶ Encompass actions to reduce the prevalence of HCAI and antibiotic consumption rate within <i>Healthy Ireland</i> implementation plans. ▶ Work collaboratively with the Irish College of General Practitioners (ICGP) Lead through the HCAI committee in relation to issues concerning over prescribing of antibiotics – this is to include South Doc and Out Of Hours services. 	<p>Q1-Q4</p>
<p>Local Community Development Committees (LCDCs)</p> <ul style="list-style-type: none"> ▶ Cork & Kerry CHO will engage with Local Community Development Committees (LCDCs) to 	<p>Q1-Q4</p>

Goal 1: Health & Wellbeing	End Qtr
<p>include in 2016:</p> <ul style="list-style-type: none"> <li data-bbox="199 277 1300 309">– Cork & Kerry CHO will identify key staff to participate in inter agency local working groups. <li data-bbox="199 315 1340 421">– Development of the Health Sections Local, Economic & Community Plans for Cork City, Cork County & Kerry in consultation with other services in CHO4 and the South /South West Hospital Group. <li data-bbox="199 427 1340 533">– Support other services in Cork & Kerry CHO and South / South West Hospital Group (SSWHG) to engage with the Local and Economic Community Plan (LECP) development process. <li data-bbox="199 539 1340 600">– Engagement with Cork County Council in relation to HSE membership of Cork County LCDCs. <li data-bbox="199 607 861 638">– Participation in National HSE LCDC Working Group. <li data-bbox="199 645 1340 788">– Further develop and disseminate health and wellbeing county profiles to support health and social care services and external partners for example; Local Community Development Committees, Children and Young People’s Committees and Age Friendly County Programmes. 	<p>Q2</p> <p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q1-Q4</p>



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

Goal 2: Health and Wellbeing	End Qtr
<p>National Standards for Safer Better Healthcare (NSSBHC)</p> <ul style="list-style-type: none"> ▶ All services to carry out self assessment for NSSBHC and to prepare and implement quality development plans to improve compliance with the standards. 	Q1-Q4
<p>HCAI / Decontamination programme</p> <ul style="list-style-type: none"> ▶ The CHO will support and collaborate with the HCAI/AMR (Healthcare Associated Infections / Antimicrobial Resistance) clinical care programmes in prioritising key areas for development in 2016. ▶ The CHO will continue to support the implementation of the HCAI agenda through the Cork and Kerry HCAI Committee. The Cork and Kerry HCAI Committee will produce an action plan to deliver on the development of HCAI quality improvement plans (QIPs), governance, training, audit and sharing of information with GPs and staff regarding HCAI including the implementation of national guidelines and standards ▶ Promote the Microsite for Infection Prevention and Control (IPC) for Cork and Kerry Community Services. This online resource has been established to support health and social care services to reduce the risk of their patients / clients acquiring infection. It includes the most up to date guidelines and patient and staff information leaflets along with other useful resources such as links to hand hygiene resources, newsletters etc. 	Q1-Q4 Q1- Q4 Q1
<p>Emergency Management</p> <ul style="list-style-type: none"> ▶ Develop a major emergency plan for Cork and Kerry CHO, working with the Regional Emergency Management Officer. ▶ Participate in training and up-skilling of Crisis Management Team ▶ Ensure learning from the management of major emergencies including weather related events. ▶ Address emergency management legislative requirements, in addition to interagency obligations under the Framework for Major Emergency Management and support services and functions in their planning and response to major emergencies. 	Q1-Q4
<p>Protect the population from threats to their health and wellbeing</p> <ul style="list-style-type: none"> ▶ Provide responses and increase capacity to address public health incidents including outbreaks of infectious disease, chemical, radiation and environmental incidents. 	Q1-Q4


 Goal
3

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

Goal 3: Health and Wellbeing	End Qtr
<p>Open Disclosure</p> <p>► Open disclosure is “an open, consistent approach to communicating with patients when things go wrong in healthcare. This includes expressing regret for what has happened, keeping the patient informed, providing feedback on investigations and the steps taken to prevent a recurrence of the adverse event.” We will provide training and support the implementation of the HSE and State Claims Agency (SCA) national open disclosure policy within the Cork & Kerry CHO and associated organisations as follows:</p> <p>Actions:</p> <ul style="list-style-type: none"> – Completion of <i>Train the Trainer</i> Open Disclosure Training. – To provide 40 minute staff awareness sessions for all health and social care staff. – Deliver half day Clinical professional development (CPD) accredited workshops for relevant staff in within the area. – Ensure that open disclosure is included in internal staff induction/orientation programmes and to deliver this training as required. 	<p>Q2</p> <p>Q2-Q3</p> <p>Q2-Q3</p> <p>Q1-Q4</p>
<p>Health Care Charter</p> <p>► Implement the Health Care Charter in Health and Wellbeing services in 2016 and ensure that training is provided for staff in their understanding and obligations under the Health Care Charter.</p> <ul style="list-style-type: none"> – Develop incremental supports to the Health Care Charter in Health Care settings. – Health Charter Posters will be displayed prominently in every Health Care facility in Cork & Kerry CHO “<i>Tell us about your experience</i>” feedback leaflets will be openly available in each healthcare facility. 	<p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q1-Q4</p>
<p>Safeguarding Vulnerable Persons</p> <p>► Safeguarding Vulnerable Persons at risk of abuse awareness training to be provided to 100% staff by end Q4.</p> <p>► Ensuring Safeguarding policy is consistently implemented within the statutory and non-statutory sectors.</p>	<p>Q4</p> <p>Q1-Q4</p>
<p>Compliance with Incident Management policy & procedure</p> <p>► Cork & Kerry CHO will provide training on Incident Management and Systems analysis investigation training for appropriate staff.</p> <p>► The Cork & Kerry CHO will ensure the systems and structures are in place within the CHO for reporting and monitoring Serious Reportable Events (SREs) and other serious safety incidents are enhanced.</p>	<p>Q1-Q4</p> <p>Q1-Q4</p>
<p>Compliance with Risk Management policy & procedure</p> <p>► The Cork & Kerry CHO will ensure that appropriate systems and structures are in place within the division for identifying reporting, and monitoring risks in line with the safety incident management policy.</p> <p>► The CHO will maintain a record of specific risk and incident training delivered in 2016</p>	<p>Q1-Q4</p>
<p>Measurement and Analysis of Information for Quality Improvement: Build capacity and capability in the system in the use of measurement and data for quality improvement</p> <p>► Quality Profiles: The CHO will work with NQID to develop a quality profile in a health and wellbeing setting.</p>	
<p>Governing for Quality and Safety</p>	

Goal 3: Health and Wellbeing	End Qtr
<ul style="list-style-type: none"> ▶ A key priority will be to ensure that appropriate quality and patient safety governance structures and processes are in place to ensure appropriate monitoring, accountability and support to optimise patient safety. ▶ As part of this governance and monitoring function, the CHO will collect and report on metrics pertaining to the establishment of quality and safety structures and processes. This will enable analysis of quality and safety structures and provide assurance those structures, processes and outcome measurements are in place. 	
<p>Promoting Safe Services Compliance with Incident Management policy & procedure</p> <ul style="list-style-type: none"> ▶ Cork & Kerry CHO will continue to roll out training on Incident Management and Systems analysis investigation training for appropriate staff. 	Q1-Q4


**Goal
4**

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

Goal 4: Health and Wellbeing	End Qtr
<p>CHO Structures</p> <ul style="list-style-type: none"> ▶ Full details on CHO Structures are detailed on page 17 in the health service reform section of this plan 	
<p>Leadership</p> <p>Supporting the development and delivery of effective leadership at all levels is a key priority for Cork / Kerry Community Healthcare Organisation.</p> <p>The Cork and Kerry CHO will prioritise the implementation of the Health Services People Strategy 2015–2018 by driving implementation through a number of key areas including leadership, employee engagement and learning and development. To progress these areas in 2016 the Cork and Kerry CHO will:</p> <ul style="list-style-type: none"> ▶ Focus on the implementation of the HSE Performance Management Framework ▶ Support the implementation of a leadership development programme (multi-disciplinary) ▶ Support a people development planned interventions, supported by coaching, mentoring and action learning. ▶ It is planned to continue and expand the number of FETAC Level 5 Modules available to support staff and staff supervisors in 2016. Programmes will continue based on identified service requirements, training needs analysis and individual Personal Development Plans (PDPs) as part of the commitment to supporting employee continuous professional development needs. ▶ The National Learning and Development Programme have procured to provide Leadership Development Training for 400 health service staff across all Divisions nationally. It is planned that 16 programmes will be delivered with 25 people on each training programme nationally. ▶ Support the implementation of the HSE Graduate Intern Programme ▶ Progress the development of talent pools across the health system. 	Q1-Q4
<p>Employee Engagement</p> <ul style="list-style-type: none"> ▶ Cork & Kerry CHO will implement the following actions agreed by the Area Management Team to address the findings of the staff engagement survey: <ul style="list-style-type: none"> – Regular team meetings at all levels, – Increased levels of planned 1:1 meetings between managers and staff, – The Area Management Team to identify a number of HSE locations to attend in 2016 to see examples of good practice and to engage with staff regarding the challenges they are facing in delivering their service, – The AMT will take specific measures to recognise staff appreciation, – Staff newsletter for Cork and Kerry CHO and – Ensure regular effective communication and consultation work with staff in relation to the implementation of the CHO report. 	Q1-Q4 Q1-Q4 Q1 Q3 Q1-Q4
<p>Staff Health & Wellbeing</p> <ul style="list-style-type: none"> ▶ Cork & Kerry CHO will implement the health and wellbeing policy and supporting initiatives, developed by the health and wellbeing division, which will strengthen health and wellbeing management and capacity within CHOs. ▶ Implement initiatives to support and encourage staff to look after their own Health and Wellbeing 	

Goal 4: Health and Wellbeing	End Qtr
<p>Implement Children First</p> <ul style="list-style-type: none"> ▶ Children First Cork & Kerry CHO will: <ul style="list-style-type: none"> – Establish a Children First Committee, – Ensure that Cork & Kerry CHO has a Children First Implementation Plan in place, – Ensure that each staff member is aware of their social, corporate and legal responsibilities under Children First through ongoing training in collaboration with Tusla, – Facilitate all HSE staff (including staff of funded agencies) to undertake the Children First E Learning programme, – Children First Training list to be collated and access to training to be arranged for all staff in Q2 and – Deliver Children First Training Programmes to meet the needs of all services across all divisions in collaboration with Tusla including GP Out of Hours services. 	<p>Q2 Q1 Q1-Q4 Q1-Q4 Q2 Q1-Q4</p>
<p>Understanding patient safety incidents</p> <ul style="list-style-type: none"> ▶ The CHO will continue to support the roll out and implementation of the National Incident Management System (NIMS) in Health and Wellbeing in conjunction with the Quality Assurance and Verification Services and the State Claims Agency. On line system user training will be provided for system users and train the trainer training will be provided in Q1 to support staff on the completion of the national incident report form (NIRF). 	<p>Q1</p>
<p>Clinical Audit development</p> <ul style="list-style-type: none"> ▶ The Cork and Kerry CHO Clinical Audit Committee will be established in Q1 2016 and this will support and develop the promotion and implementation of a CHO wide clinical audit programme for 2016. ▶ All clinical audits will be registered, monitored and outcomes will be shared across all relevant community services. ▶ The Cork & Kerry CHO Clinical Audit Committee will also focus on the development of clinical audit tools. 	<p>Q1-Q4 Q1-Q4 Q4</p>


**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

Goal 5: Health and Wellbeing	End Qtr
<p>Paybill Management and Control</p> <p>The 2015 Framework (updated in 2016) clearly states the overall requirement to remain within pay budget and the recruitment of staff must not breach that requirement in the current year, nor build in unsustainable levels into the following year. There is an absolute requirement for each CHO and sub-element to have a fully funded workforce plan developed in line with the allocated pay envelope and this should drive all recruitment decisions. Cork & Kerry CHO will fully utilise the Framework and delegation to eliminate and/or reduce the use of agency and overtime.</p>	
<p>Paybill Management and Control</p> <ul style="list-style-type: none"> ▶ Implementation across 9 CHOs of Framework Agreement. ▶ Develop and implement workforce plan of their workforce plan. ▶ Reduce agency and overtime in all services within the CHO, statutory and voluntary. 	Q1-Q4
<p>Policies, Procedures, Protocols and Guidelines (PPPG)</p> <ul style="list-style-type: none"> ▶ The CHO will participate in the development of a national HSE policy framework for PPPGs including education training and support. 	Q1-Q4
<p>Information Communication Technology (ICT)</p> <ul style="list-style-type: none"> ▶ Review current CHO infrastructure including internet access, server capacity, hardware deficits, software deficits and bandwidth capacity deficits in each service. ▶ Engage with ICT nationally and locally to establish a CHO plan to address ICT deficits. ▶ Engage with ICT nationally and locally to identify funding streams to implement the CHO ICT plan. 	Q3 Q4 Q4
<p>Public Analyst Laboratory</p> <ul style="list-style-type: none"> ▶ Work with Estates Medical Equipment staff to ensure all equipment approaching or at end of life is included on the replacement priority list and appropriate updated risk assessments are completed. ▶ Engage and work to progress IT issues (server, LIMs etc) with reconfigured ICT Directorate. 	Q1-Q4 Q1-Q4
<p>Public Health Microbiology Laboratory</p> <ul style="list-style-type: none"> ▶ Progress business case for Molecular Digester to improve work processes and capacity to respond to public health risks. ▶ Work with Estates Medical Equipment staff to ensure all equipment approaching or at end of life is included on the replacement priority list and appropriate updated risk assessments are completed. ▶ Maintain accreditation for existing scope of accreditation. ▶ Extend scope of accreditation to include customer requirements. ▶ Engage and work to progress IT issues (server, LIMS etc) with reconfigured ICT Directorate. 	Q4 Q1-Q4 Q1-Q4 Q1-Q4 Q1-Q4
<p>Self-Management Supports</p> <ul style="list-style-type: none"> ▶ Increase the proportion of patients utilising self-management supports i.e. diabetics getting structured education, and people accessing smoking cessation services. 	Q1-Q4
<p>National Child Health and Immunisation Information System (NICIS)</p> <ul style="list-style-type: none"> ▶ Cork & Kerry CHO will support the National office to progress Phase 1 of the systems lifecycle (design, data migration, planning) in preparation for the National Child Health and Immunisation Information System (NICIS) implementation. 	

Balanced Scorecard

Quality and Access Indicators of Performance

Quality	Expected Activity / National Target 2016	Access	Expected Activity / National Target 2016
Service User Experience <ul style="list-style-type: none"> % of complaints investigated within 30 working days of being acknowledged by the complaints officer 	75%	National Screening Service <ul style="list-style-type: none"> BreastCheck: % BreastCheck screening uptake rate 	> 70%
Safe Care <ul style="list-style-type: none"> % of Serious Reportable Events being notified within 24 hours to the Senior Accountable Officer and entered on the National Incident Management System (NIMS) 	99%	<ul style="list-style-type: none"> CervicalCheck: % eligible women with at least one satisfactory CervicalCheck screening in a 5 year period 	> 80%
<ul style="list-style-type: none"> % of investigations completed within 120 days of the notification of the event to the Senior Accountable Officer 	90%	<ul style="list-style-type: none"> BowelScreen: % of client uptake rate in the BowelScreen programme 	> 45%
National Screening Service <ul style="list-style-type: none"> BreastCheck: % women offered hospital admission for treatment within 3 weeks of diagnosis of breast cancer 	> 90%	<ul style="list-style-type: none"> Diabetic RetinaScreen: % Diabetic RetinaScreen uptake rate 	> 56%
<ul style="list-style-type: none"> CervicalCheck: % urgent cases offered a Colposcopy appointment within 2 weeks of receipt of letter in the clinic 	> 90%	Health Promotion and Improvement – Tobacco <ul style="list-style-type: none"> No. of smokers who received intensive cessation support from a cessation counsellor 	11,500 National Target
Public Health – Immunisation <ul style="list-style-type: none"> % of healthcare workers who have received seasonal Flu vaccine in the 2015-2016 influenza season (acute hospitals and long term care facilities in the community) 	40%	Environmental Health Service – Food Safety <ul style="list-style-type: none"> No. of official food control planned, and planned surveillance inspections of food businesses 	33,000 National Target
<ul style="list-style-type: none"> % children aged 24 months who have received 3 doses of the 6 in1 vaccine 	95%		
<ul style="list-style-type: none"> % children aged 24 months who have received the Measles, Mumps, Rubella (MMR) vaccine 	95%		
Effective Care			
Health Promotion and Improvement <ul style="list-style-type: none"> Tobacco: % of smokers on cessation programmes who were quit at one month 	45%		
Public Health <ul style="list-style-type: none"> Child Health: % of children reaching 10 months within the reporting period who have had child development health screening on time or before reaching 10 months of age 	95%		
<ul style="list-style-type: none"> Immunisation: % uptake in Flu vaccine for those aged 65 and older with a medical card or GP visit card 	75%		
<ul style="list-style-type: none"> Child Health: % of newborn babies visited by a PHN within 72 hours of discharge from maternity services 	97%		

Primary Care

Introduction

The development of primary care services is a key element of the overall Health Reform programme. The core objective is to achieve a more balanced health service by ensuring that the vast majority of patients and clients who require urgent or planned care are managed within primary and community based settings, while ensuring that services are:

- Safe and of the highest quality.
- Responsive and accessible to patients and clients.
- Highly efficient and represent good value for money.
- Well integrated and aligned with the relevant specialist services.

Primary Care services include primary care, primary care reimbursement, social inclusion, and palliative care services. A key priority for 2016 is the continued implementation of the recommendations of *Community Healthcare Organisations – Report and Recommendations of the Integrated Service Area Review Group, 2014*. There will be a continued emphasis on enhanced control and accountability for primary care services. This will strengthen the accountability framework and outline explicit responsibilities for managers at all levels.

Primary Care

Over the last number of years work has been underway to realise the vision for primary care services whereby the health of the population is managed, as far as possible, within a primary care setting, with people very rarely requiring admission to a hospital. This approach is now aligned with the *Healthy Ireland* framework, noting the importance of primary care to the delivery of health improvement gains. Primary Care will play a central role in co-ordinating and delivering a wide range of integrated services in collaboration with other service areas. The primary care team (PCT) is the central point for service delivery which actively engages to address the medical and social care needs of the population in conjunction with a wider range of Health and Social Care Network (HSCN) services. The 36 primary care teams in Cork and Kerry CHO will continue to be the central point for service delivery by actively engaging to address the medical and social care needs of the population in conjunction with a wider range of Health and Social Care Network (HSCN) services. The Charleville Primary Care Centre will be open in Q1 of 2016.

To date the Cork & Kerry CHO has been innovative in developing a range of initiatives to respond to the needs of its population as outlined below. While these initiatives will continue, the demographics of the area such as the increase in birth rate and an ageing population will place significant challenges on primary care teams to meet the presenting needs of the population.

Some of the existing initiatives in Primary care in Cork & Kerry CHO are:

- ▶ Direct access for GPs to ultrasound for patients with medical cards and GP visit cards in Kenmare, Ballyheigue and Mitchelstown.
- ▶ Delivery of the X-PERT diabetes programme for people with type 2 diabetes throughout the Cork & Kerry CHO.
- ▶ Multi-disciplinary initiatives that support hospital discharge, prevent avoidable admissions to acute hospitals and defer admission to long term care e.g. falls prevention programme.
- ▶ CIPC and Low Cost Counselling.

Primary Care	
2016 Budget €m 000's	
Cork & Kerry CHO	148,520
Full details of the 2016 budget are available in Appendix 1	

- ▶ Service user surveys.
- ▶ Infant Mental health Project in Cork North.
- ▶ Asylum seeker health screening.
- ▶ CIT (community intervention team) and out-patient parenteral antimicrobial therapy (OPAT) Cork.
- ▶ Cork Beats Stress joint initiative with the GAA.
- ▶ Your Good Self- in collaboration with Cork City and County libraries Cork.
- ▶ Neuro Enhancement for Independent Living (NEIL) Mallow.
- ▶ Emergency Admission Risk Likelihood Index (EARLI) Mitchelstown and Cobh.
- ▶ The Domiciliary Births service in Cork & Kerry.

Primary Care Reimbursement Service (PCRS)

The Primary Care Schemes are the means through which the health system delivers a significant proportion of primary care services. Scheme services are delivered by primary care contractors e.g. general practitioners, pharmacists, dentists, optometrists and/or ophthalmologists.

Services are provided to 2.3 million people in the community through 7,061 Primary Care Contractors. The schemes include:

- ▶ General Medical Services (GMS) – Medical Card Scheme including GP Visit Cards.
- ▶ Drug Payment Scheme.
- ▶ Long Term Illness Scheme.
- ▶ Dental Treatment Services Scheme (DTSS).
- ▶ High Tech Drug Arrangements.
- ▶ Primary Childhood Immunisation Scheme.
- ▶ Community Ophthalmic Scheme.
- ▶ Certain services under *Health (Amendment) Act 1996* and *Redress for Women Resident in Certain Institutions Act 2015*.
- ▶ Methadone Treatment Scheme.

Staff in local offices in the CHO process applications for the community ophthalmic scheme, maternity and infant scheme, primary childhood immunisation scheme, the drug payment scheme, the high tech drug arrangements, long term illness scheme, hardship scheme, infectious disease drug scheme, schemes under the European health regulations health amendment card applications. These offices also serve as resource to the PCRS in reaching decision on entitlement for GMS and provide assistance and information to local people applying for such schemes.

Social Inclusion

The core objective of Social Inclusion is improvement of health outcomes for the most vulnerable in society. This includes provision of targeted interventions for people from traditionally marginalised groups who experience health inequalities, have difficulties accessing services and present with multiple, complex health and support needs. Vulnerable people and communities falling within the remit of Social Inclusion include Irish Travellers and Roma, Asylum seekers and refugees and Lesbian, Gay Bisexual & Transgender (LGBT) service users. Issues of addiction, substance misuse, homelessness and domestic, sexual and gender based violence are overarching themes within the work of HSE Social Inclusion. The cross cutting nature of social inclusion, with the intersection of a range of issues across service user groups demands a partnership approach across statutory and voluntary sectors where responses are flexible, sophisticated, coordinated and aimed at eventual integration of service users into mainstream services, where possible. At the same time, social inclusion works with mainstream services towards assuring accessibility to disadvantaged service users.

Social Inclusion promotes and leads on integrated approaches at different levels across the statutory and voluntary sectors. A critical factor in relation to service provision is the development of integrated care

planning and case management approaches between all relevant agencies and service providers. At the same time, social inclusion works with mainstream services towards assuring accessibility to disadvantaged service users.

Social Inclusion services are developing appropriate activity metrics to more accurately reflect the health needs and outcomes of vulnerable groups. These metrics will be aligned with the objectives of the *Healthy Ireland implementation plan*.

Palliative Care

Palliative Care is an approach that improves the quality of life of patients and their families facing the problems associated with life-limiting illness. This is achieved through the prevention and relief of suffering by means of early identification, high quality assessment and management of pain and other physical, psychosocial and spiritual problems. In recent years, the scope of palliative care has broadened and includes not only cancer related diseases but supporting people through non-malignant and chronic illness also. In 2015 the Health Service established a stakeholder representative working group to review existing national strategies and policies, most of which are more than 5 years old. A new plan, which will provide the direction for palliative care services for the next 3 years, will be published early in 2016. The *plan will be developed in collaboration with the National Clinical Programme for Palliative Care*.

In Cork & Kerry CHO, Palliative Care services are accessible in a range of settings from the Specialist Inpatient Unit at Marymount University Hospital and Hospice to the Community, Acute Hospitals and Intermediate Palliative Care beds are provided in a range of care of the older person facilities.

In 2015, palliative care patients and families had access to 44 specialist inpatient palliative care beds at Marymount University Hospital and Hospice in Cork. This together with the appointment of additional community clinical nurse specialists in palliative care will enhance the provision of palliative care services in 2016 supporting people through their cancer and non malignant illnesses. In 2016, Cork & Kerry CHO will continue to work with the voluntary service providers, Marymount University Hospital and Hospice in the provision of specialist palliative care.

In addition, construction commenced in 2015 on a 15 bed Specialist Palliative Care Unit on the grounds of Kerry General Hospital. This unit will open its doors to patients and families in Kerry in Q4 of 2016 and therefore providing specialist palliative care service in all care settings in Kerry appropriate to patient and family needs.

Quality and Patient Safety

Quality of service and patient safety are core principles for the Primary Care Division and the National Standards for Safer Better Healthcare provides the focus for improving quality services and ensuring patient safety. In accordance with the new National Framework, Primary care has identified key drivers that will underpin the Divisions approach to Quality and Patient Safety in 2016:

- ▶ Governance: The CHO will ensure appropriate structures are in place to ensure the quality and safety of services within Primary care.
- ▶ Safe care and support: The CHO will ensure there are structures and processes in place to avoid, prevent and minimise harm to service users and learn from them when things go wrong. This will involve:
 - Enhancing the existing system to identify, manage, investigate and implement the learning from serious safety incidents, safety investigations and regulatory investigations and inspections.
 - Enhancing the capacity and capability of staff in relation to the management of risk and quality and safety in its entirety.
- ▶ Person centre care and support: The CHO will place the patient/service user at the centre of the delivery of care by encouraging person centred care through service user and staff engagement.

- ▶ Effective care and support: The CHO will deliver best achievable outcomes for patients/service users by working in collaboration with the Clinical and Integrated Care Programmes and supporting and promoting national safety and quality improvement programmes in line with the National Standards for Safer Better Healthcare.
- ▶ Measuring and Learning for Improvement: The CHO will strengthen accountability for quality and safety through assurance and performance arrangements in relation to quality and safety of care.

Key Priorities and Actions to Deliver on Goals in 2016



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

Goal 1: Primary Care	End Qtr
<p>Primary Care and Health and Wellbeing Collaborative Actions for Healthy Ireland Implementation Plan</p> <p>In partnership with Health and wellbeing the following will be delivered in 2016:</p> <ul style="list-style-type: none"> ▶ Cork & Kerry CHO will develop local <i>Implementation Plan for Healthy Ireland</i>. See page 45 of Health and Wellbeing for full details on <i>Healthy Ireland</i>. ▶ Implementation of the Healthy Workplace Policy in the Cork & Kerry CHO. 	<p>Q1-Q4</p> <p>Q1-Q4</p>
<p>Tobacco Free Ireland – Working to reduce the prevalence of smoking among the population</p> <p>Cork & Kerry CHO will:</p> <ul style="list-style-type: none"> ▶ Maintain and support the implementation of the <i>HSE Tobacco Free Campus Policy</i> by building capacity among frontline workers to screen and support smokers to quit through the delivery of brief intervention training so they have the skills and confidence to treat tobacco addiction as a care issue. ▶ Staff to be released to undergo this training: <ul style="list-style-type: none"> – 39 (5%) Primary Care staff ▶ Maximise the impact of the QUIT campaign. ▶ Ensure that all health accommodation is to be Tobacco Free compliant. 	<p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q1-Q4</p>
<p>Implement child health programmes / initiative to improve health outcomes for children</p> <ul style="list-style-type: none"> ▶ Cork & Kerry CHO will implement the national guidelines on screening and treatment resulting from the child health review. ▶ Continue the roll out of <i>Infant Mental Health Project</i> and develop Infant Mental Health Network Groups in North Lee through the secondment of a public health nurse and a senior psychologist from North Lee HSE services. This project will work with Young Knocknaheeny to embed the principles and model of Infant Mental health in the community. ▶ <i>Best Health For Children</i> will now include modules on Infant Mental health as a result of the learning from the North Cork Project and this module will be used in training for all PHN and Community Medical staff across Cork & Kerry CHO. ▶ Cork & Kerry CHO will deliver a module on Infant Mental health to public health nurses and community medical staff. 	<p>Q3</p> <p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q4</p>
<p>Improve national immunisation rates</p> <ul style="list-style-type: none"> ▶ Primary Care medical, nursing and administration will deliver the Health and Wellbeing immunisation initiatives and responses as set out in page 50 of this operational plan. 	
<p>Support health promotion and improvement initiatives in primary care</p> <ul style="list-style-type: none"> ▶ Cork & Kerry CHO will support, on publication, the implementation of the <i>Sexual Health Strategy</i>. ▶ Map the catering facilities in primary care settings to inform the next stage roll out of calorie 	

Goal 1: Primary Care	End Qtr
<p>posting.</p> <ul style="list-style-type: none"> ▶ Support the implementation of calorie posting within the CHO 	
<p>Falls Prevention</p> <ul style="list-style-type: none"> ▶ In the context of the Falls Strategy as part of the roll out of an integrated falls pathway in Cork City and environs we will establish, an initial 6 FRAX (Falls risk assessment) clinics covering 4 city venues and 2 others in the environs of Cork City. <ul style="list-style-type: none"> – In Q4 an analysis of the intervention requirements arising from the first 6 clinics will be undertaken to inform service planning for 2017. Q4 – We will scope and finalise plans to extend an integrated falls pathway for Kerry in Q3 and North Cork in Q4. Q3 – The community work-stream of this project will work with Health Promotion and Community Work department and other stakeholders to plan and test options for access to community based exercise opportunities to keep older persons free of falls in Cork city and environs as the initial geographic scope. Q2-Q4 	
<p>HCAI / Decontamination programme</p> <ul style="list-style-type: none"> ▶ The CHO will support and collaborate with the HCAI/AMR (Healthcare Associated Infections / Antimicrobial Resistance) clinical care programmes in prioritising key areas for development in 2016. <ul style="list-style-type: none"> – The CHO will continue to support the implementation of the HCAI agenda through the Cork and Kerry HCAI Committee. The Cork and Kerry HCAI Committee will produce an action plan to deliver on the development of HCAI quality improvement plans (QIPs), governance, training, audit and sharing of information with GPs and staff regarding HCAI including the implementation of national guidelines and standards Q1-Q4 ▶ Promote the Microsite for Infection Prevention and Control (IPC) for Cork & Kerry CHO. This online resource has been established to support health and social care services to reduce the risk of their patients / clients acquiring infection. It includes the most up to date guidelines and patient and staff information leaflets along with other useful resources such as links to hand hygiene resources, newsletters etc. Q1 	
<p>Antenatal and Postnatal Services</p> <ul style="list-style-type: none"> ▶ Cork & Kerry CHO public health nursing service will extend its provision of antenatal and postnatal services throughout the area: <ul style="list-style-type: none"> – The PHN department in South Lee will complete a questionnaire for parents of 3 month and 7-9 month children in 3-4 PHNs areas, to explore and gather information on the antenatal period. Q3 – PHNs newly trained in parent craft will run classes in 2016 in South Lee. Q4 – A further 3 PHNs will complete the Parent Craft Course in 2016. Q4 – An outreach PHN clinic service in a community centre in Carrigaline will commence in 2016, to support mothers in the area avail of antenatal /postnatal services closer to home. Q2 ▶ Public health nurses working in primary care teams will deliver the breastfeeding initiatives as set out in the Health and Wellbeing section page 49 of this plan. 	
<p>Home Birth Service</p> <ul style="list-style-type: none"> ▶ Cork & Kerry CHO will review the area's Home Births service in line with the <i>National Maternity Strategy Women's and Infants Health Programme</i>; and will complete an audit of the outcomes for mothers and babies who received the service in order to develop a Quality Improvement Plan for the service. Q4 ▶ Work with the national clinical governance group and build a proposal to decide on the best professional reporting structure for the Designated Midwifery Officer (DMO). Q1-Q4 ▶ Improve outcomes and provide a safe, quality service for mothers and babies through audit both locally and nationally. Q1-Q4 	

Goal 1: Primary Care	End Qtr
▶ To prevent or avoid potential complications that may be associated with home births through continued integration with the acute services.	Q1-Q4
▶ To improve outcomes and improve quality of care for mothers and babies through peer review and reflective practice at peer meetings and following up on recommendations from National Perinatal Epidemiology Centre (NPEC) data base.	Q1-Q4
▶ To improve policies, procedures and guidelines as outlined by the National Implementation Steering Group.	Q1-Q4
▶ To implement new contract for Self Employed Community Midwives (SECMs).	Q1-Q4
Oral Health Including Orthodontics	
▶ Continue to ensure that children receive the opportunity of referral to secondary care before their 16th birthday. Review retrospectively children who missed an opportunity for a referral.	Q1-Q4
▶ On behalf of the National Office of Oral Health, implement an Oral Health Pilot Project to address the information deficit among parents identified in the FACCT (fluoride and cavities in children's teeth) study in relation to oral health (oral hygiene, diet and appropriate use of toothpastes). This programme will be aimed at the 0 to 3 age group.	Q1-Q4
▶ Once a Dental Inspectorate inspection of dental facilities is made available, participate in the development of a plan regarding any necessary upgrade works/rationalisation of services.	Q2

Goal 1: Social Inclusion	End Qtr
▶ In 2016 will continue to support and deliver the Health Action Zone project in Cork with a range of initiatives to be delivered in 2016 across all divisions including Mental Health, Social Care, Primary Care, Health and Wellbeing and Social Inclusion. A plan for the further expansion of this project will be developed in 2016.	Q1-Q4
▶ Implementation of the brief intervention <i>Making Every Contact Count</i> across Social Inclusion to increase the knowledge of our service users on the importance of reducing known and preventable key risk factors for chronic illness and to encourage take up of our screening services.	Q1-Q4
▶ Implementation of the Healthy Workplace Policy as required in 2016.	Q1-Q4
Local Community Development Committees (LCDCs)	
▶ Cork & Kerry CHO will engage with Local Community Development Committees (LCDCs).	Q1-Q4
▶ Cork & Kerry CHO will identify key staff to participate in inter agency local working groups to ensure robust and structured pathways will be developed to identify and respond to the health and social care needs of refugees relocating to the CHO under the refugee resettlement programme.	Q2


 Goal
2

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

Goal 2: Primary Care (including Social Inclusion & Palliative Care)	End Qtr
<p>National Standards for Safer Better Healthcare (NSSBH)</p> <ul style="list-style-type: none"> ▶ Cork & Kerry CHO will undertake the following in line with the National Standards for Safer Better Healthcare (NSSBH): <ul style="list-style-type: none"> – Complete the NSSBH self-assessment in Cork. – Develop Quality Improvement Plan's and implement the Quality Improvement Plan's in Cork. – Implement Quality Improvement Plan's in Kerry. – To continue the implementation of NSSBH in Kerry. 	<p>Q1-Q2 Q2-Q4 Q1-Q4 Q1-Q4</p>
<p>Work with national Quality Improvement Division in supporting the roll-out of patient safety programmes</p> <p>Quality Improvement / Enablement Programme</p> <ul style="list-style-type: none"> ▶ Develop a programme to improve the quality and safety of addiction, homelessness and palliative care services. ▶ Implement three specific quality improvement initiatives in each of the areas of addiction, homelessness and palliative care. ▶ The National Quality standards for Addiction and Drugs Services (QuADS) will be implemented within the Cork and Kerry CHO in conjunction with the National Standards for Safer Better Healthcare (NSSBH). This will be facilitated by extending the terms of reference and membership of the CHO NSSBH Committee. ▶ Self-assessment and development of QIPs to commence in Q4. 	<p>Q1-Q4 Q4 Q4</p>
<ul style="list-style-type: none"> ▶ Cork & Kerry CHO will participate in the Primary Care Quality Collaborative to promote Patient Safety and Quality Improvement Programmes in Primary Care. 	

Goal 2: Primary Care	End Qtr
<p>Pressure Ulcers to Zero Collaborative</p> <ul style="list-style-type: none"> ▶ Primary Care Teams in Cork & Kerry CHO will participate in the pressure ulcer to zero collaborative when being rolled out in the area. ▶ Cork & Kerry CHO will encourage and support the involvement of senior public health nurses in the management and prevention of pressure ulcers within primary care in parallel to the pressure ulcer to zero collaborative. 	<p>Q1-Q4 Q1-Q4</p>
<p>Provide improved and additional services at primary care (PCT and Network) level</p> <ul style="list-style-type: none"> ▶ As part of the extension of the 2015 minor surgery programme Cork & Kerry CHO will work with GPs in the area to identify the opportunities that exist and the resources required to transfer activity currently occurring in an acute hospital setting that could be safely transferred to a primary care setting. ▶ Cork & Kerry CHO in collaboration with local mental health services will develop a business case for funding to extend the existing primary care counselling services to children. ▶ The CHO will work with the Project Manager for counselling in primary care to extend 	<p>Q2 Q2 Q1-Q4</p>

Goal 2: Primary Care	End Qtr
<p>counselling in primary care throughout the CHO.</p> <ul style="list-style-type: none"> ▶ GP access to ultrasound will be expanded in Cork City & Mallow with the provision by Affidea (formerly Euromedic) of 85 additional ultrasounds per week scans for GP referred GMS clients. ▶ The CHO will support the implementation of the recommendations of the <i>Primary Care Eye Services Review Report</i>, in 2016. 	<p>Q2</p> <p>Q1-Q4</p>
<p>Improve Cross Division Service Integration</p> <ul style="list-style-type: none"> ▶ <i>Progressing Disability Services Programme for Children and Young People</i> in collaboration with social care services. This is a cross divisional action with Social Care and Primary Care, we will work closely with Social Care on their plans to reconfiguring children's disability services into geographically based children's disability teams and to ensure that the pathway from primary care services to these teams are clear. ▶ Participate in and rollout an integrated response with acute services and social care services to relieve pressure in EDs, incorporating hospital admission avoidance and facilitating early discharge. ▶ The CHO will participate in the development and implementation of a new model of practice for the management of children with non-complex needs in primary care in collaboration with Mental Health and Social Care. ▶ Cork and Kerry CHO will support the <i>National Dementia Strategy</i> commitment to Primary Care Education, Pathways and Research of Dementia, (PREPARED). One of the main purposes of this project is to provide dementia specific education programmes for GPs and Primary Care teams in a number of locations throughout the country. As part of the development of this programme, two staff members will be released to work with the project for a short time period for 1 day per fortnight for a three month period (January to early April 2016). This will deliver a discrete piece of work to develop a suite of training and education tools and resources targeted specifically to staff disciplines working in primary and community care settings. Cork & Kerry CHO will proceed to implement these tools within primary and social care services once available. ▶ Screening for Autism Spectrum Disorder (ASD), child and adolescent mental health and emotional health will be reviewed to ensure referral pathways for children to specialist services are timely further to the recent delivery of training to key primary care team members in Cork and Kerry CHO. ▶ The CIT (community intervention team) and out-patient parenteral antimicrobial therapy (OPAT) services in Cork & Kerry CHO will be reviewed to ensure the resources available are maximised and the governance arrangements for the service is streamlined across the area as follows:- <ul style="list-style-type: none"> – Explore options to maximise the services of the existing CIT with an increase emphasis on helping people to avoid hospital admission and facilitate early discharge. – Work with the acute hospitals to ensure maximum uptake and appropriate utilisation of CIT in Cork. Increased capacity of CIT has resulted in greater uptake and service both in community and acute. – Kerry will establish a steering group with the acute hospital to develop the existing CIT service in line with the national guidelines and determine any opportunities for enhancement and extension of the CIT service. ▶ Cork & Kerry CHO will continue with its pilot of birth notifications with the maternity hospitals increasing from the current 2 forms to the complete set of 8 forms. 	<p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q3</p> <p>Q1-Q2</p> <p>Q1-Q4</p> <p>Q2</p> <p>Q4</p>
<p>GP Out of Hours Service Review</p> <ul style="list-style-type: none"> ▶ The GP out of Hours Review is being carried out at a national level. If there are 	<p>Q2</p>

Goal 2: Primary Care	End Qtr
<p>recommendations resulting from the review these will be implemented locally in conjunction with Cork & Kerry CHO and the Out of Hours Service relevant to the area.</p>	
<p>Develop and progress the priority work streams of the five integrated care programmes to improve integration of services, access and outcomes for patients in collaboration with Clinical Strategy and Programmes</p> <p>Diabetes Programme</p> <ul style="list-style-type: none"> ▶ Primary care dieticians, physiotherapists, nurses and podiatrists along with their general practice colleagues will support the delivery of the diabetes programmes and interventions as set out in page 48 of the Health and Wellbeing section of this operational plan. ▶ The development of a Cork & Kerry CHO workforce plan for the diabetic service as set out in page 48 of this operational plan will assist in ensuring resources available to the area are arranged in a way that ensures appropriate skill sets, and clinical governance and management arrangements are put in place to meet the needs of those requiring a primary care dietician service. ▶ Work with the national office on implementing the chronic disease demonstrator projects utilising the 2015 approved posts for respiratory, heart failure and diabetes. 	Q3
<p>Primary care Reimbursement Service</p> <ul style="list-style-type: none"> ▶ Cork & Kerry CHO will implement the recommendations of the national review on the Hardship Scheme. 	Q3
<p>Therapy Waiting List initiatives</p> <ul style="list-style-type: none"> ▶ Cork & Kerry CHO will in co-operation with the office of the National Director of Primary Care develop and deliver a speech and language therapy waiting list initiative across all care groups to reduce those waiting for initial therapy or initial assessment to less than 6 months. ▶ Cork & Kerry CHO will develop a plan to ensure the impact of the speech and language therapy waiting list is sustained. ▶ Cork & Kerry CHO will mainstream the pilot <i>Happy Talk</i> project in Cork North. ▶ Cork & Kerry CHO will establish a working group to review the provision of the primary care nursing service in the area to identify any actions necessary to ensure the resource available is being used to its optimum to meet the healthcare needs of the population. ▶ Cork & Kerry CHO will develop further the work to complete an analysis of the trends and data in the delivery of Allied Health Professional services in the CHO to assist in identifying any actions necessary to ensure the resource available best meets the priority needs of the population. ▶ Cork & Kerry CHO will work to reduce all waiting times for audiology services to a maximum of 12 weeks. ▶ The Ophthalmology waiting lists have been clinically prioritised and the first cohort of clinically prioritised children has been seen. A plan to deal with the balance of the waiting list and to reconfigure the service will be finalised in Q1 and implemented Q2- <ul style="list-style-type: none"> – Recruit additional Orthoptist in Cork for children needing such referral following community ophthalmic physician (COP) review as part of waiting list initiative as above; – Kerry works with the acute hospital services in Cork to improve the care pathways for those requiring cataract surgery. 	<p>Q3</p> <p>Q3</p> <p>Q1</p> <p>Q3</p> <p>Q3</p> <p>Q1-Q4</p> <p>Q1-Q2</p> <p>Q2</p> <p>Q3</p>
<p>General Registration Office (GRO)</p> <ul style="list-style-type: none"> ▶ Cork & Kerry CHO will implement the new legislation on <i>same sex marriage</i> in conjunction with the General Registration Office. ▶ Cork & Kerry CHO in co-operation with the GRO will put systems and supports in place to support the increased role of Registrars with regard to marriages of convenience. 	<p>Q1</p> <p>Q3</p>

Goal 2: Primary Care	End Qtr
<p>Oral Health including Orthodontics</p> <ul style="list-style-type: none"> ▶ Kerry will implement draft standard operating procedures on suction hand pieces. Q1 ▶ Cork & Kerry CHO will review the dental services across the CHO to identify a future workforce plan for the area. Q3 ▶ Kerry will develop a plan in co-operation with the acute hospital to reduce the general anaesthetic waiting list. Q2 ▶ Continue to cooperate in ensuring appropriate care pathways for hypodontia, cancer and other complex care pathways that are referred from oral health and/or orthodontics to acute hospital settings (including maxillofacial services). Q1-Q4 ▶ Continue to improve waiting times for adult special needs patients for general anaesthetic (GA) care due to extra GA sessions in Mallow General Hospital. Q1-Q4 ▶ The increasing demands on the service are as a direct result in population growth. Since 1999 the birth rate has grown by 50% on average. Over the recent 5 year period the rate of population growth in the 10 – 14 yrs age group has grown by 9.1% in Cork and 6.6% in Kerry. The population growth in the 4 year old age group has been highest at plus 19.5% in Cork and plus 13.5% in Kerry. By way of example the routine Orthodontic Waiting List (i.e. those waiting over 4 years) has increased to 12%. Bearing in mind population growth continue to monitor and actively manage Orthodontic waiting lists including seeking any available funding for Waiting list initiatives to ensure individuals are seen within appropriate time frames. Q1-Q4 ▶ Ensure that the two new Primary Care Centres planned for Kerry provide opportunity to rationalise dental services and to provide a dedicated local routine orthodontic service. Q1-Q4 ▶ In Cork & Kerry CHO the present good access for surgical orthodontic patients will be maintained. Routine orthodontic waiting lists will be kept under review and the waiting list initiative being put in place through a National procurement process will be availed of in an effort to reduce same. Q1-Q4 ▶ In Cork & Kerry CHO Dental Services infection control standards are in place. An external audit of the decontamination standards by the Dental Inspectorate is almost complete. Any necessary upgrade works identified and or amendments to protocols and procedures will be examined and a plan devised to implement. Q2 ▶ In Cork & Kerry CHO Orthodontic Services will progress hand hygiene training and audit. In addition an implementation plan for equipment tracking and tracing will be developed. Q3 ▶ In Cork & Kerry CHO, Dental Services Cork is the pilot location for the <i>Smiles Oral Health</i> Project. It is commencing in January 2016. Funding has been provided by the National Dental Office. A senior dental surgeon has been assigned to the project and approval has been granted to recruit dental hygienists to work on the project. Q1 	
<p>Goal 2: Social Inclusion</p>	<p>End Qtr</p>
<p>Improve health outcomes for people with addiction issues</p> <ul style="list-style-type: none"> ▶ Support the implementation of HSE actions in relation to the National Drugs Strategy, Tier 4 and Detox and Rehabilitation Beds. Q2 ▶ Full implementation of new services in Cork & Kerry CHO in 2016. This will result in access to 40 residential treatment beds in Cork & Kerry. ▶ Publish and commence implementation of the Cork & Kerry Local Alcohol Strategy in 2016. Q1 ▶ Publish and commence implementation of the Southern Regional Drug & Alcohol Task Force Strategic Plan in 2016. Q2 ▶ Implementation of a dual diagnosis project between Addiction Services and Mental health Services for clients with a dual diagnosis. Q1 	

Goal 2: Social Inclusion	End Qtr
<ul style="list-style-type: none"> ▶ Participate in the development of a response to drug-related deaths through the National Overdose Prevention Strategy. ▶ Support national process to ensure that all Cork & Kerry addiction services operate within the person-centred care planning processes of the National Drugs Rehabilitation Framework through participation on national group and local implementation of agreed national actions in 2016. All HSE Drug and Alcohol treatment clinics in Cork & Kerry CHO will be using the agreed protocols on initial and comprehensive assessment care planning and case management. In addition to this, all local and regional Drug and Alcohol Task Force projects will become part of the system in 2016. These will also be introduced to the Homeless Services in Cork in 2016. ▶ Support national process to maximise operational synergies between Drug Addiction Services, Alcohol Treatment and Rehabilitation Services, General and Emergency Hospital Services and Mental health Services through participation on the National Addiction Governance Group and local implementation of agreed national actions in 2016. A national clinic lead for Addiction Services was appointed in January 2016. SAOR (Support, Ask and Assess, Offer Assistance and Refer) training and implementation for staff in General and Emergency Hospital Services is underway in Cork & Kerry CHO. A dual diagnosis programme for people with both a Mental Health and Addiction difficulty will continue to operate and expand in Cork in 2016. ▶ Review and strengthen clinical governance structures with the support of the recently appointed national Addiction Clinical Lead. 	<p>Q3</p> <p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q1-Q4</p>
<p>Support the Implementation Plan to reduce Homelessness</p> <ul style="list-style-type: none"> ▶ In 2016 Homeless Services & Addiction Services will work with the voluntary sector to develop an options appraisal and initial planning for the development of a Stabilisation Service in Cork city. ▶ In 2016 the Level 2 clinic for Homeless Services in Cork Simon will be reopened. ▶ Support the National Implementation Plan to reduce Homelessness progress and actions arising from the Special Government Summit on Homelessness, with particular attention to the monitoring of health related recommendations. In Cork and Kerry CHO this will involve: <ul style="list-style-type: none"> - With the recent appointment of a mental health social worker the role will be further developed to facilitate more appropriate and speedier access to relevant Mental Health and other services. - All Homeless Services staff to be briefed to ensure homeless persons can promptly access medical cards. - The Safetynet IT System will be explored with a view to improving access to primary care services for the homeless. - Targeted increased membership of the Homeless Action Teams to take place as the need arises. ▶ Support the national initiative to ensure in as far as possible, that no patient will be discharged into homelessness from an acute setting. Action in Cork and Kerry CHO: <ul style="list-style-type: none"> - Once the new Acute Services National Discharge Policy has been signed off, engage with the nominated Hospital Group Personnel and other stakeholders (Voluntary Organisation and Local Authorities) periodically to ascertain compliance with the implementation of the Discharge Protocol/Policy. - Additional Beds to be provided/supported for rough sleepers in Cork City over period December 2015 to March 2016 ▶ Support the national initiative to ensure that in-reach services are developed and provided into all emergency accommodation settings. Action in Cork and Kerry CHO: <ul style="list-style-type: none"> - For Homeless Persons there is a specific Homeless Multidisciplinary Team in place and 	<p>Q2</p> <p>Q1</p> <p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q1</p> <p>Q1</p>

Goal 2: Social Inclusion	End Qtr
<p>as an addition to the service, a level 2 methadone GP service will be put in place at Cork Simon Homeless Emergency Hostel.</p>	
<p>Improve health outcomes for vulnerable groups Traveller Services</p> <ul style="list-style-type: none"> ▶ Participate in the development of a new National Traveller and Roma Inclusion Strategy, with particular regard to improving access to services, addressing health disparities and linking effectively with Clinical Programmes and the Mental Health Division. Q2 ▶ Develop a 3-5 year strategic Traveller Health Unit (THU) plan Q1-Q4 ▶ Review Cork & Kerry CHO services to the Roma Community and commence development of a plan to consolidate service provision and engagement. Q1-Q4 ▶ Implement two follow-on support sessions to the <i>Traveller Asthma Training Programme</i>. Q2-Q4 ▶ Strengthen community health initiatives on cardiovascular health / diabetes supports through the development of an implementation plan from the findings of <i>Food Choices, Obesity and Culture</i> research. Q2 ▶ Support the Traveller organisations collaboration with the Mental Health Services. The priority for 2016 is participation in the development of <i>Connecting for Life</i> strategy involving consultation and engagement of local groups. This will enable CHO to respond more effectively to the mental health needs of the Traveller community. Q4 ▶ Further roll out of TCAT (Traveller Community Awareness Training) to a number of additional settings across Cork & Kerry CHO. Q1-Q4 	
<p>Intercultural Services</p> <ul style="list-style-type: none"> ▶ Develop structures and processes to provide health services under the Irish Refugee Protection programme with associated monitoring and reporting of outcomes. Social Inclusion will coordinate Cork & Kerry CHO Refugee Resettlement Programme which will be led by Social Inclusion who will support other services to engage with same through: <ul style="list-style-type: none"> – Establishment of 2 working groups. Q1 – Implementation of support and service provision processes. Q1 – Participation in 2 Interagency Groups – 1 in Cork County and 1 in Kerry. Q1-Q4 – Participation in national working group. Q1-Q4 ▶ Primary care Cork & Kerry will work with the interagency group to develop a plan to respond to the health needs of the group of refugees being resettled in the area. Q1 ▶ Support the implementation of <i>Second National Action Plan on Women, Peace and Security</i> with due regard to the listed HSE action “Strengthen outreach to women and girls in Ireland who have been affected by conflict, including migrant women, diaspora communities, and those seeking asylum, and those who have experienced female genital mutilation (FGM)” Q1-Q4 ▶ Participate as required in the development of a second National Action Plan to prevent and combat human trafficking, with associated attention to reviewing existing care and support services for persons who have been trafficked and strengthening these as appropriate. Q1-Q4 ▶ Support and participate in the development of the second HSE National Intercultural Health Strategy. A new National Intercultural Health Strategy is to be developed in 2016. This will be led by National Social Inclusion Office. Input will be required from key personnel from each region. This input will take the form of provision of research / feedback from the Intercultural population (Asylum Seekers, Migrants, Refugees, Others) who access the health services and from Service Providers. Focus / Working Groups led by the Cork & Kerry Social Inclusion Office will be necessary to enable this participation. Q4 ▶ Support implementation of national model around interpreting provision for service users who are deaf or not proficient in English. The national model around interpreting provision for service users is currently being developed, led by the National Social Inclusion Office. Once finalised, it is to be rolled-out in each region including Cork & Kerry CHO. In this regard, implementation, which will include roll-out plan, appropriate briefing for staff and 	

Goal 2: Social Inclusion	End Qtr
subsequent monitoring will be led by the Cork & Kerry Social Inclusion Office.	
▶ Implement the findings as required of the National Working Group Report on Improvements to the protection process including Direct Provision and supports for Asylum Seekers.	Q1-Q4
▶ In 2016 Kerry Community Work will develop a plan for the enhancement of LGBT Services in Kerry. Additional resource will be made available to support this.	Q1-Q4
▶ Implementation of the Better Standards in Healthcare across Social Inclusion in 2016.	Q2
Promote implementation of an interpreting model for persons not proficient in English or deaf	
▶ Provide translation facilities as required to assist patients not proficient in English or deaf to access and navigate health services effectively.	

Goal 2: Palliative Care	End Qtr
▶ Cork & Kerry CHO will develop a management and governance plan to support the opening of the 15 Bed Specialist Palliative Care Unit in Kerry which will open in Q4.	Q4
▶ Cork & Kerry CHO will participate with the National Palliative Care lead as required in improving quality within palliative care service provision to:	
– Strengthen palliative care services through the implementation of the <i>National Standards for Safer Better Healthcare (NSSBH)</i> .	Q4
– Implement clinical guidelines on the management of cancer pain and the management of constipation.	Q1-Q4
– Implement a suite of quality improvement measures for children's palliative care services.	Q4
▶ All Graseby syringe drivers will be replaced in Cork & Kerry CHO with the procured device.	Q1
▶ Marymount Hospice will appoint staff liaison to work with acute hospitals to ensure patients are referred to specialist inpatient and homecare services as appropriate without delay.	Q1
▶ Cork & Kerry CHO will participate with the National Palliative Care lead as required in improving access to adult palliative care services to:	
– Address deficits in specialist palliative care bed numbers in Kerry (15 beds) (<i>New Funding included in Acute Services</i>).	Q4
– Extend the implementation of specialist palliative care eligibility criteria to include non-cancer patients.	Q2
▶ Cork & Kerry CHO will participate with the National Palliative Care lead as required in ensuring palliative care services are effective, efficient and responsive to the needs of individuals and families to:	
– Work with the Irish Hospice Foundation on the Design and Dignity Grants Scheme	Q4
– Work with primary care services on the <i>Rapid Discharge Planning Pathway</i> to facilitate those who wish to die at home.	Q1-Q4
– Implement the recommendations from the <i>Palliative Care Support Beds Review</i> .	Q1-Q4

Goal
3

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

Goal 3: Primary Care (including Social Inclusion & Palliative Care)	End Qtr
<p>Open Disclosure Programme</p> <p>► Open disclosure is “an open, consistent approach to communicating with patients when things go wrong in healthcare. This includes expressing regret for what has happened, keeping the patient informed, providing feedback on investigations and the steps taken to prevent a recurrence of the adverse event.” We will provide training and support the implementation of the HSE and State Claims Agency (SCA) national open disclosure policy within the Cork & Kerry CHO and associated organisations as follows:</p> <p>Actions:</p> <ul style="list-style-type: none"> – Completion of <i>Train the Trainer</i> Open Disclosure Training. – To provide 40 minute staff awareness sessions for all health and social care staff. – Deliver half day Clinical professional development (CPD) accredited workshops for relevant staff in within the area. – Ensure that open disclosure is included in internal staff induction/orientation programmes and to deliver this training as required. 	<p>Q2</p> <p>Q2-Q3</p> <p>Q2-Q3</p> <p>Q1-Q4</p>
<p>Health Care Charter</p> <p>► Implement the Health Care Charter in Primary Care services in 2016 and ensure that training is provided for staff in their understanding and obligations under the Health Care Charter.</p> <ul style="list-style-type: none"> – Develop incremental supports to the Health Care Charter in Health Care settings. – Health Charter Posters will be displayed prominently in every Health Care facility in Cork & Kerry CHO “Tell us about your experience” feedback leaflets will be openly available in each Health Care facility. 	<p>Q1-Q4</p>
<p>Safeguarding Vulnerable Persons</p> <p>► Safeguarding Vulnerable Persons at risk of abuse awareness training to be provided to 100% staff by end Q4.</p> <p>► Ensuring Safeguarding policy is consistently implemented within the statutory and non-statutory sectors.</p>	<p>Q4</p> <p>Q1-Q4</p>
<p>Compliance with Incident Management policy & procedure</p> <p>► Cork & Kerry CHO will provide training on Incident Management and Systems analysis investigation training for appropriate staff.</p> <p>► The Cork & Kerry CHO will ensure the systems and structures are in place within the CHO for reporting and monitoring Serious Reportable Events (SREs) and other serious safety incidents are enhanced.</p>	<p>Q1-Q4</p> <p>Q1-Q4</p>
<p>Compliance with Risk Management policy & procedure</p> <p>► The Cork & Kerry CHO will ensure that appropriate systems and structures are in place within the division for identifying reporting, and monitoring risks in line with the safety incident management policy.</p> <p>► The CHO will maintain a record of specific risk and incident training delivered in 2016</p>	<p>Q1-Q4</p>
<p>Quality Profiles:</p> <p>Measurement and Analysis of Information for Quality Improvement: Build capacity and capability in the system in the use of measurement and data for quality improvement</p> <p>► Quality Profiles: Work with NQID to develop a quality profile in a primary care setting.</p> <p>► Quality and Safety Dashboard: Work with CHOs to further develop the Primary Care Quality Dashboard to provide one mechanism for providing assurance and measuring quality and</p>	<p>Q1-Q4</p> <p>Q1-Q4</p>

Goal 3: Primary Care (including Social Inclusion & Palliative Care)	End Qtr
<p>safety.</p> <ul style="list-style-type: none"> ▶ Quality and Safety Indicators: promote the development of additional quality and safety indicators. ▶ The Cork and Kerry CHO Quality and Patient Safety Committee will as part of its term of reference review and analyse trends in information identified in the Primary Care Quality Dashboard and identify areas for improvement where required. 	Q1-Q4
<p>Quality and Safety Indicators</p> <ul style="list-style-type: none"> ▶ The CHO will work with the National Division in the development of additional quality and safety indicators i.e. HCAI 	Q1-Q4
<p>Governing for Quality and Safety</p> <ul style="list-style-type: none"> ▶ A key priority will be to ensure that appropriate quality and patient safety governance structures and processes are in place to ensure appropriate monitoring, accountability and support to optimise patient safety. ▶ As part of this governance and monitoring function, the CHO will collect and report on metrics pertaining to the establishment of quality and safety structures and processes. This will enable analysis of quality and safety structures and provide assurance those structures, processes and outcome measurements are in place. 	
<p>Promoting Safe Services Compliance with Incident Management policy & procedure</p> <ul style="list-style-type: none"> ▶ Cork & Kerry CHO will continue to roll out training on Incident Management and Systems analysis investigation training for appropriate staff. 	Q1-Q4
<p>Strengthening primary care Accountability Framework in the domain of quality and patient safety</p> <ul style="list-style-type: none"> ▶ The CHO will monitor the performance of health services against agreed national indicators for quality and safety in care and the National Primary Care Quality Dashboard. 	Q1-Q4
<p>Improving the monitoring, investigation and learning systems for serious incidents</p> <ul style="list-style-type: none"> ▶ The CHO will ensure the systems and structures in place within primary care within the CHO for reporting and monitoring Serious Reportable Events (SREs) and other serious safety incidents are enhanced ▶ The CHO will develop and support an awareness programme to ensure incidents are reported using the new national incident report form (NIRF). 	Q1 Q1-Q2
<p>Patient engagement and empowerment</p> <ul style="list-style-type: none"> ▶ Cork & Kerry CHO will establish a working group to review the existing service user feedback process, and assess the trends to develop a plan that will ensure learning from both negative and positive experiences is shared within the CHO. ▶ Ensure Health Charter Posters are displayed prominently in every primary care setting in Cork & Kerry CHO. ▶ Deliver two Service User Experience based workshops/trainings which will be run in the Cork & Kerry CHO on <i>Improving Service User Experience & Opening Doors - Ensuring healthcare is fair and equitable for all.</i> ▶ Audit the availability of "Tell us about your experience" feedback leaflets in each Primary care setting in Cork & Kerry CHO. ▶ The CHO will complete bi-annual PCTs/Networks service-user engagements through existing community structures such as community networks, focus groups and/or Community Information Hubs. ▶ The CHO will support the measurement of patient experience by conducting 5 surveys 	Q2 Q1-Q4 Q3 Q2 Q4 Q4

Goal 3: Primary Care (including Social Inclusion & Palliative Care)	End Qtr
using the Primary care service user survey tool.	
Support the Work of the National Clinical Effectiveness Committee (NCEC)	
▶ The CHO will support the implementation of the NCEC prioritised National Clinical Guidelines, National Clinical Audit and Standards for Clinical Practice Guidance.	Q1-Q4
Goal 3: Primary Care	End Qtr
▶ Cork will increase service user involvement in service planning and quality initiatives by setting up Children's Hearing Services Working Group and enhanced collaboration with the Cork Deaf Association.	Q2
▶ Ensure the newly developed <i>National Primary Care Service User Survey</i> will be rolled out in a quarter of PCTs/Networks in 2016 in Cork & Kerry CHO.	Q4
▶ Deliver training to those areas that have the greatest need for more specialised training i.e. Equality Training and Dementia Awareness Training.	Q4
Goal 3: Social Inclusion	End Qtr
Roll out of Brief Intervention Training for Drugs and Alcohol Services	
▶ Support as required the national publication of a <i>Guiding Framework for Education and Training in Screening and Brief Intervention for Problem Alcohol Use</i> for nurses and midwives in acute, primary and community settings.	
Strengthen community development approaches in line with Healthy Ireland and other relevant initiatives	
▶ The Community Work service in Cork & Kerry has been identified nationally as a model of good practice in relation to engagement with and support of local communities and service users. In 2016 Cork & Kerry CHO will carry out a review of the Community Work service with a view to enhancing and supporting the service and ensuring the maintenance of strong linkages across all divisions with the Community and Voluntary sector. Additional resources were allocated to Community Work in 2015 and will be further allocated to the service in 2016.	Q1-Q4
▶ In 2016 Cork & Kerry CHO will support the further development of the Cork Equal and Sustainable Communities Alliance (CESCA) model in Cork City. This will include development of strategic plan, community leadership training, the 2016 Grassroots Grant Scheme and a staff planning initiative.	Q1-Q4
▶ Cork & Kerry CHO will participate in new national Social Inclusion Working Group on Community Development, which will work to incorporate principles in respect of addressing health inequalities, community development, community participation, social prescribing etc. with a focus on vulnerable communities.	Q1-Q4
▶ Support the implementation of <i>Second National Strategy on Domestic, Sexual and Gender-based Violence 2015-2020</i> . Build on existing initiative in the Traveller Health unit and in Kerry Community Work Service.	Q1-Q4
Enhance community approaches to addressing HIV/AIDS	
▶ Develop a plan for the review of Sexual Health Services in Cork & Kerry CHO.	Q1-Q4
▶ Cork & Kerry CHO will support as required the national collaboration with HIV Ireland and other stakeholders towards further development and enhancement of community approaches to addressing HIV/AIDS.	Q1-Q4
Hepatitis C Strategy	
▶ Cork & Kerry CHO will implement as required the prioritised recommendations of HSE	Q1-Q4

Goal 3: Social Inclusion	End Qtr
National Hepatitis C Strategy.	
Goal 3: Palliative Care	End Qtr
<ul style="list-style-type: none"> ▶ Cork & Kerry CHO will participate with the National Palliative Care lead as required to encourage the on-going development of person-centred services to: <ul style="list-style-type: none"> – Incorporate the experiences of service users and staff to evaluate and plan services. – Support services to implement the Patient Charter for Specialist Palliative Care. – Commence collection of key performance indicators with a quality focus. – Commence the collection of patient / family satisfaction feedback. 	Q1-Q4 Q4 Q2-Q4 Q3



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

Goal 4: Primary Care (including Social Inclusion & Palliative Care)	End Qtr
<p>CHO Structures</p> <ul style="list-style-type: none"> ▶ Full details on CHO Structures are detailed on page 17 in the health service reform section of this plan 	
<p>Leadership</p> <p>Supporting the development and delivery of effective leadership at all levels is a key priority for Cork / Kerry Community Healthcare Organisation.</p> <p>The Cork and Kerry CHO will prioritise the implementation of the Health Services People Strategy 2015–2018 by driving implementation through a number of key areas including leadership, employee engagement and learning and development. To progress these areas in 2016 the Cork and Kerry CHO will:</p> <ul style="list-style-type: none"> ▶ Focus on the implementation of the HSE Performance Management Framework ▶ Support the implementation of a leadership development programme (multi-disciplinary) ▶ Support a people development planned interventions, supported by coaching, mentoring and action learning. ▶ It is planned to continue and expand the number of FETAC Level 5 Modules available to support staff and staff supervisors in 2016. Programmes will continue based on identified service requirements, training needs analysis and individual Personal Development Plans (PDPs) as part of the commitment to supporting employee continuous professional development needs. ▶ The National Learning and Development Programme have procured to provide Leadership Development Training for 400 health service staff across all Divisions nationally. It is planned that 16 programmes will be delivered with 25 people on each training programme nationally. ▶ Support the implementation of the HSE Graduate Intern Programme ▶ Progress the development of talent pools across the health system. 	<p>Q1-Q4</p>
<p>Employee Engagement</p> <ul style="list-style-type: none"> ▶ Cork & Kerry CHO will implement the following actions agreed by the Area Management Team to address the findings of the staff engagement survey: <ul style="list-style-type: none"> – Regular team meetings at all levels. – Increased levels of planned 1:1 meetings between managers and staff. – The Area Management Team to identify a number of HSE locations to attend in 2016 to see examples of good practice and to engage with staff regarding the challenges they are facing in delivering their service. – The AMT will take specific measures to recognise staff appreciation. – Staff newsletter for Cork and Kerry CHO. – Ensure regular effective communication and consultation work with staff in relation to the implementation of the CHO report. 	<p>Q1-Q4 Q1-Q4 Q1 Q3 Q1-Q4</p>
<p>Implement Children First</p> <ul style="list-style-type: none"> ▶ Children First Cork & Kerry CHO will; <ul style="list-style-type: none"> – Establish a Children First Committee. – Ensure that Cork & Kerry CHO has a Children First Implementation Plan in place. – Ensure that each staff member is aware of their social, corporate and legal responsibilities under Children First through ongoing training in collaboration with Tusla. 	<p>Q2 Q1 Q1-Q4</p>

Goal 4: Primary Care (including Social Inclusion & Palliative Care)	End Qtr
<ul style="list-style-type: none"> - Facilitate all HSE staff (including staff of funded agencies) to undertake the Children First E Learning programme. - Children First Training list to be collated and access to training to be arranged for all staff in Q2. - Deliver Children First Training Programmes to meet the needs of all services across all divisions in collaboration with Tusla including GP out of hours services. 	<p>Q1-Q4</p> <p>Q2</p> <p>Q1-Q4</p>
<p>Understanding patient safety incidents</p> <ul style="list-style-type: none"> ▶ The CHO will continue to support the roll out and implementation of the National Incident Management System (NIMS) in primary care in conjunction with the Quality Assurance and Verification Services and the State Claims Agency. 	
<p>Clinical Audit development</p> <ul style="list-style-type: none"> ▶ The Cork and Kerry CHO Clinical Audit Committee will be established in Q1 2016 and this will support and develop the promotion and implementation of a CHO wide clinical audit programme for 2016. ▶ All clinical audits will be registered, monitored and outcomes will be shared across all relevant community services. ▶ The CHO clinical Audit Committee will also focus on the development of clinical audit tools. 	<p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q4</p>
<p>Quality and Safety</p> <ul style="list-style-type: none"> ▶ The CHO will develop existing and establish additional local Quality and Patient Safety Committees to develop actions and monitor services to ensure that all services are complying with the National Quality and Safety standards. These local committees will report to the CHO Quality and Patient Safety Committee. ▶ Cork & Kerry CHO will develop a procedure for sharing of learning from serious incidents within local primary care teams. ▶ Kerry will continue to action QIP's identified in the NSSBH self-assessment. 	<p>Q2</p> <p>Q2</p> <p>Q4</p>

Goal 4: Primary Care	End Qtr
<p>Restructure the provision of GP training</p> <ul style="list-style-type: none"> ▶ A Project Manager has been appointed nationally to work on the agreement of a Service Level Agreement (SLA) in relation to the transfer of the management of GP Training from the HSE to the Irish College of General Practitioners (ICGP). This SLA will include all governance including financial and training outcomes. Cork & Kerry CHO will provide all the necessary information requested by the Project Manager in relation to the transfer. 	
<p>Dietetics</p> <ul style="list-style-type: none"> ▶ Develop a workforce plan for dietetics across all divisions for Cork & Kerry CHO due to significant increase in the demand for this service. ▶ Train dieticians (who were appointed in 2015) in structured patient education for management of type 2 diabetes to ensure equitable service and to meet key performance indicators (KPIs). 	<p>Q2</p> <p>Q1-Q4</p>
<p>Oral Health Including Orthodontics</p> <ul style="list-style-type: none"> ▶ Ensure training on HIQA Standards is provided to Orthodontic staff in early 2016. ▶ Continue to cooperate with any up-skilling initiatives for Senior Dentists in Primary care to enable secondary and referral services to be managed in Primary care. ▶ Continue to cooperate with the introduction of any training and up-skilling of orthodontists 	<p>Q1</p> <p>Q1-Q4</p> <p>Q1-Q4</p>

Goal 4: Primary Care	End Qtr
and primary care dentists to ensure appropriate referral to orthodontic units and reduce inappropriate lengthy assessment waiting lists.	

Goal 4: Social Inclusion	End Qtr
▶ Roll out of SAOR (Support, Ask and Assess, Offer Assistance and Refer) screening and brief intervention training to staff for problem alcohol and substance use within Tier 1 and Tier 2 services. Deliver 5 SAOR Training Programmes in 2016.	Q1-Q4
▶ Further roll out of TCAT (Traveller Community Awareness Training) across Cork & Kerry CHO.	Q1-Q4
▶ Work with Transgender Equality Network Ireland (TENI) to deliver targeted training to 2 further groups of health service staff in 2016 in Cork & Kerry CHO.	Q1-Q4
▶ Support the standardised problem alcohol and substance use screening and brief intervention (SBI) toolkits to support Tier 1 and Tier 2 services implementing SBI. Over 500 people have been trained in SBI and a process on reviewing implementation will be conducted in 2016.	Q1-Q4
▶ Social Inclusion will promote cultural competence among frontline teams (implementing the Duty of Care legislation) and will develop a plan to support the application of the new Public Sector Duty on Equality & Human Rights. The HSE National Social Inclusion Office will produce and provide the specific health-related protocols and procedures necessary. For Cork and Kerry CHO, the Social Inclusion Office will then lead the roll-out of these to the relevant frontline staff by way of necessary briefings and will subsequently monitor by way of seeking relevant feedback.	Q1-Q4
▶ Roll out as required of national intercultural health training programme to support staff to deliver services in a culturally competent manner. This training will be targeted at staff delivering services to asylum seekers in Direct Provision and to refugees arriving under Resettlement and Relocation programmes.	Q1-Q4

Goal 4: Palliative Care	End Qtr
▶ Cork & Kerry CHO will support the development of the national model for nursing care for palliative care patients and their families in the community.	Q4
▶ Cork & Kerry CHO will participate with the National Palliative Care lead as required in developing the capacity of healthcare professionals to better meet the needs of patients and their families to:	
– Progress the implementation of the <i>Palliative Care Competence Framework</i>	Q1-Q4
– Implement the <i>Role Delineation Framework</i>	Q1-Q4


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

Goal 5: Primary Care (including Social Inclusion & Palliative Care)	End Qtr
<p>Paybill Management and Control</p> <p>The 2015 Framework (updated in 2016) clearly states the overall requirement to remain within pay budget and the recruitment of staff must not breach that requirement in the current year, nor build in unsustainable levels into the following year. There is an absolute requirement for each CHO and sub-element to have a fully funded workforce plan developed in line with the allocated pay envelope and this should drive all recruitment decisions. Cork & Kerry CHO will fully utilise the Framework and delegation to eliminate and/or reduce the use of agency and overtime.</p>	
<p>Paybill Management and Control</p> <ul style="list-style-type: none"> ▶ Implementation across 9 CHOs of Framework Agreement. ▶ Develop and implement workforce plan of their workforce plan. ▶ Reduce agency and overtime in all services within the CHO, statutory and voluntary. 	Q1-Q4
<p>Policies, Procedures, Protocols and Guidelines (PPPG)</p> <ul style="list-style-type: none"> ▶ The CHO will participate in the development of a national HSE policy framework for PPPGs including education training and support. 	Q1-Q4
<p>Service Arrangements</p> <ul style="list-style-type: none"> ▶ A planned and co-ordinated approach to managing service arrangements will be implemented in 2016 with the aim of: <ul style="list-style-type: none"> – Timely completion of the schedules in Part II of the service arrangement documentation and completion of grant aid agreements. – Complete Part II schedules- Service Arrangements. 	Q1
<p>Information Communication Technology (ICT)</p> <ul style="list-style-type: none"> ▶ Review current CHO infrastructure including internet access, server capacity, hardware deficits, software deficits and bandwidth capacity deficits in each service. ▶ Engage with ICT nationally and locally to establish a CHO plan to address ICT deficits. ▶ Engage with ICT nationally and locally to identify funding streams to implement the CHO ICT plan. ▶ Engage with ICT nationally in regard to proposed roll out of SAP Payroll/HR system in Cork & Kerry CHO. ▶ In the context of the Aids and Appliances project we will engage with Healthcare 21 (HC21) in regard to securing appropriate electronic asset management systems in Cork & Kerry CHO. 	Q3 Q4 Q4 Q1-Q4 Q1-Q4

Goal 5: Primary Care	End Qtr
<p>Audiology Service</p> <ul style="list-style-type: none"> ▶ Kerry will work with Audiology services in Cork to develop a plan that ensures consistency in governance arrangements for Community Audiology services in the area. ▶ The Cork Audiology service will put plans in place to minimise the disruption to the service when relocating from its current temporary accommodation to purpose built accommodation. ▶ The Cork Audiology Service to work with UCC on the provision of clinical placements across Cork & Kerry CHO and other CHOs for students undertaking the Msc in Audiology in 2016. 	Q3 Q4 Q4

Goal 5: Primary Care	End Qtr
<ul style="list-style-type: none"> ▶ The Cork Audiology Service will expand the use of the Audiology Clinic Facility constructed in UCC for the Msc programme during the summer period 2016 when students are away to reduce waiting lists. 	Q3
<p>Aids & Appliances</p> <ul style="list-style-type: none"> ▶ Cork & Kerry CHO will develop and implement a plan to ensure that the available aids and appliances resource is managed in a way that ensures cost effectiveness and efficiency. The purpose of the plan is to improve the Aids and Appliances service across Cork & Kerry CHO in 2016. ▶ Cork and Kerry CHO will use the revised national equipment list which specifies aids and appliances for loan from CHO Loan pool, by category from Q1 <ul style="list-style-type: none"> – A project group and lead will be established in Q1. – The project group will draw up an implementation plan to incorporate processes, required technologies and clinical inputs to a 'singular whole process' that aligns the needs of the service user, prescribers, procurement, and finance through revised resource allocation protocols and using current resources and technology available under the current stores contract in Q2. – The group will plan for and oversee the implementation of Priority Issue Target Times (PITT) to augment criteria & reflect the clinical timeline for supply of each item of equipment within available resources. – The project lead will oversee the establishment of one CHO Aids & Appliances loan Pool (AALP), one CHO Asset Management System, one CHO central purchasing payment and coding process and one operational system with automated processes including inventory, management information etc. by end Q4 – The group will progress a detailed implementation plan to achieve one Cork and one Kerry Aids & Appliances Governance Group. – The project lead will establish one CHO Approved Prescriber Registration Process, including induction in SOP online and one SOP manual, forms and processes by end Q4 	Q1 Q1 Q2 Q4 Q4
<p>Incontinence Wear</p> <ul style="list-style-type: none"> ▶ Cork & Kerry CHO will expand and continue the delivery element of the National Incontinence Procurement Contract, as already rolled out in Kerry, West Cork and North Cork. Arrangements currently underway to commence the rollout of direct delivery to North and South Lee. ▶ We will work with procurement to refine the terms and conditions of the next contract phase. ▶ Directors of public health nursing in the CHO will work together to identify options available to improve the provision of continence. 	Q1-Q4 Q1-Q4
<p>Primary Care Centres</p> <ul style="list-style-type: none"> ▶ Cork & Kerry CHO will work with The Estates Department to progress and continue the provision and fit out of Primary Care Centres in the following areas: <ul style="list-style-type: none"> – Killarney, Tralee, Castleisland, Ballyheigue, Rathmore, St Mary's Primary care Centre, Gurrabraher, Midleton, Fermoy, Cobh, Bantry, Clonakilty, Bandon, Castletownbere, Ballincollig and Togher. 	Q4
<p>Oxygen Therapy</p> <ul style="list-style-type: none"> ▶ Cork & Kerry CHO will review all individuals living in the community who are receiving oxygen therapy to ensure that only those who have a therapeutic need for oxygen receive same. 	Q4
<p>National Primary Care Islands Review</p>	

Goal 5: Primary Care	End Qtr
<ul style="list-style-type: none"> ▶ Cork & Kerry CHO will continue to participate and conclude the national primary care islands review. ▶ Cork & Kerry CHO establish a project lead and group to devise an implementation plan to implement the recommendations of the national primary care islands review Q4. 	<p>Q1-Q3</p> <p>Q4</p>
<p>Children with Complex Medical Care Needs</p> <ul style="list-style-type: none"> ▶ Cork & Kerry CHO will continue to input to the national governance group convened to develop protocols for governance and service provision to children with complex medical care needs who live at home. Cork & Kerry CHO will work with key stakeholders such as consultant paediatricians to develop protocols for providing supports to children with complex medical care needs who live at home. 	<p>Q2</p>
<p>Oral Health Including Orthodontics</p> <ul style="list-style-type: none"> ▶ Cooperate with planned rollout of National ICT system (SOEL) for Community Dental Services in Cork & Kerry from 2016 once there is agreement to merge historical Bridges data. ▶ Cooperate with the installation of the Electronic Traceability System (TDOC) (Instrument Traceability System) in Orthodontic services. ▶ Continue in Quarter 1 to progress with the plans for upgrading of the Dental Theatre in partnership with Cork University Dental School & Hospital and CUH, this dependent on the costs being within Dental Services original estimated overall budget. Alternative options will be explored if this is not the case. ▶ Continue to monitor the SLA with the Cork Dental School & Hospital to ensure it is fully implemented in order to maximise the benefits for eligible patients covered under the SLA. ▶ Once tender process is completed, cooperate with the rollout of the National Orthodontic Patient information System. 	<p>Q1-Q4</p> <p>Q1</p> <p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q1-Q4</p>
<p>Goal 5: Social Inclusion</p>	<p>End Qtr</p>
<ul style="list-style-type: none"> ▶ In 2016 Cork & Kerry Addiction services will commence the development of the reorientation of addiction services to provide for pathways from Harm Reduction support services to Rehabilitation. This will be developed over the next three years and will involve: <ul style="list-style-type: none"> – Develop plan for the expansion of the availability, accessibility and treatment to non-opioid users; so that all those who wish to enter drug / alcohol treatment can do so, according to relevant needs. – Strengthen clinical governance structures in Addiction Services in Cork & Kerry with the support of the proposed appointment of the National Addiction Clinical Lead. Review of clinical governance structures in Q1. – Plan the development of additional Psychotherapeutic supports for clients on the methadone programme. – Commence planning for holistic approach to supporting injecting heroin users. – Support the expansion of the availability of and access to detoxification facilities, methadone services, under-18 services and needle exchange services where required. 	<p>Q1-Q4</p> <p>Q1</p> <p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q1-Q4</p>
<ul style="list-style-type: none"> ▶ In 2016 Cork & Kerry Addiction Services will start Phase 1 of a two year project to develop a new accommodation base for Addiction Services. This will reduce the amount of funding currently spent on accommodation and will improve access to service for clients. In 2016 this first phase of this process will involve: <ul style="list-style-type: none"> – Review of existing lease arrangements. – Work with Estates to confirm new service base. 	<p>Q1-Q4</p> <p>Q1-Q4</p>

Goal 5: Social Inclusion	End Qtr
– Initial engagement with staff on potential relocation and related service developments.	Q1-Q4
▶ Conclude the regularisation of Social Inclusion Agency Staff.Q1 2016.	Q1
▶ Review of staffing needs in the Cork & Kerry CHO Homeless Service recognising the need for further critical PHN support, Addiction Counselling Services and OT Services.	
▶ Develop a holistic interagency initiative with Cork City Council and local representative groups in relation to St. Anthony’s Park Halting Site to improve services to the local communities through the maximisation of available resources and the development of a collaborative comprehensive engagement. Ongoing collaboration with the local authorities across Cork & Kerry in relation to accommodation issues for the Traveller community.	Q1-Q4
▶ The Cork & Kerry CHO Traveller Health Unit will, in partnership with Cork City Council and local representative groups support an interagency initiative in relation to the Spring Lane Halting Site to improve services to the local communities.	Q1-Q4
▶ The HSE will commit resources to Spring Lane in 2016 to target a number of health related issues that have arisen on site. These will be targeted through a specific project to be established by the Cork & Kerry CHO Community Work Department.	Q1-Q4
▶ In 2016 further work will be undertaken on the development of the Business Case and options appraisal to progress the establishment of Homeless /Addiction Service GP Fellowship in partnership with UCC which will enhance service delivery and improve service user’s experience.	Q2
▶ Work with mental health services to reorganise and strengthen service provision for the homeless population in the context of the new mental health posts that have come on stream.	Q2

Balanced Scorecard

Quality and Access Indicators of Performance

Quality	Expected Activity / Cork & Kerry CHO Target 2016
<p>Primary care</p> <p>Service User Experience</p> <ul style="list-style-type: none"> • % of complaints investigated with 30 working days of being acknowledged by the complaints officer. 75% • % of PCTs by CHO, that can evidence service user involvement as required by Action 19 of the Primary Care Strategy – A New Direction (2001) 100% <p>Serious Reportable Events</p> <ul style="list-style-type: none"> • % of Serious Reportable Events being notified within 24 hours to the Senior Accountable Officer and entered on the National Incident Management System (NIMS) 99% • % of investigations completed with 120 days of the notification of the event to the Senior Accountable Officer. 90% <p>Safety Incident Reporting</p> <ul style="list-style-type: none"> • % of safety incidents being entered onto NIMS within 30 days of occurrence by CHO. 90% • % of claims received by the State Claims Agency that were not reported previously as an incident To be set in 2016 <p>Healthcare Associated Infections: Medication Management</p> <ul style="list-style-type: none"> • Consumption of antibiotics in community settings (defined daily doses per 1,000 population) < 21.7 <p>Effective Care</p> <p>Community Intervention Teams (number of referrals)</p> <ul style="list-style-type: none"> • Admission Avoidance (includes OPAT) 1,350 • Hospital Avoidance 108 • Early discharge (includes OPAT) 435 • Unscheduled referrals from community sources 275 <p>Health Amendment Act: Services to persons with state acquired Hepatitis C</p> <ul style="list-style-type: none"> • Number of patients who were reviewed 532 	
<p>Primary care Reimbursement Service</p> <p>Effective Care</p> <p>Medical Cards</p> <ul style="list-style-type: none"> • % of Medical Card / GP Visit Card applications, assigned for Medical Officer review, processed within 5 days 90% • % of Medical Card applications which are accurately processed by national medical card unit staff National Target 95% 	National Target
<p>Social Inclusion Effective Care</p> <p>Traveller Health</p> <ul style="list-style-type: none"> • No. of people who received health information on type 2 diabetes and cardiovascular health 320 <p>Homeless Services</p> <ul style="list-style-type: none"> • % of service users admitted to homeless emergency accommodation hostels / facilities whose health needs have been assessed as part of a Holistic Needs Assessment (HNA) within two weeks of admission 85% 	
<p>Palliative Care</p> <p>Effective Care</p> <ul style="list-style-type: none"> • % of patients triaged within 1 working day of referral 90% • % of patients with a multi-disciplinary care plan documented within 5 working days of initial review 90% 	

Access	Expected Activity / Cork & Kerry CHO Target 2016
Primary care	
GP Activity	
<ul style="list-style-type: none"> No. of contacts with GP Out of Hours service 	187,622
Nursing	
<ul style="list-style-type: none"> No. of new patients accepted on the caseload and waiting to be seen over 12 weeks 	0
Speech and Language Therapy	
<ul style="list-style-type: none"> % on waiting list for assessment ≤ 52 weeks 	100%
<ul style="list-style-type: none"> % on waiting list for treatment ≤ 52 weeks 	100%
Physiotherapy and Occupational Therapy	
<ul style="list-style-type: none"> % of new patients seen for assessment within 12 weeks 	70%
<ul style="list-style-type: none"> % on waiting list for assessment ≤ 52 weeks 	100%
Podiatry, Ophthalmology, Audiology, Dietetics and Psychology	
Podiatry	
<ul style="list-style-type: none"> % on waiting list for treatment ≤ 52 weeks 	100%
<ul style="list-style-type: none"> % on waiting list for treatment ≤ 12 weeks 	75%
Ophthalmology	
<ul style="list-style-type: none"> % on waiting list for treatment ≤ 52 weeks 	100%
<ul style="list-style-type: none"> % on waiting list for treatment ≤ 12 weeks 	60%
Audiology	
<ul style="list-style-type: none"> % on waiting list for treatment ≤ 52 weeks 	100%
<ul style="list-style-type: none"> % on waiting list for treatment ≤ 12 weeks 	60%
Dietetics	
<ul style="list-style-type: none"> % on waiting list for treatment ≤ 52 weeks 	100%
<ul style="list-style-type: none"> % on waiting list for treatment ≤ 12 weeks 	70%
Psychology	
<ul style="list-style-type: none"> % on waiting list for treatment ≤ 52 weeks 	100%
<ul style="list-style-type: none"> % on waiting list for treatment ≤ 12 weeks 	60%
Oral Health	
<ul style="list-style-type: none"> % of new patients who commenced treatment within 3 months of assessment 	80%
Orthodontics	
<ul style="list-style-type: none"> % of referrals seen for assessment within 6 months 	75%
<ul style="list-style-type: none"> Reduce the proportion of patients on the treatment waiting list longer than 4 years (grade IV and V) 	< 5%
Primary care Reimbursement Service	
Medical Cards	
<ul style="list-style-type: none"> % of completed Medical Card / GP Visit Card applications processed within 15 days 	95%
<ul style="list-style-type: none"> No. of persons covered by Medical Cards as at 31st December 	1,675,767 National Target
<ul style="list-style-type: none"> No. of persons covered by GP Visit Cards as at 31st December (Target does not include Universal GP Visit Cards for children aged 6 to 11 years) 	485,192 National Target
Social Inclusion	
Substance Misuse	
<ul style="list-style-type: none"> % of substance misusers (over 18 years) for whom treatment has commenced within one calendar month following assessment 	100%
<ul style="list-style-type: none"> % of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment 	100%
<ul style="list-style-type: none"> Average waiting time from referral to assessment for opioid substitution treatment 	405
<ul style="list-style-type: none"> Average waiting time from opioid substitution assessment to exit from waiting list or treatment commenced 	
<ul style="list-style-type: none"> No. of clients in receipt of opioid substitution treatment (outside prisons) 	

Access	Expected Activity / Cork & Kerry CHO Target 2016
Needle Exchange <ul style="list-style-type: none"> • No. of unique individuals attending pharmacy needle exchange 	393
Palliative Care <ul style="list-style-type: none"> • Access to specialist inpatient bed within 7 days • Access to specialist palliative care services in the community provided within 7 days (home, nursing home, non-acute hospital) • No. of patients in receipt of specialist palliative care in the community • No. of children in the care of the children's outreach nursing team / specialist palliative care team 	98% 95% 508 25

Access	Expected Activity / Cork & Kerry CHO Target 2016
<ul style="list-style-type: none"> No. of persons covered by Medical Cards as at 31st December 	1,675,767
<ul style="list-style-type: none"> No. of persons covered by GP Visit Cards as at 31st December (Target does not include Universal GP Visit Cards for children aged 6 to 11 years) 	485,192
<p>Social Inclusion</p> <p>Substance Misuse</p> <ul style="list-style-type: none"> % of substance misusers (over 18 years) for whom treatment has commenced within one calendar month following assessment % of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment No. of clients in receipt of opioid substitution treatment (outside prisons) 	100% 100% 405
<ul style="list-style-type: none"> Average waiting time from referral to assessment for opioid substitution treatment Average waiting time from opioid substitution assessment to exit from waiting list or treatment commenced <p>Needle Exchange</p> <ul style="list-style-type: none"> No. of unique individuals attending pharmacy needle exchange 	14 days 28 days 393
<p>Palliative Care</p> <ul style="list-style-type: none"> Access to specialist inpatient bed within 7 days Access to specialist palliative care services in the community provided within 7 days (home, nursing home, non-acute hospital) No. of patients in receipt of specialist palliative care in the community No. of children in the care of the children's outreach nursing team / specialist palliative care team 	98% 95% 508 25

Social Care

Social Care	
2016 Budget €m 000's	
Cork & Kerry CHO	309,897
Full details of the 2016 budget are available in Appendix 1	

Introduction

Social Care includes the specialist supports required by older people and people with disabilities.

The specialist supports for older people include:

- ▶ Home care including home help, home care packages, nursing care, therapy services, aids and appliances
- ▶ Day care centres
- ▶ Residential care
- ▶ Respite and convalescent care
- ▶ Assessment and Treatment Centre

Specialist services for people with disabilities include:

- ▶ Residential services. These range from supports for individuals and small groups to live in community settings to larger residential settings
- ▶ Day services
- ▶ Respite
- ▶ Personal assistant services
- ▶ Aids and appliances

The key deliverables in older people's services in 2016 include:

- ▶ An increase in people supported by the Nursing Home Support Scheme by 649 to a total of 23,450.
- ▶ Home care: maintaining home care at the end of 2015 levels.
- ▶ Transitional care to support discharges from acute hospitals, in particular for individuals awaiting *Fair Deal* funding or places in residential facilities.
- ▶ Commencement of integrated care initiative with community facing geriatrician and team.
- ▶ Implementation of dementia strategy.
- ▶ Single assessment tool.
- ▶ Commencement of capital programme to upgrade community hospitals in the context of national residential standards for older people.

Key deliverables in disability services include:

- ▶ Provide additional training and day places, as required, to meet the needs of young people due to leave school and rehabilitative training programmes.
- ▶ Complete the reconfiguration of early intervention and children's services.
- ▶ Improve compliance with national residential standards as regulated by the Health Information and Quality Authority (HIQA) with a particular focus on a number of large residential settings.
- ▶ Improve compliance with Disability Act timelines.
- ▶ Respond, within available resources, to emergency requirements for services.
- ▶ Six-step change programme to improve the safety, welfare and quality of life for people with a disability in residential settings.

Quality and Patient Safety

The quality and safety of our services is paramount. The focus in 2016 is to embed structures and processes to ensure that quality and safe services are delivered and to ensure that the Division complies with National Standards and recommended practices. The National Social Care Division plans to introduce a range of quality key performance indicators (KPIs) in 2016 to drive performance in this area. The CHO will work with the national division on the Quality KPIs which include metrics on service user engagement, serious incident management, the work of the Safeguarding Teams, and HIQA compliance.

Priority will be given in 2016 to targeting the transition of people from the large institutional settings to a community based model of person-centred supports. This initiative will focus particularly on those in both the Statutory and Voluntary sector with significant challenges in achieving compliance with the *National Standards for Residential Services for Children and Adults with Disabilities*.

The CHO will continue to monitor and support improved compliance with HIQA standards for Residential Centres (elderly and disability) with a strong focus on continuous quality improvement aligned with national quality improvement initiatives.

Key Priorities and Actions to Deliver on Goals in 2016



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

Goal 1: Social Care Services	
Social Care and Health and Wellbeing Collaborative Actions for Healthy Ireland Implementation Plan	End Qtr
<p><i>In partnership with Health and Wellbeing the following will be delivered in 2016:</i></p> <ul style="list-style-type: none"> ▶ Cork & Kerry CHO will develop local Implementation Plan for <i>Healthy Ireland</i>. ▶ Implementation of the Healthy Workplace Policy in the Cork & Kerry CHO. ▶ Progress the implementation of <i>Healthy Ireland</i> in the <i>Health Services National Implementation Plan 2015–2017</i> and the <i>Positive Ageing Strategy</i> across the delivery system and wider organisation. ▶ Participate on Local Community Development Committees to maximise opportunities for older people and people with disabilities to access services that support general health and wellbeing in their local area. ▶ Improve influenza vaccination uptake rates among persons aged 65 and over in residential disability services. ▶ Improve influenza vaccine uptake rates among staff in front line disability services' settings. ▶ See complete immunisation actions which are detailed on page 50 in Health & Wellbeing ▶ Map the catering facilities in social care settings to inform the next stage roll out of calorie posting. ▶ Support the implementation of calorie posting within the CHO 	<p>Q1-Q4 Q1-Q4 Q3</p>
<p><i>Tobacco Free Ireland – Working to reduce the prevalence of smoking among the population</i></p> <p>Cork & Kerry CHO will:</p> <ul style="list-style-type: none"> ▶ Maintain and support the implementation of the <i>HSE Tobacco Free Campus Policy</i> by building capacity among frontline workers to screen and support smokers to quit through the delivery of brief intervention training so they have the skills and confidence to treat 	<p>Q1-Q4</p>

Goal 1: Social Care Services	
<p>tobacco addiction as a care issue.</p> <ul style="list-style-type: none"> ▶ Staff to be released to undergo this training <ul style="list-style-type: none"> – 32 (1%) Social Care staff ▶ Maximise the impact of the QUIT campaign. ▶ Ensure that all new disability residential houses and 25% of existing disability residential houses / units and all new older people services and 75% of existing older people services are compliant with the HSE Tobacco Free Campus Policy. ▶ Smoke Free Community Hospitals: All community hospitals to be smoke free by the end of quarter 4 2016, starting on a progressive basis of 25% smoke free per quarter in Cork and all residential Healthcare units to become smoke free campus` by Q1 in Kerry. ▶ Cork & Kerry Home Help Services will review the current guidelines regarding tobacco in domiciliary settings and will roll out a revised policy for staff and clients by the end of Q3. 	<p>Q1-Q4 Q1-Q4 Q1-Q4 Q3</p>
<p>Promote the health and wellbeing of older people and persons with a disability facilitating them to stay active and well for as long as possible</p> <ul style="list-style-type: none"> ▶ Cork & Kerry CHO staff to make every service user interaction count by routinely assessing levels of physical activity of service users and to promote as much physical activity as is possible for the individual. ▶ Implement appropriate medication management policy across residential services. ▶ Ensure that Intellectual Disability Supplement (IDS) and The Irish Longitudinal Study of Aging (TILDA) are used to inform planning and decision making in respect of Health and Wellbeing. 	<p>Q1-Q4 Q1-Q4 Q1-Q4</p>
<p>HCAI / Decontamination programme</p> <ul style="list-style-type: none"> ▶ The CHO will support and collaborate with the HCAI/AMR (Healthcare Associated Infections / Antimicrobial Resistance) clinical care programmes in prioritising key areas for development in 2016. ▶ The CHO will continue to support the implementation of the HCAI agenda through the Cork and Kerry HCAI Committee. The Cork and Kerry HCAI Committee will produce an action plan to deliver on the development of HCAI quality improvement plans (QIPs), governance, training, audit and sharing of information with GPs and staff regarding HCAI including: <ul style="list-style-type: none"> – Surveillance data on infections in community hospitals and community nursing units – Antimicrobial prescribing surveillance data in community hospitals and community nursing units. – Antimicrobial Stewardship – Implementation of national guidelines and standards ▶ Promote the Microsite for Infection Prevention and Control (IPC) for Cork and Kerry Community Services. This online resource has been established to support health and social care services to reduce the risk of their patients / clients acquiring infection. It includes the most up to date guidelines and patient and staff information leaflets along with other useful resources such as links to hand hygiene resources, newsletters etc. ▶ The guidelines on Infection Prevention and Control in community and disability services in Cork and Kerry and associated leaflets and posters relevant to the guidelines will be updated by the infection control nurses throughout the year. ▶ “Training on accessing the Guidelines on Infection Prevention and Control in community and disability services in Cork and Kerry and associated leaflets and posters relevant to the guidelines now available online will be delivered to relevant staff in the CHO.” ▶ Health Care Associated Infections (HCAI): work with HCAI / AMR (Antimicrobial Resistance) Programme team to support implementation of quality improvement initiatives with regard to HCAI and AMR with particular focus on hand hygiene, antimicrobial stewardship and device related infections. 	<p>Q1-Q4 Q1- Q4 Q1 Q4 Q4</p>

Goal 1: Social Care Services	
<p>Infection prevention control & HALT</p> <ul style="list-style-type: none"> ▶ Participate in the workforce planning exercise for infection prevention control and antimicrobial stewardship ▶ Support maximum participation of Older Persons Residential Services in the national HALT study 2016. The HALT project is a survey in all long-term care facilities which will include HCAI, Antibiotic Use, Infection Prevention & control resources & practices and Antibiotic resistance. 	<p>Q1-Q4</p> <p>Q2</p>
<p>Local Community Development Committees (LCDCs)</p> <ul style="list-style-type: none"> ▶ Cork & Kerry CHO will continue to engage with Local Community Development Committees (LCDCs). ▶ Cork & Kerry CHO will identify key staff to participate in inter agency local working groups. ▶ Participate on Local Community Development Committees to maximise opportunities for older people and people with disabilities to access services that support general health and wellbeing in their local area. 	<p>Q1-Q4</p> <p>Q2</p>
<p>Immunisations</p> <ul style="list-style-type: none"> ▶ Improve influenza vaccination uptake rate among persons aged 65 and over. ▶ Improve influenza vaccination uptake rates among staff in front line settings. ▶ Please see page 50 in Health & Wellbeing section of this plan for full details on immunisations. 	<p>Q1-Q4</p> <p>Q1-Q4</p>

Goal 1: Social Care, Older Persons	
Promote the Health and Wellbeing of older persons facilitating them to stay active and well for as long as possible	
Dementia Strategy Implementation Programme	
Implement actions from the Dementia Strategy implementation programme, in agreement with Atlantic Philanthropies.	
Actions from the Dementia Strategy Implementation Programme	End Qtr
▶ Review of the bed availability in Cork and Kerry CHO with a view to increasing the dementia bed availability.	Q3
▶ Establish a steering group in Cork and Kerry CHO to coordinate the implementation of the Dementia Strategy to: <ul style="list-style-type: none"> – Disseminate learning from Genio funded dementia projects. – Establish and co-ordinate the initiative to deliver intensive home care packages for people with dementia. 	Q3-Q4
Day Care Services	End Qtr
▶ Complete the review of day care centres in Cork & Kerry commenced in 2015 by the end of Q3 2016 with the following deliverables: <ul style="list-style-type: none"> – Mapping of the current service base will commence in Q1. – Policies, Procedures, Protocols and Guidelines (PPPGs) currently governing DCC provision will be reviewed and standardised from the perspective of fitness for purpose, compliance with NFR; and National Standards for Safer Better Healthcare. – The procedures relating to access/discharge from each service will be reviewed and standardised. – Literature review will be completed to assist in providing clarity regarding role and purpose of DCCs within the continuum of care for older persons. – An analysis of pay and non-pay costs associated with provision of service and quantum of service will be undertaken including review of service agreement documentation in 	<p>Q3</p> <p>Q1</p> <p>Q3</p> <p>Q2</p> <p>Q2</p> <p>Q2</p>

Goal 1: Social Care, Older Persons	
place with voluntary providers.	
▶ Consideration of external issues affecting day care centre operation will be undertaken including provision of rural transport scheme.	Q3
▶ A public consultation process will be undertaken in Cork & Kerry in conjunction with <i>Age Friendly Ireland</i> to ascertain the views and needs of the public in regard to day centre services.	
▶ A report will be finalised making recommendation for the future development of day services in Cork & Kerry	Q4
▶ Kerry will work with the North Kerry groups to increase the availability of day care places for North Kerry in the newly built day care centre in Listowel.	Q1
Falls Prevention and Bone Health	
Develop an integrated care pathway for falls prevention and bone health and introduce in designated sites.	
Actions for Falls Prevention and Bone Health	End Qtr
▶ Develop and roll out a standardised approach to falls prevention in 7 public residential units in Cork. The aim of the program is to set an evidence based and practicable standard in falls prevention / management and promote best practice. It will involve site visits, monthly audits, introduction of a falls pathway and falls policy.	Q1-Q4
▶ In the context of the Falls Strategy as part of the roll out of an integrated falls pathway in Cork City and environs we will establish, an initial 6 FRAX (Falls risk assessment) clinics covering 4 city venues and 2 others in the environs of Cork City.	Q2- Q4
– The implementation of the falls strategy will be progressed by establishing an additional specialist Falls clinic in the Assessment and Treatment Centre, St. Finbarr's Hospital.	Q1
– A rehabilitation assistant will be recruited to support the implementation of the falls strategy in Cork in Q1	Q1
– The community work-stream of this project will work with Health Promotion and the Community Work department and other stakeholders to plan and test options for access to community based exercise opportunities to keep older persons free of falls in Cork city and environs as the initial geographic scope.	Q2- Q4
– An analysis of the intervention requirements arising from the first 6 clinics will be undertaken to inform service planning for 2017.	Q4
– We will scope and finalise plans to extend an integrated falls pathway for Kerry in Q3 and North Cork in Q4.	Q3-Q4
National Carers Strategy	
Implement the Carers Strategy – through leading a multi-divisional group to progress the implementation of the <i>National Carers Strategy, Recognised, Supported, Empowered</i> . The Carers Need Assessment Tool will be tested for implementation in 2017. Collaboration with Local Authorities to support the concept of Age Friendly Cities and local Older Persons Councils will continue.	
Goal 1: Actions to Implement the Carers Strategy	End Qtr
▶ Monitor progress in Cork and Kerry on the implementation of the National Carers Strategy for the HSE Annual Progress Report (September 2015- September 2016).	Q3-Q4
▶ In association with <i>Age Friendly cities and counties</i> the CHO will nominate a senior manager to work with the local Older Persons Councils to ensure the views and experiences of older people in relation to health issues within the age friendly cities concept are considered in health service reviews and planning.	Q1-Q4
“Fitness to Drive” Assessment for Older Persons	End Qtr
▶ Roll out an Occupational Therapy led “Fitness to Drive” assessment service for Older People in St. Finbarr's Assessment and Treatment Centre.	Q1
▶ Establish a referral pathway for this service with General Practitioners.	Q2
▶ Review operation of the service and make the necessary arrangements to extend.	Q3

Goal 1: Social Care, Disability Services	
<p>Promote Health and Wellbeing within disability services to ensure that children and adults with disabilities are enabled to live healthier lives.</p> <p>Accelerating implementation of <i>A Time to Move on from Congregated Settings</i></p> <ul style="list-style-type: none"> ▶ In line with <i>A Time to Move on From Congregated Settings</i>, 2011 and <i>New Directions</i>, 2012, there is a move from an institutional model of care to a community based person-centred model of service, enabling and supporting meaningful lives as chosen by users, within the resources available. ▶ Priority will be given in 2016 to targeting the transition of people from the large institutional settings to a community based model of person-centred supports. This initiative will focus particularly on those in both the Statutory and Voluntary sector with significant challenges in achieving compliance with the <i>National Standards for Residential Services for Children and Adults with Disabilities</i>. ▶ The capital funding of €100m nationally for disability services recently announced, together with the additional 'ELS' funding for compliance with national standards for residential services provided for in the Letter of Determination will enable a reconfiguration of supports and the provision of accommodation required to enable the transition to the community of at least an additional 160 service users nationally in 2016. ▶ Oversight of implementation will be provided through working group 2 of the <i>Transforming Lives</i> process. 	
CHO Specific <i>Time to Move On From Congregated Settings</i> Actions	End Qtr
<ul style="list-style-type: none"> ▶ Progress decongregation plan in the Cork and Kerry CHO with all statutory and non-statutory service providers to ensure that a date to cease admissions is agreed. Q4 ▶ Identify a named lead person to have oversight of the implementation of <i>Time to Move on from Congregated Settings</i> actions across CHO and link with the local service providers and national working group. Q2 ▶ Develop a decongregation plan and commence implementation of same in: Q2 <ul style="list-style-type: none"> – In relation to 12 individuals planned to transition from HSE Cluain Fhionnáin, Killarney: Q1-Q4 <ul style="list-style-type: none"> – Cork & Kerry CHO in collaboration with RehabCare to progress the plan developed to support residents in Cluain Fhionnáin transitioning into the community. – Cork & Kerry CHO to ensure that Service Provider implements Community Living Transition Plans that identify how each person will be supported to transition into the community and ensures that these have been developed with the meaningful involvement of the person, their family and /or advocates. – Cork & Kerry CHO to work with RehabCare, Approved Housing Bodies, Housing Authorities and HSE Estates to develop, agree and progress the plan for meeting the housing requirement for people prioritised for transitioning from congregated settings in 2016. – In relation to 20 individuals planned to transition from HSE St. Raphaels Centre, Youghal: (please note National Social Care Operational Plan states 12 individuals which was correct at time of publication). End Q4 <ul style="list-style-type: none"> – Finalising closure plan in consultation with all stakeholders. – Initiate and progress closure plan for St. Raphael's Centre (Ground Floor) by revising timeframes and implementing agreed actions; End Q4; Actions to include: <ul style="list-style-type: none"> ▪ Appointment of a project manager to oversee the closure plan. ▪ CHO to work with Approved Housing Bodies, Housing Authorities and HSE Estates to develop, agree and progress the plan for meeting the housing requirement for people prioritised for transitioning from congregated settings in 	

Goal 1: Social Care, Disability Services

2016.

- CHO to put in place a Community Living Transition Plan to identify how each person will be supported to transition into the community, which has been developed with the meaningful involvement of the person, their family and /or advocates.
- Independent assessment of medical and social needs of residents.
- CHO to develop and implement a plan identifying how the care supports will be reconfigured / developed to support individuals living in the community.
- CHO to ensure that the pre-transition assessment being developed by the Transforming Lives Working Group 1 is administered for all individuals being supported to move in 2016.

- **In relation to 7 individuals planned to transition from HSE Grove House, Cork:**
- CHO to work in collaboration with service providers to progress the transition of 7 individuals, where plans are already in place and at an advanced stage of implementation.
- Secure interim placement for one resident while permanent residence is refurbished and work with service providers to develop and deliver a plan to support final resident transitioning to community from this service.
- Finalise closure plan in consultation with all stakeholders.
- Progress transition plans for residents to ensure smooth transfer to new accommodation.

Q1

- **In relation to 8 individuals planned to transition from HSE SJOG campus, Beaufort:** (please note National Social Care Operational Plan states 4 individuals which was correct at time of publication).
- 76 residents are currently residing in SJOG campus. The decongregation of the main building on campus will begin in 2016 with 16 residents identified to transition to community living.
- Phase One will consist of 8 residents transitioning to community by end Q4 2016 with a further 8 residents to transition once CAS (Capital Assistance Scheme)-funded houses are secured.
- CHO to work with Service Providers to agree high level de-congregation plan for the known specific priority units.
- CHO to ensure Service Providers works with Approved Housing Bodies, Housing Authorities and HSE Estates to develop, agree and progress the plan for meeting the housing requirement for people prioritised for transitioning from congregated settings in 2016 linked to high level decongregation plan.
- CHO to ensure that Service Providers puts in place a Community Living Transition Plan to identify how each person will be supported to transition into the community, which has been developed with the meaningful involvement of the person, their family and /or advocates.
- CHO to work with Service Providers to ensure an agreed implementation plan is developed identifying how the care supports will be reconfigured / developed to support individuals living in the community.
- CHO to ensure that the pre-transition assessment being developed by the Transforming Lives Working Group 1 is administered for all individuals being supported to move in 2016.

Q1-Q4

- ▶ **In relation to 4 individuals planned to transition from HSE Ashville, COPE:**

Q1-Q4

Goal 1: Social Care, Disability Services	
<ul style="list-style-type: none"> - CHO to work with Service Providers to agree high level de-congregation plan for the known specific priority units. - CHO to ensure Service Providers works with Approved Housing Bodies, Housing Authorities and HSE Estates to develop, agree and progress the plan for meeting the housing requirement for people prioritised for transitioning from congregated settings in 2016 linked to high level decongregation plan. - CHO to ensure that Service Providers puts in place a Community Living Transition Plan to identify how each person will be supported to transition into the community, which has been developed with the meaningful involvement of the person, their family and /or advocates. - CHO to work with Service Providers to ensure an agreed implementation plan is developed identifying how the care supports will be reconfigured / developed to support individuals living in the community. - CHO to ensure that the pre-transition assessment being developed by the Transforming Lives Working Group 1 is administered for all individuals being supported to move in 2016. 	
Service Reform Fund (SRF)	
<ul style="list-style-type: none"> ▶ A service reform fund established between Atlantic Philanthropies, the DoH, HSE social care and mental health services and the Genio Trust will support the phased transition to a person-centred model of services. This will provide funding for a number of innovative projects in line with the <i>A Time to Move on From Congregated Settings</i> policy and wider <i>Transforming Lives</i> agenda, which will facilitate individuals to transition into the community. ▶ In Cork & Kerry 11 services have been prioritised for transition funding from the Service Reform Fund. These sites take account of centres that are non-compliant with the National Standards for Residential Services for Children and Adults with Disabilities and form part of the congregated settings group. 	
Actions for service reform fund	End Qtr
▶ Governing Group to agree level of SRF funding for disability services.	Q1
▶ The Implementation Group including Genio, Inclusion Ireland and the National Federation of Voluntary Bodies, Not for Profit Business Association and HSE personnel will work together to assess the organisational change, staff and family training needs required to deliver the reform programme in each of the priority centres.	Q1
▶ Cork & Kerry CHO will develop and submit implementation plans for each provider site for consideration by the Service Reform Fund Implementation Group.	Q1
▶ Through the Implementation Group Inclusion Ireland, supported by Genio will develop an advocacy framework specific to the implementation of targets of the SRF.	Q2
▶ Develop a training programme for leaders in the disability service.	Q2
▶ Develop and implement a monitoring process for SRF action plan.	Q2
▶ Review Progress.	Q4


Goal 2

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

Goal 2: Social Care Services	
National guidelines on accessible Health and Social Care Services	
<ul style="list-style-type: none"> ▶ Cork & Kerry CHO will: <ul style="list-style-type: none"> – Develop plan to ensure all health services are accessible in line with national guidelines – Review accessibility to health and social services – Establish how the person prefers to communicate and notify relevant staff of the preferred method of communication – Ensure access officer and access committees are in place to support implementation of the national guidelines. 	Q1-Q4 Q1-Q4 Q1-Q4 Q1-Q4
Goal 2: Social Care, Older Persons	
Home care service improvement plan	
<ul style="list-style-type: none"> ▶ The National Division will document and approve the model of home care focusing on how home care services (home help and home care packages) will be improved and streamlined to: <ul style="list-style-type: none"> - Make processes and services easier to navigate - Improve and ensure confidence in the quality of the service delivered - Give clients choice of approved service providers when care is not delivered directly by HSE employed staff - Give clients more input into the care they receive and the times they receive it. ▶ Develop implementation plan for the model of home care setting out requirements for home care services for Older People in the future which apply to all funding home care service providers over time. 	
Home care service improvement plan	End Qtr
<ul style="list-style-type: none"> ▶ Cork and Kerry working group to standardise and improve home care across Cork and Kerry in line with the national home care development plan will: <ul style="list-style-type: none"> – Nominate lead, who will establish in conjunction with the national team, – Signed-off Policies, Procedures, Protocols and Guidelines (PPPGs), – Apportioning budgets to local sectors and – Devise and implement a training plan 	Q1
<ul style="list-style-type: none"> ▶ Home Support Services including Home Help and Home Care Packages will implement a robust local policy base through a Cork and Kerry working group. <ul style="list-style-type: none"> – Current policies governing service delivery in Cork and Kerry to be collated and evaluated. – Gap analysis to identify areas where policy documentation is weak or absent. – New and existing policies to be finalised for Service Book. 	Q1-Q3 Q1 Q1 Q3
Home care service resource management	
Prioritise available services to need and demand. to ensure that older people needing home care support can be discharged in a timely manner from hospital; a standardised process will be introduced to record waiting lists for both home help and home care packages in Cork & Kerry CHO.	
Home care service resource management	End Qtr
<ul style="list-style-type: none"> ▶ Cork and Kerry CHO will: <ul style="list-style-type: none"> – Continue to deliver services to address prioritised needs within available resources. – Consistently review waiting lists to ensure priority needs are addressed. 	

Goal 2: Social Care, Older Persons	
<ul style="list-style-type: none"> – Comply with standardised approach to the management and reporting of waiting lists. 	
<ul style="list-style-type: none"> ▶ Home Support Services will evaluate the potential of <i>Health Atlas</i> to review the allocation of home support resources across Cork & Kerry CHO will: <ul style="list-style-type: none"> – Make recommendations to the Area Management Team by end Q1 on viability of this approach and suggest alternatives as appropriate. – Establish a process to ensure appropriate budget distribution across sectors to address identified demographic and performance factors. 	Q1 Q3
<ul style="list-style-type: none"> ▶ Home Support Services will participate fully in the Unscheduled Care Plans for the Winter Period through: <ul style="list-style-type: none"> – Participation in the Egress Group. – Continue to support acute discharge process through timely discharges of clients to home settings through interim home support packages, enhanced and intensive home care packages to meet the 72 hour discharge timeline. – Review efficacy of response for six month period to March 2016 and identify opportunities for further improvement in current processes by end Q2 in preparation for the winter period 2016/2017. 	Q1-Q4 Q1-Q4 Q2
<ul style="list-style-type: none"> ▶ Finalise plan to address travel payment processes in line with Revenue requirements by end Q1. 	Q1
Residential care National review is ongoing of service provision and capacity of short stay residential care to maximise potential to rehabilitate older people as part of an integrated care approach. This will include a 'money follows the person' approach to funding these services.	
Short Stay Residential Care	End Qtr
Establishment of Payment Model – Pilot Site <ul style="list-style-type: none"> – Choose 4 Pilot Sites in Cork & Kerry CHO – Agree SOP for process – Establish Cost of Care for each pilot site – Train staff in pilot sites – Implement payment model at pilot sites 	Q1
<ul style="list-style-type: none"> ▶ Cork Residential Services will continue to maximise the use of short stay beds to address efficient discharge from Acute Hospitals, and acute hospital avoidance by enhancing nursing services such as IV Hydration and IV Antibiotics as is currently provided in Macroom and Skibbereen Community Hospitals. 	Q1-Q3
<ul style="list-style-type: none"> ▶ Kerry Residential Services will continue to maximise the use of short stay beds to address efficient discharge from Acute Hospitals, and acute hospital avoidance by enhancing nursing services such as IV Hydration and IV Antibiotics as is currently provided in Killarney and Dingle Community Hospitals. 	Q1-Q4
Enhanced Residential Services	End Qtr
<ul style="list-style-type: none"> ▶ Provide enhanced residential services in West Kerry and Kenmare Community Hospitals. 	Q1
Integrated Care Programme for Older Persons The Integrated Care Programme for Older Persons (ICPOP) aims to augment primary and secondary care services for older people in the community enabling a shift from a model of acute, hospital-based episodic care to a model that reflects increased co-ordination and care planning based on the needs of the older person. Given the ageing demographics there is an urgent need to build capacity in the provision of healthcare services that can meet this change in the model in both community and acute services.	
Work is already well established in Cork. The ICPOP will commence a pioneer site in Cork with the Cork & Kerry CHO and Cork University Hospital initially.	

Goal 2: Social Care, Older Persons	
Integrated Care Programme for Older Persons	End Qtr
▶ Agree local integrated governance structure for integrated care pathway for acutely ill older persons in Cork.	Q2
▶ Set up project group to implement this development.	Q2
▶ Recruit 4.0 WTE multidisciplinary team members to work in conjunction with Cork University Hospital to support development of enhancing care pathways for older persons.	Q2
▶ This community based team will work with Community Facing Consultant Geriatrician, CUH, who will allow for clinical governance of acutely ill older people whose condition can be managed in the community, allowing for rapid acute hospital access if necessary. It will facilitate rapid ED assessment once diagnostics have been completed and identify people who can be followed up at home with the assistance of CIT and other relevant community services thereby avoiding hospital admission. The consultant will have a presence in ED and provide supports such as rapid access clinics and telephone support for GPs.	Q1-Q3
▶ Once integrated care working is established with CUH feasibility of extending to MUH will be reviewed.	Q4
▶ Develop an integrated care proposal for Kerry.	Q2
Unscheduled Care	End Qtr
▶ Cork & Kerry CHO will continue to work in partnership with the South/South West Hospitals Group (SSHWG) in response to the ED Taskforce requirements in regard to Unscheduled Care Planning in 2016. This collaboration has made a significant impact on reducing delayed discharges as follows:	
– Participation on the Ingress, Throughput and Cork & Kerry Egress Groups.	Q1-Q4
– The Egress Groups provide a forum to engage with the acute hospitals to facilitate the delivery of the full range of community services used to meet the requirements of hospital discharges including Home Supports, PHN Services, allied health professional services, Community Intervention Team (CIT), community rehabilitation & support team (CR&ST), Integrated Falls pathway, Community Stores (Procurement), Nursing Home Support Unit, Community Hospitals and St Finbarr's rehabilitation unit for older persons.	Q1-Q4
– The Egress Groups will manage, monitor and evaluate discharge planning processes throughout the Cork & Kerry CHO with particular emphasis on delivering community services to meet the requirements of hospital discharges by:	Q1-Q4
▪ Working with relevant stakeholders in Acute Hospitals and Community Services to ensure that services are responsive to capacity demands throughout the year particularly in high demand periods.	Q1-Q3
▪ By implementing, monitoring and evaluating the 2015/2016 Winter Preparedness Plan for this winter period.	Q1-Q2
▪ Preparing a Winter Plan for 2016/2017 period whilst continuing to manage anticipated service pressures.	Q3-Q4
▶ Other additional service improvement initiatives emanating from the Cork & Kerry Egress Groups include:	
– A joint process review with the SSWHG, of the St Finbarr's rehabilitation pathway for older persons.	Q1
– The designation of respite and short stay beds in Cork will continue to be reviewed with a view to maximising community bed usage throughout the Winter Plan period to end Q1.	Q1
– The respite bed application and allocation process will be reviewed by a working group with a view to providing enhanced clinical governance and to maximise efficiency and standardisation of processes across Cork & Kerry.	Q2

Goal 2: Social Care, Disability Services	
<ul style="list-style-type: none"> – Kerry will continue to strengthen and review the management and governance structure for the Kerry Intervention & Disability Services in line with national guidance. The Management Governance Group will continue to support the development of the family forum which was formed in 2015 	Q2
<ul style="list-style-type: none"> – Plan and progress implementation of Social Responsiveness Scale 2nd Edition (SRS-2) in Kerry to screen for Autism Spectrum Disorder (ASD) in younger children and promote more streamlined referral for ASD assessment. 	Q3
Early Intervention Services	
<p>► The programme includes the integrated development of early intervention services to facilitate the inclusion of children with a disability in mainstream preschool settings. A particular focus will be brought to this in the context of fully supporting the implementation of the report of the inter-departmental group on supporting access to Early Childhood Care and Education Programme (ECCE) for children with a disability. This will be jointly developed with primary care services and the Department of Children and Youth Affairs. The provision of the additional funding of €4m nationally under this heading will be subject to detailed service proposals being developed, and discussed and agreed with the DoH.</p>	
Actions to implement	End Qtr
<ul style="list-style-type: none"> ► Implement the National Policy on Access to Services for Children with Disability or Developmental Delay with services that have reconfigured into Children's Disability Network Teams and for the remainder of teams following reconfiguration. 	Q1
<ul style="list-style-type: none"> ► Cork & Kerry CHO will conduct a review of the provision of supports to children with a disability based on assessed need and regardless of diagnosis to ensure more equitable access to PA supports for children with Intellectual Disabilities (ID) and Physical & Sensory Disability (PSD) in preschool. 	Q1-Q4
Other Priority Actions for Therapy Services for Children & Young People 0-18's in 2016	
End Qtr	
<ul style="list-style-type: none"> ► Identify and implement interim solutions for information management in multiagency teams being established this year. 	Q2
<ul style="list-style-type: none"> ► Work in partnership with Primary care on a service improvement initiative including a review of SLT Waiting Lists, and to develop a standardised performance dataset and standardised model of care. 	Q4
New Directions – reconfiguring day services including school leavers and rehabilitative training (New Funding €7.25m)	
<p>In 2015, a national project group was established to develop and oversee a process to attend to the needs of school leavers and those existing rehabilitative training (RT) that require a HSE funded adult day service.</p> <ul style="list-style-type: none"> ► Benchmark providers against standards framework developed in conjunction with NDA once available. ► Develop a CHO implementation structure to support <i>New Directions</i>. ► Commence implementation of the nationally agreed framework for person-centred planning. ► Conduct a phased implementation in Cork & Kerry CHO of New Directions policy through appointment of a project co-ordinator to prepare and progress the plan for this policy; Q1-Q4 <p>Provide additional day services to benefit approximately 335 young people who are due to leave school and rehabilitative training programmes in 2016 and ensure that this service responds in line with the principles of <i>New Directions</i>.</p>	
School Leavers and those exiting RT in 2016	
End Qtr	
<p>70 RT Leaver 233 School Leaver 303 Total</p>	
<ul style="list-style-type: none"> – Identify all individuals that will require a day service in 2016 by January 1st 	Q1
<ul style="list-style-type: none"> – Identify the capacity available from within current resources to meet the needs of those leaving school in 2016 	Q1
<ul style="list-style-type: none"> – Advise on the infrastructural issues by CHO in regard to the accommodation needs 	Q1

Goal 2: Social Care, Disability Services	
linked to meeting the needs of school leavers in 2016. <ul style="list-style-type: none"> – Use profiling tool to establish the support needs of the individuals. – Coordinate the outcomes from the application of the profiling tool to inform the allocation of resources to school leavers in 2016. – Indicative allocation of resource to be informed to providers by May 2016. – Families to be informed of service options by end of May 2016. – Agree a process to validate the allocation of funding for 2016 school leavers. 	Q1 Q2 Q2 Q2 Q4
Planning for Future Needs <ul style="list-style-type: none"> ▶ Develop a framework for planning for School Leavers and those exiting RT for the period 2017-2019. Include the transport needs of School Leavers as part of this exercise. ▶ Implement agreed planning framework 	Q1 Q2
Special Day Services for people that may acquire a disability or those that present for specialist services <ul style="list-style-type: none"> ▶ Scope details in regard to those people that have a requirement for day service supports by CHO (excluding 2016 School Leavers and those exiting RT) 	Q4
Interim Standards <ul style="list-style-type: none"> ▶ Support a continuous quality improvement approach to the implementation of the interim standards for day services. Linked Actions: <ul style="list-style-type: none"> – Develop a communication strategy to launch the interim standards – Develop an easy to read interim standards document – Develop a methodology to benchmark services against these standards 	Q2 Q3 Q4
Finance <ul style="list-style-type: none"> ▶ Work with the national division on progressing the recommendations relating to the realignment of the existing day service resource funding in line with the approach to services as outlined in New Directions. 	
Rehabilitation Strategy and Integrated Care Programme Facilitate reconfiguration of existing teams required to implement the <i>Neuro-Rehabilitation Strategy</i> and progress the initial mapping and scoping exercises in respect of existing services and appropriate gap analysis.	
Actions to Implement the Rehabilitation Strategy and Integrated Care Programme <ul style="list-style-type: none"> ▶ To work with the South/South West Hospitals Group (SSWHG) to develop an integrated plan for the development of Neuro-Rehabilitation services in Cork & Kerry in line with the national implementation framework for provision of Neuro-Rehabilitation services in Ireland by: <ul style="list-style-type: none"> – Agreeing with SSSWHG outline scope and stakeholder analysis – Setting up local implementation group – Mapping existing services and phased plan 	End Qtr Q2 Q2 Q3-Q4
Respite with host families in community settings (New Funding €1m) <ul style="list-style-type: none"> ▶ Respite with a host family is where a child or adult with a disability is offered a short break / holiday with a host family in the community. A combination of day and / or weekly respite will be provided, benefiting approximately 300 service users nationally. ▶ Nationally a project manager has been appointed who will review and update guidance (2012) on host families. Funding of €1m has been provided to develop a host family programme 	
Actions to implement <ul style="list-style-type: none"> – Identify areas in Cork and Kerry where host families supports in not currently in place – Cork & Kerry CHO to prepare and disseminate additional guidance as required. – Agree targets for extending this service in Cork & Kerry CHO 	End Qtr Q1 Q2 Q2

Comprehensive Employment Strategy for People with Disabilities	
The National Office to establish a working group to oversee implementation of the strategy as it applies to the HSE.	
Actions to implement	End Qtr
Prepare Guidance	
<ul style="list-style-type: none"> ▶ Cork & Kerry CHO will work with the National Social Care Division to: <ul style="list-style-type: none"> – Liaise with special and mainstream schools to provide information in regard to the supports service provided for young people with disabilities – Examine the effectiveness of the current Rehabilitative Training programme to transition to training and employment – Identify people currently engaged in sheltered employment within HSE services. – Agree plan for transitioning of people involved to appropriate support. 	Q3 Q4 Q4 Q4
Disability Act	End Qtr
<ul style="list-style-type: none"> ▶ Review and Maintain additional interim measures and augment resources in place, as required, to move towards compliance with the Disability Act timelines, and implement plans to reduce waiting times: <ul style="list-style-type: none"> – Assign Project Manager to oversee compliance with Disability Act timelines. – Review and maintain additional Assessment Officers and Case Managers. – Review requirement for additional administrative staff to augment Disability Act process. – Maintain the additional ASD teams in North Lee and South Lee. – Review requirement for additional ASD team in North Cork. – Review pathway for ASD diagnosis to examine whether AON process is most effective route for achieving a timely ASD multidisciplinary assessment. 	Q1-Q4

Goal
3

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

Goal 3: Social Care Services	End Qtr
<p>There is a particular requirement to develop a culture of openness, transparency and accountability in Social Care Services. Social Care is supporting the emergence of an independent voice for persons with a disability and their families and continuing to foster this same approach in older persons services through the use of advocacy groups and residents councils.</p>	
<p>Open Disclosure</p> <ul style="list-style-type: none"> ▶ Open disclosure is “an open, consistent approach to communicating with patients when things go wrong in healthcare. This includes expressing regret for what has happened, keeping the patient informed, providing feedback on investigations and the steps taken to prevent a recurrence of the adverse event.” We will provide training and support the implementation of the HSE and State Claims Agency (SCA) national open disclosure policy within the Cork & Kerry CHO and associated organisations as follows: Actions: <ul style="list-style-type: none"> – Completion of <i>Train the Trainer</i> Open Disclosure Training. Q2 – To provide 40 minute staff awareness sessions for all health and social care staff. Q2-Q3 – Deliver half day clinical professional development (CPD) accredited workshops for relevant staff in within the area. Q2-Q3 – Ensure that open disclosure is included in internal staff induction/orientation programmes and to deliver this training as required. Q1-Q4 – Training of management and frontline staff in Open Disclosure policy and further implementation of this policy within the statutory and non-statutory sectors. Q1-Q4 	<p>Q1-Q4</p>
<p>Compliance with Incident Management policy & procedure</p> <ul style="list-style-type: none"> ▶ Cork & Kerry CHO will provide training on Incident Management and Systems analysis investigation training for appropriate staff. Q1-Q4 ▶ The Cork & Kerry CHO will ensure the systems and structures are in place within the CHO for reporting and monitoring Serious Reportable Events (SREs) and other serious safety incidents are enhanced. Q1-Q4 	<p>Q1-Q4</p>
<p>Compliance with Risk Management policy & procedure</p> <ul style="list-style-type: none"> ▶ The Cork & Kerry CHO will ensure that appropriate systems and structures are in place within the division for identifying reporting, and monitoring risks in line with the safety incident management policy. Q1-Q4 ▶ The CHO will maintain a record of specific risk and incident training delivered in 2016 	<p>Q1-Q4</p>
<p>Measurement and Analysis of Information for Quality Improvement: Build capacity and capability in the system in the use of measurement and data for quality improvement</p> <ul style="list-style-type: none"> ▶ Quality Profiles: Work with NQID to develop a quality profile in a social care setting. Q1-Q4 <p>Existing & continuing quality initiatives for 2016</p> <ul style="list-style-type: none"> ▶ Falls Programme ▶ Day Centres NSSBHC ▶ Day Centres Review & Policies 	<p>Q1-Q4</p>
<p>Quality and Safety Indicators</p> <ul style="list-style-type: none"> ▶ The CHO will work with the National Division in the development of additional quality and 	<p>Q1-Q4</p>

Goal 3: Social Care Services	End Qtr
safety indicators i.e. HCAI.	
<p>Governing for Quality and Safety</p> <ul style="list-style-type: none"> ▶ A key priority will be to ensure that appropriate quality and patient safety governance structures and processes are in place to ensure appropriate monitoring, accountability and support to optimise patient safety. ▶ As part of this governance and monitoring function, the CHO will collect and report on metrics pertaining to the establishment of quality and safety structures and processes. This will enable analysis of quality and safety structures and provide assurance those structures, processes and outcome measurements are in place. 	<p>Q1-Q4</p> <p>Q1-Q4</p>
<p>Promoting Safe Services</p> <p>Compliance with Incident Management policy & procedure</p> <ul style="list-style-type: none"> ▶ Cork & Kerry CHO will continue to roll out training on Incident Management and Systems analysis investigation training for appropriate staff. 	<p>Q1-Q4</p>
<p>Governance and Communication</p> <ul style="list-style-type: none"> ▶ Ensure that authority and accountability for the quality and safety of services across all service areas is integrated into operational service management through appropriate leadership, governance, structures, and processes. ▶ Strengthen the governance arrangements under the health service Accountability Framework by measuring, monitoring and reporting on the performance of the health service in relation to the quality and safety of care, with a specific focus on identifying and addressing areas of under performance by recommending appropriate and proportionate action to ensure the improvement of services. ▶ Promote the reduction of risk to service users, the public and staff by implementing best practice risk management processes aligned with national policies. 	<p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q1-Q4</p>
<p>Quality Initiatives</p> <ul style="list-style-type: none"> ▶ Recruitment of additional Quality & Risk Advisors within additional resources. ▶ Promote improvement in Medication Management and Prescribing in social care. <ul style="list-style-type: none"> – Implement the recommendations from the National Medications Policy once published. – Work to promote the level of nurses prescribing to enhance person centred care. ▶ Work with the Communications Lead for Social Care to put in place a compassionate communication and engagement strategy including plans for developing appropriate communication and engagement with service users, their families, staff, unions, advocate groups, political representatives, the media and others. 	

Goal 3: Social Care, Older Persons	End Qtr
<p>Enhance patient / service user advocacy services</p> <ul style="list-style-type: none"> ▶ Work with SAGE, the National Advocacy Service for Older Persons, and the new proposed National Advocacy Body, in 2016 to strengthen existing advocacy services for older persons. ▶ The CHO will continue to participate in the National and Local Age Friendly programme to implement the following objectives: <ul style="list-style-type: none"> – Increase the participation of older people in the social, economic and cultural life of the community for everybody's benefit. 	<p>Q1-Q4</p>

Goal 3: Social Care, Older Persons	End Qtr
<ul style="list-style-type: none"> – Improve the health and well-being of older people in the city and the county. – Demonstrate how services and supports for older people can be made more responsive, caring, professional and accessible, through imaginative and cost-effective partnerships. – Lead the way in demonstrating the processes and infrastructure that are required, the benefits to be gained and the lessons to be learnt from adopting an integrated approach to planning and delivery of services for older people. – Cork & Kerry CHO service for older people will engage with the City and County Age Friendly Alliances to work more effectively to communicate information on services relevant to Older People, to meet insofar as practicable the needs and aspirations of older adults in the area in regard to their health, and to contribute to the roll out of Age Friendly Strategies. – We will use the Older People’s Fora established through the Age Friendly Alliances to ensure a strong voice and representation of the interests of older people in implementing key initiatives such as the Day Care Centres Review. <p>▶ Management and staff will continue to engage with service users to ensure that those who are dissatisfied with service delivery have their queries/concerns addressed and are provided with an appeal mechanism if not satisfied with local engagement.</p>	
<p>Health Care Charter</p> <p>▶ Implement the Health Care Charter in Older Person services in 2016 and ensure that training is provided for staff in their understanding and obligations under the Health Care Charter.</p> <ul style="list-style-type: none"> – Develop incremental supports to the Health Care Charter in Health Care settings. – Health Charter Posters will be displayed prominently in every Health Care facility in Cork & Kerry CHO “Tell us about your experience” feedback leaflets will be openly available in each healthcare facility. 	Q1-Q4
<p>Person-centred Care Programme</p> <p>▶ Work to implement person-centred care programme across residential services, using a model adapted from the Killarney Community Hospitals practice development programme.</p>	Q1-Q4
<p>Advanced Care Directive</p> <p>▶ Continue to roll out Advanced Care Directive care planning across residential units – training programmes for staff to support this programme in Kinsale, Heather House, Fermoy and Macroom Community Hospitals in Cork and Kenmare, Listowel, Caherciveen, West Kerry and Tralee in Kerry.</p>	Q1-Q4
<p>Improved service user engagement</p> <p>▶ Ensure that all service users and their families are aware of the role of the Confidential Recipient.</p> <p>▶ Continue to support the establishment of Residents’ Councils for elderly residential care services to enhance participation of older people in the management of residential care centres.</p> <p>▶ Monitor the implementation and effectiveness of Resident Councils for Older Persons Residential Care Services.</p> <p>▶ Evaluate Resident Councils in Older Persons Residential Care Services where they have been in operation for a period of time.</p>	Q1-Q4 Q4
<p>National Quality Standards for Residential Care Settings</p> <p>▶ Continue to implement the National Quality Standards for Residential Care Settings – Older People Services with a particular focus on Dementia Care.</p> <p>▶ Ensure effective implementation of recommendations arising from inspections by HIQA.</p>	

Goal 3: Social Care, Older Persons	End Qtr
<ul style="list-style-type: none"> ▶ Continue to self-evaluate and implement quality improvement plans to support person-centred care in public residential services. ▶ Continue to engage in Age Friendly Counties and City. ▶ Implement a programme of HSE led un-announced inspections to monitor delivery of high quality patient care and operational compliance to local and national standards and regulations. Roll out initially in 6 community hospitals, Kerry, following evaluation of assessment tool. ▶ Liaising with all residential service providers to increase compliance with HIQA residential standards for older persons to ensure registration is achieved. 	<p>Q2</p> <p>Q1- Q4</p>
<p>Safeguarding vulnerable adults – continuing the implementation process Safeguarding Vulnerable Persons (Older Persons) Cork & Kerry CHO established a safeguarding and protection committee and safeguarding and protection team in 2015. In 2016, in order to continue to promote the welfare of vulnerable adults and safeguard them from abuse, social care services in Cork & Kerry CHO will:</p>	
Actions to continue the implementation process of the Safeguarding Vulnerable Adults Policy (Older Persons)	End Qtr
<ul style="list-style-type: none"> ▶ Safeguarding team will be fully operational as per the Safeguarding and Protection Policy. ▶ Complete training rollout of Safeguarding and Protection Team Members. ▶ Complete training of Designated Officers. ▶ Train the Trainer programme and overall training and awareness plan. ▶ Front line staff – awareness briefings. ▶ Assignment of admin support to safeguarding team. ▶ Safeguarding Vulnerable Persons at risk of abuse awareness training to be provided to 100% staff in so far as possible by end Q4 and thereafter as required. ▶ Establish a process for ongoing training of staff. ▶ Ensuring Safeguarding policy is consistently implemented within the statutory and non-statutory sector. 	<p>Q1</p> <p>Q2</p> <p>Q2</p> <p>Q1</p> <p>Q2-Q3</p> <p>Q1</p> <p>Q4</p> <p>Q2</p> <p>Q1-Q4</p>

Goal 3: Social Care, Disability Services	
<p>Service user and family engagement within the disability sector Social Care, in conjunction with Inclusion Ireland, are developing and supporting the emergence of an independent voice for persons with a disability and their families in a number of residential settings across the country.</p>	
Service user and family engagement within the disability sector	End Qtr
<ul style="list-style-type: none"> ▶ Work with families and services users as part of the national program to expand the national Volunteer Advocacy Programme, developed in 2015, in adult disability residential settings. ▶ Work with a national level support structure to enable persons with a disability and their families to network and learn from developments in other areas of the country. ▶ Increase level of service user and family involvement in St. Raphael's Service through expansion of the family forums in place and regular unit meetings involving services users, advocates and family members. ▶ Support persons with a disability and their families to engage with the disability change programme in a meaningful way. ▶ Continue to work with the Confidential Recipient. ▶ Continue to work with the national division in on the Six Step change programme through the National Task Force. ▶ Establish the numbers of agencies with service user participation at board meetings and 	<p>Q1-Q4</p> <p>Q1-Q4</p>

Goal 3: Social Care, Disability Services	
ensure ongoing participation at this level in agencies.	
Health Care Charter	End Qtr
<ul style="list-style-type: none"> ▶ Implement the Health Care Charter in Disability services in 2016 and ensure that training is provided for staff in their understanding and obligations under the Health Care Charter. <ul style="list-style-type: none"> – Develop incremental supports to the Health Care Charter in Health Care settings. – Health Charter Posters will be displayed prominently in every Health Care facility in Cork & Kerry CHO “Tell us about your experience” feedback leaflets will be openly available in each healthcare facility. 	Q1-Q4
Improve compliance with National Standards for Disability Residential Centres – Quality Improvement Enablement Programme / Quality Improvement Team	
<ul style="list-style-type: none"> ▶ A joint initiative was launched between Social Care and the Quality Improvement Division in 2015 to support care improvements in residential services for adults with disabilities. The team have now visited the majority of the 148 houses / units provided by the statutory sector comprised of 1,054 HIQA registered beds throughout the country, and will continue to work with each house / unit in 2016 to improve the quality of disability residential services under these following six key drivers for quality improvement: <ul style="list-style-type: none"> - Leading for improvement, - Being person-centred, - Supporting staff to improve, - The delivery of safe, effective, best value care, - Measuring and learning for improvement and - Governing for quality and safety. 	
Actions to implement	End Qtr
<ul style="list-style-type: none"> ▶ Liaising with all residential service providers to increase compliance with HIQA Residential standards for People with Disabilities to ensure registration is achieved. ▶ Work with the Social Care / Quality Improvement Division enablement programme to transfer learning in relation to disability residential centers between centres. The interdisciplinary quality improvement team will work with service providers on specific areas identified for improvement including governance, leadership, risk management / risk assessment, policies, procedures, protocols and guidelines, key working and supervision. ▶ Share quality improvements learning and quality initiative supports, i.e. toolbox, good practices, etc. with statutory and voluntary service providers. ▶ Respond to the requirement to take immediate, medium and longer term actions to respond to HIQA concerns and recommendations arising from inspection findings of disability residential services, including the overall plan to implement a sustainable model of person-centred community based service. 	Q1-Q4
Safeguarding vulnerable adults (Disability Services) – continuing the implementation process	
Actions to continue the implementation process of the Safeguarding Vulnerable Adults Policy (Disability Services)	End Qtr
<p>In 2016, in order to continue to promote the welfare of vulnerable adults and safeguard them from abuse, social care services will:</p> <ul style="list-style-type: none"> ▶ Safeguarding and Protection Committees to be in place in Cork & Kerry CHO. ▶ Complete training rollout of Safeguarding and Protection Team Members. ▶ Complete training of Designated Officers. ▶ Front line staff – awareness briefings. ▶ National database of safeguarding concerns to be maintained by NSO with information supplied by each CHO. ▶ Training of management and relevant frontline staff in Safeguarding policy within the statutory and non-statutory sectors. 	Q1 Q2 Q2-Q3 Ongoing Ongoing Q1-Q4

Goal 3: Social Care, Disability Services	
▶ Ensuring Safeguarding policy is consistently implemented within the statutory and non-statutory sectors.	Q1-Q4


**Goal
4**

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

Goal 4: Social Care Services	
CHO Structures	End Qtr
<ul style="list-style-type: none"> ▶ Full details on CHO Structures are detailed on page 17 in the health service reform section of this plan 	
<p>Leadership Supporting the development and delivery of effective leadership at all levels is a key priority for Cork / Kerry Community Healthcare Organisation.</p> <p>The Cork and Kerry CHO will prioritise the implementation of the Health Services People Strategy 2015–2018 by driving implementation through a number of key areas including leadership, employee engagement and learning and development. To progress these areas in 2016 the Cork and Kerry CHO will:</p> <ul style="list-style-type: none"> ▶ Focus on the implementation of the HSE Performance Management Framework. ▶ Support the implementation of a leadership development programme (multi-disciplinary). ▶ Support a people development planned interventions, supported by coaching, mentoring and action learning. ▶ It is planned to continue and expand the number of FETAC Level 5 Modules available to support staff and staff supervisors in 2016. Programmes will continue based on identified service requirements, training needs analysis and individual Personal Development Plans (PDPs) as part of the commitment to supporting employee continuous professional development needs. ▶ The National Learning and Development Programme have procured to provide Leadership Development Training for 400 health service staff across all Divisions nationally. It is planned that 16 programmes will be delivered with 25 people on each training programme nationally. ▶ Support the implementation of the HSE Graduate Intern Programme. ▶ Progress the development of talent pools across the health system. 	
Action for Older Person Services	End Qtr
<ul style="list-style-type: none"> ▶ Promote the availability of coaching and mentoring services to all staff. 	Q1
<ul style="list-style-type: none"> ▶ Release staff, as appropriate, to participate on the Leadership Development Programme. 	Q2
<ul style="list-style-type: none"> ▶ Work with education and training bodies to provide a range of development programmes for staff and managers of services. Look at nurse education programmes to ensure we have trained staff to take on managerial roles and work with those staff to grow into the managerial roles. 	Q2-Q4
<ul style="list-style-type: none"> ▶ Work with the Nursing and Midwifery Development Unit to commence leading an empowered organisation program. 	Q3-Q4
<ul style="list-style-type: none"> ▶ Recruitment of additional of Quality & Risk Advisors within additional resources. 	Q2-Q4
<ul style="list-style-type: none"> ▶ The role out of performance management of staff to identify personal and professional developments required to improve performance outcomes in a care of the older persons residential care facility. 	
Action for Disability Services	End Qtr
<ul style="list-style-type: none"> ▶ Persons Participating in Management (PPIM) (HIQA) training. 	Q2
<ul style="list-style-type: none"> ▶ HIQA Compliance training. 	Q2
<ul style="list-style-type: none"> ▶ Social Role Valorisation Training. 	Q4
<ul style="list-style-type: none"> ▶ Audit Training. 	Q3

Goal 4: Social Care Services	
Employee Engagement	End Qtr
<ul style="list-style-type: none"> ▶ Prioritise effective communication as a core enabler of employee engagement in partnership with the communications department. ▶ Cork & Kerry CHO will implement the following actions agreed by the Area Management Team to address the findings of the staff engagement survey: <ul style="list-style-type: none"> – Regular team meetings at all levels. – Increased levels of planned 1:1 meetings between managers and staff. – The Area Management Team to identify a number of HSE locations to attend in 2016 to see examples of good practice and to engage with staff regarding the challenges they are facing in delivering their service. – The AMT will take specific measures to recognise staff appreciation. – Staff newsletter for Cork & Kerry CHO. – Ensure regular effective communication and consultation work with staff in relation to the implementation of the CHO report. 	Q3
Implement Children First	End Qtr
<ul style="list-style-type: none"> ▶ Children First Cork & Kerry CHO will: <ul style="list-style-type: none"> – Establish a Children First Committee. – Ensure that Cork & Kerry CHO has a Children First Implementation Plan in place. – Ensure that each staff member is aware of their social, corporate and legal responsibilities under Children First through ongoing training in collaboration with Tusla. – Facilitate all HSE staff (including staff of funded agencies) to undertake the Children First E Learning programme. – Children First Training list to be collated and access to training to be arranged for all staff. – Deliver Children First Training Programmes to meet the needs of all services across all divisions in collaboration with Tusla including GP out of hour's services. 	Q2 Q1 Q1-Q4 Q1-Q4 Q2 Q1-Q4
Understanding patient safety incidents	End Qtr
<ul style="list-style-type: none"> ▶ The CHO will continue to support the roll out and implementation of the National Incident Management System (NIMS) in social care in conjunction with the Quality Assurance and Verification Services and the State Claims Agency. 	
Clinical Audit development	End Qtr
<ul style="list-style-type: none"> ▶ The Cork and Kerry CHO Clinical Audit Committee will be established in Q1 2016 and this will support and develop the promotion and implementation of a CHO wide clinical audit programme for 2016. ▶ All clinical audits will be registered, monitored and outcomes will be shared across all relevant community services. ▶ The CHO clinical Audit Committee will also focus on the development of clinical audit tools. 	Q1-Q4 Q1-Q4 Q4

Goal 4: Social Care, Older Persons	
Quality improvement through staff engagement (Older Persons)	
Continue to improve the current partnership arrangement with HR and the Quality Improvement Division to identify, use and share learning from staff engagement initiatives, through the Quality Enablement Programme, quality improvement team and service improvement teams.	
Quality improvement through staff engagement	End Qtr

Goal 4: Social Care, Older Persons	
<ul style="list-style-type: none"> ▶ Quality Improvement in Home Support Services: <ul style="list-style-type: none"> – Establish a QIP Training Group for Cork & Kerry Home Help Services with a remit to collate processes relating to training of home helps, records etc – Support take up of “Skill” Fetac training program for 12 coordinators. – Provide 100 additional foundation training courses for home helps in partnership with St. Luke’s, extending remit to Cork County. – Provide a management training programme for Home Help Coordinators in Cork. – Complete rollout of uniforms and ID badges in Kerry. 	Q1 Q3 Q1-Q4 Q2 Q3
▶ Foster a culture of high staff morale to promote residential services for older people as preferred career option and assist with recruitment of a high quality, caring and motivated workforce in Cork & Kerry CHO.	
▶ Social Care Division will issue a newsletter for staff, service user and their families to communicate on progress in relation to the disability reform programme	Q3
▶ Work with staff and staff representative bodies to ensure that we effectively engage with staff, foster a culture of openness and transparency and promote a highly motivated workplace culture throughout all levels of management and staff in our services in Cork & Kerry CHO.	Q1-Q4
Staff Development Local Non-Residential Services Initiatives	End Qtr
▶ Provision of uniforms and ID badges to all home help staff in Kerry to be completed.	Q3
▶ Workforce Planning: Completed business case for targeted recruitment campaign for home help staff and engage with HR to progress to completion by Q2 across Cork & Kerry CHO.	Q2
▶ Home Support Services will provide: <ul style="list-style-type: none"> – Ongoing training schedule for home help staff on Safety incident Management and Reporting, and the management of serious reportable events to be completed. – Assessment of home help staff working environment to be undertaken to identify priority list of home helps requiring Children First Training. – Children First Training list to be collated and access to training to be arranged. – Extend access to Hep B vaccination in Cork for home helps. 	Q3 Q1 Q2 Q1-Q4
Public residential care workforce plan	
Implement, following reaching agreement through the auspices of the Labour Relations Commission (LRC), proposals regarding the matching of staffing levels and skill-mix to care needs requirements across all public residential care services.	
Public residential care workforce plan	End Qtr
▶ Finalise consultation process, at national level, with unions under the auspices of the LRC on framework for sustainable workforce plans.	Q1-Q4
▶ In partnership with the National Older Persons Services, develop SMART action plan to build on work already done in this CHO and implement the agreement reached at the Workplace Relations Commission regarding skill mix. i.e. Specific-Measurable-Achievable-Relevant-Time-bound (SMART).	Q3
▶ Progress discussions on nurse management structures in public residential care services to agree CHO design of governance arrangements.	
Goal 4: Social Care, Disability Services	
Quality improvement through staff engagement (Disability Services)	
In 2016, Social care Division staff will continue to participate in training to improve the quality and safety of our services.	

Goal 4: Social Care, Disability Services	
<ul style="list-style-type: none"> ▶ Continue to improve the current partnership arrangement with HR and the Quality Improvement Division to identify, use and share learning from staff engagement initiatives, through the Quality Enablement Programme, quality improvement team and service improvement teams. ▶ Persons Participating in Management (PPIM) (HIQA) training. ▶ HIQA Compliance training. ▶ Social Role Valorisation Training. ▶ Audit Training. 	
Quality improvement through staff engagement	End Qtr
<ul style="list-style-type: none"> ▶ Setting up a residential social care quality risk CHO area. ▶ Setting up residential quality risk group per residential service ▶ Nomination for quality lead for residential services per CHO Area ▶ Implementation of recommendation from QI Team Action papers on medication management, leadership and governance PPGs, Key Worker, Supervision, and Risk Management. 	
Employee Engagement (<i>Disability Services</i>)	End Qtr
<ul style="list-style-type: none"> ▶ Social Care Division will issue a newsletter for staff, service users and their families to communicate on progress in relation to the disability reform programme. ▶ Prioritise effective communication as a core enabler of employee engagement in partnership with communications. ▶ Support staff to act as advocates for service users and enable their participation in decision making regarding care planning and solution focused approaches through the advocacy work being undertaken by Inclusion Ireland within the social care services. ▶ Continue to develop multi-disciplinary team working at the core unit of service delivery through completing the reconfiguration into the establishment of Children's Disability Network Teams in partnership with voluntary providers to improve the overall service delivery. ▶ Ensure regular effective communication and consultation work with staff in relation to the implementation of the CHO report. 	Q3


**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

Goal 5: Social Care Services	
Paybill Management and Control	
The 2015 Framework (updated in 2016) clearly states the overall requirement to remain within pay budget and the recruitment of staff must not breach that requirement in the current year, nor build in unsustainable levels into the following year. There is an absolute requirement for each CHO and sub-element to have a fully funded workforce plan developed in line with the allocated pay envelope and this should drive all recruitment decisions. Cork & Kerry CHO will fully utilise the Framework and delegation to eliminate and/or reduce the use of agency and overtime.	
Paybill Management and Control	End Qtr
▶ Implementation across 9 CHOs of Framework Agreement.	Q1-Q4
▶ Develop and implement workforce plan of their workforce plan.	
▶ Reduce agency and overtime in all services within the CHO, statutory and voluntary.	
Policies, Procedures, Protocols and Guidelines (PPPG)	
End Qtr	
▶ The CHO will participate in the development of a national HSE policy framework for PPPGs including education training and support.	Q1-Q4
Service Arrangements	
End Qtr	
▶ A planned and co-ordinated approach to managing service arrangements will be implemented in 2016 with the aim of: <ul style="list-style-type: none"> – Timely completion of the schedules in Part II of the service arrangement documentation and completion of grant aid agreements. – Complete Part II schedules- Service Arrangements. – 29 Disability & 16 Older Persons SLA Part IIs to be signed by 29th February 2016. 	Q1
Information Communication Technology (ICT)	
End Qtr	
▶ Review current CHO infrastructure including internet access, server capacity, hardware deficits, software deficits and bandwidth capacity deficits in each service.	Q3
▶ Engage with ICT nationally and locally to establish a CHO plan to address ICT deficits.	Q4
▶ Engage with ICT nationally and locally to identify funding streams to implement the CHO ICT plan.	Q4
▶ Engage with ICT nationally in regard to proposed roll out of SAP Payroll/HR system in Cork & Kerry CHO.	Q1-Q4
▶ Engage with Social Care Division to identify and plan implementation of a scheduling system for home helps in accordance with ongoing national E- Rostering initiatives.	Q1-Q4
▶ In the context of the Aids and Appliances project we will engage with Healthcare 21 (HC21) in regard to securing appropriate electronic asset management systems in Cork & Kerry CHO.	
Aids and Appliances	
End Qtr	
▶ In conjunction with Primary Care, a plan will be developed and implemented to ensure the aids and appliances available are managed in a way that ensures cost effectiveness and efficiency within the CHO; See full aids & appliances actions which are detailed on page 80 in Primary Care.	Q3
European Working Time Directive	
End Qtr	
Cork & Kerry CHO is committed to maintaining and progressing compliance with the requirements of the European Working Time Directive (EWTD) for staff in the social care sector.	

Goal 5: Social Care Services	
<p>Key indicators of performance in each case include:</p> <ul style="list-style-type: none"> ▶ Maximum average 48 hour week. ▶ 30 minute breaks. ▶ 11 hour daily rest / equivalent compensatory rest. ▶ 35 hour weekly / 59 hour fortnightly / equivalent compensatory rest. <p>Actions to achieve EWTD compliance in relation to social care staff will commence in 2016 linked to the implementation of the reform programme in social care.</p>	

Goal 5: Social Care, Older Persons				
Introduction of the Single Assessment Tool (SAT)				
<p>Progress the implementation of the IT enabled standardised assessment of health and care needs of older people through the implementation of the Single Assessment Tool project. Phased implementation is planned with an initial focus on access to long term care, resulting in a minimum of 50% of NHSS application in the priority sites assessed using SAT by the end of 2016. Implementation for applications to home care services will follow resulting in a minimum of 25% of HCP applications assessed in the priority sites using SAT by the end of 2016.</p>				
Actions to implement SAT	End Qtr			
<ul style="list-style-type: none"> ▶ In 2016 The Single Assessment Tool (SAT) will be implemented in a number of selected priority sites nationally. Staff across both community and acute settings will be educated in the use of SAT. The priority sites for the CHO are: <ul style="list-style-type: none"> – Cork University Hospital – South Lee Primary Care – It is envisaged that by the end of Q3 all older persons applying for NHSS, HCP's and Home Help will be assessed using the SAT in the South Lee area. 	Q3			
Residential Services	End Qtr			
<ul style="list-style-type: none"> ▶ To increase the bed capacity in Cedar Unit in Farranlea Road from its current 10 beds up to 15 beds within available resources. 	Q2			
<ul style="list-style-type: none"> ▶ Building work to commence in Bandon Community Hospital (estimated completion date Q3 2018) 	Q3 2018			
Public Registered Residential Care Services – infrastructural improvements	End Qtr			
<ul style="list-style-type: none"> ▶ Progress programme of improvements in public residential care in line with HIQA requirements and funding available in Capital Plan 2016-2021. 				
Cork & Kerry CHO Requirement- Residential care Centres, Capital Plan 2016-2021				
Residential Care Unit	County	Total indicative cost CP €m	Year Complete	Total indicative PPP Costs €m
Dunmanway Community Hospital (St. Anthony's)	Cork	0.20	2016	
Bantry General Hospital (St. Joseph's)	Cork	1.82	2017	
Castletownbere Community Hospital (St. Joseph's)	Cork	1.04	2017	
Cois Abhainn	Cork	0.35	2017	
St. Patrick's Community Hospital, Fermoy	Cork	2.00	2018	
Skibbereen Community Hospital (St. Anne's)	Cork	2.59	2018	
Bandon Community Hospital	Cork	3.44	2018	
Kanturk Community Hospital	Cork	3.96	2018	
St. Joseph's Community Hospital, Millstreet	Cork	5.76	2018	
Listowel Community Hospital	Kerry	2.69	2018	
Youghal Community Hospital	Cork	2.67	2019	
Macroom Community Hospital	Cork	5.80	2019	
Clonakilty Community Hospital	Cork	5.00	2020	
Kinsale Community Hospital	Cork	3.78	2020	
Middleton Community Hospital and Long Stay Unit	Cork	10.30	2020	
Caherciveen Community Hospital	Kerry	2.25	2020	
St. Finbarr's Hospital	Cork	0.30	2021	16.20
Killarney Community Hospital (St. Columbanus)	Kerry	0.30	2021	23.40
TOTALS		€54.25m		€39.60m

Goal 5: Social Care, Older Persons	
Community Assessment of Risk Tools (CARTS)	End Qtr
<ul style="list-style-type: none"> ▶ A Clinical Lead for the roll out of the Community Assessment of Risk Tools (CARTS), Cork & Kerry - 0.8 WTE and Assigned Clinical Lead for Case Management Risk Analysis (including Intensive Home Care Packages) in Non-residential Community Services for Older People in Cork - 0.2 WTE will take up duty. <ul style="list-style-type: none"> – A detailed implementation plan will be prepared by the end of Q1, with view to rolling out a community based risk triaging process in 2016. – Engage with Home Support Services to ensure that quality and risk issues are addressed in policy development in Q2 onwards. 	Q1 Q1 Q2
Home Help Payroll	End Qtr
<ul style="list-style-type: none"> ▶ Home Help Payroll will complete work arising from implementation of technology update and new revenue requirements as follows: <ul style="list-style-type: none"> – Finalise national position and expectation of the system in relation to Revenue requirement regarding payment of travel. – Finalise the Home Help (Interim) Payroll System external support contract. 1 – Increase volume of checking/auditing of payroll files. – Plan the reorganisation of payroll teams to maximise output of human resources and increase accountability. – Subject to funding and compliance with ICT framework – improve accuracy of payroll processing with the implementation of an e-rostering system that has the capacity to directly feed into a new fit-for-purpose payroll system. 	Q1 Q1 Q1-Q4 Q1 Q1-Q4

Goal 5: Social Care, Disability Services	
Disability Emergency Cases	End Qtr
<ul style="list-style-type: none"> ▶ Review response to disability emergency cases and develop strategy to react to changing needs: <ul style="list-style-type: none"> – Establish current capacity available for emergency placements. – Establish vacant capacity that can be utilised for emergency placements. – Review current protocol for submission and consideration of emergency proposals. – Liaise with non-statutory agencies to clarify their Statement of Purpose and establish catchment area for provision of emergency placements. – Clarify the responsibilities of statutory and non-statutory agencies in relation to emergency provision. – Complete a gap analysis to assist future planning for emergencies. – Conduct a review of emergency cases, particularly those in place for some time, to ensure appropriate placement is secured and value for money is achieved. 	Q1-Q4
Development of a strategic plan for the development of disability services	End Qtr
<ul style="list-style-type: none"> ▶ Develop a strategic plan for the delivery of disability services in the area in consultation with non-statutory service providers. This will include: <ul style="list-style-type: none"> – Engaging with LCF to set out parameters and to agree a strategic plan. – Liaison with non-statutory service providers to begin collation of strategic plan. – Clarify Role, purpose & capacity of providers. – Anticipate needs / analysis of data available. 	Q1-Q2 Q2-Q3 Q2-Q3 Q3-Q4

Service Improvement Team (SIT)	
<p>The Service Improvement Team, Disabilities will build on the baseline analysis completed in 2015 across five section 38 Intellectual Disability agencies which has delivered phase 1 comparative analysis in terms of top line activity, outputs, cost, quality and outcomes.</p> <ul style="list-style-type: none"> ▶ In 2016 the Service Improvement Team, will commence a comparative analysis of a further 45 organisations (both section 38 and section 39) based on significant learning garnered to date from the analysis of the top five section 38 organisations, which linked funding provided to activity, outputs, cost, quality and outcomes. ▶ The deliverables will include an enhanced understanding for CHOs and organisations of capacity to meet existing, new and changing levels of support requirements, capacity to provide quality and safe services and capacity to meet the requirements of the reform programme in a sustainable manner for the benefit of the people who require the access to supports and services. 	
Service Improvement Team (SIT)	End Qtr
<p>Finalise the Baseline Analysis/ Reports for the Large 5 S38 Disability Service Providers, complete comparator analysis and report.</p> <ul style="list-style-type: none"> ▶ For the Large 5 Agencies: Complete and close out Base Line Analysis Reports for the Large 5 Agencies, with the relevant CHO areas and Social Care Division. ▶ Complete technical clean up, clarify report findings and analysis with agencies, produce final reports. ▶ Complete Comparator Report (6th Report). 	<p>Q1-Q2</p> <p>Q1-Q2</p>
<ul style="list-style-type: none"> ▶ Collect and collate process related feedback from the below Agencies in Cork & Kerry CHO on the Base Line Analysis process undertaken and developed in 2015 to inform and improve the process going forward in 2016 with a further number of agencies. Engage with the following agencies in Cork & Kerry CHO: <ul style="list-style-type: none"> - Brothers of Charity - St. John of Gods CS - COPE 	<p>Q1-Q2</p>
<p>Select and prioritise improvements that can be implemented in 2016 from the findings / signposts reported on in the base line reports from Brothers of Charity, St. John of Gods and COPE Foundation. In collaboration with these agencies and the SIT, Cork & Kerry CHO will develop implementation plans and a performance management framework to measure the delivery of identified specific improvements.</p> <ul style="list-style-type: none"> ▶ Rate and select agency specific and global signposts identified in the Base Line Analysis Reports using SMART criteria i.e. Specific-Measurable-Achievable-Relevant-Time-bound (SMART). ▶ Complete a SIT Guidance paper that sets out the SIT improvement process to be undertaken with the CHO areas and agencies. SIT will support and facilitate the CHO areas to draft action and implementation plans to deliver the identified agency specific improvements and global industry wide improvements. ▶ Set out a performance management framework to measure and report on the delivery of actions and leading to improvements and rollout of an agreed framework with CHO and Agencies that reports on the delivery of improvements in terms of maximising efficiencies and service effectiveness. 	<p>Q1</p> <p>Q1-Q2</p> <p>Q3-Q4</p>
<p>Complete more in-depth analysis of the Large 5 Agencies</p> <ul style="list-style-type: none"> ▶ Identify key areas/providers where further in-depth analysis would add value and lead to actionable improvements focusing on specific efficiencies and specific service area that could be delivered more effectively. ▶ Pilot in specific agencies/HSE locations a systematic approach to collection & granular bottom up analysis of information relating to costs/headcount/skill-mix and client presentation. The objective is provision of an in-depth comparison of resource utilization 	<p>Q1-Q2</p> <p>Q1-Q2</p>

Goal 5: Social Care, Disability Services	
and cost by unit, WTE individual presentation, need and model of service.	
▶ Complete a detailed time-bound work plan in collaboration with identified agencies and CHO.	Q1-Q2
▶ Evaluate the value of the outcomes of the pilot based on evidential findings from the analysis.	Q4
▶ Identify the feasibility of roll-out of the pilot project on a national basis and resource requirements to facilitate implementation.	Q4
Undertake baseline analysis reports for a further number of S38 & S39 organisations on a prioritized basis. Identify the order that the next 45 agencies baseline analysis that will be undertaken & advanced in 2016	
▶ Identify which agencies a base line report will be undertaken on in 2016.	Q1
▶ Define baseline report content from the learning's garnered in the creation of base line reports for the Large 5 Agencies.	Q2
▶ Define what data will be collected, sources, methods of collection and repositories.	Q2
▶ For each agency, complete prepopulated pro-forma baseline reports from existing data bases such as Service Arrangement Schedules 2015 & 2016, NIDD, HIQA, AFS, IMR, and EMR.	Q3
▶ Collaborate with Agencies & CHO Areas to quality assure, validate and complete base line reports	Q4
▶ Conduct a review of the services provided at An Cuan to ensure that all available resources are being utilised in the most effective way.	Q2-Q3
▶ Specific focus on resource allocation and cost models will take place during 2016 the output of which will inform the choice of a standardised assessment tool for disability services through the <i>Transforming Lives</i> process.	
Interagency Work	End Qtr
▶ Strengthen inter-agency work between HSE and Tusla for emerging needs.	Q1-Q4

Disabilities Balanced Scorecard

Quality and Safety	Expected Activity / Target 2016	Access	Expected Activity / Target 2016
Service User Experience <ul style="list-style-type: none"> % of CHOs who have a plan in place on how they will implement their approach to the establishment of a Residents Council / Family Forum / Service User Panel or equivalent for Disability Services (from Q3) 	100%	Progressing Disability Services for Children and Young People (0-18s) Programme <ul style="list-style-type: none"> No. Of Children's Disability Network Teams established. 	100% (17/17)
Congregated Settings <ul style="list-style-type: none"> Facilitate the movement of people from congregated to community settings. 	39	Disability Act Compliance <ul style="list-style-type: none"> % of assessments completed within the timelines as provided for in the regulations 	100%
Serious Reportable Events <ul style="list-style-type: none"> % of Serious Reportable Events being notified within 24 hours to the Senior Accountable Officer and entered on the National Incident Management System (NIMS) % of investigations completed with 120 days of the notification of the event to the Senior Accountable Officer. 	99%	Day Services <ul style="list-style-type: none"> % of school leavers and RT graduates who have been provided with a placement. 	100%
Safety Incident Reporting <ul style="list-style-type: none"> % of safety incidents being entered onto NIMS within 30 days of occurrence by CHO. 	90%	Respite* <ul style="list-style-type: none"> No. Of days only respite sessions accessed by people with a disability. No. Of overnights (with or without day respite) accessed by people with a disability. 	2,026 26,885
Complaints <ul style="list-style-type: none"> % of complaints investigated with 30 working days of being acknowledged by the complaints officer. 	75%	Personal Assistance (PA) <ul style="list-style-type: none"> No. Of PA service hours delivered to adults with a disability 	115k
Safeguarding <ul style="list-style-type: none"> % of preliminary screenings with an outcome of reasonable grounds for concern that are submitted to the Safeguarding and Protection Teams accompanied by an interim Safeguarding Plan. % of CHO Heads of Social Care who can evidence implementation of the HSE's Safeguarding Vulnerable Persons at Risk of Abuse Policy throughout the CHO as set out in Section 4 of the policy. % of CHO Heads of Social Care that have established CHO wide organisational arrangements required by the HSE's Safeguarding Vulnerable Persons at Risk of Abuse Policy as set out in Section 9.2 of the policy. % compliance with inspected outcomes following HIQA inspection of Disability Residential Units. 	100%	Home Support Service <ul style="list-style-type: none"> No. Of Home Support Hours delivered to persons with a disability. 	188k
Service Improvement Team Process <ul style="list-style-type: none"> Deliver on Service Improvement priorities. 	100%		
Transforming Lives – VFM Policy Review <ul style="list-style-type: none"> Deliver on VFM Implementation priorities 	100%		
Quality <ul style="list-style-type: none"> In respect of agencies in receipt of €3m or more in public funding, the % of which employ an internationally recognised quality improvement methodology such as EFQM, CQL or CARF 	100%		
Governance for Quality and Safety <ul style="list-style-type: none"> Quality & Safety committees across all Divisions at Divisional, Hospital Group and Community Healthcare Organisations. 	100%		

Older Persons Balanced Scorecard

Quality and Safety	Expected Activity / Target 2016	Access	Expected Activity / Target 2016
Service User Experience <ul style="list-style-type: none"> % of CHOs who have a plan in place on how they will implement their approach to the establishment of Residents Council / Family Forum / Service User Panel or equivalent for Older Persons Services (Q3) 	100%	Home Care Packages <ul style="list-style-type: none"> Total no. Of persons in receipt of a HCP including delayed discharge initiative HCPs Intensive HCPs: Total no. of persons in receipt of an intensive HCP 	1,395 130 National Target
Serious Reportable Events <ul style="list-style-type: none"> % of Serious Reportable Events being notified within 24 hours to the Senior Accountable Officer and entered on the National Incident Management System (NIMS) % of investigations completed with 120 days of the notification of the event to the Senior Accountable Officer. 	99% 90%	Home Help <ul style="list-style-type: none"> No. of home help hours provided for all care groups (excluding provision of hours from HCPs) No. of people in receipt of home help hours (excluding provision from HCPs) 	2.16m 7,950
Safety Incident Reporting <ul style="list-style-type: none"> % of safety incidents being entered onto NIMS within 30 days of occurrence by CHO. 	90%	NHSS <ul style="list-style-type: none"> No/ of people funded under NHSS in long term residential care. 	23,450 National Target
Complaints <ul style="list-style-type: none"> % of complaints investigated with 30 working days of being acknowledged by the complaints officer. 	75%	<ul style="list-style-type: none"> No. of NHSS beds in Public Long Stay Units No. of short stay beds in Public Long Stay Units 	1,046 336
Safeguarding <ul style="list-style-type: none"> % of preliminary screenings with an outcome of reasonable grounds for concern that are submitted to the Safeguarding and Protection Teams accompanied by an interim Safeguarding Plan. % of CHO Heads of Social Care who can evidence implementation of the HSE's Safeguarding Vulnerable Persons at Risk of Abuse Policy throughout the CHO as set out in Section 4 of the policy. % of CHO Heads of Social Care that have established CHO wide organisational arrangements required by the HSE's Safeguarding Vulnerable Persons at Risk of Abuse Policy as set out in Section 9.2 of the policy. % compliance with inspected outcomes following HIQA inspection of Disability Residential Units. 	100% 100% 100% 100%		
Service Improvement Team Process <ul style="list-style-type: none"> Deliver on Service Improvement priorities. 	100%		
Governance for Quality and Safety <ul style="list-style-type: none"> Quality & Safety committees across all Divisions at Divisional, Hospital Group and Community Healthcare Organisations. 	100%		

Mental Health

Introduction

The aim of mental health services is to promote and protect the mental health of the population and to provide effective services for those who need them. Mental health services in Cork and Kerry extend from promoting positive mental health and suicide prevention through to supporting those experiencing severe and disabling mental illness. It includes specialised secondary care services for children and adolescents, adults, older persons and people with an intellectual disability who also have a mental illness.

Mental Health Service in Cork & Kerry CHO include 13 Community Mental Health Teams and 10 Child and Adolescent Mental Health Teams. In addition, there are five acute adult inpatient units in Cork and Kerry along with an 18 bedded intensive care facility at Carraig Mór, Cork. Eist Linn is a regional child and adolescent inpatient unit for HSE South including Cork & Kerry CHO and South East CHO 5.

In Cork and Kerry in 2015, a new 50 bedded acute adult inpatient unit opened in CUH. 2016 will see the phased opening of a residential unit / community nursing unit, Deer Lodge in Killarney. Capital submissions have been made for the refurbishment of acute units in Kerry General Hospital and Mercy University Hospital along with the Carraig Mór intensive care facility. A new Jigsaw service will be established in Cork.

The approach to planning and delivering Mental Health Services at both national and local level is shaped by the ten year national policy, the *Report of the Expert Group on Mental Health Policy - A Vision for Change* (2006) is a progressive, evidence-based document that proposed a new model of service delivery which would be service user-centred, flexible and community based.

Connecting for Life 2015–2020 is the new national strategy to reduce suicide and sets out a vision of an Ireland where fewer lives are lost through suicide and where communities and individuals are empowered to improve their mental health and wellbeing. This vision will be achieved through the adoption of a number of goals. These goals include: a better understanding of the factors that are linked to suicidal behaviour, supporting communities to prevent and respond to recognised risks for suicide at community and individual level, targeted approaches for those vulnerable to suicide, improved access, consistency and integration of services, safe and high quality services, reduced access to means and better data and research. The National Office for Suicide Prevention (NOSP) has the responsibility of driving the co-ordinated multi-annual implementation of the Strategy.

There will be synergies between the implementation of *Connecting for Life* strategy in Cork and Kerry and the Cork & Kerry Implementation Plan for Healthy Ireland.

During 2015, the National Mental Health Division developed and embedded three clinical programmes relating to people presenting to Emergency Departments following Self Harm: early intervention for people developing First Episode Psychosis: and responses for children and adults with Eating Disorders. These programmes identified areas of high need and provide a programmatic response in which integration with other relevant services is key to successful delivery and reform. During 2016, two additional clinical programmes will be progressed, these are prioritising responses to children and adults with ADHD and those with Co-morbid Mental Illness and Substance Misuse (Dual Diagnosis).

Mental Health	
2016 Budget €m 000's	
Cork & Kerry CHO	105,336
Full details of the 2016 budget are available in Appendix 1	

The National Mental Health Division has identified strategic priorities aligned to corporate goals, as follows:

1. Promote the mental health of our population in collaboration with other services and agencies including reducing loss of life by suicide.
2. Design integrated, evidence based and recovery focussed Mental Health Services.
3. Deliver timely, clinically effective and standardised safe Mental Health Service in adherence to statutory requirements.
4. Ensure that the views of service users, family members and carers are central to the design and delivery of Mental Health Services.
5. Enable the provision of mental health services by highly trained and engaged staff and fit for purpose infrastructure.

The Programme for Government (PfG) has provided additional funding for mental health services since 2012. During this period, a total of 164 additional posts have been provided in Cork and Kerry.

Cork & Kerry CHO will work with the National Division to progress the following priorities for this new Programme for Government funding in 2016:

- ▶ Collaboration between mental health and primary care on the continued development of early intervention and prevention counselling services by mental health and primary care, specifically for young people under 18 years of age.
- ▶ Continued investment in clinical programmes including design and development of two new clinical programmes specifically ADHD in adults and children and those with comorbid mental illness and substance misuse (dual diagnosis).
- ▶ Continued development of services for psychiatry of later life, those with mental illness and an intellectual disability and those who are homeless and mentally ill.
- ▶ Improved provision of psychotherapeutic interventions for adults and children with mental illness.
- ▶ Continuing to address the current service gap for low secure acute care and rehabilitation services for service users with complex needs.
- ▶ To progressively support the population to build resilience and positive mental health, as well as improved physical health.
- ▶ Development of perinatal mental health services.

Population	
664,534	Divided into 13 geographical sectors, varying in population size from 26,000 to 90,000 (Larger geographical areas divided in two for operational purposes). All teams are aligned to PCT's & networks.

Spend and Budget		
(1) 2014 Actual Net Spend	(2) 2015 Projected Net Spend	(5) 2016 opening Budget
102,148,138	103,063,275	105,336,311

Staffing	Medical/ Dental	Nursing	Health & Social care Professionals	Management/ Admin	General Support Staff	Other Patient & Client Care	Total
Dec 2015	110.47	764.75	175.93	92.88	107.73	122.61	1374.37

Services Provided Cork and Kerry

Service	No. Provided	Service	No. Provided
No. of Adult Acute In Patient Beds	153 – Cork (18 beds PICU/Forensic) 38 – Kerry		
<u>General Adult</u>		<u>Psychiatry of Old Age</u>	
No. of non acute beds for adults	182 - Cork 32 – Kerry	Number of Day Hospitals	1
No. of Acute Day Services	6 – Cork 3 – Kerry	No. of Community Mental health Teams	2 enhanced teams – Cork 1 team in Kerry
No. of Community Mental health Teams	13	Number of Day Centres	0
Number of Day Services	14 – Cork 8 – Kerry	Specialist Mental health Services	
No. of High Support Community Residences	10 (146 places) - Cork 4 – Kerry	<u>No. of Rehab and Recovery Teams</u>	1 – Cork 1 – Kerry
No. of Low and Medium support Community Residences	14 Medium – Kerry	<u>No. of Liaison Psychiatry Teams</u>	Cork 1 Adult Team with enhanced support from self harm developments 13' + 1 CAMHS Team from 2014 developments Kerry 0 (Development of 1 team with 2014 dev funding)
<u>CAMHS</u>		<u>No. of MHID Teams</u>	Cork 1 & awaiting posts from 2013 developments Kerry 0 (Development of 1 team with 2014 dev funding)
Number of In Patient Beds	20	<u>Other – Home Based treatment teams</u>	3 (2 Cork + 1 Kerry)
No. of Day Hospitals	0		
No. of Community Mental health Teams	10		

Quality and Patient Safety

Building on the work in 2015, the focus for Quality and Service User Safety in Cork & Kerry Mental Health Services is to support the provision of high quality and safe services for service users and staff. The Cork & Kerry CHO will continue to ensure that there are robust clinical governance arrangements in place incorporating effective systems and processes to ensure quality and risk management are key requirements of safe quality services. Significant priorities in 2016 will focus on supporting the development and implementation of the national HSE policy and guidelines required to enable standardisation of quality and safe services, embedding assurance processes and reporting, including audit of current practice, and driving quality improvement using evidence based methodologies.

In 2016 a Quality & Service User Safety Advisor will be appointed to Mental Health Services in Cork & Kerry. This role will support staff and management on improving quality, identifying, mitigating and reducing risks and reviewing and learning from safety incidents.

Continued enhancement of Service User, Family Member and Carer Engagement (SUE) in Mental Health Services in 2016 will build on considerable progress in 2015. This will continue the implementation of the recommendations from the Reference Group report on mechanisms for the participation of service users, families and carers in the decision-making processes of Mental Health Services at local and national levels, including selection of the National Head of Service User Engagement. Significant priorities in 2016 will also include the appointment of Head of Service User Engagement to each CHO Mental Health Management Team, progressing the National Carers Strategy in Mental Health Services and appointment of Peers Support Workers.

Key Priorities and Actions to Deliver on Goals in 2016

Goal
1

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

Mental Health Priority 1 - Promote the mental health of our population in collaboration with other services and agencies including reducing loss of life by suicide		
Actions 2016	Measure of Performance	End Qtr
All Acute Units smoke-free by year end.	Smoking cessation programmes. Phased closure of designated smoking areas.	Q4
Cork & Kerry CHO will continue to improve access to primary care for the physical healthcare of people with severe and enduring mental illness		Q1-Q4
Physical wellbeing – Recruitment of 2 physiotherapists in Cork. Subject to availability of resources This will be sought from the 2016 PfG allocation	Physical activity programmes in place. Mobility & fitness assessments available. Reduced reliance on medication.	Q4
Resilience Training Programmes for staff in Cork & Kerry CHO.	Complete 8 programmes (2 per quarter).	Q1-Q4
Development of new Jigsaw project in Cork.	Target to be fully operational by Q4.	Q4
Implement <i>Connecting for Life</i> Strategy.	Development of Customised strategies for Cork & Kerry CHO.	Q4
	Development of local CHO suicide prevention Action Plan.	Q4
Continued provision and enhancement of Counselling in Primary care.	Access as and when required.	Q1-Q4
Cork & Kerry MHS will work with non-governmental organisations partners to develop health promotion capacity.	Delivery of additional clinical suicide prevention services will measure performance.	Q1-Q4
Mental Health Services		End Qtr
Primary care and Health and Wellbeing Collaborative Actions for Healthy Ireland Implementation Plan		
In partnership with Health and wellbeing the following will be delivered in 2016:		
▶ Cork & Kerry CHO will develop local Implementation Plan for Healthy Ireland.		Q1-Q4
▶ Implementation of the Healthy Workplace Policy in the Cork & Kerry CHO.		Q1-Q4
▶ Cork & Kerry CHO will participate in the development of the Local Economic and Community Development plan which is an integrated plan that will guide the development of the area from an economic, community, sporting, cultural and recreational perspective from 2015-2021.		Q3
▶ Map the catering facilities in mental health settings to inform the next stage roll out of calorie posting.		
▶ Support the implementation of calorie posting within the CHO		
Tobacco Free Ireland – Working to reduce the prevalence of smoking among the population		Q1-Q4
Cork & Kerry CHO will:		
▶ Maintain and support the implementation of the HSE Tobacco Free Campus Policy by building capacity among frontline workers to screen and support smokers to quit through the delivery of brief intervention training so they have the skills and confidence to treat tobacco addiction as a		

<p>care issue; Q1-Q4</p> <ul style="list-style-type: none"> ▶ Staff to be released to undergo this training <ul style="list-style-type: none"> – 50 (4.5%) Mental Health staff ▶ Maximise the impact of the QUIT campaign; Q1-Q4 ▶ Ensure that all health accommodation is to be Tobacco Free compliant; Q1-Q4 	
<p>Healthcare Associated Infections (HCAI)</p> <ul style="list-style-type: none"> ▶ Encompass actions to reduce the prevalence of HCAI and antibiotic consumption rate within <i>Healthy Ireland</i> implementation plans. 	Q1-Q4
<p>Local Community Development Committees (LCDCs)</p> <ul style="list-style-type: none"> ▶ Cork & Kerry CHO will continue to engage with Local Community Development Committees (LCDCs) ▶ Cork & Kerry CHO will identify key staff to participate in inter agency local working groups. 	Q1-Q4 Q2


 Goal
2

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

Mental Health Priority 2 - Design integrated, evidence based and recovery focussed mental health services		
Actions 2016	Measure of Performance	End Qtr
Development & maintenance of generic & specialist mental health teams across the CHO focussing on existing deficits & priority development areas.	Approval & associated recruitment processes commenced for all approved posts {2015 priority posts}.	Q1-Q4
New Prison In-reach Service/Assertive Outreach to be designed and established between Carraig Mór and Prison Services.	New service established.	Q2
Team-Coordinator standard operating procedure for Cork Mental Health Service developed.	Implemented by end of quarter 1.	Q1
On-going implementation & enhancement of Child & Adolescent Mental Health Service (CAMHS) standard operating procedure.	Participate in national audit of standard operating procedure implementation. Roll out of standardised suite of forms across all CAMHS services.	Q1-Q4
Development of the Team Co-ordinator role in CAMHS.		Q3
Progress the recruitment of the consultant for homeless services once consultant appointment unit approval has been received, a social worker has been appointed since 2015.		Q4
Mental Health Priority 3 - Deliver timely, clinically effective and standardised safe Mental health service in adherence to statutory requirements		
Actions 2016	Measure of Performance	End Qtr
Strive to achieve compliance across all domains of Mental Health Commission inspections at good or excellent levels of compliance.	Achievement at levels 3 or 4 of the judgement support framework.	On-going
Further develop processes for learning opportunities through serious analysis investigations findings & recommendations.	Learning notices to be discussed at community mental health team meetings.	On-going
Introduce local measures in order to address the capacity issues re the completion of serious analysis investigations in accordance with the current demand/policies.	Develop & implement a screening process to determine progression to serious analysis investigation stage.	Q1
Develop & undertake clinical audit programmes across the CHO.	Establish a log of all audits undertaken & a report to be furnished quarterly by the Audit Committees.	On-going
Mental Health Services		End Qtr
HCAI / Decontamination programme		
▶ The CHO will support and collaborate with the HCAI/AMR (Healthcare Associated Infections / Antimicrobial Resistance) clinical care programmes in prioritising key areas for development in 2016.		Q1-Q4
▶ The CHO will continue to support the implementation of the HCAI agenda through the Cork		Q1- Q4

<p>and Kerry HCAI Committee. The Cork and Kerry HCAI Committee will produce an action plan to deliver on the development of HCAI quality improvement plans (QIPs), governance, training, audit and sharing of information with GPs and staff regarding HCAI including the implementation of national guidelines and standards</p> <ul style="list-style-type: none"> ▶ Promote the Microsite for Infection Prevention and Control (IPC) for Cork and Kerry Community Services. This online resource has been established to support health and social care services to reduce the risk of their patients / clients acquiring infection. It includes the most up to date guidelines and patient and staff information leaflets along with other useful resources such as links to hand hygiene resources, newsletters etc. 	<p>Q1</p>
--	-----------

Goal
3

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

Mental Health Priority 4 – Ensure that the views of service users, family members and carers are central to the design and delivery of mental health services		
Actions 2016	Measure of Performance	End Qtr
Recruit a Service User, Family Member, Carer (SUFMC) Representative and appointment of service user representatives on adult mental health teams.	SUFMC representative & support staff recruited.	Q1
Continue the development of Consumer Panels.	Data collected via the SUFMC representative and feed into the reference group.	Q3-Q4
Continue the roll out the Advancing Recovery Ireland Project, and grow links with all current community initiatives.	Data collected via the SUFMC representative and feedback from the Advancing Recovery Project Groups.	Q1-Q4
Support the national development & rollout of recruitment of Peer Support Workers in a number of community mental health teams.		Q2-Q4
Data collected from all the relevant stakeholder, groups via the SUFMC representative will feed directly into the reference group as determined by the National Reference Group.		Q3-Q4
Mental Health Services		End Qtr
<p>► Open disclosure is “an open, consistent approach to communicating with patients when things go wrong in healthcare. This includes expressing regret for what has happened, keeping the patient informed, providing feedback on investigations and the steps taken to prevent a recurrence of the adverse event.” We will provide training and support the implementation of the HSE and State Claims Agency (SCA) national open disclosure policy within the Cork & Kerry CHO and associated organisations as follows:</p> <p>Actions:</p> <ul style="list-style-type: none"> – Completion of <i>Train the Trainer</i> Open Disclosure Training; Q2 – To provide 40 minute staff awareness sessions for all health and social care staff Q2-Q3 – Deliver half day Clinical professional development (CPD) accredited workshops for relevant staff in within the area Q2-Q3 – Ensure that open disclosure is included in internal staff induction/orientation programmes and to deliver this training as required. Q1-Q4 		<p>Q2</p> <p>Q2-Q3</p> <p>Q2-Q3</p> <p>Q1-Q4</p>
<p>Health Care Charter</p> <p>► Implement the Health Care Charter in Mental Health services in 2016 and ensure that training is provided for staff in their understanding and obligations under the Health Care Charter.</p> <ul style="list-style-type: none"> – Develop incremental supports to the Health Care Charter in Health Care settings. – Health Charter Posters will be displayed prominently in every Health Care facility in Cork & Kerry CHO “Tell us about your experience” feedback leaflets will be openly available in each healthcare facility. 		Q1-Q4
<p>Safeguarding Vulnerable Persons</p> <ul style="list-style-type: none"> – Safeguarding Vulnerable Persons at risk of abuse awareness training to be provided to 		Q1-Q4

<p>100% staff by end Q4.</p> <ul style="list-style-type: none"> – Ensuring Safeguarding policy is consistently implemented within the statutory and non-statutory sectors. 	Q1-Q4
<p>Compliance with Incident Management policy & procedure</p> <ul style="list-style-type: none"> ▶ Cork & Kerry CHO will provide training on Incident Management and Systems analysis investigation training for appropriate staff. ▶ The Cork & Kerry CHO will ensure the systems and structures are in place within the CHO for reporting and monitoring Serious Reportable Events (SREs) and other serious safety incidents are enhanced. 	Q1-Q4 Q1-Q4
<p>Compliance with Risk Management policy & procedure</p> <ul style="list-style-type: none"> ▶ The Cork & Kerry CHO will ensure that appropriate systems and structures are in place within the division for identifying reporting, and monitoring risks in line with the safety incident management policy. ▶ The CHO will maintain a record of specific risk and incident training delivered in 2016 	Q1-Q4
<p>Measurement and Analysis of Information for Quality Improvement: Build capacity and capability in the system in the use of measurement and data for quality improvement</p> <ul style="list-style-type: none"> ▶ Quality Profiles: Work with NQID to develop a quality profile in a Mental Health Service setting. 	Q1-Q4
<p>Quality and Safety Indicators</p> <ul style="list-style-type: none"> ▶ The CHO will work with the National Division in the development of additional quality and safety indicators i.e. HCAI; Q1-Q4 	Q1-Q4
<p>Governing for Quality and Safety</p> <ul style="list-style-type: none"> ▶ A key priority will be to ensure that appropriate quality and patient safety governance structures and processes are in place to ensure appropriate monitoring, accountability and support to optimise patient safety. ▶ As part of this governance and monitoring function, the CHO will collect and report on metrics pertaining to the establishment of quality and safety structures and processes. This will enable analysis of quality and safety structures and provide assurance those structures, processes and outcome measurements are in place. 	
<p>Promoting Safe Services</p> <p>Compliance with Incident Management policy & procedure</p> <ul style="list-style-type: none"> ▶ Cork & Kerry CHO will continue to roll out training on Incident Management and Systems analysis investigation training for appropriate staff. 	Q1-Q4


**Goal
4**

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

Mental Health Priority 5 – Enable the provision of mental health services by highly trained and engaged staff and fit for purpose infrastructure		
Actions 2016	Measure of Performance	End Qtr
Succession Plan for management of natural attrition while maintaining a safe level of service.	Completed workforce plan will measure performance. Prepare for the development of a comparative resource model by the National Mental Health Team. National manpower plan will dictate the requirements of the succession plan. Review existing processes to ensure timely recruitment/national recruitment service (NRS).	Q2
Continue training of staff in all the HSE national standards.	Training developed and provided to staff.	On-going
Progress the development/recruitment and training of an Infection Control Nurse for Cork mental health service.	Dedicated Infection Control Nurse for Cork mental health service in place.	Q3
Roll out & audit Prevention and Management of Aggression and Violence (PMAV) training in all areas of Cork & Kerry CHO – 6 in-house trainers in place.	Requirement for clinical staff to complete training. Continued rolling programmes in place for both training and refresher courses.	On-going
Roll-out of Enhancing Teamwork programme to Community Mental health Teams and Area Management.	Training developed and provided to staff.	On-going
Engage with other Divisions to maximise developments benefiting mental health e.g. Primary Care, Estates.	Inclusion of mental health requirements in all new developments across the CHO as required.	On-going
Ensure staff consulted and/or participating in service design and improvement initiatives. Begin the alignment of mental health service provision to CHO network population.	Staff Participation in National Survey. Development of a Cork & Kerry mental health service newsletter per quarter.	Q1-Q4
Support & enhance continued third level education & post graduate placements across all disciplines.	Engagement with third level providers for new entrants and training strategies in place for existing staff.	On-going
Promote Staff Well-being; Resilience Training Programmes for staff in Cork & Kerry CHO.	Complete 8 programmes (2 per quarter).	Q1-Q4
Recruitment & implementation of Peer Support Workers in a number of community mental health teams in Cork & Kerry CHO.		Q3
Appoint quality and patient safety advisor.		Q1

Mental Health Services	End Qtr
<p>CHO Structures</p> <ul style="list-style-type: none"> ▶ Full details on CHO Structures are detailed on page 17 in the health service reform section of this plan. 	
<p>Leadership</p> <p>Supporting the development and delivery of effective leadership at all levels is a key priority for Cork / Kerry Community Healthcare Organisation.</p> <p>The Cork and Kerry CHO will prioritise the implementation of the Health Services People Strategy 2015–2018 by driving implementation through a number of key areas including leadership, employee engagement and learning and development. To progress these areas in 2016 the Cork and Kerry CHO will:</p> <ul style="list-style-type: none"> ▶ Focus on the implementation of the HSE Performance Management Framework ▶ Support the implementation of a leadership development programme (multi-disciplinary) ▶ Support a people development planned interventions, supported by coaching, mentoring and action learning. ▶ It is planned to continue and expand the number of FETAC Level 5 Modules available to support staff and staff supervisors in 2016. Programmes will continue based on identified service requirements, training needs analysis and individual Personal Development Plans (PDPs) as part of the commitment to supporting employee continuous professional development needs. ▶ The National Learning and Development Programme have procured to provide Leadership Development Training for 400 health service staff across all Divisions nationally. It is planned that 16 programmes will be delivered with 25 people on each training programme nationally. ▶ Support the implementation of the HSE Graduate Intern Programme ▶ Progress the development of talent pools across the health system. 	
<p>Employee Engagement</p> <ul style="list-style-type: none"> ▶ Cork & Kerry CHO will implement the following actions agreed by the Area Management Team to address the findings of the staff engagement survey: <ul style="list-style-type: none"> – Regular team meetings at all levels. – Increased levels of planned 1:1 meetings between managers and staff. – The Area Management Team to identify a number of HSE locations to attend in 2016 to see examples of good practice and to engage with staff regarding the challenges they are facing in delivering their service. – The AMT will take specific measures to recognise staff appreciation. – Staff newsletter for Cork and Kerry CHO. – Ensure regular effective communication and consultation work with staff in relation to the implementation of the CHO report. 	Q3
<p>Implement Children First</p> <ul style="list-style-type: none"> ▶ Children First Cork & Kerry CHO will; <ul style="list-style-type: none"> – Establish a Children First Committee. Q2 – Ensure that Cork & Kerry CHO has a Children First Implementation Plan in place. Q1 – Ensure that each staff member is aware of their social, corporate and legal responsibilities under Children First through ongoing training in collaboration with Tusla. Q1-Q4 – Facilitate all HSE staff (including staff of funded agencies) to undertake the Children First E Learning programme. Q1-Q4 – Children First Training list to be collated and access to training to be arranged for all staff. Q2 – Deliver Children First Training Programmes to meet the needs of all services across all divisions in collaboration with Tusla including GP out of hour's services. Q1-Q4 	Q1-Q4

<p>Understanding patient safety incidents</p> <ul style="list-style-type: none"> ▶ The CHO will continue to support the roll out and implementation of the National Incident Management System (NIMS) in mental health in conjunction with the Quality Assurance and Verification Services and the State Claims Agency. 	
<p>Clinical Audit development</p> <ul style="list-style-type: none"> ▶ The Cork and Kerry CHO Clinical Audit Committee will be established in Q1 2016 and this will support and develop the promotion and implementation of a CHO wide clinical audit programme for 2016. ▶ All clinical audits will be registered, monitored and outcomes will be shared across all relevant community services. ▶ The CHO clinical Audit Committee will also focus on the development of clinical audit tools. 	<p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q4</p>


**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

Mental Health Priority 5 – Enable the provision of mental health services by highly trained and engaged staff and fit for purpose infrastructure		
Actions 2016	Measure of Performance	End Qtr
Complete prioritised assessment of current physical infrastructure.	Complete capital mapping evaluation.	Q2
Ensure minor capital is targeted at QPS priorities {address anti-ligature measures}.	QPS infrastructure deficits identified and addressed.	On-going
Enhance and improve the current physical infrastructure at St. Michael's Acute Unit, Mercy University Hospital. Complete the refurbishment of the Acute Unit in Kerry General Hospital and review the needs of acute in-patient facility in Bantry.	Subject to availability of resources.	Q2-Q4
Review locations and suitable premises to facilitate staff to work as an effective team creating and facilitating the required partnership environment for successful reconfiguration.	Inclusion of mental health requirements in all new developments across Cork & Kerry CHO as required.	On-going
Continue to roll out integrated patient management system (iPIMS) across Mental health Services in conjunction with ICT		Q1-Q4
Work with staff and staff representative bodies to ensure that we effectively engage with staff, foster a culture of openness and transparency and promote a highly motivated workplace culture throughout all levels of management and staff in our services.		On-going
Mental Health Services		End Qtr
Paybill Management and Control The 2015 Framework (updated in 2016) clearly states the overall requirement to remain within pay budget and the recruitment of staff must not breach that requirement in the current year, nor build in unsustainable levels into the following year. There is an absolute requirement for each CHO and sub-element to have a fully funded workforce plan developed in line with the allocated pay envelope and this should drive all recruitment decisions. Cork & Kerry CHO will fully utilise the Framework and delegation to eliminate and/or reduce the use of agency and overtime.		
Paybill Management and Control		End Qtr
<ul style="list-style-type: none"> ▶ Implementation across 9 CHOs of Framework Agreement. ▶ Develop and implement workforce plan. ▶ Reduce agency and overtime in all services within the CHO, statutory and voluntary. 		Q1-Q4
Policies, Procedures, Protocols and Guidelines (PPPG)		End Qtr
<ul style="list-style-type: none"> ▶ The CHO will participate in the development of a national HSE policy framework for PPPGs including education training and support. 		Q1-Q4

Service Arrangements	End Qtr
<ul style="list-style-type: none"> ▶ A planned and co-ordinated approach to managing service arrangements will be implemented in 2016 with the aim of: <ul style="list-style-type: none"> – Timely completion of the schedules in Part II of the service arrangement documentation and completion of grant aid agreements. 	Q1
Information Communication Technology (ICT)	End Qtr
<ul style="list-style-type: none"> – Review current CHO infrastructure including internet access, server capacity, hardware deficits, software deficits and bandwidth capacity deficits in each service. – Engage with ICT nationally and locally to establish a CHO plan to address ICT deficits. – Engage with ICT nationally and locally to identify funding streams to implement the CHO ICT plan. – Engage with ICT nationally in regard to proposed roll out of e-Rostering project, the National Mental Health ICT Infrastructure Improvement Project and the SAP Payroll/HR system. 	Q3 Q4 Q4 Q4

Balanced Scorecard

Quality and Access Indicators of Performance

Quality	Expected Activity / Target 2016
Service User Experience <ul style="list-style-type: none"> % of complaints investigated with 30 working days of being acknowledged by the complaints officer. 	75%
Serious Reportable Events <ul style="list-style-type: none"> % of Serious Reportable Events being notified within 24 hours to the Senior Accountable Officer and entered on the National Incident Management System (NIMS) % of investigations completed with 120 days of the notification of the event to the Senior Accountable Officer. 	99%
Safety Incident Reporting <ul style="list-style-type: none"> % of safety incidents being entered onto NIMS within 30 days of occurrence by CHO. % of claims received by the State Claims Agency that were not reported previously as an incident 	90% <i>To be set in 2016</i>
CAMHs <ul style="list-style-type: none"> Admissions of children to Child and Adolescent Acute Inpatient Units as a % of the total no. of admissions of children to mental health acute inpatient units % of bed days used in HSE Child and Adolescent Acute Inpatient Units as a total of bed days used by children in mental health acute inpatient units 	95%
Effective Care	
General Adult Community Mental health Teams <ul style="list-style-type: none"> % of accepted referrals / re-referrals offered first appointment within 12 weeks / 3 months by General Adult Community Mental health Team % of accepted referrals / re-referrals offered first appointment and seen within 12 weeks / 3 months by General Adult Community Mental health Team % of new (including re-referred) General Adult Community Mental Health Team cases offered appointment and DNA in the current month 	90%
Psychiatry of Old Age Community Mental health Teams <ul style="list-style-type: none"> % of accepted referrals / re-referrals offered first appointment within 12 weeks / 3 months by Psychiatry of Old Age Community Mental health Teams % of accepted referrals / re-referrals offered first appointment and seen within 12 weeks / 3 months by Psychiatry of Old Age Community Mental health Teams % of new (including re-referred) Old Age Psychiatry Team cases offered appointment and DNA in the current month 	75%
CAMHs <ul style="list-style-type: none"> % of accepted referrals / re-referrals offered first appointment within 12 weeks / 3 months by CAMH Teams % of accepted referrals / CAMH re-referrals offered first appointment and seen within 12 weeks / 3 months by CAMH Teams % of new (including re-referred) child / adolescent referrals offered appointment and DNA in the current month 	18%
Access	
Total no. to be seen or waiting to be seen by CAMHs <ul style="list-style-type: none"> Total no. to be seen for a first appointment at the end of each month. Total no. to be seen 0–3 months Total no. on waiting list for a first appointment waiting > 3 months Total no. on waiting list for a first appointment > 12 months 	98%
	95%
	3%
	78%
	72%
	10%
	Expected Activity / Target 2016
	465
	210
	255
	0

Appendices

Appendix 1: Financial Tables

Primary Care 2016 CHO Net Expenditure Allocations

Primary care	Pay	Non Pay	Gross Budget	Income	Net Budget
Cork & Kerry CHO	€m	€m	€m	€m	€m
Primary care	71.5	32.9	104.4	-10.2	94.2
Social Inclusion	2.3	13.6	16.0	.0	16.0
Palliative Care	.6	7.7	8.4	-2	8.1
Core Services	74.5	54.3	128.7	-10.4	118.3
Local DLS	.0	28.5	28.5	.0	28.5
Total	74.5	82.8	157.2	-10.4	146.8
Cork Dental					
Primary care	1.5	.6	2.1	-.4	1.8
Social Inclusion	.0	.0	.0	.0	.0
Palliative Care	.0	.0	.0	.0	.0
Core Services	1.5	.6	2.1	-.4	1.8
Local DLS	.0	.0	.0	.0	.0
Total	1.5	.6	2.1	-.4	1.8
Primary care	73.0	33.5	106.5	-10.5	96.0
Social Inclusion	2.3	13.6	16.0	.0	16.0
Palliative Care	.6	7.7	8.4	-2	8.1
Core Services	76.0	54.9	130.8	-10.8	120.1
Local DLS	.0	28.5	28.5	.0	28.5
Total	76.0	83.4	159.4	-10.8	148.6

Note: The above Primary Care figure includes Gross CWO allocation. Local figures on page 31 include Net amount

Primary Care Service Arrangement Funding Summary

Care Group	SA or GA - type	CHO Kerry CHO Funding €
Palliative Care / Chronic Illness Services	S39 - GA	75,000
	S39 - SA	8,148,744
Palliative Care / Chronic Illness Services Total		8,223,744
Primary Care Services	For Profit - SA	431,225
	S38 - SA	1,686,082
	S39 - GA	1,193,895
	S39 - SA	8,719,248
Primary Care Services Total		12,030,450
Social Inclusion Services	S39 - GA	2,811,145
	S39 - SA	11,052,921
Social Inclusion Services Total		13,864,066

Section 38 Agencies

Care Group	PARENT Agency	Cork & Kerry CHO 2015 Total funding
Primary Care Services	Cork Dental School & Hospital part of University College Cork	1,686,082

Section 39 Over €1m

PARENT Agency	Cork & Kerry CHO 2015 Total funding	Care Group
Marymount University Hospital and Hospice Limited	11,922,933	Palliative Care / Chronic Illness Services
South West Doctors-on-Call Ltd	7,961,360	Primary Care
Simon Community - Cork	2,388,243	Social Inclusion
Matt Talbot Adolescent Services	1,401,099	Social Inclusion
Tabor Lodge & Renewal Sheltered Housing Ltd	1,135,691	Social Inclusion

Commercial /For Profit		
PARENT Agency	Cork & Kerry CHO 2015 Total funding	Care Group
Resilience Healthcare Ltd	1,738,680	Primary Care

Social Care 2016 CHO Net Expenditure Allocations

2016 Disability Allocation	CHO4 Cork & Kerry
	000's
Opening Budget 2016	184,407
Sponsor Public Health Service Employees to Nurse	35
Rostered Year for Pre-Reg Nursing Degree Students	100
Therapy Posts	96
Full Year 2015 School Leavers	1,872
Sleepovers/Twilight	1,437
HIQA Cost Pressures:	
Pay Pressure	3,480
Non Pay Pressure	1,966
HIQA Cost Pressures subtotal:	5,446
Chairman's Notes (Negotiated Pay Funding)	5
LRA (Negotiated Pay Funding)	1,728
PSPR & Other Pressures (Negotiated Pay Funding)	71
Other	110
Emergency Places	
2016 School Leavers	
Respite Expansion	
2016 Cost Containment	
2016 Saving Measures	-26
ADJ ICPs Other	-193
2016 Cost Containment subtotal:	-219
Additional Allocations	10,682
2016 Total Allocation Disability	195,088

2016 Older Person Services Allocation	CHO4 Cork & Kerry
	000's
Short Stay Public	23,171
Short Stay Private	0
Short Stay Voluntary	
Home Help & HCP	54,123
Community Nursing/Therapies/Support Services	10,664
Day Care	5,996
Clinical Services	12,467
Intensive HCP Funding	
NHSS Central Unit	0
2016 CCPs	-1,779
Winter Planning Initiative	0
Safeguarding Posts	92
LRA/PSPR and Other Pressures/Chairman's Notes	755
Time Related Savings HH HCP	3,319
Transitional Care	
Regional Services	6,000
Total	114,809

Social Care Service Arrangement Funding Summary

Disability Services

Summary	Total National Disability funding €	CHO Kerry CHO Funding €
S38 - SA	705,056,123	97,741,306
S39 - SA	422,372,114	57,427,488
S39 - GA	5,650,550	225,709
Total S39	428,022,663	57,653,197
Total Voluntary	1,133,078,786	155,394,504
For Profit - SA	63,516,176	3,211,465
Out of State - SA	7,503,740	80,606
Total Commercial	71,019,915	3,292,071
Total All	1,204,098,701	158,686,575

Section 38 Service Arrangements (Disability)

Parent agency	Total National Disability funding €	CHO Kerry CHO Funding €
Saint John of God Community Services Limited	102,158,194	14,332,273
COPE Foundation	44,331,970	44,331,970
Brothers of Charity Southern Services	38,808,331	38,808,331
Brothers of Charity (Clare)	11,329,789	268,732
Section 38 Service Arrangements Funding Tool	705,056,123	97,741,306

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

Parent agency	Total National Disability funding €	CHO Kerry CHO Funding €
Enable Ireland	35,735,297	6,976,983
St. Joseph's Foundation	13,862,674	8,216,053
Kerry Parents & Friends Association	8,704,867	8,704,867
CoAction West Cork	6,045,625	6,045,625
Section 39 Service Arrangements Funding (> €5m) Total	302,126,472	44,400,917

Agencies in receipt of funding in excess of €1m (Disability)

Parent agency	Total National Disability funding €	CHO Kerry CHO Funding €
Rehabcare	43,238,328	2,422,419
I.W.A. Limited	37,567,410	4,343,570
The Cheshire Foundation in Ireland	23,743,012	3,047,302

Parent agency	Total National Disability funding €	CHO Kerry CHO Funding €
National Learning Network Limited	14,291,234	2,908,080
Peter Bradley Foundation Limited	9,916,242	554,111
Camphill Communities of Ireland	8,922,416	389,260
NCBI Services	6,496,661	792,647
Cork Association for Autism	4,255,393	4,255,393
The National Association for the Deaf	3,946,009	384,916
Headway (Ireland) Ltd - The National Association for Acquired Brain Injury	2,817,851	960,905
L'Arche Ireland	2,745,723	1,603,844
The Multiple Sclerosis Society of Ireland	2,554,291	194,167
Centre for Independent Living (CIL) - Cork Ltd	1,565,900	1,565,900
St. Vincent's Centre	1,474,662	1,474,662
Muscular Dystrophy Ireland	1,127,495	91,251
Section 39 Service Arrangements Funding over €1m	398,180,866	54,931,955
Nua Healthcare Services	15,409,328	1,978,344
Talbot Group	14,087,604	142,272
Resilience Healthcare Ltd	2,121,164	1,056,320
For Profit Service Arrangements Funding above €1m	48,329,017	3,176,936

Older People Services

Older People Services – Total Funding	Total National Older Person funding €	CHO Kerry CHO Funding €
S39 - SA	88,788,552	11,859,993
S39 - GA	16,674,569	4,126,784
Total S39	105,463,120	15,986,776
Total Voluntary	153,934,916	15,986,776
For Profit - SA	63,574,392	9,348,634
Total Commercial	63,707,392	9,348,634
Total All	217,642,309	25,335,411

Agencies in receipt of Funding in excess of €1m (Older People)

Parent agency	Total National Older Person funding €	CHO Kerry CHO Funding €
Alzheimer Society of Ireland	10,235,068	1,500,324
The Carers Association	4,022,023	145,000
Marymount University Hospital and Hospice Limited	3,774,189	3,774,189
CareBright	2,424,477	27,662
St. Luke's Home	2,338,768	2,338,768
Nazareth House - Cork	1,439,883	1,439,883
Section 39 Service Arrangements Funding Over €1m	70,011,313	9,225,826
Comfort Keepers (Elder Homecare Ltd)	13,633,923	1,119,864
Byzantium MOD Limited	1,133,779	1,133,779

Parent agency	Total National Older Person funding €	CHO Kerry CHO Funding €
For Profit – Service Arrangements Funding Over €1m	38,105,748	2,253,643

Health & Wellbeing 2016 CHO Net Expenditure Allocations

Division	Pay	Non-pay	Income	Total
Health & Wellbeing	2,222	699	-70	2,851

Mental Health 2016 CHO Net Expenditure Allocations

Finance Tables – Key Financials (before 2016 PFG €35m)

Table 1 below shows the key mental health financial numbers for each ISA and CHO. The numbers are draft and subject to audit adjustments. The key components are –

- ▶ **Column A** – the 2014 Net Spend (Pay + Non Pay – Income)
- ▶ **Column B** – the estimated Net Spend for Mental Health Services 2015 subject to audit adjustments.
- ▶ **Columns C and D** – show additional once-off spend relating to investment in service infrastructure in Mental Health Services
- ▶ **Column E** – Is the sum of all spend in 2015 (Cols B, C & D)
- ▶ **Column F** – Initial Opening Budget 2016.
- ▶ **Column G** - The CHO/ISA additional budget for PfG 2013 & 2014 posts that are still being recruited (whereas the PfG 2015 posts are included in the Mental Health National section as these are currently being allocated).
- ▶ **Column H** – Closing budget 2016 inclusive of all PfG 2012 to 2014 allocated posts

Integrated Service Area (ISA)	2015 Actual Net Spend	2015 Projected Spend - Ongoing Services	2015 Minor Works - Once Off	2015 Non Minor Works - Once Off	2015 Projected Total Spend	2016 Opening Budget	2013 & 2014 Dev Posts to start in 2016	2016 Closing Budget
	Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H
Cork	80,921,978	81,699,350	442,000	770,000	82,911,350	80,835,832	1,723,368	82,559,200
Kerry	21,226,160	21,914,875	235,000	/	22,149,875	21,729,715	1,047,396	22,777,111
Cork & Kerry CHO Total	102,148,138	103,614,225	677,000	770,000	105,061,225	102,565,547	2,770,764	105,336,311

Integrated Service Area (ISA)	Pay	Non-Pay	Gross Spend	Income	Total	2016 Opening Budget
Cork	71,342,381	13,493,658	84,836,039	-2,276,839	82,559,200	82,559,200
Kerry	19,892,924	3,777,871	23,670,795	-893,684	22,777,111	22,777,111
Cork & Kerry CHO Total	91,235,305	17,271,529	108,506,834	-3,170,523	105,336,311	105,336,311

Cork & Kerry CHO Spend and Budget		
(1) 2014 Actual Net Spend	(2) 2015 Projected Net Spend	(5) 2016 opening Budget
102,148,138	103,063,275	105,336,311

Mental Health Service Arrangement Funding Summary

	CHO Kerry CHO Funding €
S39 - GA	862,939
S39 - SA	1,013,233
Mental Health Services Total	1,876,172

Appendix 2: HR Information

WTE Information

Cork & Kerry CHO		WTE Dec 14	* WTE Sept 15	Actual WTE Dec 15
Primary Care	Cork	774.5	765.23	780.57
	Kerry	226.35	216.03	230.36
Social Inclusion	Cork	31.89	43.19	41.8
	Kerry	1.1	1.1	1.2
Palliative Care	Cork	1	1	1
	Kerry	10.97	10.79	11.52
Section 38	Cork	85.68	86.86	87.58
	Kerry	0	0	0
Primary Care Total	Cork	893.07	896.28	910.95
	Kerry	238.42	227.97	243.08
	Cork & Kerry CHO Total	1,131.49	1,124.25	1,154.03
Disabilities	Cork	1,850.16	1,852.23	1,868.73
	Kerry	262.01	273.58	282.65
Older People	Cork	1,172.26	1,230.84	1,247.39
	Kerry	402.72	411.93	418.18
Social Care	Cork	3,022.42	3,083.07	3,116.12
	Kerry	664.73	685.51	700.82
	Cork & Kerry CHO Total	3,687.15	3,768.58	3,816.94
Mental Health	Cork	1,012.24	1,065.19	1,079.33
	Kerry	281.3	297.97	295.04
	Cork & Kerry CHO Total	1,293.54	1,363.13	1,374.37
Cork Total		4,927.73	5,044.54	5,044.54
Kerry Total		1,184.45	1,211.45	1,211.45
Cork & Kerry CHO Total		6,112.18	6,255.99	6,255.99

* As stated in National Primary Care Op Plan

Division	Area	Medical/ Dental	Nursing	Health & Social Care Professionals	Management/ Admin	General Support Staff	Patient & Client Care	Total
Primary Care	Cork	102.34	231.79	219.39	163.91	5.91	57.23	780.57
	Kerry	14.45	83.32	58.36	58.47	0.96	14.8	230.36
Social Inclusion	Cork	1.23	6.47	23	11.1	0	0	41.8
	Kerry	0.4	0	0	0.8	0	0	1.2
Palliative Care	Cork	0	0	0	1	0	0	1
	Kerry	0	8.7	1	1	0	0.82	11.52
Section 38	Cork	18.85	8.91	3.00	24.90	11.12	20.80	87.58
	Kerry	0	0	0	0	0	0	0
Primary Care Total	Cork	122.42	247.17	245.39	200.91	17.03	78.03	910.95
	Kerry	14.85	92.02	59.36	60.27	0.96	15.62	243.08
Disabilities	Cork	3.18	419.05	327.83	110.2	151.14	857.33	1,868.73
	Kerry	0	68.01	37.61	18.38	32.45	126.2	282.65
Older People	Cork	20.34	467.11	30.63	65.19	100.87	563.25	1,247.39
	Kerry	4.08	169.77	16.9	41.18	35.17	151.05	418.18
Social Care	Cork	23.52	886.16	358.46	175.39	252.01	1,420.58	3,116.12
	Kerry	4.08	237.78	54.51	59.56	67.62	277.25	700.83
Mental Health	Cork	91.25	583.86	146.02	79.06	74.42	104.72	1,079.33
	Kerry	19.22	180.89	29.91	13.82	33.31	17.89	295.04
Cork		237.19	1717.19	749.87	455.36	343.46	1,603.33	5,106.4
Kerry		38.15	510.69	143.78	133.65	101.89	310.76	1,238.95
Cork & Kerry CHO Total		275.34	2227.88	893.65	589.01	445.35	1,914.09	6,345.35

Appendix 3: National Performance Indicator Suite System-Wide

Indicator	Reporting Frequency	NSP 2015 Expected Activity / Target	Projected Outturn 2015	Expected Activity / Target 2016
Budget Management including savings Net Expenditure variance from plan (within budget) Pay – Direct / Agency / Overtime	M	≤ 0%	To be reported in Annual Financial Statements 2015	0.33%
Non-pay	M	≤0%		0.33%
Income	M	≤ 0%		0.33%
Capital: Capital expenditure versus expenditure profile	Q	New PI 2016	New PI 2016	100%
Audit: % of internal audit recommendations implemented by due date	Q	New PI 2016	New PI 2016	75%
% of internal audit recommendations implemented, against total no. of recommendations, within 12 months of report being received	Q	New PI 2016	New PI 2016	95%
Service Arrangements / Annual Compliance Statement % of number of Service Arrangements signed	M	100%	100%	100%
% of the monetary value of Service Arrangements signed	M	100%	100%	100%
% of Annual Compliance Statements signed	A	100%	100%	100%
HR: % absence rates by staff category	M	3.5%	4.19%	≤ 3.5%
% variation from funded staffing thresholds	M	New PI 2016	To be reported in Annual Report 2015	≤ 0.5%
EWTD < 24 hour shift (Acute and Mental Health)	M	100%	96%	100%
< 48 hour working week (Acute and Mental Health)	M	100%	78%	95%

Indicator	Reporting Frequency	NSP 2015 Expected Activity / Target	Projected Outturn 2015	Expected Activity / Target 2016
Health and Safety No. of calls that were received by the National Health and Safety Helpdesk	Q	New PI 2016	New PI 2016	15% increase

Quality and Patient Safety – Full Metrics/KPI Suite

Key Performance Indicators Service Planning 2016		KPI Type Access/ Quality /Access Activity	Report Freq- uency	KPIs 2015		KPIs 2016		
KPI Title	NSP / DOP			2015 National Target / Expected Activity	2015 Projected outturn	2016 National Target / Expected Activity	Reporte d at National / CHO	Cork & Kerry CHO
Quality and Patient Safety								
Service User Experience								
% ratio of compliments to complaints by CHO	DOP	Quality	Q	New PI 2016	New PI 2016	New PI 2016	CHO	New PI 2016
% of complaints investigated within 30 working days of being acknowledged by the complaints officer (mandatory)	NSP	Quality	M	System Wide	New PI 2016	75%	CHO	75%
Service User Involvement								
% of PCTs by CHO, that can evidence service user involvement as required by Action 19 of the Primary care Strategy – A New Direction (2001)	NSP	Quality	Q Q3	System wide	New PI 2016	100%	CHO	100%
Serious Reportable Events								
% of Serious Reportable Events being notified within 24 hours to the Senior Accountable Officer (mandatory) and entered on the National Incident Management System (NIMS)*	NSP	Quality	M	System wide	New PI 2016	99%	CHO	99%
% of investigations completed within 120 days of event occurrence)	NSP	Quality	M	System wide	New PI 2016	90%	CHO	90%
Safety Incidence Reporting								
% of Safety Incidents being entered on the National Incident Management System (NIMS) within 30 days of occurrence	NSP	Quality	Q	System wide	New PI 2016	90%	CHO	90%
% of claims received by State Claims Agency that were not reported previously as an incident	NSP	Quality	A	System wide	New PI 2016	New PI 2016	CHO	New PI 2016

* All incidents including SREs are to be reported on NIMS. Until IIMS has been formally stood down, all SREs must also be reported onto the Incident Information Management System (IIMS)

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

Performance Indicator Suite – Health and wellbeing

Indicator	Reporting Frequency	NSP 2015 Expected Activity / Target	Projected Outturn 2015	Expected Activity / National Target 2016	Cork & Kerry CHO 2016 Target / Expected Activity
Tobacco					
No. of smokers who received intensive cessation support from a cessation counsellor	M	9,000	11,000	11,500	National Target
No. of frontline staff trained in brief intervention smoking cessation	M	1,350	1,120	1,350	121
% of smokers on cessation programmes who were quit at one month	Q	New PI 2016		45%	45%
Healthy Eating Active Living					
No. of 5k Park runs completed by the general public in community settings	M	New PI 2016		150,000	12,937
No. of frontline healthcare staff who have completed the physical activity e-learning module	M	New PI 2016		486	57
No. of people who have completed a structured patient education programme for diabetes	M	New PI 2016		2,200	300
% of PHNs trained by dietician's in the Nutrition Reference Pack for Infants 0-12 months	Q	New PI 2016		50%	104
No. of people attending a structured community based healthy cooking programme	M	New PI 2016		4,400	150
% of preschools participating in Smart Start	M	New PI 2016		15%	15%
% of primary schools trained to participate in the after schools activity programme - Be Active	M	New PI 2016		20%	20%
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	M	95%	93.5%	95%	95%
% of newborn babies visited by a PHN within 72 hours of discharge from maternity services	Q	97%	97.4%	97%	97%
% of babies breastfed (exclusively and not exclusively) at first PHN visit	Q	56%	53.5%	56%	56%
% of babies breastfed (exclusively and not exclusively) at 3 month PHN visit	Q	38%	34.6%	38%	38%
% of total number of maternity hospitals with Baby Friendly Hospital designation	Bi-annual	New PI 2016		58%	58%
Immunisations and Vaccines					
% children aged 12 months who have received 3 doses Diphtheria (D3), Pertussis (P3), Tetanus (T3) vaccine Haemophilus influenza type b (Hib3) Polio (Polio3) hepatitis B (HepB3) (6 in 1)	Q	95%	91.4%	95%	95%
% children at 12 months of age who have received two doses of the Pneumococcal Conjugate vaccine (PCV2)	Q	95%	91.2%	95%	95%
% children at 12 months of age who have received 1 dose of the Meningococcal group C vaccine (MenC2)	Q	95%	90.9%	95%	95%
% children aged 24 months who have received 3 doses Diphtheria (D3), Pertussis (P3), Tetanus (T3) vaccine, Haemophilus influenza type b (Hib3), Polio (Polio3), hepatitis B (HepB3) (6 in 1)	Q	95%	95.0%	95%	95%
% children aged 24 months who have received 3 doses Meningococcal C (MenC3) vaccine	Q	95%	87.2%	95%	95%

Indicator	Reporting Frequency	NSP 2015 Expected Activity / Target	Projected Outturn 2015	Expected Activity / National Target 2016	Cork & Kerry CHO 2016 Target / Expected Activity
% children aged 24 months who have received 1 dose Haemophilus influenza type B (Hib) vaccine	Q	95%	90.7%	95%	95%
% children aged 24 months who have received 3 doses Pneumococcal Conjugate (PCV3) vaccine	Q	95%	91.5%	95%	95%
% children aged 24 months who have received the Measles, Mumps, Rubella (MMR) vaccine	Q	95%	92.7%	95%	95%
% children in junior infants who have received 1 dose 4-in-1 vaccine (Diphtheria, Tetanus, Polio, Pertussis)	A	95%	81.3%	95%	95%
% children in junior infants who have received 1 dose Measles, Mumps, Rubella (MMR) vaccine	A	95%	81.3%	95%	95%
% first year students who have received 1 dose Tetanus, low dose Diphtheria, Acellular Pertussis (Tdap) vaccine	A	95%	88.4%	95%	95%
% of first year girls who have received two doses of HPV vaccine	A	80%	85.0%	85%	85%
% of first year students who have received one dose meningococcal C (MenC) vaccine	A	95%	86.8%	95%	95%
% of healthcare workers who have received seasonal Flu vaccine in the 2015-2016 influenza season (acute hospitals)	A	40%	23.4%	40%	40%
% of healthcare workers who have received seasonal Flu vaccine in the 2015-2016 influenza season (long term care facilities in the community)	A	40%	25.7%	40%	40%
% uptake in Flu vaccine for those aged 65 and older with a medical card or GP visit card	A	75%	60.2%	75%	75%
Public Health					
No. of infectious disease (ID) outbreaks notified under the national ID reporting schedule	Q	614	680	660	National Target
No. of individual outbreak associated cases of infectious disease (ID) notified under the national ID reporting schedule	Q	New PI 2016		7,500	National Target

Performance Indicator Suite – Primary care

Primary care – Full Metrics/KPI Suite

Performance Indicators Service Planning 2016		KPI Type Access/ Quality /Access Activity	Report Frequ- ency	KPIs 2015		KPIs 2016			
KPI Title	NSP / DOP			2015 National Target / Expected Activity	2015 Projected outturn	2016 National Target / Expected Activity	Reported at National/ CHO	Cork & Kerry CHO 2016 Target / Expected Activity	
Community Intervention Teams (number of referrals)				26,355	18,600	24,202		1,350	
Admission Avoidance (includes OPAT)		NSP	Quality	M	1,196	651	914	CHO	108
Hospital Avoidance		NSP	Quality	M	14,134	10,788	12,932	CHO	435
Early discharge (includes OPAT)		NSP	Quality	M	6,375	3,980	6,360	CHO	275
Unscheduled referrals from community sources		NSP	Quality	M	4,650	3,181	3,996	CHO	532
Outpatient parenteral Antimicrobial Therapy OPAT Re-admission rate %		DOP	Access /Activity	MQ2	New PI 2016	New PI 2016	≤5%	HG	≤5%
Community Intervention Teams Activity (by referral source)					26,355	18,600	24,202	CHO	1,350
ED / Hospital wards / Units		DOP	Access /Activity	M	17,038	11,272	13,956	CHO	392
GP Referral		DOP	Access /Activity	M	6,029	4,073	6,386	CHO	352
Community Referral		DOP	Access /Activity	M	1,455	1,823	2,226	CHO	470
OPAT Referral		DOP	Access /Activity	M	1,833	1,432	1,634	CHO	136
GP Out of Hours									
No. of contacts with GP Out of Hours Service		NSP	Access /Activity	M	959,455	964,770	964,770	National	187,622
Tobacco Control									
% of primary care staff to undertake brief intervention training for smoking cessation		DOP	Quality	Q	New 2016	New 2016	5%	CHO	5%
Physiotherapy									
No of patient referrals		DOP	Activity	M	184,596	192,884	193,677	CHO	28,818

Performance Indicators Service Planning 2016	NSP / DOP	KPI Type Access/ Quality /Access Activity	Report Frequ- ency	KPIs 2015		KPIs 2016		
				2015 National Target / Expected Activity	2015 Projected outturn	2016 National Target / Expected Activity	Reported at National/ CHO	Cork & Kerry CHO 2016 Target / Expected Activity
KPI Title								
No of patients seen for a first time assessment	DOP	Activity	M	159,260	158,262	160,017	CHO	26,412
No of patients treated in the reporting month (monthly target)	DOP	Activity	M	34,993	35,291	36,430	CHO	5,646
No of face to face contacts/visits	DOP	Activity	M	770,878	767,109	775,864	CHO	114,348
Total No. of physiotherapy patients on the assessment waiting list at the end of the reporting period *	DOP	Access	M	New PI 2016	New PI 2016	28,527	CHO	2,877
No. of physiotherapy patients on the assessment waiting list at the end of the reporting period 0 - ≤ 12 weeks	DOP	Access	M	New PI 2016	New PI 2016	No target	CHO	No target
No. of physiotherapy patients on the assessment waiting list at the end of the reporting period >12 weeks - ≤ 26 weeks	DOP	Access	M	New PI 2016	New PI 2016	No target	CHO	No target
No. of physiotherapy patients on the assessment waiting list at the end of the reporting period >26 weeks but ≤ 39 weeks	DOP	Access	M	New PI 2016	New PI 2016	No target	CHO	No target
No. of physiotherapy patients on the assessment waiting list at the end of the reporting period >39 weeks but ≤ 52 weeks	DOP	Access	M	New PI 2016	New PI 2016	No target	CHO	No target
No. of physiotherapy patients on the assessment waiting list at the end of the reporting period > 52 weeks	DOP	Access	M	New PI 2016	New PI 2016	No target	CHO	No target
% of new patients seen for assessment within 12 weeks	NSP	Access	M	80%	83% Data Gap	70%	CHO	70%
% on waiting list for assessment ≤ to 52 weeks	NSP	Access	M	New PI 2016	New PI 2016	100%	CHO	100%
% on waiting lists for assessment ≤ 39 weeks	DOP	Access	M	New PI 2016	New PI 2016	95%	CHO	95%
% on waiting lists for assessment ≤ 26 weeks	DOP	Access	M	New PI 2016	New PI 2016	90%	CHO	90%
Occupational Therapy								
No of patient referrals	DOP	Activity	M	85,030	88,162	89,989	CHO	8,984
No of new patients seen for a first assessment	DOP	Activity	M	83,004	84,983	86,499	CHO	9,620
No of patients treated (direct and indirect) monthly	DOP	Activity	M	19,811	20,070	20,291	CHO	2,074

Performance Indicators Service Planning 2016	NSP / DOP	KPI Type Access/ Quality /Access Activity	Report Frequ- ency	KPIs 2015		KPIs 2016		
				2015 National Target / Expected Activity	2015 Projected outturn	2016 National Target / Expected Activity	Reported at National/ CHO	Cork & Kerry CHO 2016 Target / Expected Activity
KPI Title								
target								
Total No. of occupational therapy patients on the assessment waiting list at the end of the reporting period **	DOP	Access	M	New PI 2016	New PI 2016	19,932	CHO	3,754
No. of occupational therapy patients on the assessment waiting list at the end of the reporting period 0 - ≤ 12 weeks	DOP	Access	M	New PI 2016	New PI 2016	No target	CHO	No target
No. of occupational therapy patients on the assessment waiting list at the end of the reporting period >12 weeks - ≤ 26 weeks	DOP	Access	M	New PI 2016	New PI 2016	No target	CHO	No target
No. of occupational therapy patients on the assessment waiting list at the end of the reporting period >26 weeks but ≤ 39 weeks	DOP	Access	M	New PI 2016	New PI 2016	No target	CHO	No target
No. of occupational therapy patients on the assessment waiting list at the end of the reporting period >39 weeks but ≤ 52 weeks	DOP	Access	M	New PI 2016	New PI 2016	No target	CHO	No target
No. of occupational therapy patients on the assessment waiting list at the end of the reporting period > 52 weeks	DOP	Access	M	New PI 2016	New PI 2016	No target	CHO	No target
% of new patients seen for assessment within 12 weeks	NSP	Access	M	80%	76% Data Gaps	70%	CHO	70%
% on waiting list for assessment ≤ to 52 weeks	NSP	Access	M	New PI 2016	New PI 2016	100%	CHO	100%
% on waiting lists for assessment ≤ 39 weeks	DOP	Access	M	New PI 2016	New PI 2016	95%	CHO	95%
% on waiting lists for assessment ≤ 26 weeks	DOP	Access	M	New PI 2016	New PI 2016	80%	CHO	80%
Orthodontics								
No. of patients receiving active treatment at the end of the reporting period	DOP	Access	Q	21,050	16,887	16,887	National/ former region	
% of referrals seen for assessment within 6 months	NSP	Access	Q	75%	74%	75%	National/ former region	
% on waiting list for assessment ≤ 12 months	DOP	Access	Q	100%	99.8%	100%	National/ former	

Performance Indicators Service Planning 2016	NSP / DOP	KPI Type Access/ Quality /Access Activity	Report Frequ- ency	KPIs 2015		KPIs 2016		
				2015 National Target / Expected Activity	2015 Projected outturn	2016 National Target / Expected Activity	Reported at National/ CHO	Cork & Kerry CHO 2016 Target / Expected Activity
KPI Title							region	
% of patients on the treatment waiting list less than 2 years	DOP	Access	Q	75%	60%	75%	National/ former region	
% of patients on treatment waiting list less than 4 years (grade 4 and 5)	DOP	Access	Q	95%	92%	95%	National/ former region	
No. of patients on the assessment waiting list at the end of the reporting period	DOP	Access	Q	6,165	5,966	5,966	National/ former region	
No. of patients on the treatment waiting list – grade 4 –at the end of the reporting period	DOP	Access /Activity	Q	9,444	9,912	9,912	National/ former region	
No. of patients on the treatment waiting list – grade 5 –at the end of the reporting period	DOP	Access /Activity	Q	7,562	8,194	8,194	National/ former region	
Reduce the proportion of patients on the treatment waiting list longer than 4 years (grade IV and V)	NSP	Access	Q	<5%	8%	<5%	National/ former region	
Oral Health (Primary Dental Care and Orthodontics)								
No. of new patients attending for Scheduled Assessment	DOP	Access /Activity	M	No Target 2015	Unavailable	Unavailable	CHO	15938
No. of new patients attending for Unscheduled Assessment	DOP	Access /Activity	M	No Target 2015	Unavailable	Unavailable	CHO	9406
% of new patients who commenced treatment within 3 months of assessment	NSP	Access	M	No Target 2015	Not Available	80%	CHO	80%
Healthcare Associated Infections: Medication Management								
Consumption of antibiotics in community settings (defined daily doses per 1,000 population)	NSP	Quality		<21.7	25.7	<21.7	National	

Performance Indicators Service Planning 2016	NSP / DOP	KPI Type Access/ Quality /Access Activity	Report Frequ- ency	KPIs 2015		KPIs 2016		
				2015 National Target / Expected Activity	2015 Projected outturn	2016 National Target / Expected Activity	Reported at National/ CHO	Cork & Kerry CHO 2016 Target / Expected Activity
KPI Title								
Primary care – Psychology								
No. of patient referrals	DOP	Activity	M	New	12,250	12,261	CHO	1,096
Existing patients seen in the month	DOP	Activity	M	No Target 2015	2,601	2,626	CHO	219
New patients seen	DOP	Activity	M	No Target 2015	9,387	9,367	CHO	614
Total No. of psychology patients on the treatment waiting list at the end of the reporting period *	DOP	Access	M	New PI 2016	New PI 2016	6,028	CHO	911
No. of psychology patients on the treatment waiting list at the end of the reporting period 0 - ≤ 12 weeks	DOP	Access	M	New PI 2016	New PI 2016	No target	CHO	No target
No. of psychology patients on the treatment waiting list at the end of the reporting period >12 weeks - ≤ 26 weeks	DOP	Access	M	New PI 2016	New PI 2016	No target	CHO	No target
No. of psychology patients on the treatment waiting list at the end of the reporting period >26 weeks but ≤ 39 weeks	DOP	Access	M	New PI 2016	New PI 2016	No target	CHO	No target
No. of psychology patients on the treatment waiting list at the end of the reporting period >39 weeks but ≤ 52 weeks	DOP	Access	M	New PI 2016	New PI 2016	No target	CHO	No target
No. of psychology patients on the treatment waiting list at the end of the reporting period > 52 weeks	DOP	Access	M	New PI 2016	New PI 2016	No target	CHO	No target
% on waiting list for treatment ≤ to 52 weeks	NSP	Access	M	New PI 2016	New PI 2016	100%	CHO	100%
% on waiting lists for treatment ≤ 39 weeks	DOP	Access	M	New PI 2016	New PI 2016	90%	CHO	90%
% on waiting lists for treatment ≤ 26 weeks	DOP	Access	M	New PI 2016	New PI 2016	80%	CHO	80%
% on waiting lists for treatment ≤ 12 weeks	NSP	Access	M	New PI 2016	New PI 2016	60%	CHO	60%
Primary care – Podiatry								
No. of patient referrals	DOP	Activity	M	New	10,689	11,589	CHO	1,303
Existing patients seen in the month	DOP	Activity	M	No Target 2015	5,095	5,210	CHO	1,580
New patients seen	DOP	Activity	M	No Target 2015	7,279	8,887	CHO	1,056
Total No. of podiatry patients on the treatment waiting list at the end of the reporting period *	DOP	Access	M	New PI 2016	New PI 2016	3,186	CHO	766
No. of podiatry patients on the treatment waiting list at the end of the reporting period 0-12 weeks	DOP	Access	M	New PI 2016	New PI 2016	No target	CHO	No target
No. of podiatry patients on the treatment waiting list	DOP	Access	M	New PI 2016	New PI 2016	No target	CHO	No target

Performance Indicators Service Planning 2016	NSP / DOP	KPI Type Access/ Quality /Access Activity	Report Frequ- ency	KPIs 2015		KPIs 2016		
				2015 National Target / Expected Activity	2015 Projected outturn	2016 National Target / Expected Activity	Reported at National/ CHO	Cork & Kerry CHO 2016 Target / Expected Activity
KPI Title								
at the end of the reporting period 12 weeks ≤ 26 weeks								
No. of podiatry patients on the treatment waiting list at the end of the reporting period 26 weeks ≤ 39 weeks	DOP	Access	M	New PI 2016	New PI 2016	No target	CHO	No target
No. of podiatry patients on the treatment waiting list at the end of the reporting period 39 weeks ≤ 52 weeks	DOP	Access	M	New PI 2016	New PI 2016	No target	CHO	No target
No. of podiatry patients on the treatment waiting list at the end of the reporting period > 52 weeks	DOP	Access	M	New PI 2016	New PI 2016	No target	CHO	No target
% on waiting list for treatment ≤ to 52 weeks	NSP	Access	M	New PI 2016	New PI 2016	100%	CHO	100%
% on waiting lists for treatment ≤ 39 weeks	DOP	Access	M	New PI 2016	New PI 2016	95%	CHO	95%
% on waiting lists for treatment ≤ 26 weeks	DOP	Access	M	New PI 2016	New PI 2016	90%	CHO	90%
% on waiting lists for treatment ≤ 12 weeks	NSP	Access	M	New PI 2016	New PI 2016	75%	CHO	75%
No of patients with Diabetic Active Foot Disease treated in the reporting month	DOP	Quality	M Q3	New PI 2016	New PI 2016	133	CHO	40
No. of treatments for Diabetic Active Foot Disease in the reporting month	DOP	Access /Activity	M Q3	New PI 2016	New PI 2016	532	CHO	160
Primary care – Ophthalmology								
No. of patient referrals	DOP	Activity	M	New	22,261	26,913	CHO	4,436
Existing patients seen in the month	DOP	Activity	M	No Target 2015	3,818	13,807	CHO	unavailable
New patients seen	DOP	Activity	M	No Target 2015	10,091	16,524	CHO	Unavailable
Total No. of ophthalmology patients on the treatment waiting list at the end of the reporting period *	DOP	Access	M	New PI 2016	New PI 2016	14,267	CHO	3,484
No. of ophthalmology patients on the treatment waiting list at the end of the reporting period 0-12 weeks	DOP	Access	M	New PI 2016	New PI 2016	No target	CHO	No target
No. of ophthalmology patients on the treatment	DOP	Access	M	New PI 2016	New PI 2016	No target	CHO	No target

Performance Indicators Service Planning 2016	NSP / DOP	KPI Type Access/ Quality /Access Activity	Report Frequ- ency	KPIs 2015		KPIs 2016		
				2015 National Target / Expected Activity	2015 Projected outturn	2016 National Target / Expected Activity	Reported at National/ CHO	Cork & Kerry CHO 2016 Target / Expected Activity
KPI Title								
waiting list at the end of the reporting period 12 weeks ≤ 26 weeks								
No. of ophthalmology patients on the treatment waiting list at the end of the reporting period 26 weeks ≤ 39 weeks	DOP	Access	M	New PI 2016	New PI 2016	No target	CHO	No target
No. of ophthalmology patients on the treatment waiting list at the end of the reporting period 39 weeks ≤ 52 weeks	DOP	Access	M	New PI 2016	New PI 2016	No target	CHO	No target
No. of ophthalmology patients on the treatment waiting list at the end of the reporting period > 52 weeks	DOP	Access	M	New PI 2016	New PI 2016	No target	CHO	No target
% on waiting list for treatment ≤ to 52 weeks	NSP	Access	M	New PI 2016	New PI 2016	100%	CHO	100%
% on waiting lists for treatment ≤ 39 weeks	DOP	Access	M	New PI 2016	New PI 2016	90%	CHO	90%
% on waiting lists for treatment ≤ 26 weeks	DOP	Access	M	New PI 2016	New PI 2016	80%	CHO	80%
% on waiting lists for treatment ≤ 12 weeks	NSP	Access	M	New PI 2016	New PI 2016	60%	CHO	60%
Primary care – Audiology								
No. of patient referrals	DOP	Activity	M	No Target 2015	18,317	18,317	CHO	2,261
Existing patients seen in the month	DOP	Activity	M	No Target 2015	2,822	2,850	CHO	439
New patients seen	DOP	Activity	M	No Target 2015	16,645	16,459	CHO	4,387
Total No. of audiology patients on the treatment waiting list at the end of the reporting period *	DOP	Access	M	New PI 2016	New PI 2016	13,870	CHO	1,344
No. of audiology patients on the treatment waiting list at the end of the reporting period 0-12 weeks	DOP	Access	M	New PI 2016	New PI 2016	No target	CHO	No target
No. of audiology patients on the treatment waiting list at the end of the reporting period 12 weeks ≤ 26 weeks	DOP	Access	M	New PI 2016	New PI 2016	No target	CHO	No target
No. of audiology patients on the treatment waiting list at the end of the reporting period 26 weeks ≤ 39 weeks	DOP	Access	M	New PI 2016	New PI 2016	No target	CHO	No target
No. of audiology patients on the treatment waiting list at the end of the reporting period 39 weeks ≤ 52 weeks	DOP	Access	M	New PI 2016	New PI 2016	No target	CHO	No target
No. of audiology patients on the treatment waiting	DOP	Access	M	New PI 2016	New PI 2016	No target	CHO	No target

Performance Indicators Service Planning 2016	NSP / DOP	KPI Type Access/ Quality /Access Activity	Report Freq- uency	KPIs 2015		KPIs 2016		
				2015 National Target / Expected Activity	2015 Projected outturn	2016 National Target / Expected Activity	Reported at National/ CHO	Cork & Kerry CHO 2016 Target / Expected Activity
KPI Title								
list at the end of the reporting period > 52 weeks								
% on waiting list for treatment ≤ to 52 weeks	NSP	Access	M	New PI 2016	New PI 2016	100%	CHO	100%
% on waiting lists for treatment ≤ 39 weeks	DOP	Access	M	New PI 2016	New PI 2016	90%	CHO	90%
% on waiting lists for treatment ≤ 26 weeks	DOP	Access	M	New PI 2016	New PI 2016	80%	CHO	80%
% on waiting lists for treatment ≤ 12 weeks	NSP	Access	M	New PI 2016	New PI 2016	60%	CHO	60%
Primary care – Dietetics								
No. of patient referrals	DOP	Activity	M	No Target 2015	25,138 (data gap)	27,858	CHO	7,012
Existing patients seen in the month	DOP	Activity	M	No Target 2015	3,393 (data gap)	5,209	CHO	1,038
New patients seen	DOP	Activity	M	No Target 2015	19,281 (data gap)	21,707	CHO	5,440
Total No. of dietetics patients on the treatment waiting list at the end of the reporting period *	DOP	Access	M	New PI 2016	New 2016	5,479	CHO	704
No. of dietetics patients on the treatment waiting list at the end of the reporting period 0-12 weeks	DOP	Access	M	New PI 2016	New PI 2016	No target	CHO	No target
No. of dietetics patients on the treatment waiting list at the end of the reporting period 12 weeks ≤ 26 weeks	DOP	Access	M	New PI 2016	New PI 2016	No target	CHO	No target
No. of dietetics patients on the treatment waiting list at the end of the reporting period 26 weeks ≤ 39 weeks	DOP	Access	M	New PI 2016	New PI 2016	No target	CHO	No target
No. of dietetics patients on the treatment waiting list at the end of the reporting period 39 weeks ≤ 52 weeks	DOP	Access	M	New PI 2016	New PI 2016	No target	CHO	No target
No. of dietetics patients on the treatment waiting list at the end of the reporting period > 52 weeks	DOP	Access	M	New PI 2016	New PI 2016	No target	CHO	No target
% on waiting list for treatment ≤ to 52 weeks	NSP	Access	M	New PI 2016	New PI 2016	100%	CHO	100%
% on waiting lists for treatment ≤ 39 weeks	DOP	Access	M	New PI 2016	New PI 2016	95%	CHO	95%
% on waiting lists for treatment ≤ 26 weeks	DOP	Access	M	New PI 2016	New PI 2016	85%	CHO	85%

Performance Indicators Service Planning 2016	NSP / DOP	KPI Type Access/ Quality /Access Activity	Report Frequ- ency	KPIs 2015		KPIs 2016		
				2015 National Target / Expected Activity	2015 Projected outturn	2016 National Target / Expected Activity	Reported at National/ CHO	Cork & Kerry CHO 2016 Target / Expected Activity
KPI Title								
% on waiting lists for treatment ≤ 12 weeks	NSP	Access	M	New PI 2016	New PI 2016	70%	CHO	70%
Primary care – Nursing								
No. of patient referrals	DOP	Activity	M	No Target 2015	150,768	159,694	CHO	84,403
Existing patients seen in the month	DOP	Activity	M	No Target 2015	63,724	64,660	CHO	26,441
New patients seen	DOP	Activity	M	No Target 2015	115,785	123,024	CHO	49,450
Number of new patients accepted on the caseload and waiting to be seen over 12 weeks	NSP	Access	M	New 2016	New 2016	0	CHO	0
Primary care – Speech and Language Therapy***								
No. of patient referrals	DOP	Activity	M	No Target 2015	50,863	50,863	CHO	6,739
Existing patients seen in the month	DOP	Activity	M Q2	New 2016	New PI 2016	New PI 2016	CHO	New PI 2016
New patients seen for initial assessment	DOP	Activity	M	No Target 2015	41,083	41,083	CHO	6,324
Total No. of speech and language patients waiting initial assessment at end of the reporting period ****	DOP	Access	M	New 2016	New PI 2016	13,050	CHO	1,566
Total No. of speech and language patients waiting initial therapy at end of the reporting period ****	DOP	Access	M	New 2016	New PI 2016	8,279	CHO	1,205
% on waiting list for assessment ≤ to 52 weeks	NSP	Access	M	New PI 2016	New PI 2016	100%	CHO	100%
% on waiting list for treatment ≤ to 52 weeks	NSP	Access	M	New PI 2016	New PI 2016	100%	CHO	100%
Health Amendment Act - Services to persons with state acquired Hepatitis C								
No. of patient who were reviewed.	NSP	Quality	Q	820	22	798	National	96

Note: All waiting list targets reflect end of year target.

*Monthly average based on April – Oct 2015 submitted data.

** Monthly average based on July – Oct 2015 submitted data.

*** Speech and Language Therapy Data includes all non – acute activity across the care groups.

**** SLT Monthly average based on Jan – Oct. 2015 submitted data

Social Inclusion – Full Metrics/KPI Suite

Key Performance Indicators Service Planning 2016	NSP / DOP	KPI Type Access/ Quality /Access Activity	Report Frequency	KPIs 2015		KPIs 2016		
				2015 National Target / Expected Activity	2015 Projected outturn	2016 National Target / Expected Activity	Reported at National / CHO	Cork & Kerry CHO 2016 Target / Expected Activity
Total no. of clients in receipt of opioid substitution treatment (outside prisons)	NSP	Access	M 1 Mth in Arrears	9,400	9,413	9,515	CHO	405
No. of clients in opioid substitution treatment in Clinics	DOP	Access	M 1 Mth in arrears	5,400	5,392	5,470	CHO	310
No. of clients in opioid substitution treatment with level 2 GP's	DOP	Access	M 1 Mth in arrears	2,000	1,995	1,975	CHO	5
No. of clients in opioid substitution treatment with level 1 GP's	DOP	Access	M 1 Mth in Arrears	2,000	1,999	2,080	CHO	90
No. of clients transferred from clinics to level 1 GP's	DOP	Access	M 1 Mth in Arrears	300	238	300	CHO	27
No. of clients transferred from level 2 GP's	DOP	Access	M 1 Mth in Arrears	100	115	134	CHO	0
No. of clients transferred from level 2 to level 1 GPs)	DOP	Access	M 1 Mth in Arrears	120	94	119	CHO	0
Total no. of new clients in receipt of opioid substitution treatment (outside prisons)	DOP	Access	M 1 Mth in Arrears	500	588	617	CHO	97
Total no. of new clients in receipt of opioid substitution treatment (clinics)	DOP	Access	M 1 Mth in Arrears	400	482	498	CHO	95
Total no. of new clients in receipt of opioid substitution treatment (level 2 GP)	DOP	Access	M 1 Mth in Arrears	100	88	119	CHO	2
Average waiting time from referral to assessment for Opioid Substitution Treatment (days)	NSP	Access	M 1 Mth in Arrears	New 2016	New 2016	14 days	CHO	14 days
Average waiting time from Opioid Substitution assessment to exit from waiting list or treatment commenced	NSP	Access	M 1 Mth in Arrears	New 2016	New 2016	28 days	CHO	28 days
Number of Pharmacies providing of opioid substitution treatment	DOP	Access	M 1 Mth in Arrears	630	635	653	CHO	66
Number of people obtaining opioid	DOP	Access	M 1 Mth in	6,430	6,421	6,463	CHO	372

Key Performance Indicators Service Planning 2016		KPI Type Access/ Quality /Access Activity	Report Frequency	KPIs 2015		KPIs 2016		
KPI Title	NSP / DOP			2015 National Target / Expected Activity	2015 Projected outturn	2016 National Target / Expected Activity	Reported at National / CHO	Cork & Kerry CHO 2016 Target / Expected Activity
substitution treatment from Pharmacies			Arrears					
No. of substance misusers who present for treatment	DOP	Access	Q 1 Q in arrears	1,274 per quarter	5,860 per annum	6,972	CHO	1244
No. of substance misusers who present for treatment who receive an assessment within 2 weeks	DOP	Quality	Q 1 Mth in Arrears	797 per quarter	4,260 per annum	4,864	CHO	696
% of substance misusers who present for treatment who receive an assessment within 2 weeks	DOP	Quality	Q 1 Mth in Arrears	100%	71%	100%	CHO	100%
No. of substance misusers (over 18 years) for whom treatment has commenced following assessment	DOP	Quality	Q 1 Mth in Arrears	1,124 per quarter	4,658 per annum	5,584	CHO	972
No. of substance misusers (over 18) for whom treatment has commenced within one calendar month following assessment	DOP	Quality	Q 1 Mth in Arrears	1,100 per quarter	4590 per annum	5,024	CHO	972
% of substance misusers (over 18 years) for whom treatment has commenced within one calendar month following assessment	NSP	Access	Q 1 Mth in Arrears	100%	97%	100%	CHO	100%
No. of substance misusers (under 18 years) for whom treatment has commenced following assessment	DOP	Access	Q 1 Mth in Arrears	32 per quarter	302 per annum.	268	CHO	24
No. of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment	DOP	Access	Q 1 Mth in Arrears	30 per quarter	176 per annum	260	CHO	20
% of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment	NSP	Access	Q 1 Mth in Arrears	100%	89%	100%	CHO	100%
% of substance misusers (over 18 years) for whom treatment has commenced who have an assigned key worker	DOP	Quality	Q 1 Qtr in Arrears	100%	79%	100%	CHO	100%
% of substance misusers (over 18 years) for whom treatment has commenced who have a written care plan	DOP	Quality	Q 1 Qtr in Arrears	100%	84%	100%	CHO	100%

Key Performance Indicators Service Planning 2016		KPI Type Access/ Quality /Access Activity	Report Frequency	KPIs 2015		KPIs 2016		
KPI Title	NSP / DOP			2015 National Target / Expected Activity	2015 Projected outturn	2016 National Target / Expected Activity	Reported at National / CHO	Cork & Kerry CHO 2016 Target / Expected Activity
No. of substance misusers (under 18 years) for whom treatment has commenced	DOP	Access	Q 1 Qtr in Arrears	32 per quarter	302 per annum.	268	CHO	24
% of substance misusers (under 18 years) for whom treatment has commenced who have an assigned key worker	DOP	Quality	Q 1 Qtr in Arrears	100%	88%	100%	CHO	100%
% of substance misusers (under 18 years) for whom treatment has commenced who have a written care plan	DOP	Quality	Q 1 Qtr in Arrears	100%	88%	100%	CHO	100%
No. of problem alcohol users who present for treatment	DOP	Access	Q 1 Qtr in Arrears	699 per quarter	3,530 per annum	3540	CHO	724
No. of problem alcohol users who present for treatment who receive an assessment within 2 weeks	DOP	Access	Q 1 Qtr in Arrears	414 per quarter	2,240 per annum	2,344	CHO	392
% of problem alcohol users who present for treatment who receive an assessment within 2 weeks	DOP	Access	Q 1 Qtr in Arrears	100%	59%	100%	CHO	100%
No. of problem alcohol users (over 18 years) for whom treatment has commenced following assessment	DOP	Access	Q 1 Qtr in Arrears	636 per quarter	3,296 per annum	3228	CHO	592
No. of problem alcohol users (over 18 years) for whom treatment has commenced within one calendar month following assessment	DOP	Access	Q 1 Qtr in Arrears	635 per quarter	3,262 per annum	3228	CHO	592
% of problem alcohol users (over 18 years) for whom treatment has commenced within one calendar month following assessment	DOP	Access	Q 1 Qtr in Arrears	100%	99%	100%	CHO	100%
No. of problem alcohol users (under 18 years) for whom treatment has commenced following assessment	DOP	Access	Q 1 Qtr in Arrears	5 per quarter	38 per annum	56	CHO	4
No. of problem alcohol users (under 18 years) for whom treatment has commenced within one week following assessment	DOP	Access	Q 1 Qtr in Arrears	5 per quarter	32 per annum	56	CHO	4

Key Performance Indicators Service Planning 2016		KPI Type Access/ Quality /Access Activity	Report Frequency	KPIs 2015		KPIs 2016		
KPI Title	NSP / DOP			2015 National Target / Expected Activity	2015 Projected outturn	2016 National Target / Expected Activity	Reported at National / CHO	Cork & Kerry CHO 2016 Target / Expected Activity
% of problem alcohol users (under 18 years) for whom treatment has commenced within one week following assessment	DOP	Access	Q 1Qtr in Arrears	100%	57%	100%	CHO	100%
% of problem alcohol users (over 18 years) for whom treatment has commenced who have an assigned key worker	DOP	Quality	Q 1 Qtr in Arrears	100%	75%	100%	CHO	100%
% of problem alcohol users (over 18 years) for whom treatment has commenced who have a written care plan	DOP	Quality	Q 1 Qtr in Arrears	100%	86%	100%	CHO	100%
% of problem alcohol users (under 18 years) for whom treatment has commenced who have an assigned key worker	DOP	Quality	Q 1 Qtr in Arrears	100%	86%	100%	CHO	100%
% of problem alcohol users (under 18 years) for whom treatment has commenced who have a written care plan	DOP	Quality	Q 1 Qtr in Arrears	100%	71%	100%	CHO	100%
No. of tier 1 and tier 2 staff trained in SAOR Screening and Brief Intervention for problem alcohol and substance use	DOP	Quality	Q 1 Qtr in Arrears	300	244	300	CHO	100
No. of pharmacies recruited to provide Needle Exchange Programme	DOP	Quality	TRI M 1 Qtr in Arrears	129	132	119	CHO	21
No. of unique individuals attending pharmacy needle exchange	NSP	Access	TRI M 1 Qtr in Arrears	1,200	1,731	1,731	CHO	393
No. of pharmacy needle exchange packs provided	DOP	Access	TRI M 1 Qtr in Arrears	3,200	3,628	3,433	CHO	975
Average No. of needle / syringe packs per person	DOP	Quality	TRI M 1 Qtr in Arrears	15	16	16	CHO	16
No. and % of needle / syringe packs returned	DOP	Quality	TRI M 1 Qtr in Arrears	930 (30%)	930 (30%)	1,032 (30%)	CHO	293 (30%)
No. and % of individual service users admitted to homeless emergency accommodation hostels/ who have medical cards	DOP	Quality	Q	75%	1046 (71%)	1108 (75%)	CHO	420 (75%)
No and % of service users admitted during	DOP	Quality	Q	90%	324	302 (70%)	CHO	159 (70%)

Key Performance Indicators Service Planning 2016		KPI Type Access/ Quality /Access Activity	Report Frequency	KPIs 2015		KPIs 2016		
KPI Title	NSP / DOP			2015 National Target / Expected Activity	2015 Projected outturn	2016 National Target / Expected Activity	Reported at National / CHO	Cork & Kerry CHO 2016 Target / Expected Activity
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.					(75%)			
% of service users admitted to homeless emergency accommodation hostels / facilities whose health needs have been assessed as part of a Holistic Needs Assessment (HNA) within two weeks of admission	NSP	Quality	Q	85%	72%	85%	CHO	85%
% of service users admitted to homeless emergency accommodation hostels / facilities whose health needs have been assessed and are being supported to manage their physical / general health, mental health and addiction issues as part of their care/support plan	DOP	Quality	Q	80%	80%	80%	CHO	80%
Number of people who received health information on type 2 diabetes and cardiovascular health	NSP	Quality	Q	3,470 20% of the population in each Traveller Health Unit	2,228	3,470	CHO	320
Number of people who received awareness and participated in positive mental health initiatives	DOP	Quality	Q	3,470 20% of the population in each Traveller Health Unit	3,108	3470	CHO	320

Palliative Care – Full Metrics/KPI Suite

Key Performance Indicators Service Planning 2016		KPI Type Access/ Quality /Access Activity	Report Frequency	KPIs 2015		KPIs 2016		
KPI Title	NSP / DOP			2015 National Target / Expected Activity	2015 Projected outturn	2016 National Target / Expected Activity	Reported at National/ CHO / HG Level	Cork & Kerry CHO 2016 Target / Expected Activity
Inpatient Palliative Care Services								
Access to specialist inpatient bed within 7 days (during the reporting month)	NSP	Access	M	98%	98%	98%	CHO	98%
Access to specialist palliative care inpatient bed from 8 to 14 days (during the reporting month)	DOP	Access	M	New metric 2016	New metric 2016	New metric 2016	CHO	2%
Total number of referrals for specialist inpatient Palliative care services received	DOP	Access /Activity	M	New metric 2016	New metric 2016	New metric 2016	CHO	New metric
Total number of referrals deemed appropriate for admission - cancer	DOP	Access /Activity	M	New metric 2016	New metric 2016	New metric 2016	CHO	New metric
Total number of referrals deemed appropriate for admission - non cancer	DOP	Access /Activity	M	New metric 2016	New metric 2016	New metric 2016	CHO	New metric
No. of patients in receipt of treatment in specialist palliative care inpatient units (during the reporting month)	DOP	Access /Activity	M	445	429	474	CHO	97
No. of new patients seen or admitted to the specialist palliative care service (monthly cumulative)	DOP	Access /Activity	M	2,752	2,633	2,877	CHO	616
No. of admissions to specialist palliative care inpatient units (monthly cumulative)	DOP	Access /Activity	M	3,177	3,403	3,310	CHO	708
Community Palliative Care Services								
Access to specialist palliative care services in the community provided within 7 days (Home, Nursing Home, Non Acute hospital) (during the reporting month)	NSP	Access	M	95%	87%	95%	CHO	95%
Access to specialist palliative care services in the community provided to patients in their place of residence 8 to 14 days (Home, Nursing Home, Non Acute hospital) (during the reporting month)	DOP	Access	M	New metric 2016	New metric 2016	New metric 2016	CHO	3%
Access to specialist palliative care services in the community provided to patients in their	DOP	Access	M	New metric 2016	New metric 2016	New metric 2016	CHO	2%

Key Performance Indicators Service Planning 2016	NSP / DOP	KPI Type Access/ Quality /Access Activity	Report Frequency	KPIs 2015		KPIs 2016		
				2015 National Target / Expected Activity	2015 Projected outturn	2016 National Target / Expected Activity	Reported at National/ CHO / HG Level	Cork & Kerry CHO 2016 Target / Expected Activity
place of residence 15+ days (Home, Nursing Home, Non Acute hospital) (during the reporting month)								
Total number of referrals received for specialist Palliative care services in the normal place of residence	DOP	Access /Activity	M	New metric 2016	New metric 2016	New metric 2016	CHO	New metric
Total number of referrals deemed appropriate for services – cancer	DOP	Access /Activity	M	New metric 2016	New metric 2016	New metric 2016	CHO	New metric
Total number of referrals deemed appropriate for services - non cancer	DOP	Access /Activity	M	New metric 2016	New metric 2016	New metric 2016	CHO	New metric
No. of patients in receipt of specialist palliative care in the community (monthly cumulative)	NSP	Access /Activity	M	3,248	3,178	3,309	CHO	508
No. of new patients seen or admitted to specialist palliative care services in the community	DOP	Access /Activity	M	8,907	9,089	9,353	CHO	1,548
No. of patients in receipt of specialist palliative day care services (during the reporting month)	DOP	Access /Activity	M	349	301	349	CHO	116
No. of new patients in receipt of specialist palliative day care services (monthly cumulative)	DOP	Access	M	962	1003	985	CHO	375
No. of patients in receipt of care in designated palliative care support beds (during the reporting month)	DOP	Access /Activity	M	165	142	165	CHO	31
Children's Palliative Care Services								
No. of children in the care of the children's outreach nursing team / specialist palliative	NSP	Access	M	320	359	370	CHO	25

Key Performance Indicators Service Planning 2016	NSP / DOP	KPI Type Access/ Quality /Access Activity	Report Frequency	KPIs 2015		KPIs 2016		
				2015 National Target / Expected Activity	2015 Projected outturn	2016 National Target / Expected Activity	Reported at National/ CHO / HG Level	Cork & Kerry CHO 2016 Target / Expected Activity
KPI Title								
care team								
No. of children in the care of the children's outreach nursing team / specialist palliative care team (Acute setting)	DOP	Access /Activity	M	New metric 2016	New metric 2016	New metric 2016	CHO	0
No. of children in the care of the children's outreach nursing team / specialist palliative care team (community)	DOP	Access /Activity	M	n/a	n/a	New metric 2016	CHO	25
No. of new children in the care of the children's outreach nursing team / specialist palliative care team	DOP	Access /Activity	M	229	190	190	CHO	14
No. of new children in the care of the children's outreach nursing team / specialist palliative care team (Acute settings)	DOP	Access /Activity	M	New metric 2016	New metric 2016	New metric 2016	CHO	0
No. of new children in the care of the children's outreach nursing team / specialist palliative care team (Community)	DOP	Access /Activity	M	New metric 2016	New metric 2016	New metric 2016	CHO	14
Total number of new referrals for inpatient services seen by the specialist palliative care team	DOP	Access /Activity	M	n/a	486	Expected activity to be determined	CHO	Baseline to be determined
Specialist palliative care services provided in the acute setting for new patients and re referral within 2 days	DOP	Quality	M	n/a	93%	Target to be determined	CHO	Baseline to be determined
Bereavement Services								
Total number of family units who received bereavement services	DOP	Access /Activity	M	n/a	621	621	CHO	New metric
% patients triaged within 1 working day of referral (acute service)	NSP	Quality	M 2016 Q4 Reporting	New metric 2016	New metric 2016	90%	CHO	90%

Key Performance Indicators Service Planning 2016		KPI Type Access/ Quality /Access Activity	Report Frequency	KPIs 2015		KPIs 2016		
KPI Title	NSP / DOP			2015 National Target / Expected Activity	2015 Projected outturn	2016 National Target / Expected Activity	Reported at National/ CHO / HG Level	Cork & Kerry CHO 2016 Target / Expected Activity
% patients with a multidisciplinary care plan documented within 5 working days of initial review	NSP	Quality	M 2016 Q4 Reporting	New metric 2016	New metric 2016	90%	CHO	90%

Performance Indicator Suite – Social care

Disability – Full Metrics/KPI Suite

Key Performance Indicators Service Planning 2016	KPIs 2016	
Disability KPI Title	2016 National Target / Expected Activity	Cork & Kerry CHO 2016 Target / Expected Activity
No. of requests for assessments received	5,539	1,184
% of assessments commenced within the timelines as provided for in the regulations	100%	100%
% of assessments completed within the timelines as provided for in the regulations	100%	100%
% of service statements completed within the timelines as provided for in the regulations	100%	100%
Proportion of established Children's Disability Network Teams having current individualised plans for all children	100%	100%
Number of Childrens Disability Network Teams established	100% (129/129)	100% (17/17)
No. of work / work-like activity WTE 30 hour places provided for people with a disability (ID/Autism and Physical and Sensory Disability)	1,605	320
No. of people with a disability in receipt of work / work-like activity services(ID/Autism and Physical and Sensory Disability)	3,253	923
No. of people with a disability in receipt of Other Day Services (excl. RT and work/like- work activities) - Adult (Q2 & Q4 only) (ID/Autism and Physical and Sensory Disability)	15,907	2,417
No. of Rehabilitative Training places provided (all disabilities)	2,583	355
No. of people (all disabilities) in receipt of Rehabilitative Training (RT)	2,870	394

Key Performance Indicators Service Planning 2016	KPIs 2016	
Disability KPI Title	2016 National Target / Expected Activity	Cork & Kerry CHO 2016 Target / Expected Activity
% of school leavers and RT graduates who have received a placement which meets their needs	100%	100%
No. of people with a disability in receipt of residential services (ID/Autism and Physical and Sensory Disability)	8,885	1,201
No. of new referrals accepted for people with a disability for respite services (ID/Autism and Physical and Sensory Disability)	1,023	215
No. of new people with a disability who commenced respite services (ID/Autism and Physical and Sensory Disability)	782	142
No. of existing people with a disability in receipt of respite services (ID/Autism and Physical and Sensory Disability)	5,964	835
No. of people with a disability formally discharged from respite services (ID/Autism and Physical and Sensory Disability)	591	115
No. of people with a disability in receipt of respite services (ID/Autism and Physical and Sensory Disability)	5,274	772
No. of overnights (with or without day respite) accessed by people with a disability (ID/Autism and Physical and Sensory Disability)	180,000	26,885
No. of day only respite sessions accessed by people with a disability (ID/Autism and Physical and Sensory Disability)	35,000	2,026
No. of people with a disability who are in receipt of more than 30 overnights continuous respite (ID/Autism and Physical and Sensory Disability)	51	10
No. of new referrals accepted for adults with a physical and / or sensory disability for a PA service	271	11
No. of new adults with a physical and / or sensory disability who commenced a PA service	223	11
No. of existing adults with a physical and / or sensory disability in receipt of a PA service	2,284	415
No. of adults with a physical or sensory disability formally discharged from a PA service	134	1
No. of adults with a physical and /or sensory disability in receipt of a PA service	2,186	389
Number of PA Service hours delivered to adults with a physical and / or sensory disability	1,318,819	115,468
No. of adults with a physical and / or sensory disability in receipt of 1 - 5 PA Hours per week	957	270
No. of adults with a physical and / or sensory disability in receipt of 6 - 10 PA hours per week	538	101

Key Performance Indicators Service Planning 2016	KPIs 2016	
Disability KPI Title	2016 National Target / Expected Activity	Cork & Kerry CHO 2016 Target / Expected Activity
No. of adults with a physical and / or sensory disability in receipt of 11 - 20 PA hours per week	397	29
No. of adults with a physical and / or sensory disability in receipt of 21 - 40 PA hours per week	256	10
No. of adults with a physical and / or sensory disability in receipt of 41 - 60 PA hours per week	73	1
No. of adults with a physical and / or sensory disability in receipt of 60+ PA hours per week	83	0
No. of new referrals accepted for people with a disability for home support services (ID/Autism and Physical and Sensory Disability)	1,416	321
No. of new people with a disability who commenced a home support service (ID/Autism and Physical and Sensory Disability)	1,273	299
No. of existing people with a disability in receipt of home support services (ID/Autism and Physical and Sensory Disability)	6,380	676
No. of people with a disability formally discharged from home support services (ID/Autism and Physical and Sensory Disability)	466	53
No of people with a disability in receipt of Home Support Services (ID/Autism and Physical and Sensory Disability)	7,312	726
No of Home Support Hours delivered to persons with a disability (ID/Autism and Physical and Sensory Disability)	2,600,000	188,812
No. of people with a disability in receipt of 1 - 5 Home Support hours per week (ID/Autism and Physical and Sensory Disability)	3,140	413
No. of people with a disability in receipt of 6 – 10 Home Support hours per week (ID/Autism and Physical and Sensory Disability)	1,197	174
No. of people with a disability in receipt of 11 – 20 Home Support hours per week (ID/Autism and Physical and Sensory Disability)	753	95
No. of people with a disability in receipt of 21- 40 Home Support hours per week (ID/Autism and Physical and Sensory Disability)	402	38
No. of people with a disability in receipt of 41 – 60 Home Support hours per week (ID/Autism and Physical and Sensory Disability)	97	6

Key Performance Indicators Service Planning 2016	KPIs 2016	
Disability KPI Title	2016 National Target / Expected Activity	Cork & Kerry CHO 2016 Target / Expected Activity
No. of people with a disability in receipt of 60 +Home Support hours per week (ID/Autism and Physical and Sensory Disability)	127	15
Facilitate the movement of people from congregated to community settings	160	39
In respect of agencies in receipt of €3m or more in public funding, the % which employ an internationally recognised quality improvement methodology such as EFQM, CQL or CARF	100%	100%
% of compliance with outcomes of Disability Units following HIQA inspections by CHO	75%	75%
Service Improvement Team Process Deliver on Service Improvement priorities	100%	
Transforming Lives Deliver on VFM Implementation Priorities	100%	
Percentage of CHOs who have a plan in place on how they will implement their approach to the establishment of a Residents Council/Family Forum/Service User Panel or equivalent for Disability Services (reporting to commence by Q3)	100%	

Older Persons – Full Metrics/KPI Suite

Key Performance Indicators	KPIs 2016	
Older Persons KPI Title	2016 National Target / Expected Activity	Cork & Kerry CHO 2016 Target / Expected Activity
Total no. of persons in receipt of a HCP/DDI HCP(Monthly target)	15,450	1395
No. of new HCP clients, annually	6,000	540
Intensive HCPs number of persons in receipt of an Intensive HCP at a point in time (Capacity)	130	
No. of home help hours provided for all care groups (excluding provision of hours from HCPs)	10,437,000	2,162,000
No. of people in receipt of home help hours (excluding provision of hours from HCPs) (Monthly target)	47,800	7,950
No. of persons funded under NHSS in long term residential care during reporting month	23,450	
% of clients with NHSS who are in receipt of	10%	10%
Ancillary State Support		
% of clients who have CSARs processed within 6 weeks	90%	90%
No. in receipt of subvention	187	18
No. of NHSS Beds in Public Long Stay Units.	5,255	1,046

Key Performance Indicators	KPIs 2016	
	2016 National Target / Expected Activity	Cork & Kerry CHO 2016 Target / Expected Activity
Older Persons KPI Title		
No. of Short Stay Beds in Public Long Stay Units	2,005	336
Average length of Stay for NHSS clients in Public, Private and Saver Long Stay Units	3.2	3.2
% of population over 65 years in NHSS funded Beds (based on 2011 Census figures)	4%	4%
Service Improvement Team Process Deliver on Service Improvement priorities.	100%	
Percentage of CHOs who have a plan in place on how they will implement their approach to the establishment of a Residents Council / Family Forum/ Service User Panel or equivalent for Older Persons Services (reporting to commence by Q3)	100%	
Safeguarding: % of Preliminary Screenings with an outcome of reasonable grounds for concern that are submitted to the Safeguarding and Protection Teams accompanied by an interim Safeguarding Plan.	100%	
% of CHO Heads of Social Care who can evidence implementation of the HSE's Safeguarding Vulnerable Persons at Risk of Abuse Policy throughout the CHO as set out in Section 4 of the policy Reporting to begin by Quarter 2 2016	100%	
% of CHO Heads of Social Care that have	100%	
established CHO wide organisational arrangements required by the HSE's Safeguarding Vulnerable Persons at Risk of Abuse Policy as set out in Section 9.2 of the policy Reporting to begin by Quarter 2 2016		
Total no. of preliminary screenings for adults under 65 years		
Total no. of preliminary screenings for adults aged 65 and over		
No. of staff trained in safeguarding policy		

Home Care Expected Activity Older Persons

Home Care Targets/Expected Activity 2016				
CHO	LHO	HCP Proposed 2016 Target	HH Hours Proposed 2016 Target	HH Clients 2016 Expected Activity
4	LHO Kerry	525	580,000	
	LHO North Cork	155	393,000	
	LHO North Lee	265	418,000	
	LHO South Lee	345	449,000	
	LHO West Cork	105	322,000	
CORK & KERRY CHO Total		1,395	2,162,000	7,950

Performance Indicator Suite - Mental health

Key Performance Indicators Service Planning 2016 KPI Title	Reported against NSP / DOP	KPI Type Access/ Quality /Access Activity	Report Frequency	KPIs 2015		KPIs 2016			
				2015 National Target / Expected Activity	2015 Projected outturn	2016 National Target / Expected Activity	Reported at National / CHO / HG Level	Cork & Kerry CHO 2016 Target / Expected Activity	Expected Level of Activity
% of accepted referrals / re-referrals offered first appointment within 12 weeks / 3 months by General Adult Community Mental health Team	NSP	Quality	M	90%	92%	90%	CHO	90%	Target
% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks / 3 months by General Adult Community Mental health Team	NSP	Quality	M	75%	74%	75%	CHO	75%	Target
% of new (including re-referred) General Adult Community Mental health Team cases offered appointment and DNA in the current month	NSP	Access /Activity	M	18%	22%	18%	CHO	18%	Target
% of accepted referrals / re-referrals offered first appointment within 12 weeks / 3 months by Psychiatry of Old Age Community Mental health Teams	NSP	Quality	M	99%	98%	98%	CHO	98%	Target
% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks / 3 months by Psychiatry of Old Age Community Mental health Teams	NSP	Quality	M	95%	94%	95%	CHO	95%	Target
% of new (including re-referred) Old Age Psychiatry Team cases offered appointment and DNA in the current month	NSP	Access /Activity	M	2%	3%	3%	CHO	3%	Target
Admissions of children to Child and Adolescent Acute Inpatient Units as a % of the total number of admissions of children to mental health acute inpatient units.	NSP	Quality	M	95%	71%	95%	National	N/A	Target
Percentage of Bed days used in HSE Child and Adolescent Acute Inpatient Units as a total of Bed days used by children in mental health acute inpatient units	NSP	Quality	M	New	New	95%	CHO	95%	Target
% of accepted referrals / re-referrals offered first appointment within 12 weeks / 3 months by Child and Adolescent Community Mental health Teams	NSP	Quality	M	78%	78%	78%	CHO	78%	Target
% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks / 3 months by Child and Adolescent Community Mental health Teams	NSP	Quality	M	72%	72%	72%	CHO	72%	Target

Key Performance Indicators Service Planning 2016 KPI Title	Reported against NSP / DOP	KPI Type Access/ Quality /Access Activity	Report Frequency	KPIs 2015		KPIs 2016			
				2015 National Target / Expected Activity	2015 Projected outturn	2016 National Target / Expected Activity	Reported at National / CHO / HG Level	Cork & Kerry CHO 2016 Target / Expected Activity	Expected Level of Activity
% of new (including re-referred) child/adolescent referrals offered appointment and DNA in the current month	NSP	Access /Activity	M	10%	12%	10%	CHO	10%	Target
Total No. to be seen for a first appointment at the end of each month.	NSP	Access /Activity	M	2,632	2,509	2,449	CHO	465	Expected Level of Activity
Total No. to be seen 0-3 months	NSP	Access /Activity	M	1,153	1,138	1,308	CHO	210	Expected Level of Activity
Total No. on waiting list for a first appointment waiting > 3 months	NSP	Access /Activity	M	1,479	1,371	1,141	CHO	255	Target
Total No. on waiting list for a first appointment waiting > 12 months	NSP	Access /Activity	M	0	203	0	CHO	0	Target
No. of admissions to adult acute inpatient units	DOP	Access /Activity	Q in arrears	12,947	12,726	12,726	CHO	2,202	Expected Level of Activity
Median length of stay	DOP	Access /Activity	Q in arrears	10	12.4	10	CHO	10	Expected Level of Activity
Rate of admissions to adult acute inpatient units per 100,000 population in mental health catchment area	DOP	Access /Activity	Q in arrears	70.5	70.5	70.5	CHO	79.5	Expected Level of Activity
First admission rates to adult acute units (that is, first ever admission), per 100,000 population in mental health catchment area	DOP	Access /Activity	Q in arrears	23.1	23.1	23.1	CHO	25.3	Expected Level of Activity
Acute re-admissions as % of admissions	DOP	Access /Activity	Q in arrears	67%	67%	67%	CHO	68%	Expected Level of Activity
Inpatient re-admission rates to adult acute units per 100,000 population in mental health catchment area	DOP	Access /Activity	Q in arrears	47.6	47.6	47.6	CHO	54.2	Expected Level of Activity
No. of adult acute inpatient beds per 100,000	DOP	Access	Q in	21.6	21.6	21.6	CHO	25.4	Expected

Key Performance Indicators Service Planning 2016 KPI Title	Reported against NSP / DOP	KPI Type Access/ Quality /Access Activity	Report Frequency	KPIs 2015		KPIs 2016			
				2015 National Target / Expected Activity	2015 Projected outturn	2016 National Target / Expected Activity	Reported at National / CHO / HG Level	Cork & Kerry CHO 2016 Target / Expected Activity	Expected Level of Activity
population in the mental health catchment area		/Activity	arrears						Level of Activity
No. of adult involuntary admissions	DOP	Access /Activity	Q in arrears	1,714	1,724	1,724	CHO	228	Expected Level of Activity
Rate of adult involuntary admissions per 100,000 population in mental health catchment area	DOP	Access /Activity	Q in arrears	9.3	9.3	9.3	CHO	8.9	Expected Level of Activity
% of General Adult Community Mental health Teams serving a population of circa 50,000 (range of 45,000 to 60,000) as recommended in Vision	DOP		Q	>50%	N/A	N/A	National	N/A	
Number of General Adult Community Mental health Teams	DOP	Access	M	114	114	114	CHO	17	Expected Level of Activity
Number of referrals (including re-referred) received by General Adult Community Mental health Teams	DOP	Access /Activity	M	41,499	43,637	43,637	CHO	6,634	Expected Level of Activity
Number of Referrals (including re-referred) accepted by General Adult Community Mental health Teams	DOP	Access /Activity	M	39,424	39,122	41,448	CHO	6,300	Expected Level of Activity
No. of new (including re-referred) General Adult Community Mental health Team cases offered first appointment for the current month (seen and DNA below)	DOP	Access /Activity	M	46,846	37,624	41,810	CHO	6,851	Expected Level of Activity
No. of new (including re-referred) General Adult Community Mental health Team cases seen in the current month	DOP	Access /Activity	M	38,465	29,471	35,430	CHO	5,806	Expected Level of Activity
No. of new (including re-referred) General Adult Community Mental health Team cases offered appointment and DNA in the current month	DOP	Access /Activity	M	8,381	8,153	6,380	CHO	1,045	Expected Level of Activity
% of new (including re-referred) General Adult Community Mental health Team cases offered appointment and DNA in the current month	DOP	Access /Activity	M	18%	22%	18%	CHO	18%	Target
Number of cases closed/discharged by General Adult	DOP	Access	M	31,539	23,009	33,158	CHO	5,041	Expected

Key Performance Indicators Service Planning 2016 KPI Title	Reported against NSP / DOP	KPI Type Access/ Quality /Access Activity	Report Frequency	KPIs 2015		KPIs 2016			
				2015 National Target / Expected Activity	2015 Projected outturn	2016 National Target / Expected Activity	Reported at National / CHO / HG Level	Cork & Kerry CHO 2016 Target / Expected Activity	Expected Level of Activity
Community Mental health Teams		/Activity							Level of Activity
Number of Psychiatry of Old Age Community Mental health Teams	DOP	Access	M	25	25	25	CHO	1	Expected Level of Activity
Number of referrals (including re-referred) received by Psychiatry of Old Age Mental health Teams	DOP	Access /Activity	M	10,986	11,664	11,664	CHO	423	Expected Level of Activity
Number of Referrals (including re-referred) accepted by Psychiatry of Old Age Community Mental health Teams	DOP	Access /Activity	M	9,887	10,953	11,082	CHO	402	Expected Level of Activity
No. of new (including re-referred) Old Age Psychiatry Team cases offered first appointment for the current month (seen and DNA below)	DOP	Access /Activity	M	11,238	9,748	10,384	CHO	497	Expected Level of Activity
No. of new (including re-referred) Old Age Psychiatry Team cases seen in the current month	DOP	Access /Activity	M	10,960	9,472	10,083	CHO	483	Expected Level of Activity
No. of new (including re-referred) Old Age Psychiatry cases offered appointment and DNA in the current month	DOP	Access /Activity	M	278	276	301	CHO	14	Target
% of new (including re-referred) Old Age Psychiatry Team cases offered appointment and DNA in the current month	DOP	Access /Activity	M	2%	3%	3%	CHO	3%	Expected Level of Activity
Number of cases closed/discharged by Old Age Psychiatry Community Mental health Teams	DOP	Access /Activity	M	7,910	7,058	8,866	CHO	322	Expected Level of Activity
No. of child and adolescent Community Mental health Teams	DOP	Access	M	64	62	62	CHO	10	Expected Level of Activity
No. of child and adolescent Day Hospital Teams	DOP	Access	M	4	4	4	CHO	0	Expected Level of Activity

Key Performance Indicators Service Planning 2016 KPI Title	Reported against NSP / DOP	KPI Type Access/ Quality /Access Activity	Report Frequency	KPIs 2015		KPIs 2016			
				2015 National Target / Expected Activity	2015 Projected outturn	2016 National Target / Expected Activity	Reported at National / CHO / HG Level	Cork & Kerry CHO 2016 Target / Expected Activity	Expected Level of Activity
No. of Paediatric Liaison Teams	DOP	Access	M	3	3	3	CHO	0	Expected Level of Activity
No. of child / adolescent admissions to HSE child and adolescent mental health inpatient units	DOP	Access /Activity	M	231	256	281	CHO	47	Expected Level of Activity
No. of children / adolescents admitted to adult HSE mental health inpatient units	DOP	Access /Activity	M	<30	95	30	National	N/A	Expected Level of Activity
i). <16 years	DOP	Access /Activity	M	0	3	0	National	N/A	Expected Level of Activity
ii). <17 years	DOP	Access /Activity	M	0	37	0	National	N/A	Expected Level of Activity
iii). <18 years	DOP	Access /Activity	M	<30	55	30	National	N/A	Expected Level of Activity
No. and % of involuntary admissions of children and adolescents	DOP	Access /Activity	Annual	15	15	15	National	N/A	Expected Level of Activity
No. of child / adolescent referrals (including re-referred) received by mental health services	DOP	Access /Activity	M	17,254	17,964	18,864	CHO	2,344	Expected Level of Activity
No. of child / adolescent referrals (including re-referred) accepted by mental health services	DOP	Access /Activity	M	13,803	13,694	15,092	CHO	1,875	Expected Level of Activity
No. of new (including re-referred) CAMHs Team cases offered first appointment for the current month (seen and DNA below)	DOP	Access /Activity	M	14,155	13,494	13,895	CHO	1,817	Expected Level of Activity
No. of new (including re-referred) child/adolescent referrals seen in the current month	DOP	Access /Activity	M	12,718	11,906	12,628	CHO	1,653	Expected Level of Activity
No. of new (including re-referred)	DOP	Access	M	1,437	1,588	1,259	CHO	165	Expected

Key Performance Indicators Service Planning 2016 KPI Title	Reported against NSP / DOP	KPI Type Access/ Quality /Access Activity	Report Frequency	KPIs 2015		KPIs 2016			
				2015 National Target / Expected Activity	2015 Projected outturn	2016 National Target / Expected Activity	Reported at National / CHO / HG Level	Cork & Kerry CHO 2016 Target / Expected Activity	Expected Level of Activity
child/adolescent referrals offered appointment and DNA in the current month		/Activity							Level of Activity
% of new (including re-referred) child/adolescent referrals offered appointment and DNA in the current month	DOP	Access /Activity	M	10%	12%	10%	CHO	10%	Target
No. of cases closed / discharged by CAMHS service	DOP	Access /Activity	M	11,042	12,442	12,072	CHO	1,500	Expected Level of Activity
Total No. to be seen for a first appointment by expected wait time at the end of each month.	DOP	Access /Activity	M	2,632	2,509	2,449	CHO	465	Expected Level of Activity
i) 0-3 months	DOP	Access /Activity	M	1,153	1,138	1,308	CHO	210	Expected Level of Activity
ii). 3-6 months	DOP	Access /Activity	M	534	595	585	CHO	112	Expected Level of Activity
iii). 6-9 months	DOP	Access /Activity	M	314	355	346	CHO	94	Expected Level of Activity
iv). 9-12 months	DOP	Access /Activity	M	614	217	210	CHO	49	Expected Level of Activity
v). > 12 months	DOP	Access /Activity	M	0	204	0	CHO	0	Target

Appendix 4: Public Residential Care Beds Older Persons

CHO Area	LHO Area	Name of Unit	No. of Beds at 31 st December 2015		
			NHSS	Short Stay	
Cork & Kerry CHO	North Cork	Kanturk Community Hospital	30	10	
		St Joseph's Community Hospital, Millstreet	20	6	
		St Patrick's Community Hospital, Fermoy	54	18	
	North Cork Total			104	34
	North Lee	Cois Abhainn	24	7	
		Youghal Community Hospital	30	8	
		Macroom Community Hospital	33	5	
		Middleton Community Hospital	46	7	
		Heather House	50	0	
	North Lee Total			183	27
	South Lee	Bandon Community Hospital	18	7	
		Kinsale Community Hospital	28	12	
		St Finbarr's Hospital	89	76	
		Ballincollig CNU	80	20	
		Farranlea CNU	90	10	
	South Lee Total			305	125
	West Cork	Bantry General Hospital	18	6	
		Clonakilty Community Hospital	118	11	
		Skibbereen Community Hospital	27	13	
		Dunmanway Community Hospital	19	4	
		Schull Community Hospital	16	5	
		Castletownbere Community Hospital	20	11	
	West Cork Total			218	50
	Kerry	Caherciveen Community Hospital	28	5	
		Kenmare Community Hospital	15	20	
		Listowel Community Hospital	24	16	
		Killarney Community Hospital	92	41	
West Kerry Community Hospital		34	18		
Tralee Community Nursing Unit		43	0		
Kerry Total			236	100	
Cork & Kerry CHO TOTAL			1046	336	

Appendix 5: Capital Infrastructure

This appendix outlines capital projects that were completed in 2014 / 2015 but not operational, projects due to be completed and operational in 2016 and also projects due to be completed in 2016 but not operational until 2017

Facility	Project details	Project Completion	Fully Operational	Additional Beds	Replacement Beds	Capital Cost €m		2016 Implications	
						2016	Total	WTE	Rev Costs €m
PRIMARY CARE									
CORK & KERRY CHO: Kerry, North Cork, North Lee, South Lee, West Cork									
Charleville, Co Cork	Primary care Centre, by lease agreement (includes a mental health primary care centre).	Q4 2015	Q1 2016	0	0	0.00	0.00	0	0.00
St. Finbarr's Hospital, Cork	Audiology services, ground floor, block 2.	Q2 2016	Q3 2016	0	0	0.80	1.50	0	0.00
Ballyheigue, Co. Kerry	Primary care Centre, refurbishment of existing health centre.	Q1 2016	Q2 2016	0	0	0.10	0.14	0	0.00
MENTAL HEALTH									
CORK & KERRY CHO: Kerry, North Cork, North Lee, South Lee, West Cork									
Killarney, Co. Kerry	Provision of a combined challenging behaviour and mental health residential unit to facilitate the relocation of remaining residents from St. Finan's Hospital (<i>Vision for Change</i>).	Q3 2015	Q4 2015 / Q1 2016	0	40	1.11	13.00	0	0.00
Kerry General Hospital, Tralee, Co. Kerry	Upgrade and extension to the acute mental health unit to include a 4 bed closed observation unit.	Q4 2014	Q1/Q2 2016	0	4	0.00	2.00	0	0.00
SOCIAL CARE – Services for Older People									
CORK & KERRY CHO: Kerry, North Cork, North Lee, South Lee, West Cork									
Bandon Community Hospital, Co. Cork	Extension and refurbishment (phase 1) - upgrade of existing beds.	Q4 2016	Q4 2016	2	25	3.00	3.60	0	0.00
Bantry General Hospital, Co. Cork	Refurbishment and upgrade (to achieve HIQA compliance).	Q3 2016	Q4 2016	0	24	2.00	2.50	0	0.00
Dunmanway Community Hospital, Co. Cork	Refurbishment and upgrade (to achieve HIQA compliance).	Q3 2016	Q4 2016	0	23	1.00	1.20	0	0.00

Cork & Kerry CHO REQUIREMENT- RESIDENTIAL CARE CENTRES, CAPITAL PLAN 2016-2021							
Residential Care Unit	County	Total indicative cost CP €m	Year Complete	Total indicative PPP Costs €m	Refurbishment	Replacement CP	Replacement PPP
Dunmanway Community Hospital (St. Anthony's)	Cork	0.20	2016		Yes		
Bantry General Hospital (St. Joseph's)	Cork	1.82	2017		Yes		
Castletownbere Community Hospital (St. Joseph's)	Cork	1.04	2017		Yes		
Cois Abhainn	Cork	0.35	2017		Yes		
St. Patrick's Community Hospital, Fermoy	Cork	2.00	2018		Yes		
Skibbereen Community Hospital (St. Anne's)	Cork	2.59	2018		Yes		
Bandon Community Hospital	Cork	3.44	2018		Yes		
Kanturk Community Hospital	Cork	3.96	2018		Yes		
St. Joseph's Community Hospital, Millstreet	Cork	5.76	2018		Yes		
Listowel Community Hospital	Kerry	2.69	2018		Yes		
Youghal Community Hospital	Cork	2.67	2019		Yes		
Macroon Community Hospital	Cork	5.80	2019		Yes		
Clonakilty Community Hospital	Cork	5.00	2020		Yes		
Kinsale Community Hospital	Cork	3.78	2020		Yes		
Midleton Community Hospital and Long Stay Unit	Cork	10.30	2020			Yes	
Caherciveen Community Hospital	Kerry	2.25	2020		Yes		
St. Finbarr's Hospital	Cork	0.30	2021	16.20			Yes
Killarney Community Hospital (St. Columbanus)	Kerry	0.30	2021	23.40			Yes
TOTALS		€54.25m		€39.60m	15	1	2

Oifig an Phríomhoifigigh,
Eagraíocht Phobail um Chúram Sláinte,
Corcaigh agus Chiarraí, Limistéar 4,
Feidhmeannacht na Seirbhíse Sláinte,
Páirc Gnó Model,
Bóthar na Modh Feirme,
Corcaigh.

Office of the Chief Officer,
Community Healthcare Organisation,
Cork and Kerry Area 4,
Health Service Executive,
Model Business Park,
Model Farm Road,
Cork.

Telephone: 028 40404
www.hse.ie

March 2016
© 2015 HSE