Community Healthcare Organisation Operational Plan 2016 Area 5 (South East)

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Introduction

Welcome to the 2016 Operational Plan for Community Healthcare Organisation-Area 5 (South East) covering Kilkenny, Carlow, Sth Tipperary, Waterford and Wexford. This plan continues the advancement of key priorities set out in our first year plan (2015) and further embeds the foundation to:

provide high quality, co-ordinated and integrated health services as close to home as possible for the people in the South East region.

As with last year, the approach we have taken is designed to show how our collective efforts and expertise are being directed towards addressing the priorities that will provide fair, equitable and timely access to services that people need. This year will see the development of these priorities across a greater number of critical service areas and within local team plans.

A key priority in 2016 is to progress the alignment of structures and processes to ensure that this Community Healthcare Organisation establishes a strong foundation that supports the health needs of the population, recognising a projected 3.7% increase in the south east population by 2021 (Source: CSO). CHO 5 teams and service delivery will support a projected population of 515,400 in 2016 while building systems and processes to deliver to a population of 534,400 in 2021.

CHO5 is one of nine Community Healthcare Organisations nationally. These organisations encompass four main divisions of care: Primary Care; Social Care; Health and Wellbeing; and Mental Health. In the coming year we will be working closely with colleagues across the country to ensure we share and learn from each other and provide safe and evidenced based care.

We have many challenges facing us in the South East region. Some of these issues have been highlighted in recent times relating to serious allegations of abuse. While we have made good progress on responding to and acting on recommendations from reports, we will continue to improve our systems to care and protect those most vulnerable people in our communities.

As described in the HSE National Service Plan 2016, one of the cornerstones of our organisation will be a robust program to address quality and risk management. Our ambition is that: patients, service users and their families will have meaningful engagement and be empowered to interact with the local teams to help us continuously improve the care provided; staff are supported, have skills and knowledge to provide safe effective care based on best practice; systems, leadership and governance provide mechanisms to measure, monitor, and report so that we can continuously improve the services we provide. This engagement at all levels with patients, service users, families, community and our own staff will demonstrate the core values of care, compassion, trust and learning.

In reforming health to address the challenge of increased demand in services we recognise the value of partnerships and the collaboration required to provide care to people, especially those with complex needs. A vital component of the work of CHO5 teams in 2016 will be working with our partners such as the Hospital Groups (Ireland East; South/South West Hospital Group), General Practitioners, all health professionals, voluntary and private providers. CHO 5 will provide an important link between all groups and especially with the Hospital Groups to help keep people in our community well and out of hospital. We have excellent programs in place such as the Community Intervention Teams (Kilkenny and more recently Waterford) and will continue to work closely with all our hospital colleagues with the aim to reduce hospital waits in the Emergency Department, provide hospital avoidance options when appropriate, and assist with timely discharge from hospital.

CHO5 will build on work undertaken last year and further develop our reporting capabilities, broaden our research and information base and build greater capacity to support a culture of high performance. This will be done in the context of the implementation of the overall Accountability Framework in place within HSE.

Developments and Reform Priorities 2016

In 2016 CHO 5 will continue to build on the work undertaken to date in relation to the implementation of the CHO Review and the CHO structures. This will involve the appointment of Heads of Services across the four Divisions and further work to align services in a way that meets our objective of providing services as close to people's homes as possible. 2016 will also see the continuation of the structural reforms initiated over the last couple of years, with the consolidation and further development of Hospital Groups (South South West and Ireland East) and CHO 5. It is critical that these links are strengthened to ensure the continuation of the provision of a safe user focused health service – the right service, at the right time, in the right place and by the right care provider. A focus on clinical pathways that focus on patient centred care will be a priority that assists us in the process of integrating care across primary, social, acute and secondary services both internal to the CHO and with our partner organisations.

Clinical and Integrated Care Programmes

The provision of care across the spectrum of primary, community, pre-hospital and hospital services should be person-centred and coordinated. Its goal must be to provide better, easier access to high quality services which are close to where people live and are delivered in a joined up way, placing their needs at its core. It is a long term programme of improvement and change and will involve people at every level of the health services working together to create improved experiences and outcomes for the people in their care.

The **Integrated Care Programmes** continue to progress the establishment, enablement and delivery of five integrated care programmes:

- Patient flow
- Older people
- Prevention and management of chronic disease
- Children
- Maternity care

While CHO 5 teams will be involved across all of the above there is a specific local focus in 2016 on older people and patient flow, in particular with St Luke's Hospital and Waterford University Hospital.

Supporting Service Delivery

Direct service provision is dependent on a number of key support business functions. CHO5 will continue to work cooperatively with Health Business Services (HBS) and other corporate support services (HR, Finance, Office of the Chief Information Officer, and Internal Audit) who are essential enablers in the delivery of direct patient services. This allows operational services to focus management attention on core service provision and also enables compliance with National EU Directives, legislation and regulation.

Funding

CHO 5 has received a total revenue allocation of €392.05m in 2016 to provide health and social care services within its catchment area.

Movement in Funding for CHO 5 2015 v 2016		
	€000s	€000s
Budget 2016		392.05
Budget 2015	390.29	
Less 2015 Once-Off Funding	-12.75	
2016 Opening Base Budget		377.54
Increase in Core Funding		14.51

The 2016 allocation includes funding for cost increases arising from the Lansdowne Road Agreement and the rollover of funded 2015 service developments. It provides some funding to contribute towards cost pressures arising from meeting regulatory compliance in the disability sector. However, there is no funding for increments or other pay pressures over which CHO5 has no control (e.g. national minimum wage increase), and these costs will have to be funded from existing resources.

CHO 5 will endeavour to operate within its funding limits and will ensure that this objective receives significant management focus during the year. Nevertheless, given the scale of demographic, regulatory and other service pressures, it is prudent to disclose that there is a substantial financial risk within this service plan.

Risks to the Delivery of the Plan

In this 2016 CHO5 Operational Plan actions are set out to support the delivery of our core objectives commensurate with available funding, with some being prioritised and phased during 2016. Many are to be delivered on a partnership basis, with other Divisions, healthcare organisations and agencies, Local Authorities, Government Departments, statutory and voluntary organisations and academia.

Implementation of the actions set out in this plan will be dependent on available funding which requires further prioritisation over the course of 2016 and will require a phased approach. CHO5 will continue to face significant challenges in 2016 in relation to increased demand for services and the requirement for significant savings to be achieved. There will be a requirement for an increased focus on regulatory requirements and the quality assurance process.

In identifying potential risks to the delivery of this Operational Plan it is acknowledged that while every effort will be made to mitigate these risks, it may not be possible to eliminate them in full. The risks identified to this Plan are:

- The impact of increased demand for services beyond the planned and funded levels arising from changes in demographics
- Meeting HIQA standards for public long stay residential facilities, disability and primary care services.
- Financial risks associated with statutory and regulatory compliance

- The capacity to recruit and retain a highly-skilled and qualified workforce, particularly in high-demand professions/clinical staff.
- Non-integration of ICT systems not fit for purpose from Clinical, HR and Financial perspective
- The capacity to exercise effective control over pay and staff numbers in the context of safety and quality, regulatory, volume and practice driven pressures
- Management of capacity risk including financial management, given the scale of change being delivered. This is of particular concern in 2016 in the context of legislation regarding supplementary budgets.
- The delivery of services across all Care Divisions in the context of competing strategic priorities and concurrent health reform programmes.
- Provision of existing level of service (ELS) at approved allocation levels.

CHO 5 will continue to work towards maximising the safe delivery of services within the financial and human resources available while at the same time ensuring that quality and patient safety remains at the core of the delivery system.

Notwithstanding the financial pressures and other risks noted above, I look forward to working with the South East communities and our teams to do all that we can to achieve the goals we set out in this Plan.

Aileen Colley
Chief Officer
Community Healthcare Organisation Area 5 (South East)
Carlow/Kilkenny/South Tipperary/Waterford/Wexford
17th February 2016

Improving Quality & Reforming Service Delivery

Quality and Patient Safety

In line with the national HSE Corporate Plan, CHO5 is committed to putting in place a quality, safety and enablement programme to support high quality; evidence based; safe; effective and person centred care. Quality improvement, quality assurance and verification will underpin this approach to quality and safety in 2016.

Leadership, including clinical leadership, is essential to embed a quality ethos in all services delivered and funded by the HSE and extends from the Directorate, the Service Divisions and across the health and social care services.

The appointment of Chief Officers to the CHOs and the Chief Executive Officers to the Hospital Groups paves the way for strong leadership so that quality and integration is at the core of all we do.

The Quality and Safety priority areas for CHO5 for 2016 are:

- To enhance and develop the Quality and Patient Safety Governance structure in accordance with the Report: *Community Healthcare Organisation Report and Recommendations of the Integrated Service Area Review Group (2014).*
- To work towards full compliance with all National Standards (HIQA) and comply with all statutory regulations as they relate to quality and safety in Social Care services
- Completion of self assessment against the *National Standards for Safer Better Healthcare* at CHO and divisional level (where applicable), with the development and implementation of associated Quality Improvement Plans
- To continue to implement the National Standards for the Prevention and Control of Healthcare Associated Infections across all divisions
- To engage with service users, establish systems and processes to promote their participation, seek their views and involvement in decision-making.
- To enhance the assurance systems in place by building capacity and capability to undertake healthcare audits across all divisions
- To monitor the performance of CHO 5 against agreed National Indicators for Quality and Patient Safety with a specific focus on areas of underperformance
- To use health intelligence such as HIQA Inspection Reports; MHC Reports; complaints and incidents to enable quality profiles be built thus creating opportunities for measuring; learning and supporting improvements.
- To ensure Reportable and Serious Reportable Events are managed in accordance with HSE protocol
- To ensure the full implementation of the *HSE Open Disclosure National Guidelines* (2013)
- To manage risk through the on-going development of the Risk Management Process

Strategic Priorities for 2016

Governance

- Recruit a Lead Quality and Professional Development Officer
- Implement QPS Governance structure across CHO 5

Effective Care

- Monitor and support improved compliance with HIQA Standards for Residential Centres (older persons and disability) with a focus on continuous quality improvement aligned with national quality improvement initiatives

- Work with the National Quality Improvement Division in supporting the roll-out of patient safety programmes and quality improvement/enablement programmes.

Service User Experience

- Ensure that the complaint process is streamlined for service users and families and build capacity with CHO 5 to effectively manage and learn from complaints and compliments
- Continue to develop access to advocacy services for all service users
- Develop strong partnerships with patients and service users to achieve meaningful input into the planning, delivery and management of health and social care services to improve patient and service user experience and outcomes

Safe Care

- To continue to implement the National Standards for the Prevention and Control of Healthcare Associated Infections with particular reference to Standards 3, 6 and 12
- Promote the reduction of risk to service users, the public and staff by implementing best practice Risk Management processes, in accordance with HSE policy
- Implementation of a system for the dissemination, implementation and monitoring of recommendations from investigations
- Work collaboratively to enhance, through education and training, staff knowledge of the HSE Safety Incident Management Policy (May 2014)
- Work towards the implementation of the *Safeguarding Vulnerable Persons at Risk of Abuse – National Policy & Procedures* (December 2014)
- Implementation of the HSE Open Disclosure policy across all health and social care settings
- Continue the roll out of the National Incident Management System with particular reference to the introduction of NIRF forms across all divisions and to work towards incorporation of the complaints management component

Assurance and Verification

- Monitor the performance of CHO 5 against agreed National Indicators, specifically focusing on areas of underperformance with a view to developing corrective action plans
- Development, implementation and audit of the process for the management of serious events; requiring reporting and investigation in accordance with the HSE Safety Incident Management Policy 2014
- Ensure maintenance and ongoing review of CHO and divisional Risk Registers
- Develop a systematic programme of clinical audit across all divisions and implement corrective action plans as required

Health Service Reform

Description

Supporting the goals of the Corporate Plan 2015–2017, the reform programme will drive the delivery of person-centred, integrated care across the health and social care services, leading to 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 based on need, and are delivered in the most appropriate way.

To drive health service reform, service delivery reform programmes are in place for CHOs and Hospital Groups, National Ambulance Services, National Clinical and Integrated Care programmes 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 developed as part of the National Centre Programme.

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. An Action Plan for Health Service Reform is being agreed to support NSP 2016 and will map out the key service improvement deliverables for the reform programme for 2016 and beyond to 2019.

Governance and Management Arrangements to local CHO PMO

The nine CHOs are in the process of being established under the leadership of their Chief Officers. 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
A significant programme of change is underway to enable and drive the establishment of CHOs with the aim of delivering integrated services and better outcomes for service users. A robust programme management and governance structure is being adopted at national and local levels to support the programme, manage implementation and ensure that the benefits to the service users remain at the driving force for all programme activities.

Local and National CHO Programme Management Offices

The CHO Implementation Programme will be managed through a CHO National PMO and PMOs in each of the CHOs. The local PMOs are being established to oversee local implementation of CHO Reform Projects and other care service improvement and corporate change initiatives. Dedicated staff will be assigned to the National and Local PMOs to oversee the CHO Implementation, as well as project resources to drive the project delivery. The local PMOs will operate in conjunction with the CHO National PMO and the newly established PMOs in the Care National Divisions and the Corporate Services Divisions. The local PMO will report to the Chief Officer and will work closely with the National PMO. Local PMO and other staff working on projects have available to them supports in the form of Project and Change Management training and IT Programme Management tools.

Financial Framework

Introduction

In 2016, the budget allocation for CHO 5 amounts to €392.05m (€390.29m – 2015). Included in the allocation is an amount of €1.59m relating to the implementation of the provisions of the Lansdowne Road Agreement (LRA) / Financial Emergency Measures in the Public Interest Act 2015. There is no funding for increments however, and this cost will have to be funded from existing resources.

Significant resources (€4.98m) have again been allocated to address cost pressures associated with regulatory compliance in the disability sector.

However, both these considerable allocations will not impact on the incoming deficit.

Incoming Deficit

In 2015, net expenditure in CHO 5 amounted to €400.48m against an allocation of €390.29m. This resulted in a deficit of €10.19m for the year.

The 2015 deficit was driven by the following items in particular:

- Regulatory compliance, particularly within older person's services.
- External placements in disability services.
- Agency costs arising from HIQA notices, staff attrition and duration of recruitment process, particularly in older persons and mental health services.
- Legacy issues in relation to Fair Deal National Nursing Home Support Scheme in some Older Persons Units.
- Pressures associated with increased patient treatment in the community

These factors will continue to impact during 2016.

Existing Level of Service (ELS)

Increments and the rollover costs of services commenced during 2015 will automatically increase cost of delivering the CHO5 ELS in 2016, further impacting on the embedded deficits of 2015. This is the context in which CHO5 cost containment plans are framed and the service risks associated with this environment (previously referenced in this plan).

Savings and Extra Revenue Targets

Included within the allocation for CHO5 are savings in the sum of €0.74m which will have to be met through non-pay efficiencies. There have been similar budgetary measures over the past number of years, and the cumulative impact has been significant. The process of driving further savings from how we deliver our

business will continue in the current year. It is expected that the integration of services into one cohesive CHO perspective will provide the main source of further savings.

Approach to Financial Challenge

In 2016, under new EU fiscal rules, there can be no additional funding allocated by way of a Supplementary Estimate. This represents a significant change from previous years. As a consequence, financial performance in 2016 must continue to be tightly managed within the confines of the notified funding envelope.

Given an incoming deficit of €10.19m and the ELS factors outlined above, it will be necessary to identify and deliver additional savings of at least the same magnitude. A process to identify cost reducing measures has already commenced with a view to allowing for their implementation sufficiently early in order that they have time to gain traction.

However, as previously stated, it will be a significant challenge to identify cost reducing measures which are non-service impacting and it is therefore prudent to note a substantial financial risk within this operational plan.

Pay and Pay Related Savings

Savings arising from agency conversion will continue to be targeted in 2016, particularly in mental health and services for older people.

Financial Risk Areas

Some of the anticipated financial risk areas during 2016 in CHO5 include:

- Compliance with HIQA standards which may entail incremental expenditure on staffing and / or infrastructure.
- Provision of external / emergency placements, particularly in the disability and mental health sectors.
- School Leavers in the ID sector, where *per capita* funding is insufficient to meet the individualised service requirements of many service users.
- Historical financial deficits in section 38 and 39 agencies, with consequential impact on cash flow.

Workforce Plan

Introduction

The health sector's workforce is at the core of the delivery of healthcare services working within and across all care settings in communities, hospitals and healthcare offices. The health service will continue to nurture, support and develop a workforce that is dedicated to excellence, welcomes change and innovation, embraces leadership and teamwork, fosters inclusiveness and diversity and maintains continuous professional development and learning. The *People Strategy 2015–2018* has been developed in recognition of the vital role the workforce plays in delivering safer and better healthcare. The strategy is underpinned by its commitment to engage, develop, value and support the workforce.

Recruiting and retaining motivated and skilled staff remains paramount for the delivery of health services which is delivered every day to an increasing and changing demographic population. This challenge is even greater now as the Health Reform Programme requires significant change management, organisation redesign and organisational development support.

Over the last three years, work has been ongoing to develop a robust strategic intent for HR across the wider health system to ensure there is one unified and consistent HR function, embracing statutory and voluntary providers, that will ensure HR has an operating model that is fit for purpose and aligned to the services and evolving new structures. This will ensure that the organisation and the workforce has the ability, flexibility, adaptability and responsiveness to meet the changing needs of the service while at the same time ensuring a consistent experience of HR services is delivered throughout the health system. Three areas of particular focus in 2016 will be the review of recruitment processes, HR structures and the progression of a new development based 'performance management' approach. Performance indicators in relation to these areas will be developed and reported on in 2016.

Staff Engagement

An engaged and motivated workforce delivers better patient outcomes. It is only by listening to the views and experiences of staff that improvements to the health service, as a place to work, can be delivered. The messages from the first staff survey conducted in late 2014 have been identified and will need to be addressed. The next staff survey will be conducted in mid 2016.

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. Specific work plans have been identified as drivers for the implementation of each priority set out in the People Strategy. CHO5 will undertake staff engagement specifically in relation to the CHO Reform Programme and the implementation of the CHO Report.

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.

There was a particular focus in 2015 on agency and overtime to reduce direct expenditure and to free up funding for the investment in essential posts. 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 management and

pay costs will continue to be managed through funded workforce plans at divisional and service delivery unit level. Appropriately identified agency staff have been converted into approved HSE posts as a cost saving measure 2015, this exercise continues into 2016.

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.
- A continued focus on the reduction of agency and overtime

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. There may be a need for targeted WTE reductions in 2016 to offset the full year costs of 2015 recruitment if operating outside of the allocated pay envelope.

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. A national review of payroll and HR systems is currently underway.

The 2013 Incentivised Career Break Scheme of up to three years duration concludes at the start of July 2016 and the re-integration of experienced employees, where they wish to return to public health sector employment, will be managed centrally by HBS.

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:

- Greater use of e-rostering and time and attendance systems, which in time will need to be integrated with HR management information systems and with payroll.
- The e-Human Resource Management (e-HRM) strategy to support the effective management of the workforce and costs, being developed as part of the *People Strategy*, will lead in time to an integrated and unified technology platform.
- The creation of staff banks, based on geographical or service clusters, will continue to be considered.

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

2016 New Service Developments and Other Workforce Additions

This plan provides for specific additional funding in 2016 for new improvements and additional demographic pressures which is in addition to initial pay allocations. 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.

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 these additional hours and 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.
- Reductions to pay and annual leave continue to apply under the HRA where appropriate

CHO 5 will continue to work with the National Working Group, which will be established and convened by National HR, as set out in the Chairman's note of the *Landsdowne Road Agreement* re SLA's – Section 39 Agencies.

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*. HR 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 processes 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

In the context of a rapidly changing and evolving health service with new structures and integration of statutory and voluntary agencies it will be critical to support new emerging senior teams and to build managerial capacity. Part of this support will include the implementation of a Leadership Development Programme (multi-disciplinary) across the management spectrum – with particular focus on line managers. Talent management and career mobility frameworks will be provided, and core and specialist competencies developed. These will be part of a people development planned interventions supported by coaching, mentoring and action learning. There will be a focus on building and enhancing organisational development and change management to support the reform and integration of CHOs and hospital groups. A HSE Graduate Intern Programme will be developed and internal Leadership Programmes continue to roll out. Support for these initiatives will incorporate succession management and the development of talent pools across the health system. The senior leadership, clinical leadership and team leadership programmes will be adopted for newly formed clinical teams across the system.

There will be a focused emphasis on performance management and engagement at all levels in the health system with frequent manager / staff meetings in developing a culture of teamwork, communication and innovation. People Management Legal Frameworks Training continues to be provided. This training is mandatory for all line management and senior management grades which enables them to up skill and develop competencies in the areas of People Management, HR Policy Processes, managing employee grievances and complaints under Trust in Care and the HSE’s Dignity at Work Policies.

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.

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. Support and specialist advice is provided from the Employee Relations Department in this area.

European Working Time Directive

The HSE is committed to maintaining and progressing compliance with the requirements of the European Working Time Directive (EWTD) for all staff. Key indicators of performance include:

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

In 2015, the HSE 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.

Representatives from HSE, Tusla, Department of Health and Department of Children and Youth Affairs made a presentation to the Labour Law Unit of the European Commission on 9th September 2015. The HSE made the following commitments to the European Commission in relation to this issue:

- The European Commission would be provided with regular updates, include the updates submitted to the Irish Labour Court;
- HSE would commence gathering data on the current level of EWTD compliance within the disability sector commencing in quarter 1, 2016;
- HSE will create a submission framework template for all organisations to submit their compliance plans to the HSE for consideration and validation. These plans will include details of the current staffing and rosters within the units, opportunities for reconfiguration of existing resources and business case for additional resources to achieve compliance;
- The HSE will collate this information and prepare a total detailed action plan for the disability sector to achieve EWTD compliance setting out the actions, persons responsible, timeframe and costing. This plan will be submitted to DoH and DEPR for further discussion and approval;
- The HSE and DoH will submit the agreed plan to the European Commission by May 2016 and meet with the European Commission in June 2016 to outline the progress since the previous meeting.

Code of Conduct for Health

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	
• % of absence rates by staff category	≤ 3.5%
Staffing Levels and Costs	
• % variation from funded staffing thresholds	≤ 0.5%
Compliance with European Working Time Directive (EWTD)	
• < 24 hour shift (Acute and Mental Health)	100%
• < 48 hour working week (Acute and Mental Health)	95%
Health and Safety	
• No. of calls that were received by the National Health and Safety Helpdesk during the quarter	15% increase

Accountability Framework

In implementing the HSE's Accountability Framework 2016 the National Performance Oversight Group seeks assurance, on behalf of the Director General, that the National Directors of the Divisions are delivering against priorities and targets set out in the Service Plan and in the Performance Agreements 2016.

The performance indicators against which Divisional performance is monitored are set out in the Balance Score Cards grouped under Access, Quality, Finance and People. The key performance indicators are also included in the individual Performance Agreements between the Director General and the National Director.

Performance against the Balanced Scorecards is reported in the monthly published Performance Report. Where the data indicates underperformance in service delivery against targets and planned levels of activity, the National Performance Oversight Group explores this with the relevant National Director at the monthly performance meeting and seeks explanations and remedial actions where appropriate to resolve the issue.

As part of the Accountability Framework an Escalation and Intervention process has been developed and implemented. The Escalation and Intervention 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.

Accountability Levels

The implementation of the new CHO structure and the development of CHO5 within this structure will see significant reconfiguration in 2016 that will impact on governance and accountability across all services. CHO 5 has a governance and accountability structure that spans both the ISA structure and the new CHO structure:

- CHO5 must have accountability processes in place at each level of the system which will provide a clear view of how the Area is performing against our priorities. Accountability for the delivery of services and functions rests with the relevant Lead reporting to the Area Manager and Chief Officer who in turn reports to the National Director. In 2016 the performance of those services and functions will be subject of periodic reporting.
- There are reporting structures in the Area across all services, Primary Care, Social Care, Mental Health and Health and Wellbeing Services
- Funded organisations are accountable under the Service Arrangements and are monitored through IMR and Service Arrangement meetings. Financial accounts and reports are submitted and reviewed.

Accountability 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 HSE's 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.

Performance Agreements

During 2016 the monitoring and management of these plans will be further strengthened through the formal Performance Agreements which explicitly link accountability for the delivery of the HSE's Plans to managers at each level of the organisation.

- The National Director Performance Agreement will be between the Director General and National Directors. (i.e. Acute Hospitals, Primary Care, Social Care, Mental Health, Health and Wellbeing and the National Ambulance Service).
- The Hospital Group CEO Performance Agreement will be between the National Director Acute Hospitals and each Hospital Group CEO.
- A single CHO Chief Officer Performance Agreement (covering all community services Divisions) will be put in place between the four National Directors for Primary Care, Social Care, Mental Health and Health and Wellbeing and each of the 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.

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.

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.

Performance Reports

The HSE will also continue to retrospectively account for delivery of its services through the National Performance Report. This report is produced on a monthly basis by the HSE and submitted to the Department of Health. The Performance Report sets out the HSE's performance against its National Service Plan commitments.

The HSE also prepares an Annual Report which having been submitted to the Minister for Health is laid before the Houses of the Oireachtas.

Accountability Processes

CHO5 will engage in the re-structuring process and development of the new accountability framework. As in previous years, all budget holders will focus on service delivery and expenditure control. The Health Service Code of Governance and the Financial, Procurement and Human Resource regulations apply across the organisation and set out the behaviours expected. Compliance with the code remains a key requirement. Once established, each Division will be accountable for the overall performance of services in that Division, in particular, the safe and cost effective delivery of services to a high standard. This will also apply to services delivered through Service Arrangements, as Health Service funding will be contingent on providers meeting agreed criteria as set out in Service Arrangements, including formalised compliance statements.

Escalation, Interventions and Sanctions

This section sets out the arrangements in place for 2016 between the National Performance Oversight Group (NPOG) and National Directors for identifying and responding to areas of underperformance in relation to service delivery, quality and safety of care, financial management and HR. Its objective is to support the Director General and the Directorate by ensuring that potentially serious issues and areas of underperformance are identified as early as possible and addressed effectively. It reflects how information will be exchanged and used in a timely manner, the triggers and prompts for escalation and intervention, and where responsibility sits for each level of escalation. This Framework is intended to be a dynamic process that will be reviewed on an ongoing basis in order to reflect any changes required as the system matures and develops.

Performance

One of the important elements of the HSE's 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.

Performance will be measured against the four quadrants of the Balanced Score Card of Quality and Safety, Access, Finance and Workforce.

Underperformance

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
- Departs from what is considered normal practice

Where the measures and targets set out in these areas are not being achieved, this will be considered to be *'underperformance'*.

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 Divisional National Director 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 which are described below.

An issue that requires escalation can start in any part of the organisation and this process ensures that Service Managers, Hospital Group CEOs, Chief Officers of Community Healthcare Organisations and National Directors 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.

Escalation Process

Each National Director is responsible for maintaining appropriate governance arrangements for their Division to ensure that it is operating effectively and delivering quality and safe care to patients.

The objective of the National Performance Oversight Group is to co-ordinate their work programme on behalf of the Directorate to seek assurance on the safe, effective and efficient delivery of services. Issues arising will normally be dealt with by National Directors through their normal reporting channels of Hospital Groups and the Executive Management Committee. The following sections describe the formal performance escalation process as part of the Accountability Framework 2016 and outline the process in terms of:

- Responsibilities at each level of performance and escalation
- The thresholds and tolerances for underperformance services for red escalation (to NPOG) for a number of priority measures
- The type of supports, interventions and sanctions to be taken at each escalation level

Escalation Levels

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

Priorities & Actions 2016

Delivery of Services

Introduction

The 2016 Operational Plan for CHO5 South East sets out the type and volume of services which will be provided across all Divisions within the funding allocated and taking into consideration:

- Quality improvement and patient safety;
- Overall reform of the health services;
- The Quantum of services to be provided.

We are continuing to change and reform in accordance with Future Health: A Strategic Framework for the Reform of the Health Service. Focusing on service improvement and ensuring that quality and patient safety is at the heart of service delivery is central to health service reform. This emphasis seeks to ensure that people's experience of the health service is not only safe and of high quality, but also caring and compassionate.

We are committed to fostering a culture of continuous learning and improvement, where patients' needs come first and where the value of patient centred care is communicated and understood at all levels. Fostering such a culture requires that patients and service users are put before other considerations, high standards are observed, noncompliance is not tolerated and all staff commit to full personal engagement to achieve this objective.

We recognise the critical importance of good governance and of continually enhancing its accountability arrangements. In this regard, and in the context of the establishment of the Community Healthcare Organisations, the HSE is strengthening its accountability arrangements and is putting in place a new Accountability Framework. This enhanced governance and accountability framework will be implemented in a timely manner across CHO5 making explicit the responsibilities of all managers, to deliver targets set out in the National Service Plan and our Operational plans.

Health and Wellbeing

Introduction

Health and Wellbeing services are provided to a population of 497,578, and are delivered by teams of public health nurses and community medical officers through the Primary Care Division. The teams are supported by ancillary physiotherapy, dietetic, speech and language therapy and other staff, and referrals of children requiring assessments are made to hospital, general practitioner and other health and well-being services as appropriate, ensuring that patient safety and quality of health care provision are the driving forces in our practices. The service has a broad remit with multiple client groups and the focus of care incorporates primary, secondary, tertiary and end of life care. The focus of the service is to promote health and wellbeing, and provide clinical nursing care to the population through the delivery of high quality, evidence based nursing care.

Goal One of the HSE *Corporate Plan 2015–2017* is to ‘promote Health and Wellbeing as part of everything we do’. It places the implementation of the *Healthy Ireland Framework* as a core pillar of our work and recognises the need to support staff and the wider community to look after their own Health and Wellbeing.

Within the HSE, the Health and Wellbeing National Division will continue to build capacity to implement evidence-based Health and Wellbeing objectives in 2016 and further develop research and policy capabilities. In addition, staff in Health and Wellbeing will continue to ensure new accountability mechanisms, models of care and funding reforms are realising corporate commitments to rebalance health system priorities toward, chronic disease prevention and management, strategies for earlier detection of disease and the scaling up of self-care and self-management supports for individuals living with chronic disease.

Implementation of all actions will be commensurate with available funding with some being prioritised and phased during 2016.

Health and Wellbeing Services are provided to the CHO-5 South East population via:

- 13 Health and Social Care Networks
- 55 Primary Care Teams

Services provided:

- Child health screening
- National Blood Spot Screening/Breastfeeding promotion and support
- Immunisation
- School Screening Vision/Hearing
- Flu Vaccination Clinics
- Complaint Management, Documentation Audit , Child/Family Health Need Assessment Screening
- Collection and analysis of smoking patterns in the area through Public Health Information Tool
- Clinical nursing, referral, assessment of need. Caseload Analysis on all PHN caseloads
- Meeting KPI targets to include review and monitoring of KPI activity.

Quality and Service User Safety

Our Service goal is to protect the wellbeing of the population by providing equitable access to a service that is responsive to, meets the health and wellbeing needs, and clinical needs of individuals, families and communities. The challenges faced in dealing with the increase in the amount and complexity of clinical nursing care required in community setting increases the requirement for ongoing professional development and education.

Key Priorities and Actions to Deliver on Goals in 2016

Corporate Goal	Health and Wellbeing Strategic Priority	Actions 2016	Measure of Performance	End Qtr
Goal 1: Promote health and wellbeing as part of everything we do so that people will be healthier	**Priority** Local Community Development Committees (LCDCs)	Further engagement with County Council in relation to HSE membership of 5 LCDCs in 2016 following appointment of Director of Health & Well-being is appointed. In conjunction with Social Inclusion services, CHO5 will engage with the 5 LCDCs on the Development of the Health Sections Local, Economic & Community Plans in consultation with other services.	CHO membership on 5 LCDC Health Actions included on Plans	Q2-Q3 Q1-Q4
Goal 1: Promote health and wellbeing as part of everything we do so that people will be healthier	**Priority:** Healthy Eating & Active Living	Childhood Obesity Training/Motivational Interview training will be delivered across CHO5;	Training Meet KPI targets	Q2 Q4
Goal 1: Promote health and wellbeing as part of everything we do so that people will be healthier	**Priority:** Healthy Eating & Active Living	CHO5 will support opportunities and local initiatives for physical activity in partnership with other organisations such as the expansion of 'park run', with a focus on disadvantaged areas and young people	CHO5 will participate and support as required	Q1-Q4
Goal 1: Promote health and wellbeing as part of everything we do so that people will be healthier	**Priority:** Healthy Eating & Active Living	CHO5 will support as required the development and implementation of a HSE Healthy Food and Nutrition Policy including national clinical guideline for identification and management of under-nutrition.		Q1-Q4
Goal 1: Promote health and wellbeing as part of everything we do so that people will be healthier	**Priority:** Healthy Childhood	CHO5 will support as required the national division in the implementation of child health priorities (screening; immunisation; early intervention) in partnership with primary care and acute hospital service, in line with outcome one of Better Outcomes Brighter Futures	CHO5 will support national division as required	Q1-Q4

Goal 1: Promote health and wellbeing as part of everything we do so that people will be healthier	**Priority:** Healthy Childhood	CHO5 in line with national guidance and within available resources will commence 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. CHO5 DPHN'S will nominate staff for the 2016 Child Health Training Programme as per professional scope of practice requirements and within available resources. CHO5 PHNs will attend Child and Family Needs Assessment training (in association with NMPDU). This will involve 2 full days training per PHN - all PHN's will undertake training including PHN Management.	 Staff participate in training Staff participate in training	Q1-Q4 Q1-Q4 Q2
Goal 1: Promote health and wellbeing as part of everything we do so that people will be healthier	**Priority:** Healthy Childhood	Commence the implementation of the key components of the Nurture-Infant Health and Wellbeing Programme, which will include public information and education, staff training and supports, and the development of an integrated service delivery model. The Nurture Infant Health and Well – Being Programme will include a module on Infant Mental Health and this module will be used in training for all PHN and Community Medical Officers across South East	Training on key aspects of the new model will be delivered to Public Health Nurses (PHNs) and Community Medical Officers in 2016	Q1-Q4
Goal 1: Promote health and wellbeing as part of everything we do so that people will be healthier	**Priority:** Healthy Childhood	Develop Action plan to progress Breastfeeding in Ireland within HI Framework and across Primary Care and acute sector as with community and voluntary sector	Meet KPI targets	Q1 – Q4
Goal 1: Promote health and wellbeing as part of everything we do so that people will be healthier	**Priority:** Immunisation	Continue to provide primary and secondary school immunisation in accordance with the national immunisation schedule Community Medical Services will seek to address BCG wait list challenges	Ongoing Appointment of CHO5 PMO Meet KPI Targets	Q1 – Q4 Q1 Q1– Q4

		Continue to provide Flu Vaccine in accordance with the national immunisation schedule	Ongoing	Q4
Goal 1: Promote health and wellbeing as part of everything we do so that people will be healthier	**Priority:** Tobacco Free Campus Policy and BISC training	Support the continued role out of the Tobacco Free Campus Policy in Social Care with set targets. CHO5 Health & Well-being will work with other Divisions to achieve Brief Intervention Smoking Cessation training targets for frontline staff in 2016.	Attain targets for new and existing sites to adhere to tobacco free campus policy • Primary Care - 29 • Social Care - 18 • Mental Health - 44 Total CHO5 = 91	Q1 - Q4
Goal 1: Promote health and wellbeing as part of everything we do so that people will be healthier	**Priority:** Alcohol	In line with national division, CHO5 will commence work on the development of a 3-year alcohol implementation plan incorporating actions from the National Substance Misuse report and aligned to new legislation.	CHO5 Alcohol Implementation Plan	Q1 - Q4
Goal 1: Promote health and wellbeing as part of everything we do so that people will be healthier	**Priority:** Alcohol	CHO5 will further progress a co-ordinated approach to prevention and education interventions through the community mobilisation on alcohol initiatives with Drug and Alcohol Task Forces & in partnership with the Community Based Drugs Initiatives	Developed of a coordinated approach to alcohol misuse prevention in partnership with the RDTF and CBDI	Q1-Q4
Goal 1: Promote health and wellbeing as part of everything we do so that people will be healthier	**Priority:** Wellbeing and Mental Health	Promote positive mental health promotion in association with Mental Health Division and CHO5 Suicide Resource Office to implement relevant recommendations from *Connecting for Life – Ireland's National Strategy to Reduce Suicide 2015-2050* with a particular focus on mental health promotion programme activities and partnership to improve community wellbeing; 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 'Making Every Contact Count';	Employee Assistance Programme Stress Management Workshops	Q1-Q4 Q1-Q4
Goal 1: Promote health and wellbeing as part of everything we	**Priority:** Positive Ageing	CHO5 will support the implementation of the Carers Strategy through the work of the national multi divisional group.		Q1-Q4

do so that people will be healthier				
Goal 1: Promote health and wellbeing as part of everything we do so that people will be healthier	***Priority:*** Positive Ageing	CHO5 will support the implementation of the Carers Strategy through the work of the multi divisional group. CHO 5 will continue to implement Genio Dementia projects across Carlow/Kilkenny/South Tipperary CHO5 will continue to develop positive attitudes to ageing and dementia and to assist the communities in general to understand and support people with dementia;	Implementation of Genio, Shared Learning	Q1-Q4 Q1-Q4
Goal 1: Promote health and wellbeing as part of everything we do so that people will be healthier	**Priority:** Healthy Ireland in the Health Services National Implementation Plan 2015-2017	CHO will develop Healthy Ireland implementation plan in 2016		Q1-Q4
Goal 2: Provide fair, equitable and timely access to quality, safe health services that people need	**Priority:** Protect the population from threats to their Health and Wellbeing	Ongoing engagement with Emergency Management Regional Team		Q1 – Q4
Goal 2: Provide fair, equitable and timely access to quality, safe health services that people need	**Priority:** Protect the population from threats to their Health and Wellbeing	CHO5 will within available resources: Implement and recommendations from the review of models of delivery and governance of immunisation services. Improve national immunisation uptake rates in partnership with Primary Care. Implement changes to Primary Childhood Immunisation Programme and Schools Immunisation Programme. Augment the current Primary Childhood Immunisation schedule to address agreed public health priorities. (New funding €2.5m) Improve influenza vaccine uptake rates amongst staff in frontline settings (acute and long-term care in the community working in association with CHO5 Occupational Health Service Improve influenza uptake rate among persons aged 65 and over.	Appointment of CHO5 Principal Medical Officer will assist Ongoing National Dependent Ongoing	Q1 – Q4 Q1 - Q4 Q1 – Q4 Q1 – Q4 Q1 – Q4 Q1 – Q4

Goal 2: Provide fair, equitable and timely access to quality, safe health services that people need	**Priority:** Protect the population from threats to their Health and Wellbeing	Promote the prevention and control of health care associated infection within all service areas CHO5 will support and collaborate with the HCAI/AMR clinical care programmes in prioritising key areas for development in 2016. Development of a multidisciplinary HCAI/AMR committee to oversee CHO5 Infection Prevention and Control and antimicrobial stewardship programmes in line with national clinical care programme guidance. Committee	Meet KPI Targets Implementation as appropriate of Health Care Associated Infection Control Audit Programme CHO5 Committee Ensure HCAI/AMR is a standing item for CHO Management Team meetings and at all levels within CHO5 Ensure HCAI/AMR is included within CHO5 Director Quality & Safety remit	Q1 – Q4 Q1 - Q4 Q1 – Q4
Goal 2: Provide fair, equitable and timely access to quality, safe health services that people need	**Priority:** Protect the population from Threats to their Health and Wellbeing	CHO5 will continue to work as appropriate with Public Health Department, national division and other relevant agencies to provide responses and increase capacity (within resources) to address public health incidents including outbreaks of infectious disease, chemical, radiation and environmental incidents.	Ongoing	Q1 – Q4
Goal 2: Provide fair, equitable and timely access to quality, safe health services that people need	**Priority:** Protect the population from Threats to their Health and Wellbeing	Ongoing structured discharge planning to ensure there is a safe and coordinated discharge from the acute sector to community	Safer discharges, less re-admissions, better patient outcomes and satisfaction Reduction in complaints	Q1 – Q4 Q1-Q4
Goal 3: Foster a culture that is honest, compassionate, transparent and accountable	**Priority**: Implement a uniform system for recording, collating and reporting Complaints and Compliments across Health and Wellbeing and its services	Continue to work with Consumer Affairs and National Complaints Governance & Learning Team to review complaints management, review complaints, analyse trends and put in place action plans to improved service	Measurable reduction in complaints	Q1 – Q4
Goal 3: Foster a culture that is honest, compassionate, transparent and accountable	**Priority:** Develop, implement and disseminate a Quality Profile Framework for Health and Wellbeing	Monitor the performance of health services against agreed national indicators for quality and safety in care and the National Primary Care Quality Dashboard.	Meet Targets	Q1 – Q4

	Services			
Goal 4: Engage, Develop and value our workforce to deliver the best possible care and services to them	**Priority:** Staff Health &Well-being	Support HR to commence work developing a Healthy Workplace Policy and supporting initiatives to support and encourage staff to look after their own Health and Wellbeing	Policy	Q1-Q4
Goal 4: Engage, Develop and value our workforce to deliver the best possible care and services to them	**Priority:** Provide training and support to staff to embed the concept of 'every contact counts' through the provision of training and support, improved data capture and the development of a framework and implementation plan for the National Brief Intervention Model	Identify gaps in training, audit practice, and community audit, developing and implementing required training programmes	Ongoing	Q1 – Q4
Goal 4: Engage, Develop and value our workforce to deliver the best possible care and services to them	**Priority**: Strengthen health and wellbeing management and capacity within CHOs and hospital groups.	CHO5 will support national division		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	**Priority:** Embed Health and Wellbeing indicators within HSE reform programmes and projects	CHO5 will support the introduction of the individual health Identifier.	Improved patient safety and more efficient service (national dependency on implementation)	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	**Priority**	CHO5 will support as required the national division in Progress Phase 1 of the systems lifecycle (design, data migration, planning) in preparation for the National Child Health and Immunisation Information System (NICIS) implementation.		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	**Priority:** Embed Health and Wellbeing indicators within HSE reform programmes and projects	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	Ongoing Developments	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	**Priority**: Incorporate prevention and intervention requirements into existing and new clinical care programmes	Extend the Respiratory Demonstrator Project to new sites		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	**Priority:** Incorporate prevention and intervention requirements into existing and new clinical care programmes	Increase the proportion of patients utilising self-care and self-management supports (HI), XPERT in CHO5 for self management in Diabetes care. Ensure training for relevant staff in order to deliver Structured Patient Education for Type 2 Diabetes Diabetes Nurse Specialists to expand the current work with additional GP Practices in regards to Diabetic Care in the Community across South East CHO; The CNS Diabetes in South Tipperary will continue work with GP Practices on Diabetes Care and the remaining 4 (16 in total) will be completed achieved by end of Q1 2016. The South Tipperary PHN Service have scheduled Clinical & Professional Updates Meeting in with a focus on updating clinical & health promotion knowledge re: Diabetes – involving the CNS Diabetes for Primary Care, Podiatry, Dietetics and the acute services of the Diabetes CNS.	Meet KPI Targets for XPERT	Q1 – Q4 Q1-Q4 Q1

Primary Care

Introduction

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 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 can 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 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.

Primary Care services include primary care teams (PCTs) and general practice, schemes 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 integrated care and accountability for primary care services. This will strengthen the Accountability Framework and outline explicit responsibilities for staff at all levels.

Primary Care Services are provided to a population of 497,578, in this area via:

- 13 Health and Social Care Networks
- 55 Primary Care Teams.
- Access to CHO Audiology, Orthodontic, Addiction, Ophthalmology and GP Out of Hours Services.

Primary Care Services:

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

CHO Area 5 (South East) 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.

CHO5 Primary Care Initiatives

CHO5 initiatives in Primary Care include:

- Direct access for G.P.'s to ultrasounds for patients with medical cards and GP visit cards at the primary care centres
- Delivery of the X-PERT diabetes programme for people with type 2 diabetes throughout the South East.

- Primary care services input to improving the pathway for acute hospital discharges in 2016
- CIT/OPAT
- Smoking Cessation Programmes.
- Childhood Immunisation Programme.
- Prosthetics
- Domiciliary Births service in South East has worked closely with hospital maternity services to provide an enhanced level of consultant team input to home births.
- Structured ICGP- St. Luke's Liaison Committee in Carlow/Kilkenny
- SCAN Service
- Clinical Nurse Specialist Service for patients with Diabetes in partnership with General Practice and Wexford General Hospital.
- Cross divisional Parkinson's Multidisciplinary Programme
- Asylum Seeker Health Screening
- Infant Mental Health Project.
- CIPC and Low Cost Counselling.
- Service User surveys.

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 people in the community through 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.
- Services under *Health (Amendment) Act 1996*.
- Methadone Treatment Scheme.

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 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.

The socially excluded service users are often invisible in datasets or outcome frameworks presents a challenge to ongoing maintenance of a focus on the needs of such vulnerable people. It is incumbent on Social Inclusion services to continue working towards development and application of appropriate disaggregated data that accurately reflects health needs and outcomes of vulnerable groups; such efforts will continue to be progressed during 2016, aligned with objectives of the Healthy Ireland Implementation Plan.

Addiction Services

Addiction Services in CHO 5 works in partnership with the South East Regional Drug Task Force for the provision of services. Addiction services are provided via:

- Drug Education
- Under 18 service which includes drug education, prevention and counselling
- Community Based Drugs Initiative Workers and Outreach Workers in each county
- Counselling & Function Family Therapy service
- Liaison Nurse and support for out-patient detoxification
- Needle exchange / health promotion units across the Area;
- Blood Bourne Virus (BBV) Screening and Vaccination service
- Facilitating referral to specialist services for BBV treatment
- Substance Misuse Liaison Nurse supporting clients who present to University Hospital Waterford with substance misuse issues
- Provision of Care and Case management systems for clients with complex substance misuse related issues
- Access to psychology service
- 12 opiate substitution treatment clinics for substance misuse provided in 5 centres;
- 1 National adolescent detoxification service providing 4 detoxification beds
- 1 Young Persons residential rehabilitation service providing 12 beds
- 14 (Cahir) & 12 (Wexford) Short Stay Residential Treatment beds
- 1 Sober House

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

Homeless Services

Homeless Services provide the following range of supports primarily via service level agreement with Voluntary providers:

- 99 Male Emergency hostel places;
- 15 Females & Family units of emergency accommodation
- 57 Transitional units of accommodation
- 107 Long term places in supported accommodation (Note: some of the long terms beds are funded via Local Authorities)
- 1 Aftercare Step Down Facility
- 1 Community Mental Health Nurse
- 1 Drugs Outreach Worker for Homeless Services
- Homeless Action Teams (HATS) are operating in each of the 5 counties throughout the region
- Tenancy sustainment services (funded by the local authorities)

Traveller Health Projects

Traveller Health Services include 1 CHO5 Traveller Health Unit which supports:

- 8 Traveller Community Health Projects
- 4 Men's Health Projects
- 1 Regional Liaison Traveller Health Nurse
- 1 Mental Health Liaison Nurse (Carlow/Kilkenny)

Roma Health Projects

ROMA Health Services within CHO5 include:

- 2 ROMA Health Advocate Workers (Waterford & Wexford)
- 2 ROMA Health Drop In Services (Waterford & Wexford)

New Communities

- 5 Direct Provision Centres for Asylum Seekers
- 1 Emergency Reception and Orientation Centre
- 2 part time new communities Health Outreach Workers
- 4 Trained Voluntary Community Knowledge Workers

Palliative Care

In CHO5, Palliative Care services are accessible in a range of settings from the specialist inpatient Unit at University Hospital Waterford to the Community, Acute Hospitals and Intermediate Palliative Care beds are provided in a range of care of the older person facilities.

CHO 5 and South/South West Hospital Group will continue on the planning of the 20 bed Specialist Palliative Care in- patient unit in Waterford which will serve the South East. This development is in partnership with Waterford Hospice Movement who have committed significant capital funding to the overall project. A Memorandum of Understanding has been agreed and signed between the HSE and Waterford Hospice Movement Ltd.

Funding is being provided to further enhance the community specialist nursing service in Waterford and Carlow/Kilkenny through by increasing the staff compliment by 2 WTE Community Clinical Nurse Specialists i.e. 1 in each area. The commencement date for the new post in Waterford is January 2016 and Carlow/Kilkenny Mid 2016.

Risks to Primary Care Service Delivery 2016

The budget allocation for primary care in 2016 presents challenges for the maintenance of existing levels of service for the division, particularly so for the PCRS range of demand-led services. The challenges for 2016 in Primary Care are as follows:

- Delivering activity under local demand-led schemes to funded levels.
- Provision of oral health prevention services
- Provision of new drugs and cancer drugs
- Recruitment and retention of specialist GPs within rural areas. Examine the framework for the delivery of GMS General Practice Services in rural areas in line with national direction
- Development of Primary Care Infrastructure due to lack of dedicated capital funding
- Primary Care Governance Structure and roll-out across CHO5 area.

Risks to Social Inclusion Service Delivery 2016

The challenges for 2016 will be in the areas of Social Inclusion:

- Participation within the LCDC and Healthy Ireland structures
- Provision of accessible Addiction Services with the Primary Care setting in line with Government policy.
- The provision of enhanced health assessment and care support planning for complex Homeless Service users in line with Government policy.
- The implementation of the new National Traveller and Roma Inclusion Strategy.
- Delivery of Primary Care Services to a rotating population within the new Emergency Reception and Orientation Centre (EROC) in Clonea Strand, Dungarvan

Ensuring the Provision of Integrated Care and Clinical Care Programmes

Integration with Hospital Groups

South East CHO5 will continue to develop interfaces between communities and the relevant Hospital Groups (South/South West and Ireland East). In particular there will be increased development of principal day-to-day linkages at clinical and patient level through primary care networks and the relevant service within the Hospital Group. South East CHO will continue to develop significant interfaces with the Hospital Groups and progress further the integration between different parts of the community healthcare services and acute hospitals through the following;

- Development of Community Intervention Teams
- Infection Control Initiatives with a particular focus on Hand Hygiene in 2016
- Winter Capacity Planning
- Clinical Care Programmes - Respiratory/Pulmonary Demonstrator Sites
- ICGP/ St. Luke's Hospital Liaison Committee in Carlow/Kilkenny. In 2016 the continuance of these monthly meetings between GPs, Consultants & HSE Primary Care & Public Health is essential. These are GP chaired with minutes circulated to all clinicians in Carlow/Kilkenny through the Faculty. The committee works by participation, problem solving and innovation. In 2016 the Liaison Committee will focus on a number of projects including:
    - Monthly heart failure clinic with online virtual clinics
    - Monthly acute arthritis clinic
    - New safer hospital discharge prescription process
    - Acute Surgical Assessment Unit (ASAU) opened – clear referral pathways for GPs, reduced Ed waits, improved flow, enhanced patient safety
    - GP initiative for Unscheduled Care: GPs 'reduce/hold/delay' referrals to ED/AMAU during periods of increased clinical activity at St. Luke's Hospital Kilkenny with process now established through bed managers/GPs (fax/text/email) resulting in improved patient flow/safety.
- Diabetes Clinical Care Programme
- Participation of the Traveller Community Health Projects on the St Luke's Hospital/Traveller Working Group
- Delayed Discharges Initiatives between Primary Care Services, Older Persons Services and Acute Hospital Services.
- Egress Group has been set up includes CHO5 with the South/South West Hospital Group to look at operational blocks and policies that effect and will improve patient flow

Improving Quality and Safety

Quality improvement and patient safety is everybody's business and is embedded in all work-practices across primary care services. The Primary Care Division is committed to promoting a ""quality and safety" culture by ensuring effective governance, clear accountability and robust leadership. In accordance with the National Framework for Quality the following are the 5 key drivers for the Primary Care Quality & Safety programme in 2016:

- Governance: The CHO5 Primary Care Lead and Chief Officer will ensure that the division develops structures to ensure accountability for the quality and safety of services within Primary Care.
- Safe care and support: The CHO5 Primary Care Lead and Chief Officer will ensure that the division develops structures and processes to avoid, prevent and minimise harm to patients/service users and to learn from situations when things go wrong.
- Person centre care and support: The service user will at all times be at the centre of the delivery of care.
- Effective care and support: The primary care services will deliver best achievable outcomes for patients/service users.
- Measuring and learning for improvement: Systems and structures will be put in place to measure performance in relation to quality and safety and to ensure learning is shared across primary care.

Health Service Reform

2016 will be another important year in the ongoing reform of the HSE with continued focus on programmes of work to bring about strategic reform of the health services. The following are some infrastructural changes and service improvements to support safe patient care and the development of quality services for Primary Care in 2016:

- GP/GMS Contract(s) review
- Community Referral and Patient Management System procurement
- Implementation of prioritised chronic disease management programmes
- Individual Health Identifier implementation
- Direct access to diagnostics for GPs
- Roll out of minor surgery in general practice
- PCRS – Clinical Advisory Group recommendations and online medical card processing
- Quality Information Management System procurement
- CIT/OPAT System – Portal developments and infrastructural deployment.

Primary Care Budget

Spend & Budget	2015 Actual Net Spend	2015 Actual Net Budget	2016 opening Budget
	€m	€m	€m
Primary Care (Core)	74.82	75.14	74.61
Local Schemes	17.46	17.35	18.16
Social Inclusion	8.09	8.09	7.67
Palliative Care	1.25	1.28	1.28
Total	**101.62**	**101.86**	**101.72**

Primary Care Workforce

Staffing	Medical/ Dental	Nursing	Health & Social Care Professionals	Management/ Admin	General Support Staff	Other Patient & Client Care	Total	Projected Outturn Dec 2015
Primary Care	78	244	219	197	26	51	815	821

Key Priorities and Actions to Deliver on Goals in 2016

Corporate Goal	Primary Care Strategic Priority	Actions 2016	Measure of Performance	End Qtr
Goal 1: Promote health and wellbeing as part of everything we do so that people will be healthier	**Priority**: Implement, in collaboration with Health and Wellbeing child health programmes/initiative to improve health outcomes for children	**Child Health**: Work in partnership with the Health and Wellbeing Division in the achievement of compliance with KPI Targets.	Meet KPI targets	Q1-Q4
Goal 1: Promote health and wellbeing as part of everything we do so that people will be healthier	**Priority**: Implement, in collaboration with Health and Wellbeing child health programmes/initiative to improve health outcomes for children	Continue to work in collaboration initiatives to improve health outcomes for vulnerable populations	• Deliver Public Health Nurse and SMOs training on the nutrition reference pack for infants 0-12 months. • Further development of Child Health with the establishment of Spoon Feeding Clinic in Enniscorthy which targets children from 6 months to	Q1- Q4 Q1- Q4

			establish healthy eating by the PHNs. • School PHNs are undertaking training in LogMar School Vision Training • CHO5 PHNs are attending training on the Child and Family Needs Assessment	Q1 Q2
Goal 1: Promote health and wellbeing as part of everything we do so that people will be healthier	**Priority**: Implement, in collaboration with Health and Wellbeing child health programmes/initiative to improve health outcomes for children	Continue to work in collaboration initiatives to improve health outcomes for vulnerable populations	• CHO5 Dietetic Service will support existing community nutrition/cooking programmes (Cook it! Programme) for parents and roll out new training for teachers and community workers to deliver these programmes • Participate and assist in the Children Services Committees action plans for Health Children in the 5 Local Authorities • Roll out of Speech & Language Therapy ELKAN language (population based initiative) programme to train nominated teachers in South Tipperary • Multi Disciplinary Team training led by Psychology on infant mental health in South Tipperary, building awareness of social and emotional needs of babies and toddlers will be continued. • Carlow/Kilkenny Psychology Teams will continue to offer Primary Care Drop in Clinic & Workshop Initiatives to parents.	Q1- Q4 Q1- Q4 Q1- Q4 Q1- Q4 Q1- Q4
Goal 1: Promote health and wellbeing as part of everything we do so that people will be healthier	**Priority**: Implement, in collaboration with Health and Wellbeing child health programmes/initiative to improve health outcomes for children	Continue to work in collaboration initiatives to improve health outcomes for vulnerable populations	Wexford Occupational Therapy will continue to provide the manual and powered wheelchair skills group initiative 'Go Kids Go' for children, parents and siblings.	Q1 - Q4
Goal 1: Promote health and wellbeing as part of everything we do so that people will be healthier	**Priority:** Tobacco Free Campus Policy and BISC training	Support the continued role out of the Tobacco Free Campus Policy in Primary Care and frontline staff brief intervention training with national Primary Care set targets	Attain targets for new sites to adhere to tobacco free campus policy and frontline staff training i.e.5% (29) CHO5 Primary Care Frontline Staff in 2016.	Q1 - Q4

Goal 1: Promote health and wellbeing as part of everything we do so that people will be healthier	**Priority:** Improve national immunisation rates in partnership with Health and Wellbeing	Continue to provide primary and secondary school immunisation in accordance with the national immunisation schedule Community Medical Services will endeavour to address BCG wait list challenges where possible.	Ongoing Meet KPI Targets Appointment of CHO5 Principal Medical Officer will support this initiative	Q1 - Q4 Q1 -Q4 Q1
Goal 1: Promote health and wellbeing as part of everything we do so that people will be healthier	**Social Inclusion Priority:** Improve national immunisation rates in partnership with Health and Wellbeing	Development of a targeted immunisation programme for ROMA and Vulnerable Migrants residing in CHO5. Wexford will develop a pilot programme (led by Social Inclusion) in partnership with public health and National Disease Surveillance Unit Provision of health awareness information regarding both the National Immunisation Programme and SCIDs to Traveller Health Projects within CHO Area 5 (partnership with public health and the Traveller Health Unit) Traveller Community Health Projects and PHN Services to ensure that immunisation rates amongst socially excluded groups continue to be enhanced. SI services will work with PHN Services to ensure that information on the National	Targeted immunisation programme in place for ROMA and Vulnerable Migrants Development of health information packs on National Immunisation Programme and SCIDs targeted at Traveller Community Increased immunisation rates for members of the Traveller Community Provision of information on the National Immunisation Programme to Programme Refugees	Q1 -Q4 Q1 -Q4 Q1 -Q4 Q1 -Q4

		Immunisation Programme is included in induction/education of new Programme Refugees in Clonea Co. Waterford Emergency Reception Orientation Centre.		
Goal 1: Promote health and wellbeing as part of everything we do so that people will be healthier	**Priority:** In collaboration with Health and Wellbeing support health promotion and improvement initiatives in primary care	**PHN Service:** Vision	In line with other areas, the Public Health Nursing Service in Wexford will enhance the provision of the primary school vision and hearing service, by the re-assignment off a second PHN in the Primary Schools Programme.	Q1
Goal 1: Promote health and wellbeing as part of everything we do so that people will be healthier	**Priority:** In collaboration with Health and Wellbeing support health promotion and improvement initiatives in primary care	**Dietetics:** Work in collaboration with GP's and Health and Wellbeing to implement national strategy for Dietetics	Dietetic Service continues to deliver group weight management programmes across PCTs within available resources. Continue to deliver structured patient education for people with Type 2 Diabetes (XPERT programme).	Q1- Q4 Q1- Q4
Goal 1: Promote health and wellbeing as part of everything we do so that people will be healthier	**Priority:** In collaboration with Health and Wellbeing support health promotion and improvement initiatives in primary care	Work with the Health and Wellbeing Division and Clinical Programmes to integrate prevention, early detection and self management care into the Integrated Care Programmes	Clinical Nurse Specialist Service in Diabetes (South Tipp) will continue to be rolled-out to remaining GP surgeries (16 surgeries)	Q1- Q4
Goal 1: Promote health and wellbeing as part of everything we do so that people will be healthier	**Priority:** In collaboration with Health and Wellbeing support health promotion and improvement initiatives in primary care	Continue to work in collaboration initiatives to improve health outcomes for service users	Extend further nocturnal enuresis clinics by PHNs within existing resources - Existing weekly clinics in both Carlow, Wexford will continue and increase to clear waiting lists and manage increasing referrals.	Q1 - Q4
Goal 1: Promote health and wellbeing	**Priority:** In collaboration with Health and Wellbeing	Continue to work in collaboration initiatives to improve health	Provision of training (second round training) in Transgender health to health care professionals across CHO5	Q1 - Q4

as part of everything we do so that people will be healthier	support health promotion and improvement initiatives in primary care	outcomes for service users		
Goal 1: Promote health and wellbeing as part of everything we do so that people will be healthier	**Priority:** Strengthen national supports and guidance to primary care providers in relation to Health Care Associated Infections	Promote the prevention and control of health care associated infection within all service areas	Implementation of Health Care Associated Infection Control Audit Programme and QIP as appropriate with focus on Hand Hygiene Practices. CHO 5 will review systems in place to reduce and control antimicrobial resistance with a view to developing a QIP within available resources The CHO will support and collaborate with the HCAI/AMR clinical care programmes in prioritising key areas for development in 2016. Meet KPI Targets	Q1 -Q4 Q1 - Q4 Q1 - Q4
Goal 1: Promote health and wellbeing as part of everything we do so that people will be healthier	**Priority:** Strengthen national supports and guidance to primary care providers in relation to Health Care Associated Infections	Actively participate in the integrated CHO Infection Prevention and Control Committee Continue the promotion of hand hygiene training and hygiene audit in keeping with national priorities	Ongoing CHO5 will develop and implement a QIP Hand Hygiene Practices CHO 5 will review systems to reduce and control antimicrobial resistance with a view to developing a QIP within available resources (Standard 12).	Q1 - Q4 Q1- Q4
Goal 1: Promote health and wellbeing as part of everything we do so that people will be healthier	**Social Inclusion Priority**	Participate in inter agency local working groups to ensure structured pathways to respond to the health and social care needs of programme refugees. Social Inclusion services will participate in the development and implementation of the Healthy Ireland Plan Implementation of the brief intervention 'Making Every Contact Count' across Social Inclusion to increase the knowledge of our service users on the	Structured pathways are in place in meet The health and social care needs of programme refugees Healthy Ireland Implementation Plan in place & CHO5 Social Inclusion priority action included in Local Consultative Development Committee LCDC plans and Healthy Cities programme	Q1 Q1-Q4 Q1-Q4

		importance of reducing known and preventable key risk factors for chronic illness and to encourage take up of our screening services; Further progress a co-ordinated approach to prevention and education interventions in the area of alcohol and drugs.	Provision of Trained Trainer SAOR screening and brief intervention training for alcohol and substance misuse - aim for 15 staff to have completed Train the Trainer Establish a CHO5 working group between social inclusion and health promotion and primary care staff to develop a plan for collaborative working	Q1-Q4 Q1-Q4
Goal 2: Provide fair, equitable and timely access to quality, safe health services that people need	**Priority:** Provide improved and additional services at primary care (PCT and Network) level	Continue to consolidate the delivery of primary care services through 55 established PCTs and 13 HSCNs	Meet KPI targets	Q1 – Q4
Goal 2: Provide fair, equitable and timely access to quality, safe health services that people need	**Priority:** Provide improved and additional services at primary care (PCT and Network) level		CHO5 Physiotherapy services will continue to support falls prevention and bone health pilot with further integration with day hospital and acute services. Wexford Multidisciplinary Team including Occupational Therapy will continue to roll out the 'living-well elderly group' currently operating in New Ross Healthy Living Centre to other Day Care Centres in Co. Wexford in conjunction with other MDT members, appropriate professionals and voluntary bodies. Wexford Occupational Therapy will roll out the Fatigue Management Group for MS patients in conjunction with other MDT members, appropriate professionals and voluntary bodies.	Q1 –Q4 Q1 –Q4 Q1 –Q4
Goal 2: Provide fair, equitable and timely access	**Priority:** Provide improved and additional services at primary care (PCT	Expand CIT/OPAT coverage	CHO5 will explore options to maximise existing CIT Carlow/Kilkenny services. Work with acute hospitals to ensure maximum uptake of CITs in	Q1 -Q4

to quality, safe health services that people need	and Network) level		Carlow/Kilkenny and Waterford. South Tipperary will establish a steering group with the acute hospital to develop a CIT service Wexford will establish a steering group with the acute hospital to develop a CIT service	Q1 -Q4
Goal 2: Provide fair, equitable and timely access to quality, safe health services that people need	**Priority:** Provide improved and additional services at primary care (PCT and Network) level	Facilitate the transfer of appropriate complex paediatric cases to primary care.	Ongoing (within resources)	Q1
Goal 2: Provide fair, equitable and timely access to quality, safe health services that people need	**Priority:** Provide improved and additional services at primary care (PCT and Network) level	Strengthen primary care psychology services across CHO including primary care counselling services	Await national direction/resource dependent	Q1- Q4
Goal 2: Provide fair, equitable and timely access to quality, safe health services that people need	**Priority:** Provide improved and additional services at primary care (PCT and Network) level	Implement the recommendations from the GP Out of Hours Review Report once published	Implement recommendations (publication dependent)	Q1- Q4
Goal 2: Provide fair, equitable and timely access to quality, safe health services that people need	**Priority:** Provide improved and additional services at primary care (PCT and Network) level	Implement the recommendations from the Primary Care Eye Services Review once published	Implement recommendations (publication/resource dependent)	Q1- Q4
Goal 2: Provide fair, equitable and timely access to quality, safe health services that people need	**Priority:** Provide improved and additional services at primary care (PCT and Network) level	Undertake a review of model and provision of primary care SLT services including waiting list initiative	CHO5 will work with Primary Care National Division on review and implementation within South East	Q1- Q4
Goal 2: Provide fair, equitable and	**Priority:** Provide improved and additional services at	Will continue to work with estates for minor and major capital to	Upgraded centres	Q1 –Q4

timely access to quality, safe health services that people need	primary care (PCT and Network) level	extend and reconfigure existing Health Centres, and development of new Primary Care initiatives		
Goal 2: Provide fair, equitable and timely access to quality, safe health services that people need	**Priority:** Provide improved and additional services at primary care (PCT and Network) level	Progress the review of GP contracts under the Framework Agreement	National dependency await direction	Q1-Q4
Goal 2: Provide fair, equitable and timely access to quality, safe health services that people need	**Priority:** Provide improved and additional services at primary care (PCT and Network) level	Extend the 2015 Minor Surgery Project to further practices and target activity transfer from acute hospitals of up to 10,000 procedures.	National dependency. Await direction from Minor Surgery Project Manager on further rollout of this initiative	Q1-Q4
Goal 2: Provide fair, equitable and timely access to quality, safe health services that people need	**Priority:** Provide improved and additional services at primary care (PCT and Network) level	Extend direct access for GPs to ultrasound and x-ray	National dependency. Await direction from the Ultrasound Project Manager on the further roll out of the ultrasound project in 2016 to CHO 5.	Q1-Q4
Goal 2: Provide fair, equitable and timely access to quality, safe health services that people need	**Priority:** Provide improved and additional services at primary care (PCT and Network) level	Extend access to free GP care to children aged up to 12 years subject to negotiations under the Framework Agreement. This service development will be implemented in the context of the new contractual framework with GPs.	National dependency Await direction	Q1-Q4
Goal 2: Provide fair, equitable and timely access to quality, safe health services that people need	**Priority:** Improve access to Oral Health and Orthodontics	Given the increasing demands as result in population growth with the impact on the CHO5 Orthodontic Waiting List, work with Orthodontic Services to ensure governance of service meets CHO requirements Work with National	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

		Office to explore service options and seek additional resources Further develop and implement an Oral Health Promotion Programme in the Dental Services across CHO5	'Lift the Lip' Campaign in CHO5, collaborative initiative with Dental and Public Health Nursing. An assessment process by PHN and direct referral pathway to the Dental Department to be developed Implement a dental services pilot programme in Waterford/Wexford area in collaboration with other disciplines, to identify children at risk of dental disease at an early age and provide appropriate referral/care pathways for these children Continue with computerisation process in dental surgeries in Carlow and Kilkenny.	Q1 -Q4 Q1-Q4 Q4
Goal 2: Provide fair, equitable and timely access to quality, safe health services that people need	**Priority:** Improve access to Oral Health and Orthodontics	Implement HIQA infection control standards and continue to develop and implement standardized processes of infection control across CHO	Use of self assessment tools to monitor and upgrade processes against standards Ongoing internal control through auditing of infection control processes Ongoing staff training	Q1 -Q4 Q1- Q4 Q1- Q4
Goal 2: Provide fair, equitable and timely access to quality, safe health services that people need	**Priority:** Improve Cross Division Service Integration	Continue to provide and develop Cross Division Service Integration	CHO5 will continue to develop an integrated response to support people being cared for in primary care and progress discharge initiatives and hospital avoidance between acute hospitals and community through provision of CIT / OPAT services, to facilitate, where clinically appropriate, complex care cases to be managed in primary care through collaboration with Acute and Social Care. Ensure maximum uptake and appropriate utilisation of CITs in Carlow/Kilkenny and Waterford South Tipperary and Wexford will establish Steering Group with their acute hospitals to develop a CIT services Waterford Primary Care and Older Persons Services set up weekly delayed discharge meetings and patient flow	Q1 –Q4 Q1 -Q4 Q2, Q3 Q1 -Q4

			meetings with UHW. Primary Care is working UHW to develop a GP alert notification. Egress Group has been set up with the South/SW Hospital Group to review barriers and policies that effect and will improve patient flow.	Q1- Q4 Q1- Q4
Goal 2: Provide fair, equitable and timely access	**Priority:** Improve Cross Division Service Integration	Collaborate with Mental Health Division	CHO5 will continue to develop an integrated recovery response in partnership with Mental Health & Addiction Services for people with mental health and/or addiction problems through the CHO5 Recovery College.	Q1 –Q4
Goal 2: Provide fair, equitable and timely access	**Priority:** Improve Cross Division Service Integration	Collaborate with the National Counseling Service and the HSE Suicide Resource Office	Continue to develop Self Harm Intervention Programme (SHIP) across Area	Q1 –Q4 Q1 –Q4
Goal 2: Provide fair, equitable and timely access to quality, safe health services that people need	**Priority:** Improve Cross Division Service Integration	Collaborate with Social Care Health Division	Engage with the Local Implementation Groups on the Progressing Disability Services for Children and Young People (0-18 years) Programme in order to ensure integrated pathways for Primary Care and Network Disability Teams	Q1- Q4
Goal 2: Provide fair, equitable and timely access	**Priority:** Improve Cross Division Service Integration	Collaborate with Social, Care Division	Continue to implement the strategy to prevent falls and fractures in Ireland's ageing population. As part of the continued implementation of the National Dementia Strategy, support delivery of dementia specific education to PCTs and GPs in selected sites across Area 5 Continue to support the running of the Genio Project Memory Matters in Callan.	Q1- Q4 Q1- Q4
Goal 2: Provide fair, equitable and timely access to quality, safe health services that people need	**Priority:** Improve Cross Division Service Integration	Continue to develop Primary Care counselling services, including CIPC in collaboration with Director of Counselling and Mental Health	Ongoing provision of Counselling in Primary Care (CIPC) across all counties in CHO5. In 2016 CHO5 can expect to deliver 8025 counselling hours .	Q1- Q4
Goal 2: Provide fair, equitable and	**Priority:** Develop and progress the priority work streams	Continue to develop and align the existing primary care diabetes	Continue to deliver structured patient education for people with Type 2 Diabetes (XPERT programme).	Q1 -Q4

timely access to quality, safe health services that people need	of the five Integrated Care Programmes which will improve integration of services, access and outcomes for patients in collaboration with Clinical Strategy and Programmes	care initiatives to the nationally agreed model of care with the support of the Diabetes Clinical Programme.	Roll out of the diabetes cycle of care in the primary care setting supported by the recruitment Clinical Nurse Specialists, Podiatrists and Dieticians aligned to each CHO (national resource determination) Extend Clinical Nurse Specialist Service in Diabetes in South Tipperary to 16 allocated GP Practices	Q1 -Q4 Q1 -Q4
Goal 2: Provide fair, equitable and timely access to quality, safe health services that people need	**Priority:** Develop and progress the priority work streams of the five Integrated Care Programmes which will improve integration of services, access and outcomes for patients in collaboration with Clinical Strategy and Programmes	Extend the Respiratory Demonstrator Project to new sites with agreement from Primary Care and Chronic Disease Group	Roll out a Pulmonary Rehabilitation Programme. In Carlow/Kilkenny, this will involve 1 x Demonstrator Senior Respiratory Physiotherapy post & 1 Demonstrator Clinical Nurse Specialist Respiratory post. CHO5 will roll out a Heart Failure programme in Carlow/Kilkenny	Q1- Q4 Q2
Goal 2: Provide fair, equitable and timely access to quality, safe health services that people need	Primary Care Quality and Safety Work with national Quality Improvement Division in supporting the roll-out of patient safety programmes	Pressure Ulcers to Zero Collaborative	CHO5 Primary Care Teams will participate in the pressure ulcer to zero collaborative when being rolled out in the area. CHO 5 will encourage and support the involvement of senior public health nurses and other senior Multidisciplinary Team staff in the management and prevention of pressure ulcers within primary care in parallel to the pressure ulcer to zero collaborative. Enhance the development of ABPI (Leg Ulcer Assessment and Management Clinic) Clinics already in operation in Waterford, South Tipperary and Carlow/Kilkenny. In addition CHO5 will extend clinics to Dungarvan and Wexford areas (from within existing resources).	Q1 –Q4 Q1 –Q4 Q1 –Q4
Goal 2: Provide fair, equitable and timely access to quality, safe health services that people need	**Social Inclusion Priority:** Improve health outcomes for persons with addiction issues	Continue to focus on the implementation of the Addiction Service external Review to reconfigure methadone services to expand and include poly-drug use and alcohol treatment	Continue to offer the range of treatment options to meet the diverse needs of service users. Continuation of interagency working with voluntary sector to provide a seamless continuum of services for clients.	Q2

		options		
Goal 2: Provide fair, equitable and timely access to quality, safe health services that people need	**Social Inclusion Priority:** Improve health outcomes for persons with addiction issues	Provide additional supports for those presenting with multi substance addictions	Meet KPI targets	Q3
Goal 2: Provide fair, equitable and timely access to quality, safe health services that people need	**Social Inclusion Priority:** Improve health outcomes for persons with addiction issues	Integration of Addiction Services into the Primary Care setting Ensure that all people (i) over the age of 18 years (ii) under the age of 18 years, in CHO Area 5 who have been assessed and deemed appropriate for treatment for substance abuse receive treatment (i) within one calendar month (ii) within one week	Meet KPI targets	Q1-Q4
		Maximise operational synergies between drug addiction services, alcohol treatment and rehabilitation services, general and emergency hospital services and mental health services. Input into the development of the National response to drug-related deaths through a National Overdose Prevention Strategy.	Integrated shared care pathways in place for working with clients who require a range of service support	Q1-Q4
		In line with national actions, consider current opiate substitution to problem and dependent drug users including non-opioids users.	Commence work on (within resources) expansion of opiate substitution treatment to meet the growing demand for services	Q1-Q4
		Implement the recommendations of the Naloxone Demonstration Project	CHO5 continued engagement in the Naloxone demonstration project	Q1-Q4

		within available resources.		
Goal 2: Provide fair, equitable and timely access to quality, safe health services that people need	**Social Inclusion Priority:** Improve health outcomes for persons with addiction issues	Continued implementation of the National Drugs Rehabilitation Framework through participation on national group and local implementation of agreed national actions in 2016. CHO5 will conduct clinical audit of substance misuse services based on ICGP/HSE Audit Tool & Rehabilitation Framework	CHO5 addiction services operate within the person-centred care planning processes of the National Drugs Rehabilitation Framework. Clinical Audit completed and progress action for implementation of recommendations (within resources)	Q1-Q4 Q4
Goal 2: Provide fair, equitable and timely access to quality, safe health services that people need	**Social Inclusion Priority:** Improve health outcomes for persons with addiction issues	Appointment of full-time GP to Substance Misuse Service in CHO Area 5 Expansion of treatments in Tier 4 Drug Treatment Detox and Rehabilitation Services, including improvement work to Aiseiri in Wexford		Q4
Goal 2: Provide fair, equitable and timely access to quality, safe health services that people need	**Social Inclusion Priority:** Improve health outcomes for persons with addiction issues	Development of Standard Operating Procedures for Social Inclusion Services based on National Standards and QuADs	CHO5 to have SOP developed and work towards implementation	Q4
Goal 2: Provide fair, equitable and timely access to quality, safe health services that people need	**Social Inclusion Priority:** Support the Implementation Plan to reduce Homelessness	Voluntary agencies through SLAs Review the operation of Homeless Action Teams within CHO Area 5 to ensure that they are meeting best practice Once the new Acute Services National Discharge Policy has been signed off, engage with the nominated	Meet KPI targets Complete Review Support and monitoring framework in place for compliance with the National Discharge Policy	Q1 – Q4 Q1 – Q4 Q1 – Q4

		Hospital Group Personnel and other stakeholders (Voluntary Organisation and Local Authorities periodically to ascertain compliance with the implementation of the Discharge Protocol/Policy		
		In partnership with TDO's and Primary Care Leads, ensure arrangements are in place and working effectively to ensure homeless persons have access to primary care services where required.	Block and Gaps system in place to identity blocks to accessing services and partnership working in place to address same.	Q2-4
		Work in partnership with the Regional Local Authorities to extend the Housing First Pilot to each county within the region		Q1-Q4
		Development of a database of recognised trainers and a CHO5 training plan for homeless service providers		Q4
		Undertake operational review of funded Homeless Services which includes feedback from service users		Q4
		Development of a CHO5 inclusion policy to replace localised barring policies		Q3
Goal 2: Provide fair, equitable and timely access to quality, safe health services that people need	**Social Inclusion Priority:** Improve health outcomes for vulnerable groups Traveller and Roma health	Promote, support and monitor uptake of the "*Small Changes - Big Difference*" Training Manual: Traveller Preventative Education Programme for Heart Disease and Diabetes.	Training Completed	Q1 – Q4 Q1 – Q4

		Roll out of the chronic disease/healthy heart training for Traveller Community & ROMA health projects in CHO5 Roll out of Asthma Training for Traveller Health & ROMA projects in collaboration with the Asthma Society of Ireland. Pilot a Diabetes Awareness Traveller Project in Wexford area		Q1 – Q4 Q1-Q4
Goal 2: Provide fair, equitable and timely access to quality, safe health services that people need	**Social Inclusion Priority:** Improve health outcomes for vulnerable groups Traveller and Roma health	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 Support the Traveller organisations collaboration with the Mental Health Services.	Enhancement to the a Roma Healthcare project in one Wexford and Waterford through increase worker hours from part time to full time Brief Intervention for working with people affected by Substance Misuse provided to the Community Traveller Health Projects Roll out of the WRAP training programme to Traveller Health Project in Carlow & Kilkenny Continuation of Cancer Awareness Programmes with Traveller Health Projects throughout the South East Delivery of Magpies on the Pylon, Suicide Prevention Initiative in Wexford	Q2 Q1-Q4 Q1-Q4 Q1-Q4 Q1-Q4
Goal 2: Provide fair, equitable and timely access to quality, safe health services that people need	**Social Inclusion Priority:** Improve health outcomes for vulnerable groups Intercultural Health	Develop structures and processes to provide health services under the Irish Refugee Protection programme with associated monitoring and reporting of outcomes.	The coordination of the CHO Refugee Resettlement Programme will be led by Social Inclusion who will support other services to engage with same through: – Participation in national working group; Primary Care South East 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 - Q4 Q1 - Q4
Goal 2: Provide fair,	**Social Inclusion Priority:**	Commence self assessments and	CHO Area 5 will complete a mapping exercise of QuADS against the NSSBHC	Q1

equitable and timely access to quality, safe health services that people need	Roll out of National Patient Safety Programmes	develop QIPs against NS SBHC, QuADs and Homeless Standards in selected pilot sites	which will be presented Nationally in Q1 2016 Addiction and homeless services within the CHO 5 will be supported and encouraged to commence self assessments and develop QIPs against the NSSBHC, QuADS and Homeless Standards The Regional Co-ordinator Social Inclusion in CHO5 will develop, in partnership with the Heads of Discipline and the key NGO's providing services to this group, a detailed set of Quality Improvement Plans for 2016.	Q3-Q4 Q3-Q4
Goal 2: Provide fair, equitable and timely access to quality, safe health services that people need	**Social Inclusion Priority: Hepatitis C**	Ensure effective harm reduction services are accessible across the region as needed, including: harm reduction client sessions, needle exchange programmes, blood borne virus screening, vaccination, and overdose prevention	Implement the Project Echo for the identification and treatment of HepC within Substance Misuse Services	Q1-Q4
Goal 2: Provide fair, equitable and timely access to quality, safe health services that people need	**Palliative Care Priority:** Improve access to adult palliative care services Ensure palliative care services are effective, efficient and responsive to the needs of individuals and families	Continue to engage with providers, seek to maximise resources within existing capacity and by expanding access to Home Care and Day Care Services.	CHO 5 and South/South West Hospital Group will continue the planning of the 20 bed Specialist Palliative Care in-patient unit in Waterford which will serve South East Area. This is in partnership with Waterford Hospice Movement Ltd who are providing a significant donation to the capital costs Waterford and Carlow/Kilkenny through by increasing the staff compliment by 2 WTE Community Clinical Nurse Specialist. The commencement date for the new Waterford post (Q1) and Carlow/Kilkenny (Q2-Q3) Enhanced inpatient bed utilisation and expanded Home and Day Care Services performance managed through KPIs	Q1-Q4 Q1-Q4
Goal 2: Provide fair, equitable and timely access to quality, safe health services that people need	**Palliative Care Priority:** Improve quality within palliative care service provision	CHO5 will ensure a quality and patient centred approach is at the centre of service provision with partner agencies and will seek to provide agencies with requisite resources in the attainment of quality service provision.	CHO5 Palliative Care Services both Specialist and Intermediate will continue to perform as per the national KPI targets.	Q1- Q4

Goal 3: Foster a culture that is honest, compassionate, transparent and accountable	**Quality and Safety Priority:** Implement the National Standards for Safer Better Health Care in Primary Care	Continuation of multi-disciplinary approach to self assessments and development of quality improvement plans (QIPs) for the National Standards for Safer Better Health Care	Evidence of assessment and QIPs CHO5 will develop and implement a QIP Hand Hygiene Practices CHO 5 will review systems to reduce and control antimicrobial resistance with a view to developing a QIP within available resources (Standard 12).	Q1 - Q4 Q3
Goal 3: Foster a culture that is honest, compassionate, transparent and accountable	**Quality and Safety Priority:** Management Quality Indicators	Strengthen Quality and Safety Accountability across CHO5 Monitor the performance of primary care services against agreed national indicators for quality and safety Collaborate with consumer affairs and National Complaints Governance & Learning Team in the management and analysis of complaints		Q1- Q4 Q1- Q4 Q1 – Q4
Goal 3: Foster a culture that is honest, compassionate, transparent and accountable	**Quality and Safety Priority:** Incident Management & Serious Incident Reporting	Continue to support the roll out of the National Incident Management System (NIMS) in Primary Care in conjunction with the National Quality Assurance and Verification Division and the State Claims Agency Ensure systems and structures are in place within Primary Care for reporting and monitoring serious reportable events and other serious safety incidents in keeping with the HSE Safety Incident Management Policy 2014	Ongoing Update and maintenance of SRE/SI Log	Q1 -Q4 Q1 -Q4

Goal 3: Foster a culture that is honest, compassionate, transparent and accountable	**Quality and Safety Priority:** Serious Incident Reporting	Ensure systems and structures are in place within Primary Care for reporting and monitoring serious reportable events and other serious safety incidents in keeping with the HSE Safety Incident Management Policy 2014 Continue to support the roll out of the National Incident Management System (NIMS) in Primary Care in conjunction with the /National Quality Assurance and Verification Division and the State Claims Agency	Update and maintenance of SRE/SI Log Ongoing	Q1 -Q4 Q1- Q4
Goal 3: Foster a culture that is honest, compassionate, transparent and accountable	**Quality and Safety Priority:** Open Disclosure	Build capacity for roll out of Open Disclosure Policy	Participation of Senior Staff in the OD 'Train the Trainer' Programme	Q1 - Q4
Goal 3: Foster a culture that is honest, compassionate, transparent and accountable	**Quality and Safety Priority:** Service User Involvement	Engage with patients and service uses on their experience of Primary Care, collecting and analysing service user feedback using focus groups and client experience questionnaires	File audit compliance rate, focus groups results, service user feedback report	Q1 – Q4
Goal 3: Foster a culture that is honest, compassionate, transparent and accountable	**Social Inclusion Priority:** Roll out of SAOR and Brief Intervention Training	Continued 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. Develop and distribute standardised problem alcohol and substance use screening and brief intervention (SAOR)	Deliver 5 SAOR Training Programmes in 2016.	Q1 –Q4 Q1 –Q4

		toolkits to support Tier 1 and Tier 2 services implementing Screening and Brief Intervention.		
Goal 3: Foster a culture that is honest, compassionate, transparent and accountable	**Social Inclusion Priority:** Enhance community approaches to addressing HIV/AIDS	CHO5 will collaborate with HIV Ireland and other stakeholders to further develop and enhance community approaches to addressing HIV / AIDS.	Ongoing	Q1- Q4
Goal 3: Foster a culture that is honest, compassionate, transparent and accountable	**Palliative Care Priority:** Encourage the on-going development of person-centred services	Continue to engage and work with palliative care voluntary providers in CHO in the development of person-centred services	Ongoing process through SLA	Q1- Q4
Goal 4: Engage, Develop and value our workforce to deliver the best possible care and services to them	**Priority:** Quality and Safety Education & Training	Support participation of staff in training of Incident Management, Systems Analysis, Open Disclosure , Clinical Audit Training and the development of clinical audit tools	Ongoing	Q1 - Q4
Goal 4: Engage, Develop and value our workforce to deliver the best possible care and services to them	**Priority:** Staff Engagement	Work with HR and Quality Improvement Division to identify, use and share learning from staff engagement initiative Ongoing Performance Management and development with staff	Participate in any working groups set up following the staff engagement survey. Ongoing	Q1- Q4 Q1 –Q4
Goal 4: Engage, Develop and value our workforce to deliver the best possible care and services to them	**Priority:** Quality and Safety	Provide ongoing training for staff on Incident Management Training, Systems Analysis Training, Open Disclosure, Clinical Audit Training and the development of clinical audit tools Work with HR and Quality Improvement Division to identify, use	Ongoing Participate in any working groups set up following the staff engagement survey. Ongoing	Q1 - Q4 Q1- Q4 Q1 –Q4

		and share learning from staff engagement initiative Ongoing Performance Management and development with staff Build capacity for the roll out of the Open Disclosure Policy Commit to developing clinical audit structures and give specifics of plans to develop a clinical audit programme	Participation in the Open Disclosure 'Train the Trainer' programme CHO 5 will develop a clinical audit tool for the National Consent Policy	Q1- Q4 Q1- Q4
Goal 4: Engage, Develop and value our workforce to deliver the best possible care and services to them	**Children First Priority**: Implement Children First	Continue to Promote the Implementation of Children First in CHO Source Children First training for all Designated officers.	Implementation of Child Protection and Welfare Policy Committee Ensure Designated Liaison Officers in place Engage with National training programme (National Division dependent)	Q3 Q1 Q1- Q4
Goal 4: Engage, Develop and value our workforce to deliver the best possible care and services to them	**Social Inclusion priority:** Provide LGBT health training/ intercultural health training to health service staff	Continue to meet training requirements as needed	Second round training commencing in selected areas in CHO5.	Q1- Q4
Goal 4: Engage, Develop and value our workforce to deliver the best possible care and services to them	**Palliative Care Priority:** Develop the capacity of healthcare professionals to better meet the needs of patients and their families	Collaboration with voluntary and acute service providers to provide education and information to all first line clinical staff in relation to provision of services to palliative care clients in the community	Ongoing	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	**Priority: Quality and Safety**	Continue to maintain Risk Registers and continued development of the risk register process in line with the National Division requirements Enhance the capacity and capability of staff in relation to the management of risk through the development and delivery of education and training	Quarterly updates of Risk Register submitted to National Division Ongoing Ongoing	Q1 - Q4 Q1 -Q4 Q1- 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	**Priority: Primary Care**	CHO will continue to work with HSE Estates Department to progress and continue the provision and fit out of Primary Care Centres in the following areas	Tipperary Town Public Private Partnership	Q1, 2017
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	**Social Inclusion Priority:** Promote implementation of a model around interpreting provision for service users who are deaf or not proficient in English	Continue with interpretation services at CHO level	Ongoing	Q1- Q4

Social Care

Introduction

CHO5 Social Care Services provides older persons and disability services. The population of people over 65 years within the Area is 62,821 (Census 2011). The population of those aged 65 years and over is projected to increase by 3% from 2015 to 2016 with a resulting impact on service demand.

Older people with care needs must be provided with a continuum of services such as home care, day care and intermediate residential care to avoid unnecessary acute hospital admissions and have their required treatments and supports delivered within their local community at primary care level in as far as possible. A greater move towards primary and community services, as the principal means to meet people's home support and continuing care needs is required to address this growing demand and support acute hospital services.

People with disabilities should have access to the supports they require to achieve optimal independence and control of their lives and to pursue activities and living arrangements of their choice. It is estimated that 4% of children have a disability, with adults having a higher prevalence level. As the overall population grows, so does demand for services, particularly in the 0-18 age group. At present 44% of individuals with an intellectual disability are aged over 35 years placing greater demand on services to meet the changing needs of these people. Supports for both groups must be responsive to service user needs and be provided flexibly at the least possible unit cost to build a sustainable system into the future.

CHO 5 is proactively implementing the recommendations of the key priorities nationally – such as Progressing Children's Disability Services, New Directions Report and De-congregation Settings in partnership with Voluntary Providers.

The significantly increasing demands for services within the social care services will be a particular challenge within CHO5 in terms of financial and service delivery (and capacity) perspective. To remain within the financial allocation will require significant focus and cost containment measures with inherent risk to service delivery.

Service Description

Social Care Services within CHO5 are focused on:

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

Services Provided

Older Persons Services
Home Support Services through Home Help, Home Care Packages and Intensive Home Care Packages
Day Care Services/Day Hospitals
Meals on Wheels Services through Voluntary Providers
Long stay, Respite and Rehabilitation services.
Nursing Home Support Scheme
Short Stay Provision in District/Community Hospitals

Public Long Stay Residential Care Beds Older Persons

CHO Area	LHO Area	Name of Unit	No. of Beds at 31st December 2015	
			NHSS	Short Stay
CHO Area 5	South Tipperary	Cluain Arainn	0	10
	South Tipperary	St Patrick's Hospital	95	39
	South Tipperary	Carrick on Suir	0	16
	South Tipperary	Clogheen District Hospital *	0	18
	South Tipperary Total		**95**	**83**
	Carlow / Kilkenny	Castlecomer District Hospital	0	18
	Carlow / Kilkenny	Sacred Heart Hospital	58	15
	Carlow / Kilkenny	St Columba's Hospital	69	19
	Carlow / Kilkenny	Carlow District Hospital	0	18
	Carlow / Kilkenny Total		**127**	**70**
	Waterford	Dunabbey House	28	2
	Waterford	Dungarvan Community Hospital	74	42
	Waterford	St Patrick's Hospital	72	24
	Waterford Total		**174**	**68**
	Wexford	New Haughton Hospital	44	0
	Wexford	Abbeygale	116	31
	Wexford	Gorey District Hospital	0	23
	Wexford Total		**160**	**54**
CHO AREA 5 TOTAL			**556**	**275**

Disability Services
Disability Services are mainly provided through Section 38 and 39 agencies on behalf of CHO5
Residential Care (HSE, External Providers, Section 38/39 agencies)
Day Care
Rehabilitation Training
Specialists Schools
Multidisciplinary Supports
Early Intervention Teams
Home Support Services

Quality and Patient Safety

CHO5 Social Care Services are committed to the continued implementation of a strong system of integrated corporate and clinical governance within our social care services. In 2016 we will continue to:

- Further develop structures and processes relating to clinical governance and proactively promote service user involvement;
- Ensure quality standards and arrangements are enforced in accordance with statutory and organisational requirements;
- Monitor quality improvement and patient safety through use of key performance indicators;
- Promote the prevention and control of healthcare associated infection;
- Promote risk management as everyday practice across all services and enhance the way we manage and learn from incidents;
- Ensure compilation and regular review of risk registers for all services/service areas;
- Strengthen SLA review and management for all agencies, through an enhanced monitoring framework;
- Ensuring the delivery of a high quality, patient centered service through the review of structures so as to meet the social/ physical/ medical needs of those accessing HSE services;
- Implementation of Safeguarding Vulnerable Persons at risk of abuse – National Policy and Procedures

Key Performance Indicators (KPIs)

A key focus for the Social Care Division in 2016 is to enhance the safety and quality of our services. With this in mind, the National Social Care Division plans to introduce a range of quality KPIs in 2016 to drive performance in this area. Quality KPIs which will be captured by the Social Care Division include metrics on service user engagement, serious incident management, the work of the Safeguarding Teams, and HIQA compliance, and are as follows:

Strategic Priority Area	KPI	Performance Measure / Target	Division
Governance for Quality and Safety			
Quality and Safety Committees	Quality and Safety committees across all Divisions at Divisional, Hospital Group and Community Healthcare Organisation	100%	All
Person Centred Care			
Service User Engagement	All CHOs to have a plan in place on how they will implement their approach to the establishment of Residents Councils / Family Forums / Service User Panels or equivalent for HSE Disability Services. Reporting to begin by Quarter 3 2016.	100%	Social Care
Effective Care			
Quality Improvement Audits	Number of audits completed	20	All
Safe Care			
Serious Reportable Events	% of Serious Reportable Events being notified within 24 hours to designated officer	99%	All
	% of mandatory investigations commenced within 48 hours of event occurrence	90%	All
	% of mandatory investigations completed within 4 months of notification of event occurrence	90%	All
Reportable Events	% of events being reported within 30 days of occurrence to designated officer	95%	All
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%	Social Care

Strategic Priority Area	KPI	Performance Measure / Target	Division
Safeguarding	% of CHO Heads of Social Care who can evidence implementation of the HSE's *Safeguarding Vulnerable Persons at Risk of Abuse Policy* throughout the CHO as set out in Section 4 of the policy. Reporting to begin by Quarter 2 2016	100%	Social Care
Safeguarding	% 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. Reporting to begin by Quarter 2 2016	100%	Social Care
HIQA compliance	% of compliance with outcomes of disability units following HIQA inspections by CHO	75%	Social Care
Health and Wellbeing			
Healthcare worker vaccination	Flu vaccination take up by healthcare workers • Hospitals • Community	40%	All

Social Care Budget

The 2016 Disability and Social Care Budgets for CHO 5 are detailed below.

Disability Services	000's
Opening Budget 2016	**129,059**
Sponsor Public Health Service Employees to Nurse	28
Rostered Year for Pre-Reg Nursing Degree Students	84
Therapy Posts	35
Full Year 2015 School Leavers	1,357
Sleepovers	613
HIQA Cost Pressures:	
Pay Pressure	3,386
Non Pay Pressure	1,913
HIQA Cost Pressures subtotal:	5,299
Chairman's Notes (Negotiated Pay Funding)	3
LRA (Negotiated Pay Funding)	829
PSPR & Other Pressures (Negotiated Pay Funding)	33
2016 Cost Containment:	-
2016 Saving Measures	(18)
ADJ ICPs Other	(132)
2016 Cost Containment subtotal:	(150)
Additional Allocation	**8,131**
2016 Total Allocation	**137,189**

Older Persons Services	000's
Short Stay Public	18,968
Short Stay Private	280
Home Help & Home Care Packages	29,247
Community Nursing/Therapies/Support Services	6,702
Day Care	447
Clinical Services	5,679
2016 CCP's	(470)
Safeguarding Posts	92
LRA/PSRR and Other Pressures/Chairman's Notes	437
Time Related Savings HH/HCP	1,793
2016 Total Allocation	**63,176**

Social Care Workforce

All information in tables has been rounded to nearest WTE

Social Care	WTE Dec 14	WTE Dec 15
Disabilities	1030	1136
Older People	995	1003

Key Priorities and Actions to Deliver on Goals in 2016

Corporate Goal	Social Care Strategic Priority	Actions 2016	Measure of Performance	End Qtr
Older Persons Services				
Goal 1: Promote health and wellbeing as part of everything we do so that people will be healthier	**Priority:** Promote Positive Ageing and Improve Physical Activity Levels	Engage with Health and Well Being Division in rolling out of National Positive Ageing Strategy and other Age Friendly Alliance/ initiatives with Local Authorities.	Implementation of strategies and Initiatives Carlow/Kilkenny HSE Older People Services in association with Carlow /Kilkenny Age Friendly Alliance and the Memory Matters Project through the local sports partnership will continue to support physical activity and participation for all older person & in particular for persons with Dementia .	Q1 - Q4 Q1 - Q4

		Continue to work with Local Authorities promoting Health & Well Being through 5 LCDCs	CHO5 Continued cooperation with Local Authorities	Q1 - Q4
Goal 1: Promote health and wellbeing as part of everything we do so that people will be healthier	**Priority:** 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			
Goal 1: Promote health and wellbeing as part of everything we do so that people will be healthier	**Priority:** Implement actions from the Dementia Strategy Implementation Programme	CHO5 will continue to implement actions from the Dementia Strategy Implementation Programme.	Continue the delivery of key aspects of the 'Genio 5 Steps to Living Well' in South Tipperary in 2016 i.e. Clinical Nurse Specialist, Dementia Support Worker Services and the Memory Technology Library serviced by an Occupational Therapist x 3 days per week. In Carlow/Kilkenny area, as part of the plan for the Memory Matters Project to continue the implementation of the new service delivery model for people with dementia in the community and all learning from the GENIO memory Matters project. Continue to provide the 3 day national programme on DEMENTIA through the existing Dementia Champions for all healthcare staff both public / private and voluntary sector.	Q1-Q4 Q1-Q4
Goal 1: Promote health and wellbeing as part of everything we do so that people	**Priority:** Develop an ICP for falls prevention and bone health	Roll out of Falls Prevention in community settings and residential services for Older Persons.	Greater knowledge awareness Reduction in reported incidents of falls	Q1 - Q4

will be healthier		Continue with the Safety Pause system (Carlow/Kilkenny) introduced in Q4 2015, Carlow Kilkenny will repeat quality improvement initiative for reduction of falls at the end to measure a reduction of falls by 25% in the Sacred Heart Hospital Carlow CHO5 will continue to ensure ongoing staff attendance on falls prevention training through NMPDU.		Q1 Q1 - Q4
Goal 1: Promote health and wellbeing as part of everything we do so that people will be healthier	**Priority:** Carers Strategy	CHO5 will continue to work with Local Authorities to further promote the concepts of the Age Friendly Cities and Communities Strategy. 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. CHO 5: Waterford City	CHO5 Continued cooperation with Waterford Local Authority i.e. Age Friendly City	Q1 - Q4
Goal 1: Promote health and wellbeing as part of everything we do so that people will be healthier	**Priority:** Tobacco Free Campus Policy and BISC training	Support the continued role out of the Tobacco Free Campus Policy in Social Care with set 2016 national targets in relation to Campuses and Frontline Staff Training	Attain targets for new (100%) and existing sites (75%) to adhere to tobacco free campus policy. St Columba's Hospital Thomastown, Co. Kilkenny will be tobacco free campus 18 Frontline staff training target CHO5	Q1 - Q4 Q2 Q1 - Q4
Goal 1: Promote health and wellbeing as part of everything we do so that people will be healthier	**Priority:** Improve compliance with Safeguarding vulnerable persons at risk of abuse	Continue to improve services for vulnerable adults within the context of implementation of the Safeguarding Vulnerable Persons at Risk of Abuse Policy	Ensuring compliance with Strategy/Policy	Q1 -Q4
Goal 2: Provide fair, equitable and timely access to quality, safe health services that people need	**Priority:** NHSS (Fair Deal)	Continue to support Fair Deal Process	Streamlined processing of applications	Q1-Q4

Goal 2: Provide fair, equitable and timely access to quality, safe health services that people need	**Priority:** Home Care Packages (HCPs)	Continue the implementation Home Care Packages to funded levels Standardise processes in relation to HCP's (including waiting lists) Commence reporting data on waiting lists for HCP/HH as required Ensure fair and equitable access to HCPs	In 2016 CHO5 will implement Proposed HCP Target 900 Home Care Packages as follows: • Carlow/Kilkenny 230 • South Tipperary 215 • Waterford 135 • Wexford 320	Q1-Q4 Q1-Q4 Q1
Goal 2: Provide fair, equitable and timely access to quality, safe health services that people need	**Priority:** Home Care Service Improvement Plan	CHO5 will nominate CHO Lead for Model of Home Care implementation and establish implementation group(s) and/or pilot projects as required to progress implementation in line with national plan	Compliance with requirement	Q1
Goal 2: Provide fair, equitable and timely access to quality, safe health services that people need	**Priority:** Home Help Hours (HHHs)	Continue funding of Home Help Hours to funded levels	In 2016 CHO5 will implement proposed Home Help Target 1,219,000 Home Help Hours as follows: • Carlow/Kilkenny 305,000 • South Tipperary 295,000 • Waterford 259,000 • Wexford 360,000 Home Help Clients Expected Activity 6,000	Q1-Q4
Goal 2: Provide fair, equitable and timely access to quality, safe health services that people need	**Priority: Residential Care Services**	Public Bed Review – CHO5 will participate as required Capital Programme: CHO5 will work with National Division to agree and progress programme of improvements in relevant public residential care units in line with HIQA requirements and funding available in Capital Plan 2016-2021.	Work towards compliance with HIQA Standards	Q1 - Q4
Goal 2: Provide fair, equitable and timely access to quality, safe health services that	**Priority: Integrated Care Programme for Older Persons**	CH05 will support development of enhancing care pathways for older persons in conjunction with		Q1 - Q4

people need		ICPOP and National Clinical Care Programme, Older People		
Goal 2: Provide fair, equitable and timely access to quality, safe health services that people need	**Priority:** Enhance Respite Care Provision	Review and determine Respite Care Requirements within CHO 5	Implementation of Care Requirements	Q1 - Q4
Goal 2: Provide fair, equitable and timely access to quality, safe health services that people need	**Quality and Safety Priority:** collaborative with QID in reducing harm as part of the safety programme	Continue to support the Pressure Ulcers to Zero collaborative	CHO5 will continue to participate	Q1 - Q3
Goal 3: Foster a culture that is honest, compassionate, transparent and accountable	**Priority: Quality and Safety -** Governance and Communication	CHO5 in line with national requirements will establish Quality and Safety Structures through the introduction of the Quality and Safety Dashboard	CHO5 Quality and Safety Commitee Social Care Quality and Safety Committee HCAI/Infection Control Committee Drugs and Therapeutics Committee	Q1 and ongoing
Goal 3: Foster a culture that is honest, compassionate, transparent and accountable	**Priority:** Service User Engagement	Increase engagement with key stakeholders, advocacy groups and the voluntary sector to develop a strong user engagement and participation process. CHO5 in line with national guidance will support to the establishment of Residents Councils and Family Fora across residential services	Increase service user engagement Residents Councils	Q1-Q4 Q1-Q4
Goal 3: Foster a culture that is honest, compassionate, transparent and accountable	**Priority: Safeguarding Vulnerable Adults**	Safeguarding and Protection Committee to be in place in CHO5 Complete training rollout of Safeguarding and Protection Team Members Complete training of Designated Officers Front line staff – awareness briefings Reporting procedure to be agreed between HSE and An Garda Siochana Update the HSE website to incorporate safeguarding Recruit additional 1 WTE administrative staff to support the CHO 5 team NSO to complete review of safeguarding documentation Complete final compilation of	CHO5 will continue in line with national requirements the implementation process for Safeguarding Vulnerable Adults Policy.	Q1 Q1 Q2 Q1-Q4 Q1 Q1 Q1 Q2 Q2

		Funded Agencies audit checklists to ensure policy alignment National database of safeguarding concerns to be maintained by NSO with information supplied by each CHO Develop and distribute practice handbook Complete a review of membership of the National Inter-Sectoral Committee		Q1-Q4 Q2 Q4
Goal 3: Foster a culture that is honest, compassionate, transparent and accountable	**Priority: Quality and Safety** Open Disclosure	CHO5 will implement the policy and all training provided Build capacity for roll out of Open Disclosure Policy	Participation of Senior Staff in the Open Disclosure 'Train the Trainer' Programme	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	**Priority:** Leadership Presence	Enhancement of leadership qualities though Future Leaders Programme	Ongoing communication and engagement from leaders.	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	**Priority:** Staff Voice	Encourage feedback and value staff opinions	Service Improvements	Q1 - Q 4
Goal 4: Engage, develop and value our workforce to deliver the best possible care and services to the people who depend on them	**Priority:** Staff Motivation	Foster a culture of partnership with staff	Improved staff morale and work commitment	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	**Priority:** Learning and Development Approach	Encourage staff to engage in ongoing (as appropriate) training programmes	Staff participation in development and training	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 mone	**Priority:** Improve compliance with HIQA residential standards	CHO5 will work with National Division to agree and progress programme of improvements in relevant public residential care units in line with HIQA requirements and funding available in Capital Plan 2016-2021.	Working towards compliance with HIQA Standards	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	**Priority:** Roll out of skill mix initiative to elderly residential units	Ensure skill mix is an integral component in the HR management of residential units	Appropriate skill mix present in residential units	Q2
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	**Priority:** Continue to address cost of care challenge in public units	Review non pay costs in public residential units	Reduction in cost of care	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	**Priority:** Governance and Service Arrangements (Older People)	Social Care services in line with national division will seek to ensure effective governance and accountability in respect of S38 and S39 Agencies. Within Older Persons Services SLA Part 2's will be signed for CHO5	CHO5 - 12 agencies to be signed by 29th February 2016	Q1
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	**Priority:** Introduction of the Single Assessment Tool (SAT)	CHO 5 will commence phased implementation following Early Adopter Evaluation		Q3-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	**Priority:** Assisted Technology	Contribute (learning) to national division as required , mainstream the innovative approach of the '5 step programme' for people with dementia and specifically the 'show house' located in Clonmel that provide a display of new assistive technologies.		Q3-Q4

Disability Services				
Goal 1: Promote health and wellbeing as part of everything we do so that people will be healthier	**Priority:** "Time to Move on from Congregated Settings"	Continue to implement national policy on Congregated Settings	CHO5 will identify a named lead person to have oversight of the implementation of *Time to Move on from Congregated Settings* actions across CHO and link with the local service providers and national working group.	Q1
			In relation to 16 individuals planned to transition from St Patrick's Centre, Kilkenny:	Q4
			CHO5 will ensure Centre Management Team continue to work with Approved Housing Bodies, Housing Authorities and HSE Estates to develop and progress the plan for meeting the housing requirement for people transitioning from congregated settings.	Q2
			CHO5 will ensure Centre Management Team finalises Community Living Transition Plans 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.	Q2
			CHO5 will work with Centre Management Team to ensure an agreed implementation plan is developed identifying how the care supports will be reconfigured / developed to support individuals living in the community.	Q2
			CHO will ensure the national communication strategy developed to support individual's transitioning into the	

			community is fully implemented. CHO5 will 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. **CHO5 will complete the transition of 4 individuals with Cheshire Services, Tullow, Carlow to community living.**	Q2 Q4
Goal 1: Promote health and wellbeing as part of everything we do so that people will be healthier	**Priority: Service Reform Fund**	CHO5 will engage with Service Reform Fund as required		Q1 - Q4
Goal 1: Promote health and wellbeing as part of everything we do so that people will be healthier	**Priority:** Tobacco Free Campus Policy and BISC training	Support the continued role out of the Tobacco Free Campus Policy in Social Care with set targets for HSE Disability accommodation and frontline staff training	Attain targets for new and existing sites (25%) to adhere to tobacco free campus policy CHO5 18 frontline social care staff in 2016	Q1 - Q4
Goal 1: Promote health and wellbeing as part of everything we do so that people will be healthier	**Priority**: LCDC	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	Participation on 5 LCDCs in CHO5	Q1 - Q4
Goal 1: Promote health and wellbeing as part of everything we do so that people will be healthier	**Priority:** Improve compliance with safeguarding vulnerable persons at risk of abuse	Support National Implementation Task Force Team as appropriate	Effective monitoring through Service Arrangements and IMR Processes	Q1 - Q4
Goal 2: Provide fair, equitable and timely access to quality, safe health services that people need	**Priority:** Progressing Disability Services for Children and Young People	CHO 5 will continue to implement Progressing Disability Services 0-18s Programme	**Carlow/Kilkenny** Carlow Kilkenny will reconfigure services into 2 x 0-18 teams, incorporating Carlow EIT **Tipperary SR** S. Tipperary will reconfigure remaining services into 1 EIT & 2 SATs **Waterford** Waterford will reconfigure remaining services (outside of	Q3 Q3

<table>
<tr>
<td></td>
<td></td>
<td></td>
<td>Dungarvan EIT) into 2 EITs and 3 SATs
Wexford
Wexford will reconfigure its services into 4 EITs, and 4 SATs</td>
<td>Q3

Q3 EIT
Q4 SAT</td>
</tr>
<tr>
<td>Goal 2: Provide fair, equitable and timely access to quality, safe health services that people need</td>
<td>Priority: New Directions – reconfiguration of day services including school leavers and rehabilitative training</td>
<td>CHO5 Implementation Structure and Service Reconfiguration
Work with National Structures and Service Providers to continue the implementation of New Directions locally and within available resources which will progress an approach of personal supports for all current users of HSE funded adult day services.

CHO5 to provide additional day services for approx 219 school leavers and adults leaving RT in 2016 that have a requirement for a HSE funded day services
<table>
<tr><th>RT Leaver</th><th>School Leaver</th><th>Total</th></tr>
<tr><td>73</td><td>146</td><td>219</td></tr>
</table>
(approx numbers based on initial provisional data December 2015 – National Division Plan)

Support the development of CHO5 structure to progress local implementation
Reconfigure Day Services in line with New Directions and arrange for a process of shared learning to support implementation</td>
<td>Identify all individuals that will require a day service
Identify the capacity available from within current resources to meet the needs of those leaving school in 2015
Advise on the infrastructural issues by CHO in regard to the accommodation needs linked to meeting the needs of school leavers in 2016.
Advance the application of a profiling tool to establish the support needs of the individuals.
Scope details in regard to those people that have a requirement for day service supports (excluding 2016 school leavers and those exiting RT)

Monitoring through Service Arrangements

Arrange a learning event

Work with National Division to develop a National Framework for Reconfiguration Planning</td>
<td>Q1

Q1 - Q4

Q2

Q4</td>
</tr>
<tr>
<td>Goal 2: Provide fair, equitable and timely access to quality, safe health services that people need</td>
<td>Priority: Rehabilitation Strategy and Integrated Care Programme</td>
<td>Commence planning for implementation of neuro rehabilitation strategy at CHO level</td>
<td>Successful completion of strategy with timelines outlining implementation phases
CHO 5 will as required will review draft Implementation Plan
Each CHO to map existing service and identify deficits</td>
<td>Q1 - Q4</td>
</tr>
<tr>
<td>Goal 2: Provide fair, equitable and timely</td>
<td>Priority: Demographic and Changing Need</td>
<td>Address emerging needs within available resources;</td>
<td>Continue to monitor emerging needs at local level</td>
<td>Q1 –Q4</td>
</tr>
</table>

access to quality, safe health services that people need		notify national system of unmet needs and risks		
Goal 3: Foster a culture that is honest, compassionate, transparent and accountable	**Priority: Quality and Safety -** Governance and Communication	CHO5 in line with national requirements will establish Quality and Safety Structures through the introduction of the Quality and Safety Dashboard	CHO5 Quality and Safety Commitee Social Care Quality and Safety Committee HCAI/Infection Control Committee Drugs and Therapeutics Committee	Q1 and ongoing
Goal 3: Foster a culture that is honest, compassionate, transparent and accountable	**Priority: Safeguarding Vulnerable Adults**	Safeguarding and Protection Committee to be in place in CHO5 Complete training rollout of Safeguarding and Protection Team Members Complete training of Designated Officers Front line staff – awareness briefings Reporting procedure to be agreed between HSE and An Garda Siochana Update the HSE website to incorporate safeguarding Recruit additional 1 WTE administrative staff to support the CHO 5 team NSO to complete review of safeguarding documentation Complete final compilation of Funded Agencies audit checklists to ensure policy alignment National database of safeguarding concerns to be maintained by NSO with information supplied by each CHO Develop and distribute practice handbook Complete a review of membership of the National Inter-Sectoral Committee	CHO5 will continue in line with national requirements the implementation process for Safeguarding Vulnerable Adults Policy.	Q1 Q1 Q2 Q1-Q4 Q1 Q1 Q1 Q2 Q2 Q1-Q4 Q2 Q4
Goal 3: Foster a culture that is honest, compassionate, transparent and accountable	**Priority:** Service User Engagement	Increase engagement with key stakeholders, advocacy groups and the voluntary sector to develop a strong user engagement and participation process. CHO5 in line with national guidance will support to the establishment of Residents Councils and Family Fora across residential services	Increase service user engagement Residents Councils	Q1-Q4 Q1-Q4

		CHO5 Continue to work with the Confidential Recipient and ensure that poster is distributed to all disability services for display		Q1 - Q4
Goal 3: Foster a culture that is honest, compassionate, transparent and accountable	**Priority:** Improve Compliance with National Standards for Disability Residential Centres –QIP Enablement Programme/Quality Improvement Team	CHO5 will work as required with the Social Care / Quality Improvement Division enablement programme to transfer learning in relation to disability residential centres 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.		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	**Priority:** Leadership Presence	Enhancement of leadership qualities though Future Leaders Programme	Ongoing communication and engagement from leaders	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	**Priority:** Staff Voice	Encourage feedback and value staff opinions	Development of a culture of learning and improvement	Q1 - Q 4
Goal 4: Engage, develop and value our workforce to deliver the best possible care and services to the people who depend on them	**Priority:** Staff Motivation	Foster a culture of partnership with staff	Improved staff morale and work ethic	Q1 - Q 4
Goal 4: Engage, develop and value our workforce to deliver the best possible care and services to the people who depend on them	**Priority:** Learning and Development Approach	Encourage staff to engage and participate training programmes	Greater number of staff engaging in training and development	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	**Priority:** Improve compliance with HIQA standards in disability residential centres	Continue to support system wide residential services		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	**Priority:** Service Improvement Team	Support Service Improvement Team in the provision of guidance and support across public residential facilities in a safe, equitable and cost effective manner	Identification and implementation of models of best practice in relation to the delivery of services	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	**Priority (Disabilities):** Ensure compliance with the Pay-Bill Management and Control Framework	Monitoring and control process at CHO Level	Management of services within control framework	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	**Priority:** Continuation of the VFM Programme and Policy Review	Continue to engage with National Directorate projects/actions/priorities in accordance with timelines agreed with National Directorate	Implementation of initiatives /actions to be determined in accordance with national directorate targets	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	**Priority:** **Governance and Service Arrangements (Disabilities)** Social Care services in line with national division will seek to ensure effective governance and accountability in respect of S38 and S39 Agencies.	Within disability services, the following SLA Part 2's will be signed for CHO5	CHO5 - 45 agencies to be signed off by 29th February 2016.	Q1

Mental Health Services

Introduction

The CHO Area 5 has a total population of 497, 578,(CSO, 2011). It has a relatively young population and it is predicted that the population over 65, in line with the national trends, will significantly increase over the coming years. There are relatively high levels of deprivation, interspersed with areas of relative affluence, throughout the catchment area. The extended catchment area model requires a seamless and integrated approach to service delivery.

The vision for CHO5 Mental Health Service is to support service users to achieve their optimal mental health through the following key priorities:

- Ensure that the views of service users, family members and carers are central to the design and delivery of mental health services
- Design integrated, evidence based and recovery focussed Mental Health Services
- Deliver timely, clinically effective and standardised safe mental health services in adherence to statutory requirements
- Enable the provision of mental health services by highly trained and engaged staff and fit for purpose infrastructure.
- Services are provided in a number of different settings including the service user's own home.

CHO5 Mental Health Service works with primary care, acute hospitals, services for older people, services for people with disabilities and with a wide range of non-health sector partners.

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Service Description

There is a focus on delivering Mental Health Services spanning all life stages to provide a broad range of primary and community based services including specialised services for children and adolescents, adults and older people. Services are provided in a number of different settings; outpatient clinics, acute day services (day hospitals), the individual's own home, inpatient facilities. Within CHO Area 5, there are 6 approved centres including two acute units, and four Psychiatry of Later Life units. Services for people with enduring Mental Health illnesses are provided at day centres, and high, medium and low support community accommodation.

In Carlow/Kilkenny/South Tipperary Mental Health Services (CKST MHS) a comprehensive development of Community Mental Health Teams (CMHTs) and Home Based Services has brought together the key professionals to provide a range of mental health interventions for a defined community. This has ensured the delivery of a service that facilitates recovery in the service users own home environment. CKST MHS, as the statutory service, continues to work with our voluntary partners to ensure the meaningful involvement of the service user in the management and delivery of the service.

Waterford /Wexford Mental Health Services (W/W MHS) provides a range of secondary level specialist interventions to service users and their families with the aim of achieving the best quality of life for each individual within available resources. Service delivery includes a broad range of services for children and adolescents, adults, older persons, those with an intellectual disability and mental illness as well as a number of rehabilitation services and suicide prevention initiatives. The Waterford / Wexford MHS works closely with primary care, acute hospitals, services for older people, services for people with disabilities and a wide range

of non-health sector partners in the statutory and non statutory sector as well as local community based groups.

Services are provided by a broad range of disciplines including medical, nursing, social work, psychology, occupational therapy, dietetics, administration, speech and language therapy, social care and addiction, suicide prevention and counselling services.

Recovery based community programmes will be further developed in 2016 to include the provision of Recovery Principles Training for all staff within the CHO5 Mental Health Service area. Following on from a significant consultation process in 2015, the development of a Recovery College for the CHO 5 Area will be a continuing priority for 2016.

The Senior Management Teams in both CKST and W/W remain committed, to ensuring the continued delivery of high quality patient focused safe services. In this regard the focus for 2016 will be on the ongoing review of overall Service Delivery, the Model of Care and the provision of a safe and effective service in association with the Quality and Safety Executive Committees. There will be an ongoing focus in 2016 in relation to the roll out of the CAMHS Standard Operational Procedures, which were launched nationally in 2015 and the progression of the implementation of Community Healthcare Organisations Report, 2014.

Population	
54,600	Carlow
75,715	Kilkenny
88,432	South Tipperary
218,747	**Carlow/Kilkenny/South Tipperary**
67,000	North Wexford
78,000	South Wexford
59,000	Waterford City
55,000	Waterford County
19,000	South Kilkenny
278,000	**Waterford, Wexford**

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CHO5 Mental Health Services

Services Provided			
Service	**No. Provided**	**Service**	**No. Provided**
No. of Adult Acute In Patient Beds	88 (44 in CKST, 44 in W/W)		
General Adult		**Psychiatry of Old Age**	
No. of non acute beds for adults	116 (60 in CKST, 56 in W/W)	**Number of Day Hospitals**	0
No. of Day Hospitals	9 (4 in CKST, 5 in	**No. of Community Mental Health Teams**	5 (2 in CKST, 3

	W/W)			in W/W)
No. of Community Mental Health Teams	16.5 (8 in CKST, 8.5 in W/W)		**Number of Day Centres**	0
Number of Day Centres	12 (9 in CKST, 3 in W/W)		**Specialist Mental Health Services**	
No, of High Support Community Residences	21 (12 in CKST, 9 in W/W)		**No. of Rehab and Recovery Teams**	4 (2 in CKST, 2 in W/W)
No. of Low and Medium support Community Residences	28 (12 in CKST, 16 in W/W)		**No. of Liaison Psychiatry Teams**	0
CAMHS			**No. of MHID Teams**	2 (Brothers of Charity)
Number of In Patient Beds	0			
No. of Day Hospitals	0		**Other**	
No. of Community Mental Health Teams	7 (4 in CKST, 3 in W/W)		**Dual Diagnosis Mental Health/Substance Misuse CMH Team**	0.5
			Consultant Psychiatrist – Child & Adolescent and MH Intellectual Disability	1 (Consultant Post)
				2 Crisis House in CKST
				1 Respite House in W/W

Quality and Service User Safety

Robust clinical governance protocols incorporating effective systems and processes in accordance with the HSE Integrated Risk Management Policy and the HSE Safety Incident Management Policy (2014) were developed, in 2015. CHO Area 5 Mental Health Services will continue to build on these in 2016 to ensure a culture of patient safety is embedded throughout the services. Significant progress was made in 2015, in the development of our incident management systems in line with national policy.

The mental health services will continue work in 2016 in developing an increased capacity to facilitate systems analysis of serious untoward incidents and to use this analysis to increase learning for all of our staff throughout the service. Risk management processes will be audited on a continuous basis and this will include monthly audit reports in relation to Care Planning in the Dept. of Psychiatry, Kilkenny and Selskar Unit, Wexford Units.

Following the introduction of the service user representative at a national level the Quality & Safety Executive Management Team will further develop the quality of our services through the increased participation of

service users, family members and carers in the work of our planning and business forums as well as the ongoing development of our recovery agenda.

Clinical and Integrated Care Programmes

Mental Health Division has three clinical care programmes currently. These are:

- National Clinical Care Programme For the Assessment and Management of Patients Presenting to Emergency Departments following Self-Harm
- Early Intervention for people developing First Episode Psychosis
- Eating Disorders Service spanning Child and Adolescent and Adult Mental Health Services.

Accountability

The accountability framework was introduced in 2015 sets out the means by which the Mental Health Division will report on 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. NSP2016 outlines this framework in their National plan. The detail set out in this operational plan describes how the CHO 5 Mental Health Services, will report on their key performance indicators.

Risks to Mental Health Service Delivery 2016

Challenges for 2016 in Mental Health include:

- The budget allocation for Mental Health in 2016 present challenges for the maintenance of existing levels of service for the division.
- The capacity to recruit and retain a highly-skilled and qualified workforce, particularly in high-demand allied health professions/medical and nursing clinical staff.
- Access to appropriate inpatient CAMHs beds/Units
- Continued demographic pressures and increasing demand for services will be over and above the planned levels thus impacting on the ability to deliver services.
- Lack of a single health care record (HCR) across CHO 5 MHS continues to pose risk to the optimum management of service user's care. Ways of overcoming this challenge will be explored in 2016 in advance of the optimum solution of provision of E-record.

Mental Health Financial Data

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Spend and Budget									
CHO5	2014 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	
Carlow / Kilkenny / Sth Tipp	48,139,982	49,502,486	240,000	230,000	49,972,486	48,442,509	505,376	48,947,885	
Waterford / Wexford	39,253,883	40,862,489	291,246	555,000	41,708,735	40,062,101	952,624	41,014,725	

Mental Health Workforce

Staffing	Medical/ Dental	Nursing	Health & Social Care Professionals	Management/ Admin	General Support Staff	Other Patient & Client Care	Total
Mental Health	**66.38**	**635.66**	**110.94**	**97.68**	**208.07**	**67.21**	**1185.94**

Key Priorities and Actions to Deliver on Goals in 2016

Corporate Goal	Mental Health Strategic Priority	Actions 2016	Measure of Performance	End Qtr
Goal 1: Promote health and wellbeing as part of everything we do so that people will be healthier	**Mental Health Strategic Priority 1:** Promote the mental health of our population in collaboration with other services and agencies including reducing loss of life by suicide	Support the development of a Suicide Prevention Action Plan in line with the new National Strategy "Connecting for Life"	Patient experience improved Clinical staff on CMHTs provided with suicide prevention and assessment training programmes Engagement with various stakeholders across CHO5 and to support the implementation of the Local Action Plans	Q1 – Q4 Q4 Q1 – Q4
Goal 1: Promote health and wellbeing as part of everything we do so that people will be healthier	**Mental Health Strategic Priority 1:** Promote the mental health of our population in collaboration with other services and agencies including reducing loss of life by suicide	Support the development of a Suicide Prevention Action Plan in line with the new National Strategy "Connecting for Life" The Regional Suicide Resource Office delivers a range of training from basic suicide awareness to skills based programmes. Options available include: esuicideTALK, safe TALK, Applied Suicide Intervention Skills Training (ASIST), Understanding Self Harm and Skills Based Training on Risk Management (STORM Self Harm). The training is delivered using both a whole population and a targeted approach.	A comprehensive training plan shall continue to be rolled out across CHO5 in issues relating to suicide prevention and self-harm.	Q1 – Q4
Goal 1: Promote health and wellbeing as part of	**Mental Health Strategic Priority 1:**	The Self Harm Intervention Programme (SHIP) is a	SHIP service will continue to deliver counselling hours in	Q1 – Q4

everything we do so that people will be healthier	Promote the mental health of our population in collaboration with other services and agencies including reducing loss of life by suicide	short term specialist counselling available to individuals presenting with self-harm or suicidal ideation across CHO 5 - the service is integrated with the National Counselling service (NCS) and the Counselling in Primary Care Service (CIPC) and also provides onward client pathways to frontline suicide assessment services.	CHO5 in 2016. A web based text alert system will be introduced to improve access by focusing on client opt-in rates and client attendance patterns The recommendations from "Responding to Self-Harm" the recently published evaluation report of the SHIP service will be reviewed and implemented within available resources.	
Goal 1: Promote health and wellbeing as part of everything we do so that people will be healthier	**Mental Health Strategic Priority 1:** Promote the mental health of our population in collaboration with other services and agencies including reducing loss of life by suicide	Suicide Crisis Assessment Nursing Service **(**SCAN) currently available in both Waterford and Wexford provides an accessible and swift response to GP request for assessment of those who may be at risk of suicide. In conjunction with the GP the SCAN Nurse devises an individual Care Plan for the individual at risk.	Commence plans to develop SCAN service in the Carlow/Kilkenny/South Tipperary	Q1-Q4
Goal 1: Promote health and wellbeing as part of everything we do so that people will be healthier	**Mental Health Strategic Priority 1:** Promote the mental health of our population in collaboration with other services and agencies including reducing loss of life by suicide	Work in collaboration with Health & Wellbeing/Primary Care to promote the health and well being of service users and staff, inclusive of healthy eating, exercise, alcohol reduction.		Q1 – Q4
Goal 1: Promote health and wellbeing as part of everything we do so that people will be healthier	**Mental Health Strategic Priority 1:** Promote the mental health of our population in collaboration with other services and agencies including reducing loss of life by suicide	Work collaboration with Health & Wellbeing/Primary Care to promote the health and well being of service users and staff in relation to smoking cessation (including BISC training)	Monitor compliance of the Tobacco Free Campus Policy in line with set target (25% Mental Health Residential) Frontline staff training for CHO5 MHS in line with national target 4.5% (44 staff)	Q1 – Q4 Q1 – Q4
Goal 2: Provide fair, equitable and timely access to quality, safe health services that	**Mental Health Strategy Priority 3:** Deliver timely, clinically effective and	Improve Access to Mental Health Services and reduce Wait times	Implement the Child and Adolescent Mental Health (CAMHs) Standard Operating Procedures.	Q1

people need	standardised safe mental health services in adherence to statutory requirements		Implement the Child and Adolescent Mental Health (CAMHs) On Call Service. Provision of additional Liaison Psychiatry services within UHW.	Q4 Q4
Goal 2: Provide fair, equitable and timely access to quality, safe health services that people need	**Mental Health Strategy Priority 3:** Deliver timely, clinically effective and standardised safe mental health services in adherence to statutory requirements	Improve access to specialist mental health services and improve service user flow	Identification and prioritisation of the models of care including the development and implementation of standard operating procedures across the mental health services, co-terminus with CHO Primary Care Networks. Plan for the development of a slow stream Rehabilitation Unit for CHO5.	Q4
Goal 2: Provide fair, equitable and timely access to quality, safe health services that people need	**Mental Health Strategy Priority 3:** Deliver timely, clinically effective and standardised safe mental health services in adherence to statutory requirements	Develop programmes to improve the quality and safety of mental health services for adults, children and adolescents	Develop additional systems to support legislative requirements. Assuring compliance with the Mental Health Act, regulations, with the implementation of the Judgement Support Framework, Codes and Rules and addressing areas of non-compliance	Q3
Goal 2: Provide fair, equitable and timely access to quality, safe health services that people need	**Mental Health Strategy Priority 3:** Deliver timely, clinically effective and standardised safe mental health services in adherence to statutory requirements	Continue to monitor the Balance Score Card in particular the waiting times in all services across CHO 5		Q4
Goal 3: Foster a culture that is honest, compassionate, transparent and accountable	**Mental Health Strategy Priority 4:** Ensure that the views of service users, family members and carers are central to the design and delivery of mental health services	Establish Structures and mechanisms for engagement with service users, family members and carers, in line with the National reference Group Recommendations and Implementation Plan	Enhance CHO5 MHS engagement with service users, their families and carers and involve them in the design and delivery of services, through membership of the QSEC and EMT Committees. Continue capacity building training for service users, families and carers	Q2 Q1-Q4

			Progress the organisational change programme to achieve recovery orientation in the Mental Health Service	Q1 – Q4
Goal 3: Foster a culture that is honest, compassionate, transparent and accountable	**Mental Health Strategy Priority 4:** Ensure that the views of service users, family members and carers are central to the design and delivery of mental health services	Work with the Mental Health National Division Management Team in the roll out of the introduction of Peer Support workers CKST Mental Health Service has submitted Expression of Interest with regard to the development of the Peer Support Worker role within their Community Mental Health Teams in 2016. CKST Mental Health Service has developed a programme of Peer Support Worker training for staff and SUFMC throughout the service.	Appointment of Peer Support Workers	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 Strategy Priority 5**: Enable the provision of mental health services by highly trained and engaged staff and fit for purpose infrastructure	Develop Supports for staff to optimise their resilience, mental health and well-being in partnership with Health and Wellbeing and Human Resources	Develop a staff health programme to include staff health days, information regarding stress control and diet and exercise	Q3
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 Strategy Priority 5**: Enable the provision of mental health services by highly trained and engaged staff and fit for purpose infrastructure	Develop a Communication Strategy for engagement with staff through a series of events and visits over the year.	Strategy developed and communicated	Q2
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 Strategy Priority 6:** Enable the provision of mental health services by highly trained and engaged staff and fit for purpose infrastructure	Continue engagement with Estates Management to progress initiatives ensure provision of appropriate buildings so that they are fit for purpose for the Mental Health Services Progress initiatives to address the significant shortage of clinical space from which Community based services can be delivered	Regular meetings with HSE Estates	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	**Mental Health Strategy Priority 6:** Enable the provision of mental health services by highly trained and engaged staff and fit for purpose infrastructure	Refurbishment of existing Approved Centres to comply with Mental Health Commission standards and to introduce anti-ligature measures in all settings	Reconfiguration of the DOP in Waterford University Hospital to provide 14 Acute and 30 Sub-Acute beds. This will involve the conversion of a 4-bedded room in line with ligature standards.	Q2
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 Strategy Priority 6:** Enable the provision of mental health services by highly trained and engaged staff and fit for purpose infrastructure	Engage with the progression of the National Mental Health Records Project to include ICT infrastructure, E Rostering and E Mental Health Record.		Q1 – Q4

Appendices

Appendix 1: Balanced Scorecards

System-Wide

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%
Acute Hospitals private charges – Debtor Days – Consultant Sign-off	M	New PI 2016	New PI 2016	90% @ 15 days by 31/12/16
Acute Hospitals private income receipts variance from Actual v Plan	M	New PI 2016	New PI 2016	≤ 5%
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%
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
Service User Experience % of complaints investigated within 30 working days of being acknowledged by the complaints officer	M	75%	75%	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)**	Q Q3	New PI 2016	New PI 2016	100%

System-Wide				
Indicator	Reporting Frequency	NSP 2015 Expected Activity / Target	Projected Outturn 2015	Expected Activity / Target 2016
Serious Reportable Events % of Serious Reportable Events being notified within 24 hours to the Senior Accountable Officer and entered on the National Incident Management System (NIMS)	M	New PI 2016	New PI 2016	99%
% of investigations completed within 120 days of the notification of the event to the Senior Accountable Officer	M	90%	62%	90%
Safety Incident reporting % of safety incidents being entered onto NIMS within 30 days of occurrence by hospital group / CHO	Q	New PI 2016	New PI 2016	90%
% of claims received by State Claims Agency that were not reported previously as an incident	A	New PI 2016	New PI 2016	To be set in 2016

Health and Wellbeing

Health and Wellbeing				
Indicator	Reporting Frequency	NSP 2015 Expected Activity / Target	Projected Outturn 2015	Expected Activity / Target 2016
National Screening Service **BreastCheck** No. of women in the eligible population who have had a complete mammogram	M	New PI 2016	New PI 2016	149,500
% BreastCheck screening uptake rate	Q	New PI 2016	New PI 2016	> 70%
% women offered hospital admission for treatment within 3 weeks of diagnosis of breast cancer	Bi-annual	New PI 2016	New PI 2016	> 90%
CervicalCheck No. of unique women who have had one or more smear tests in a primary care setting	M	271,000	260,000	255,000
% eligible women with at least one satisfactory CervicalCheck screening in a 5 year period	Q	New PI 2016	New PI 2016	> 80%
% urgent cases offered a Colposcopy appointment within 2 weeks of receipt of letter in the clinic	M	New PI 2016	New PI 2016	> 90%
BowelScreen No. of clients who have completed a satisfactory BowelScreen FIT test	M	New PI 2016	New PI 2016	106,875
% of client uptake rate in the BowelScreen programme	Q	New PI 2016	New PI 2016	> 45%
Diabetic RetinaScreen No. of Diabetic RetinaScreen clients screened with final grading result	M	78,300	78,300	87,000
% Diabetic RetinaScreen uptake rate	Q	New PI 2016	New PI 2016	> 56%
Environmental Health No. of tobacco sales to minors test purchase inspections carried out	Q	480	460	384
No. of establishments inspected under the *Public Health (Sunbeds) Act*	Q	400	400	200
No. of official food control planned, and planned surveillance inspections of food businesses.	Q	33,000	35,882	33,000
Tobacco No. of smokers who received intensive cessation support from a cessation counsellor	M	9,000	11,000	11,500
% of smokers on cessation programmes who were quit at one month	Q	New PI 2016	New PI 2016	45%
Healthy Eating Active Living No. of people who have completed a structured patient education programme for diabetes	M	New PI 2016	New PI 2016	2,200

Health and Wellbeing				
Indicator	**Reporting Frequency**	**NSP 2015 Expected Activity / Target**	**Projected Outturn 2015**	**Expected Activity / Target 2016**
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%
% of newborn babies visited by a PHN within 72 hours of discharge from maternity services	Q	97%	97.4%	97%
% of babies breastfed (exclusively and not exclusively) at first PHN visit	Q	56%	53.5%	56%
% of babies breastfed (exclusively and not exclusively) at 3 month PHN visit	Q	38%	34.6%	38%
Immunisations and Vaccines % children aged 24 months who have received 3 doses of the 6in1 vaccine	Q	95%	95.0%	95%
% children aged 24 months who have received the Measles, Mumps, Rubella (MMR) vaccine	Q	95%	92.7%	95%
% of first year girls who have received two doses of HPV vaccine	A	80%	85%	85%
% of healthcare workers who have received seasonal Flu vaccine in the 2015-2016 influenza season (acute hospitals)	A	40%	23.4%	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%
% uptake in Flu vaccine for those aged 65 and older with a medical card or GP visit card	A	75%	60%	75%
Public Health No. of infectious disease (ID) outbreaks notified under the national ID reporting schedule	Q	614	680	660

Primary Care

Primary Care					
Indicator	Reporting Frequency	NSP 2015 Expected Activity / Target	Projected Outturn 2015	Expected Activity / Target 2016	Expected Activity/Target 2016 CHO 5
Community Intervention Teams (no. of referrals) Admission avoidance (includes OPAT)	M	**26,355** 1,196	**18,600** 651	**24,202** 914	**3,060** 139
Hospital Avoidance	M	14,134	10,788	12,932	1,994
Early discharge (includes OPAT)	M	6,375	3,980	6,360	847
Unscheduled referrals from community sources	M	4,650	3,181	3,996	80
***Health Amendment Act*: Services to persons with state acquired Hepatitis C** No. of patients who were reviewed	Q	820	22	798	88
Healthcare Associated Infections: Medication Management Consumption of antibiotics in community settings (defined daily doses per 1,000 population)		< 21.7	25.7	< 21.7	National
Service User Experience % of PCTs by CHO, that can evidence service user involvement as required by Action 19 of the Primary Care Strategy – A New Direction (2001)	Q	New PI 2016	New PI 2016	100%	100%
GP Activity No. of contacts with GP Out of Hours Service	M	959,455	964,770	964,770	National
Nursing No. of new patients accepted on the caseload and waiting to be seen over 12 weeks	M	New PI 2016	New PI 2016	0	0
Physiotherapy % of new patients seen for assessment within 12 weeks	M	80%	83%	70%	70%
% on waiting list for assessment ≤ 52 weeks	M	New PI 2016	New PI 2016	100%	100%
Occupational Therapy % of new patients seen for assessment within 12 weeks	M	80%	76%	70%	70%
% on waiting list for assessment ≤ 52 weeks	M	New PI 2016	New PI 2016	100%	100%
Speech and Language Therapy % on waiting lists for assessment ≤ 52 weeks	M	New PI 2016	New PI 2016	100%	100%
% on waiting list for treatment ≤ 52 weeks	M	New PI 2016	New PI 2016	100%	100%
Podiatry, Ophthalmology, Audiology, Dietetics and Psychology **Podiatry** % on waiting list for treatment ≤ 52 weeks	M	New PI 2016	New PI 2016	100%	100%
% on waiting list for treatment ≤ 12 weeks	M	New PI 2016	New PI 2016	75%	75%
Ophthalmology % on waiting list for treatment ≤ 52 weeks	M	New PI 2016	New PI 2016	100%	100%
% on waiting lists for treatment ≤ 12 weeks	M	New PI 2016	New PI 2016	60%	60%
Audiology % on waiting list for treatment ≤ 52 weeks	M	New PI 2016	New PI 2016	100%	100%
% on waiting list for treatment ≤ 12 weeks	M	New PI 2016	New PI 2016	60%	60%

Primary Care					
Indicator	**Reporting Frequency**	**NSP 2015 Expected Activity / Target**	**Projected Outturn 2015**	**Expected Activity / Target 2016**	**Expected Activity/Target 2016 CHO 5**
Dietetics % on waiting list for treatment ≤ 52 weeks	M	New PI 2016	New PI 2016	100%	100%
% on waiting list for treatment less ≤ 12 weeks	M	New PI 2016	New PI 2016	70%	70%
Psychology % on waiting list for treatment ≤ 52 weeks	M	New PI 2016	New PI 2016	100%	100%
% on waiting list for treatment ≤ 12 weeks	M	New PI 2016	New PI 2016	60%	60%
Oral Health % of new patients care who commenced treatment within 3 months of assessment	M	New PI 2016	New PI 2016	80%	80%
Orthodontics % of referrals seen for assessment within 6 months	Q	75%	74%	75%	75%
Reduce the proportion of patients on the treatment waiting list longer than 4 years (grade IV and V)	Q	< 5%	8%	< 5%	< 5%

Primary Care Reimbursement Service					
Indicator	**Reporting Frequency**	**NSP 2015 Expected Activity / Target**	**Projected Outturn 2015**	**Expected Activity / Target 2016**	**Expected Activity/Target 2016 CHO 5**
% of completed Medical Card / GP Visit Card applications processed within the 15 days	M	90%	90%	95%	National
% of Medical Card / GP Visit Card applications, assigned for Medical Officer review, processed within 5 days	M	90%	90%	90%	National
% of Medical Card applications which are accurately processed by national medical card unit staff	M	New PI 2016	New PI 2016	95%	National
No. of persons covered by Medical Cards as at 31st December	M	1,722,395	1,725,767	1,675,767	National
No. of persons covered by GP Visit Cards as at 31st December	M	412,588	435,785	485,192*	National

*Target does not include Universal GP Visit Cards for children aged 6 to 11 years

Social Inclusion					
Indicator	**Reporting Frequency**	**NSP 2015 Expected Activity / Target**	**Projected Outturn 2015**	**Expected Activity / Target 2016**	**Expected Activity/ Target 2016 CHO 5**
Substance Misuse % of substance misusers (over 18 years) for whom treatment has commenced within one calendar month following assessment	Q	100%	97%	100%	100%
% of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment	M	100%	89%	100%	100%
No. of clients in receipt of opioid substitution treatment (outside prisons)	M	9,400	9,413	9,515	395
Average waiting time from referral to assessment for Opioid Substitution Treatment	M	New PI 2016	New PI 2016	14 days	14 days
Average waiting time from Opioid Substitution assessment to exit from waiting list or treatment commenced	M	New PI 2016	New PI 2016	28 days	28 days

Social Inclusion					
Indicator	**Reporting Frequency**	**NSP 2015 Expected Activity / Target**	**Projected Outturn 2015**	**Expected Activity / Target 2016**	**Expected Activity/ Target 2016 CHO 5**
Needle Exchange No. of unique individuals attending pharmacy needle exchange	Q	1,200	1,731	1,731	372
Homeless Services % 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	Q	85%	72%	85%	85%
Traveller Health No. of people who received health information on type 2 diabetes and cardiovascular health	Q	3,470	2,228	3,470	395

Palliative Care					
Indicator	**Reporting Frequency**	**NSP 2015 Expected Activity / Target**	**Projected Outturn 2015**	**Expected Activity / Target 2016**	**Expected Activity/Target 2016 CHO 5** SSWHG
Inpatient Units – Waiting Times Access to specialist inpatient bed within 7 days	M	98%	98%	98%	98%
Access to specialist palliative care services in the community provided within 7 days (home, nursing home, non-acute hospital)	M	95%	87%	95%	95%
No. of patients in receipt of specialist palliative care in the community	M	3,248	3,178	3,309	464
No. of children in the care of the children's outreach nursing team / specialist palliative care team	M	320	359	370	33
% patients triaged within 1 working day of referral	M	New PI 2016	New PI 2016	90%	90%
% of patients with a multi-disciplinary care plan documented within 5 working days of initial review	M	New PI 2016	New PI 2016	90%	90%

Social Care - Disability Services

Quality and Safety		Access	
Service User Experience		**Progressing Disability Services for Children and Young People (0-18s) Programme**	
• % 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%**	• No. of Childrens Disability Network Teams established	100% (20/20)
Congregated Settings		**Disability Act Compliance**	
• Facilitate the movement of people from congregated to community settings	**20**	• % of assessments completed within the timelines as provided for in the regulations	100%
Serious Reportable Events		**Day Services**	
• % 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 school leavers and RT graduates who have been provided with a placement	100%
• % of investigations completed within 120 days of the notification of the event to the Senior Accountable Officer	**90%**	**Respite***	
Safety Incident Reporting		• No. of day only respite sessions accessed by people with a disability	1032
• % of safety incidents being entered onto NIMS within 30 days of occurrence by CHO	**90%**	• No. of overnights (with or without day respite) access by people with a disability	14281
Complaints		**Personal Assistance (PA)**	
• % of complaints investigated within 30 working days of being acknowledged by the complaints officer	**75%**	• No. of PA service hours delivered to adults with a disability	94,602
Safeguarding		**Home Support Service**	
• % 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%**	• No. of Home Support Hours delivered to persons with a disability	210,88
• % 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 (from Q2)	**100%**		
• % of CHO Heads of Social Care that have established CHO wide organisational arrangements required by the HSE's Safeguarding Vulnerable Persons at Risk of Abuse Policy as set out in Section 9.2 of the policy (from Q2)	**100%**		
• % compliance with inspected outcomes following HIQA inspection of Disability Residential Units	**75%**		
Service Improvement Team Process			
• Deliver on Service Improvement priorities	**100%**		
Transforming Lives - VfM Policy Review			
• Deliver on VfM Implementation priorities	**100%**		
Quality			
• 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%**		
Governance for Quality and Safety			
• Quality and Safety committees across all Divisions at Divisional, Hospital Group and Community Healthcare Organisation	**100%**		

Finance	
Budget Management including savings	
Net Expenditure variance from plan (budget)	
• Pay - Direct / Agency / Overtime	**≤ .33%**
• Non-pay	**≤ .33%**
• Income	**≤ .33%**
Service Arrangements/ Annual Compliance Statement	**100%**
• % of number of Service Arrangement signed	**100%**
• % of the monetary value of Service Arrangements signed	**100%**
• % of Annual Compliance Statements signed	
Capital	
• Capital expenditure versus expenditure profile	**100%**

Human Resources	
Absence	
• % of absence rates by staff category	**≤ 3.5%**
Staffing Levels and Costs	
• % variation from funded staffing thresholds	**≤ 0.5%**
Compliance with European Working Time Directive (EWTD)	
• < 48 hour working week	**95%**
Health and Safety	
• No. of calls that were received by the National Health and Safety Helpdesk during the quarter	**15% increase**

*The introduction of an expanded range of KPIs in respect of respite, with more appropriate reporting of day and overnight respite, results in a combined target of 215,000 for 2016

Social Care – Older Person's Services

Quality and Safety

Measure	Target
Service User Experience	
• % 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 (from Q3)	100%
Serious Reportable Events	
• % 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 within 120 days of the notification of the event to the Senior Accountable Officer	90%
Safety Incident Reporting	
• % of safety incidents being entered onto NIMS within 30 days of occurrence by CHO	90%
Complaints	
• % of complaints investigated within 30 working days of being acknowledged by the complaints officer	75%
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 (from Q2)	100%
• % of CHO Heads of Social Care that have established CHO wide organisational arrangements required by the HSE's Safeguarding Vulnerable Persons at Risk of Abuse Policy as set out in Section 9.2 of the policy (from Q2)	100%
Service Improvement Team Process	
• Deliver on Service Improvement priorities	100%
Governance for Quality and Safety	
• Quality and Safety committees across all Divisions at Divisional, Hospital Group and Community Healthcare Organisation	100%

Access

Measure	Target
Home Care Packages	
• Total no. of persons in receipt of a HCP including delayed discharge initiative HCPs	900
• Intensive HCPs: Total no. of persons in receipt of an intensive HCP	130 (national)
Home Help	
• No. of home help hours provided for all care groups (excluding provision of hours from HCPs)	1,219,000
• No. of people in receipt of home help hours (excluding provision from HCPs)	6,000
NHSS	
• No. of persons funded under NHSS in long term residential care	23,450 (national)
• No. of NHSS beds in Public Long Stay Units	556
• No. of short stay beds in Public Long Stay Units	275

Finance

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

Human Resources

Measure	Target
Absence	
• % of absence rates by staff category	≤ 3.5%
Staffing Levels and Costs	
• % variation from funded staffing thresholds	≤ 0.5%
Compliance with European Working Time Directive (EWTD)	
• < 48 hour working week	95%
Health and Safety	
• No. of calls that were received by the National Health and Safety Helpdesk during the quarter	15% increase

Mental Health

Mental Health					
Indicator	Reporting Frequency	NSP 2015 Expected Activity / Target	Projected Outturn 2015	Expected Activity / Target 2016	Expected Activity/Target 2016 CHO 5
General Adult Community Mental Health Teams % of accepted referrals / re-referrals offered first appointment within 12 weeks / 3 months by General Adult Community Mental Health Team	M	90%	92%	90%	90%
% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks / 3 months by General Adult Community Mental Health Team	M	75%	74%	75%	75%
% of new (including re-referred) General Adult Community Mental Health Team cases offered appointment and DNA in the current month	M	18%	22%	18%	18%
Psychiatry of Old Age Community Mental Health Teams % of accepted referrals / re-referrals offered first appointment within 12 weeks / 3 months by Psychiatry of Old Age Community Mental Health Teams	M	99%	98%	98%	98%
% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks / 3 months by Psychiatry of Old Age Community Mental Health Teams	M	95%	94%	95%	95%
%. of new (including re-referred) Old Age Psychiatry Team cases offered appointment and DNA in the current month	M	2%	3%	3%	3%
CAMHs 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.	M	95%	71%	95%	National
% 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	M	New PI 2016	New PI 2016	95%	95%
% of accepted referrals / re-referrals offered first appointment within 12 weeks / 3 months by Child and Adolescent Community Mental Health Teams	M	78%	78%	78%	78%
% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks / 3 months by Child and Adolescent Community Mental Health Teams	M	72%	72%	72%	72%
%. of new (including re-referred) child / adolescent referrals offered appointment and DNA in the current month	M	10%	12%	10%	10%
Total no. to be seen or waiting to be seen by CAMHs Total no. to be seen for a first appointment at the end of each month.	M	2,632	2,509	2,449	123
Total no. to be seen 0-3 months	M	1,153	1,138	1,308	83
Total no. on waiting list for a first appointment waiting > 3 months	M	1,479	1,371	1,141	40
Total no. on waiting list for a first appointment waiting > 12 months	M	0	203	0	0

Appendix 2: Performance Indicator Suite 2016 - CHO5

Health & Wellbeing

Indicator	Expected Activity / Target 2016
Tobacco No. of smokers who received intensive cessation support from a cessation counsellor	11,500
No. of frontline staff trained in brief intervention smoking cessation	
% of smokers on cessation programmes who were quit at one month	45%
Healthy Eating Active Living No. of 5k Parkruns completed by the general public in community settings	13,060
No. of frontline healthcare staff who have completed the physical activity e-learning module	54
No. of people who have completed a structured patient education programme for diabetes	105
% of PHNs trained by dietician's in the Nutrition Reference Pack for Infants 0-12 months	50%
No. of people attending a structured community based healthy cooking programme	540
% of preschools participating in Smart Start	15%
% of primary schools trained to participate in the after schools activity programme - Be Active	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	95%

Indicator	Expected Activity / Target 2016
% of newborn babies visited by a PHN within 72 hours of discharge from maternity services	97%
% of babies breastfed (exclusively and not exclusively) at first PHN visit	56%
% of babies breastfed (exclusively and not exclusively) at 3 month PHN visit	38%
% of total number of maternity hospitals with Baby Friendly Hospital designation	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)	95%
% children at 12 months of age who have received two doses of the Pneumococcal Conjugate vaccine (PCV2)	95%
% children at 12 months of age who have received 1 dose of the Meningococcal group C vaccine (MenC2)	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)	95%
% children aged 24 months who have received 3 doses Meningococcal C (MenC3) vaccine	95%
% children aged 24 months who have received 1 dose Haemophilus influenza type B (Hib) vaccine	95%
% children aged 24 months who have received 3 doses Pneumococcal Conjugate (PCV3) vaccine	95%
% children aged 24 months who have received the Measles, Mumps, Rubella (MMR) vaccine	95%
% children in junior infants who have received 1 dose 4-in-1 vaccine (Diphtheria, Tetanus, Polio, Pertussis)	95%
% children in junior infants who have received 1 dose Measles, Mumps, Rubella (MMR) vaccine	95%
% first year students who have received 1 dose Tetanus, low dose Diphtheria, Acellular Pertussis (Tdap) vaccine	95%
% of first year girls who have received two doses of HPV vaccine	85%

Indicator	Expected Activity / Target 2016
% of first year students who have received one dose meningococcal C (MenC) vaccine	95%
% of healthcare workers who have received seasonal Flu vaccine in the 2015-2016 influenza season (acute hospitals)	40%
% of healthcare workers who have received seasonal Flu vaccine in the 2015-2016 influenza season (long term care facilities in the community)	40%
% uptake in Flu vaccine for those aged 65 and older with a medical card or GP visit card	75%

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

KPI Title	NSP/ DOP	KPI Type	Report Frequency	2016 National Target/ Activity	Reported at CHO Level	CHO 5 Target/ Activity Level
Community Intervention Teams (number of referrals)				24,202		3,060
Admission Avoidance (includes OPAT)	NSP	Quality	M	914	CHO	139
Hospital Avoidance	NSP	Quality	M	12,932	CHO	1,994
Early discharge (includes OPAT)	NSP	Quality	M	6,360	CHO	847
Unscheduled referrals from community sources	NSP	Quality	M	3,996	CHO	80
Outpatient parenteral Antimicrobial Therapy OPAT Re-admission rate %	DOP	Access /Activity	MQ2	≤5%	HG	≤5%
Community Intervention Teams Activity (by referral source)				24,202	CHO	3,060
ED / Hospital wards / Units	DOP	Access /Activity	M	13,956	CHO	1,408
GP Referral	DOP	Access /Activity	M	6,386	CHO	1,288
Community Referral	DOP	Access /Activity	M	2,226	CHO	0
OPAT Referral	DOP	Access /Activity	M	1,634	CHO	364
GP Out of Hours						
No. of contacts with GP Out of Hours Service	NSP	Access /Activity	M	964,770	National	
Tobacco Control						
% of primary care staff to undertake brief intervention training for smoking cessation	DOP	Quality	Q	5%	CHO	5%
Physiotherapy						
No of patient referrals	DOP	Activity	M	193,677	CHO	24,029
No of patients seen for a first time assessment	DOP	Activity	M	160,017	CHO	20,911
No of patients treated in the reporting month (monthly target)	DOP	Activity	M	36,430	CHO	4,868
No of face to face contacts/visits	DOP	Activity	M	775,864	CHO	103,297

Total No. of physiotherapy patients on the assessment waiting list at the end of the reporting period *	DOP	Access	M	28,527	CHO	3,232
No. of physiotherapy patients on the assessment waiting list at the end of the reporting period 0 - ≤ 12 weeks	DOP	Access	M	No target	CHO	No target
No. of physiotherapy patients on the assessment waiting list at the end of the reporting period >12 weeks - ≤ 26 weeks	DOP	Access	M	No target	CHO	No target
No. of physiotherapy patients on the assessment waiting list at the end of the reporting period >26 weeks but ≤ 39 weeks	DOP	Access	M	No target	CHO	No target
No. of physiotherapy patients on the assessment waiting list at the end of the reporting period >39 weeks but ≤ 52 weeks	DOP	Access	M	No target	CHO	No target
No. of physiotherapy patients on the assessment waiting list at the end of the reporting period > 52 weeks	DOP	Access	M	No target	CHO	No target
% of new patients seen for assessment within 12 weeks	NSP	Access	M	70%	CHO	70%
% on waiting list for assessment ≤ to 52 weeks	NSP	Access	M	100%	CHO	100%
% on waiting lists for assessment ≤ 39 weeks	DOP	Access	M	95%	CHO	95%
% on waiting lists for assessment ≤ 26 weeks	DOP	Access	M	90%	CHO	90%
Occupational Therapy						
No of patient referrals	DOP	Activity	M	89,989	CHO	10,308
No of new patients seen for a first assessment	DOP	Activity	M	86,499	CHO	9,311
No of patients treated (direct and indirect) monthly target	DOP	Activity	M	20,291	CHO	1,815
Total No. of occupational therapy patients on the assessment waiting list at the end of the reporting period **	DOP	Access	M	19,932	CHO	3,226
No. of occupational therapy patients on the assessment waiting list at the end of the reporting period 0 - ≤ 12 weeks	DOP	Access	M	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	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	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	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	No target	CHO	No target
% of new patients seen for assessment within 12 weeks	NSP	Access	M	70%	CHO	70%
% on waiting list for assessment ≤ to 52 weeks	NSP	Access	M	100%	CHO	100%
% on waiting lists for assessment ≤ 39 weeks	DOP	Access	M	95%	CHO	95%
% on waiting lists for assessment ≤ 26 weeks	DOP	Access	M	80%	CHO	80%
Orthodontics						
No. of patients receiving active treatment at the end of the reporting period	DOP	Access	Q	16,887	National/ former region	
% of referrals seen for assessment within 6 months	NSP	Access	Q	75%	National/ former region	
% on waiting list for assessment ≤ 12 months	DOP	Access	Q	100%	National/ former region	
% of patients on the treatment waiting list less than 2 years	DOP	Access	Q	75%	National/ former region	
% of patients on treatment waiting list less than 4 years (grade 4 and 5)	DOP	Access	Q	95%	National/ former region	
No. of patients on the assessment waiting list at the end of the reporting period	DOP	Access	Q	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	9,912	National/ former region	
No. of patients on the treatment waiting list – grade 5 –at the end of the reporting period	DOP	Access /Activity	Q	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%	National/ former region	
Oral Health (Primary Dental Care and Orthodontics)						
No. of new patients attending for Scheduled Assessment	DOP	Access /Activity	M	Unavailable	CHO	10,554 (data gaps)
No. of new patients attending for Unscheduled Assessment	DOP	Access /Activity	M	Unavailable	CHO	4,420 (data gaps)

% of new patients who commenced treatment within 3 months of assessment	NSP	Access	M	80%	CHO	80%
Healthcare Associated Infections: Medication Management					CHO	
Consumption of antibiotics in community settings (defined daily doses per 1,000 population)	NSP	Quality		<21.7	National	
Primary Care – Psychology						
No. of patient referrals	DOP	Activity	M	12,261	CHO	1,403
Existing patients seen in the month	DOP	Activity	M	2,626	CHO	262
New patients seen	DOP	Activity	M	9,367	CHO	880
Total No. of psychology patients on the treatment waiting list at the end of the reporting period *	DOP	Access	M	6,028	CHO	727
No. of psychology patients on the treatment waiting list at the end of the reporting period 0 - ≤ 12 weeks	DOP	Access	M	No target	CHO	No target
No. of psychology patients on the treatment waiting list at the end of the reporting period >12 weeks - ≤ 26 weeks	DOP	Access	M	No target	CHO	No target
No. of psychology patients on the treatment waiting list at the end of the reporting period >26 weeks but ≤ 39 weeks	DOP	Access	M	No target	CHO	No target
No. of psychology patients on the treatment waiting list at the end of the reporting period >39 weeks but ≤ 52 weeks	DOP	Access	M	No target	CHO	No target
No. of psychology patients on the treatment waiting list at the end of the reporting period > 52 weeks	DOP	Access	M	No target	CHO	No target
% on waiting list for treatment ≤ to 52 weeks	NSP	Access	M	100%	CHO	100%
% on waiting lists for treatment ≤ 39 weeks	DOP	Access	M	90%	CHO	90%
% on waiting lists for treatment ≤ 26 weeks	DOP	Access	M	80%	CHO	80%
% on waiting lists for treatment ≤ 12 weeks	NSP	Access	M	60%	CHO	60%
Primary Care – Podiatry						
No. of patient referrals	DOP	Activity	M	11,589	CHO	220
Existing patients seen in the month	DOP	Activity	M	5,210	CHO	60
New patients seen	DOP	Activity	M	8,887	CHO	307

Total No. of podiatry patients on the treatment waiting list at the end of the reporting period *	DOP	Access	M	3,186	CHO	22
No. of podiatry patients on the treatment waiting list at the end of the reporting period 0-12 weeks	DOP	Access	M	No target	CHO	No target
No. of podiatry patients on the treatment waiting list at the end of the reporting period 12 weeks ≤ 26 weeks	DOP	Access	M	No target	CHO	No target
No. of podiatry patients on the treatment waiting list at the end of the reporting period 26 weeks ≤ 39 weeks	DOP	Access	M	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	No target	CHO	No target
No. of podiatry patients on the treatment waiting list at the end of the reporting period > 52 weeks	DOP	Access	M	No target	CHO	No target
% on waiting list for treatment ≤ to 52 weeks	NSP	Access	M	100%	CHO	100%
% on waiting lists for treatment ≤ 39 weeks	DOP	Access	M	95%	CHO	95%
% on waiting lists for treatment ≤ 26 weeks	DOP	Access	M	90%	CHO	90%
% on waiting lists for treatment ≤ 12 weeks	NSP	Access	M	75%	CHO	75%
No of patients with Diabetic Active Foot Disease treated in the reporting month	DOP	Quality	M Q3	133	CHO	2
No. of treatments for Diabetic Active Foot Disease in the reporting month	DOP	Access /Activity	M Q3	532	CHO	8
Primary Care – Ophthalmology						
No. of patient referrals	DOP	Activity	M	26,913	CHO	6,810
Existing patients seen in the month	DOP	Activity	M	13,807	CHO	10,044
New patients seen	DOP	Activity	M	16,524	CHO	5,504

Total No. of ophthalmology patients on the treatment waiting list at the end of the reporting period *	DOP	Access	M	14,267	CHO	781
No. of ophthalmology patients on the treatment waiting list at the end of the reporting period 0-12 weeks	DOP	Access	M	No target	CHO	No target
No. of ophthalmology patients on the treatment waiting list at the end of the reporting period 12 weeks ≤ 26 weeks	DOP	Access	M	No target	CHO	No target
No. of ophthalmology patients on the treatment waiting list at the end of the reporting period 26 weeks ≤ 39 weeks	DOP	Access	M	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	No target	CHO	No target
No. of ophthalmology patients on the treatment waiting list at the end of the reporting period > 52 weeks	DOP	Access	M	No target	CHO	No target
% on waiting list for treatment ≤ to 52 weeks	NSP	Access	M	100%	CHO	100%
% on waiting lists for treatment ≤ 39 weeks	DOP	Access	M	90%	CHO	90%
% on waiting lists for treatment ≤ 26 weeks	DOP	Access	M	80%	CHO	80%
% on waiting lists for treatment ≤ 12 weeks	NSP	Access	M	60%	CHO	60%
Primary Care – Audiology						
No. of patient referrals	DOP	Activity	M	18,317	CHO	2,037
Existing patients seen in the month	DOP	Activity	M	2,850	CHO	365
New patients seen	DOP	Activity	M	16,459	CHO	2,325
Total No. of audiology patients on the treatment waiting list at the end of the reporting period *	DOP	Access	M	13,870	CHO	1,150
No. of audiology patients on the treatment waiting list at the end of the reporting period 0-12 weeks	DOP	Access	M	No target	CHO	No target
No. of audiology patients on the treatment waiting list at the end of the reporting period 12 weeks ≤ 26 weeks	DOP	Access	M	No target	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	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	No target	CHO	No target
No. of audiology patients on the treatment waiting list at the end of the reporting period > 52 weeks	DOP	Access	M	No target	CHO	No target
% on waiting list for treatment ≤ to 52 weeks	NSP	Access	M	100%	CHO	100%
% on waiting lists for treatment ≤ 39 weeks	DOP	Access	M	90%	CHO	90%
% on waiting lists for treatment ≤ 26 weeks	DOP	Access	M	80%	CHO	80%
% on waiting lists for treatment ≤ 12 weeks	NSP	Access	M	60%	CHO	60%
Primary Care – Dietetics						
No. of patient referrals	DOP	Activity	M	27,858	CHO	2,811
Existing patients seen in the month	DOP	Activity	M	5,209	CHO	457
New patients seen	DOP	Activity	M	21,707	CHO	2,569
Total No. of dietetics patients on the treatment waiting list at the end of the reporting period *	DOP	Access	M	5,479	CHO	669
No. of dietetics patients on the treatment waiting list at the end of the reporting period 0-12 weeks	DOP	Access	M	No target	CHO	No target
No. of dietetics patients on the treatment waiting list at the end of the reporting period 12 weeks ≤ 26 weeks	DOP	Access	M	No target	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	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	No target	CHO	No target
No. of dietetics patients on the treatment waiting list at the end of the reporting period > 52 weeks	DOP	Access	M	No target	CHO	No target
% on waiting list for treatment ≤ to 52 weeks	NSP	Access	M	100%	CHO	100%
% on waiting lists for treatment ≤ 39 weeks	DOP	Access	M	95%	CHO	95%
% on waiting lists for treatment ≤ 26 weeks	DOP	Access	M	85%	CHO	85%
% on waiting lists for treatment ≤ 12 weeks	NSP	Access	M	70%	CHO	70%
Primary Care – Nursing						

No. of patient referrals	DOP	Activity	M	159,694	CHO	Unavailable
Existing patients seen in the month	DOP	Activity	M	64,660	CHO	Unavailable
New patients seen	DOP	Activity	M	123,024	CHO	Unavailable
Number of new patients accepted on the caseload and waiting to be seen over 12 weeks	NSP	Access	M	0	CHO	0
Primary Care – Speech and Language Therapy* **						
No. of patient referrals	DOP	Activity	M	50,863	CHO	4,905
Existing patients seen in the month	DOP	Activity	M Q2	New PI 2016	CHO	New PI 2016
New patients seen for initial assessment	DOP	Activity	M	41,083	CHO	4,450
Total No. of speech and language patients waiting initial assessment at end of the reporting period ****	DOP	Access	M	13,050	CHO	1,109
Total No. of speech and language patients waiting initial therapy at end of the reporting period ****	DOP	Access	M	8,279	CHO	2,400
% on waiting list for assessment ≤ to 52 weeks	NSP	Access	M	100%	CHO	100%
% on waiting list for treatment ≤ to 52 weeks	NSP	Access	M	100%	CHO	100%
Health Amendment Act - Services to persons with state acquired Hepatitis C						
No. of patient who were reviewed.	NSP	Quality	Q	798	National	88

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**

Quality and Patient Safety – Full Metrics/KPI Suite

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

Quality and Patient Safety	NSP/ DOP	KPI Type	Report Frequency	Target 2016	Reported at CHO Level	CHO 5 Target/ Activity Level
Service User Experience						
% ratio of compliments to complaints by CHO	DOP	Quality	Q	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	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	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	99%	CHO	99%
% of investigations completed within 120 days of event occurrence)	NSP	Quality	M	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	90%	CHO	90%
% of claims received by State Claims Agency that were not reported previously as an incident	NSP	Quality	A	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)**

Social Inclusion – Full Metrics/KPI Suite

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

KPI Title	NSP/ DOP	KPI Type	Report Frequency	2016 National Target/Activity	Reported at CHO Level	CHO 5 Target/ Activity Level
Total no. of clients in receipt of opioid substitution treatment (outside prisons)	NSP	Access	M 1 Mth in Arrears	9,515	CHO	395
No. of clients in opioid substitution treatment in Clinics	DOP	Access	M 1 Mth in arrears	5,470	CHO	215
No. of clients in opioid substitution treatment with level 2 GP's	DOP	Access	M 1 Mth in arrears	1,975	CHO	0
No. of clients in opioid substitution treatment with level 1 GP's	DOP	Access	M 1 Mth in Arrears	2,080	CHO	180
No. of clients transferred from clinics to level 1 GP's	DOP	Access	M 1 Mth in Arrears	300	CHO	60
No. of clients transferred from level 2 GP's	DOP	Access	M 1 Mth in Arrears	134	CHO	0
No. of clients transferred from level 2 to level 1 GPs)	DOP	Access	M 1 Mth in Arrears	119	CHO	7
Total no. of new clients in receipt of opioid substitution treatment (outside prisons)	DOP	Access	M 1 Mth in Arrears	617	CHO	70
Total no. of new clients in receipt of opioid substitution treatment (clinics)	DOP	Access	M 1 Mth in Arrears	498	CHO	70
Total no. of new clients in receipt of opioid substitution treatment (level 2 GP)	DOP	Access	M 1 Mth in Arrears	119	CHO	0
Average waiting time from referral to assessment for Opioid Substitution Treatment (days)	NSP	Access	M 1 Mth in Arrears	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	28 days	CHO	28 days
Number of Pharmacies providing of opioid substitution treatment	DOP	Access	M 1 Mth in Arrears	653	CHO	67
Number of people obtaining opioid substitution treatment from Pharmacies	DOP	Access	M 1 Mth in Arrears	6,463	CHO	430
No. of substance misusers who present for treatment	DOP	Access	Q 1 Q in arrears	6,972	CHO	1,596
No. of substance misusers who present for treatment who receive an assessment within 2 weeks	DOP	Quality	Q 1 Mth in Arrears	4,864	CHO	1,176

% of substance misusers who present for treatment who receive an assessment within 2 weeks	DOP	Quality	Q 1 Mth in Arrears	100%	CHO	100%
No. of substance misusers (over 18 years) for whom treatment has commenced following assessment	DOP	Quality	Q 1 Mth in Arrears	5,584	CHO	1,536
No. of substance misusers (over 18) for whom treatment has commenced within one calendar month following assessment	DOP	Quality	Q 1 Mth in Arrears	5,024	CHO	1,520
% 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%	CHO	100%
No. of substance misusers (under 18 years) for whom treatment has commenced following assessment	DOP	Access	Q 1 Mth in Arrears	268	CHO	44
No. of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment	DOP	Access	Q 1 Mth in Arrears	260	CHO	44
% of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment	NSP	Access	Q 1 Mth in Arrears	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%	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%	CHO	100%
No. of substance misusers (under 18 years) for whom treatment has commenced	DOP	Access	Q 1 Qtr in Arrears	268	CHO	44
% 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%	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%	CHO	100%
No. of problem alcohol users who present for treatment	DOP	Access	Q 1 Qtr in Arrears	3540	CHO	920

No. of problem alcohol users who present for treatment who receive an assessment within 2 weeks	DOP	Access	Q 1 Qtr in Arrears	2,344	CHO	684
% of problem alcohol users who present for treatment who receive an assessment within 2 weeks	DOP	Access	Q 1 Qtr in Arrears	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	3228	CHO	908
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	3228	CHO	908
% 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%	CHO	100%
No. of problem alcohol users (under 18 years) for whom treatment has commenced following assessment	DOP	Access	Q 1 Qtr in Arrears	56	CHO	8
No. of problem alcohol users (under 18 years) for whom treatment has commenced within one week following assessment	DOP	Access	Q 1 Qtr in Arrears	56	CHO	8
% of problem alcohol users (under 18 years) for whom treatment has commenced within one week following assessment	DOP	Access	Q 1Qtr in Arrears	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%	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%	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%	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%	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	CHO	30
No. of pharmacies recruited to provide Needle Exchange Programme	DOP	Quality	TRI M 1 Qtr in Arrears	119	CHO	24
No. of unique individuals attending pharmacy needle exchange	NSP	Access	TRI M 1 Qtr in Arrears	1,731	CHO	372
No. of pharmacy needle exchange packs provided	DOP	Access	TRI M 1 Qtr in Arrears	3,433	CHO	670
Average No. of needle / syringe packs per person	DOP	Quality	TRI M 1 Qtr in Arrears	16	CHO	16
No. and % of needle / syringe packs returned	DOP	Quality	TRI M 1 Qtr in Arrears	1,032 (30%)	CHO	201 (30%)
No. and % of individual service users admitted to homeless emergency accommodation hostels/ who have medical cards	DOP	Quality	Q	1108 (75%)	CHO	120 (75%)
No and % of service users admitted during the quarter who did not have a valid medical card on admission and who were assisted by Hostel staff to acquire a medical card during the quarter.	DOP	Quality	Q	302 (70%)	CHO	31 (70%)
% 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%	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%	CHO	80%

Number of people who received health information on type 2 diabetes and cardiovascular health	NSP	Quality	Q	3,470	CHO	395
Number of people who received awareness and participated in positive mental health initiatives	DOP	Quality	Q	3470	CHO	395

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

KPI Title	NSP/ DOP	KPI Type	Report Frequency	2016 National Target/ Activity	Reported at CHO Level	CHO 5 Target/ Activity Level
Community Intervention Teams (number of referrals)				24,202		3,060
Admission Avoidance (includes OPAT)	NSP	Quality	M	914	CHO	139
Hospital Avoidance	NSP	Quality	M	12,932	CHO	1,994
Early discharge (includes OPAT)	NSP	Quality	M	6,360	CHO	847
Unscheduled referrals from community sources	NSP	Quality	M	3,996	CHO	80
Outpatient parenteral Antimicrobial Therapy OPAT Re-admission rate %	DOP	Access /Activity	MQ2	≤5%	HG	≤5%
Community Intervention Teams Activity (by referral source)				24,202	CHO	3,060
ED / Hospital wards / Units	DOP	Access /Activity	M	13,956	CHO	1,408
GP Referral	DOP	Access /Activity	M	6,386	CHO	1,288
Community Referral	DOP	Access /Activity	M	2,226	CHO	0
OPAT Referral	DOP	Access /Activity	M	1,634	CHO	364
GP Out of Hours						
No. of contacts with GP Out of Hours Service	NSP	Access /Activity	M	964,770	National	
Tobacco Control						
% of primary care staff to undertake brief intervention training for smoking cessation	DOP	Quality	Q	5%	CHO	5%
Physiotherapy						
No of patient referrals	DOP	Activity	M	193,677	CHO	24,029
No of patients seen for a first time assessment	DOP	Activity	M	160,017	CHO	20,911
No of patients treated in the reporting month (monthly target)	DOP	Activity	M	36,430	CHO	4,868
No of face to face contacts/visits	DOP	Activity	M	775,864	CHO	103,297

Total No. of physiotherapy patients on the assessment waiting list at the end of the reporting period *	DOP	Access	M	28,527	CHO	3,232
No. of physiotherapy patients on the assessment waiting list at the end of the reporting period 0 - ≤ 12 weeks	DOP	Access	M	No target	CHO	No target
No. of physiotherapy patients on the assessment waiting list at the end of the reporting period >12 weeks - ≤ 26 weeks	DOP	Access	M	No target	CHO	No target
No. of physiotherapy patients on the assessment waiting list at the end of the reporting period >26 weeks but ≤ 39 weeks	DOP	Access	M	No target	CHO	No target
No. of physiotherapy patients on the assessment waiting list at the end of the reporting period >39 weeks but ≤ 52 weeks	DOP	Access	M	No target	CHO	No target
No. of physiotherapy patients on the assessment waiting list at the end of the reporting period > 52 weeks	DOP	Access	M	No target	CHO	No target
% of new patients seen for assessment within 12 weeks	NSP	Access	M	70%	CHO	70%
% on waiting list for assessment ≤ to 52 weeks	NSP	Access	M	100%	CHO	100%
% on waiting lists for assessment ≤ 39 weeks	DOP	Access	M	95%	CHO	95%
% on waiting lists for assessment ≤ 26 weeks	DOP	Access	M	90%	CHO	90%
Occupational Therapy						
No of patient referrals	DOP	Activity	M	89,989	CHO	10,308
No of new patients seen for a first assessment	DOP	Activity	M	86,499	CHO	9,311
No of patients treated (direct and indirect) monthly target	DOP	Activity	M	20,291	CHO	1,815
Total No. of occupational therapy patients on the assessment waiting list at the end of the reporting period **	DOP	Access	M	19,932	CHO	3,226
No. of occupational therapy patients on the assessment waiting list at the end of the reporting period 0 - ≤ 12 weeks	DOP	Access	M	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	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	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	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	No target	CHO	No target
% of new patients seen for assessment within 12 weeks	NSP	Access	M	70%	CHO	70%
% on waiting list for assessment ≤ to 52 weeks	NSP	Access	M	100%	CHO	100%
% on waiting lists for assessment ≤ 39 weeks	DOP	Access	M	95%	CHO	95%
% on waiting lists for assessment ≤ 26 weeks	DOP	Access	M	80%	CHO	80%
Orthodontics						
No. of patients receiving active treatment at the end of the reporting period	DOP	Access	Q	16,887	National/ former region	
% of referrals seen for assessment within 6 months	NSP	Access	Q	75%	National/ former region	
% on waiting list for assessment ≤ 12 months	DOP	Access	Q	100%	National/ former region	
% of patients on the treatment waiting list less than 2 years	DOP	Access	Q	75%	National/ former region	
% of patients on treatment waiting list less than 4 years (grade 4 and 5)	DOP	Access	Q	95%	National/ former region	
No. of patients on the assessment waiting list at the end of the reporting period	DOP	Access	Q	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	9,912	National/ former region	
No. of patients on the treatment waiting list – grade 5 –at the end of the reporting period	DOP	Access /Activity	Q	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%	National/ former region	
Oral Health (Primary Dental Care and Orthodontics)						
No. of new patients attending for Scheduled Assessment	DOP	Access /Activity	M	Unavailable	CHO	10,554 (data gaps)
No. of new patients attending for Unscheduled Assessment	DOP	Access /Activity	M	Unavailable	CHO	4,420 (data gaps)
% of new patients who commenced treatment within 3 months of assessment	NSP	Access	M	80%	CHO	80%

Healthcare Associated Infections: Medication Management					CHO	
Consumption of antibiotics in community settings (defined daily doses per 1,000 population)	NSP	Quality		<21.7	National	
Primary Care – Psychology						
No. of patient referrals	DOP	Activity	M	12,261	CHO	1,403
Existing patients seen in the month	DOP	Activity	M	2,626	CHO	262
New patients seen	DOP	Activity	M	9,367	CHO	880
Total No. of psychology patients on the treatment waiting list at the end of the reporting period *	DOP	Access	M	6,028	CHO	727
No. of psychology patients on the treatment waiting list at the end of the reporting period 0 - ≤ 12 weeks	DOP	Access	M	No target	CHO	No target
No. of psychology patients on the treatment waiting list at the end of the reporting period >12 weeks - ≤ 26 weeks	DOP	Access	M	No target	CHO	No target
No. of psychology patients on the treatment waiting list at the end of the reporting period >26 weeks but ≤ 39 weeks	DOP	Access	M	No target	CHO	No target
No. of psychology patients on the treatment waiting list at the end of the reporting period >39 weeks but ≤ 52 weeks	DOP	Access	M	No target	CHO	No target
No. of psychology patients on the treatment waiting list at the end of the reporting period > 52 weeks	DOP	Access	M	No target	CHO	No target
% on waiting list for treatment ≤ to 52 weeks	NSP	Access	M	100%	CHO	100%
% on waiting lists for treatment ≤ 39 weeks	DOP	Access	M	90%	CHO	90%
% on waiting lists for treatment ≤ 26 weeks	DOP	Access	M	80%	CHO	80%
% on waiting lists for treatment ≤ 12 weeks	NSP	Access	M	60%	CHO	60%
Primary Care – Podiatry						
No. of patient referrals	DOP	Activity	M	11,589	CHO	220
Existing patients seen in the month	DOP	Activity	M	5,210	CHO	60
New patients seen	DOP	Activity	M	8,887	CHO	307
Total No. of podiatry patients on the treatment waiting list at the end of the reporting period *	DOP	Access	M	3,186	CHO	22

No. of podiatry patients on the treatment waiting list at the end of the reporting period 0-12 weeks	DOP	Access	M	No target	CHO	No target
No. of podiatry patients on the treatment waiting list at the end of the reporting period 12 weeks ≤ 26 weeks	DOP	Access	M	No target	CHO	No target
No. of podiatry patients on the treatment waiting list at the end of the reporting period 26 weeks ≤ 39 weeks	DOP	Access	M	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	No target	CHO	No target
No. of podiatry patients on the treatment waiting list at the end of the reporting period > 52 weeks	DOP	Access	M	No target	CHO	No target
% on waiting list for treatment ≤ to 52 weeks	NSP	Access	M	100%	CHO	100%
% on waiting lists for treatment ≤ 39 weeks	DOP	Access	M	95%	CHO	95%
% on waiting lists for treatment ≤ 26 weeks	DOP	Access	M	90%	CHO	90%
% on waiting lists for treatment ≤ 12 weeks	NSP	Access	M	75%	CHO	75%
No of patients with Diabetic Active Foot Disease treated in the reporting month	DOP	Quality	M Q3	133	CHO	2
No. of treatments for Diabetic Active Foot Disease in the reporting month	DOP	Access /Activity	M Q3	532	CHO	8
Primary Care – Ophthalmology						
No. of patient referrals	DOP	Activity	M	26,913	CHO	6,810
Existing patients seen in the month	DOP	Activity	M	13,807	CHO	10,044
New patients seen	DOP	Activity	M	16,524	CHO	5,504
Total No. of ophthalmology patients on the treatment waiting list at the end of the reporting period *	DOP	Access	M	14,267	CHO	781

No. of ophthalmology patients on the treatment waiting list at the end of the reporting period 0-12 weeks	DOP	Access	M	No target	CHO	No target
No. of ophthalmology patients on the treatment waiting list at the end of the reporting period 12 weeks ≤ 26 weeks	DOP	Access	M	No target	CHO	No target
No. of ophthalmology patients on the treatment waiting list at the end of the reporting period 26 weeks ≤ 39 weeks	DOP	Access	M	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	No target	CHO	No target
No. of ophthalmology patients on the treatment waiting list at the end of the reporting period > 52 weeks	DOP	Access	M	No target	CHO	No target
% on waiting list for treatment ≤ to 52 weeks	NSP	Access	M	100%	CHO	100%
% on waiting lists for treatment ≤ 39 weeks	DOP	Access	M	90%	CHO	90%
% on waiting lists for treatment ≤ 26 weeks	DOP	Access	M	80%	CHO	80%
% on waiting lists for treatment ≤ 12 weeks	NSP	Access	M	60%	CHO	60%
Primary Care – Audiology						
No. of patient referrals	DOP	Activity	M	18,317	CHO	2,037
Existing patients seen in the month	DOP	Activity	M	2,850	CHO	365
New patients seen	DOP	Activity	M	16,459	CHO	2,325
Total No. of audiology patients on the treatment waiting list at the end of the reporting period *	DOP	Access	M	13,870	CHO	1,150
No. of audiology patients on the treatment waiting list at the end of the reporting period 0-12 weeks	DOP	Access	M	No target	CHO	No target
No. of audiology patients on the treatment waiting list at the end of the reporting period 12 weeks ≤ 26 weeks	DOP	Access	M	No target	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	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	No target	CHO	No target

No. of audiology patients on the treatment waiting list at the end of the reporting period > 52 weeks	DOP	Access	M	No target	CHO	No target
% on waiting list for treatment ≤ to 52 weeks	NSP	Access	M	100%	CHO	100%
% on waiting lists for treatment ≤ 39 weeks	DOP	Access	M	90%	CHO	90%
% on waiting lists for treatment ≤ 26 weeks	DOP	Access	M	80%	CHO	80%
% on waiting lists for treatment ≤ 12 weeks	NSP	Access	M	60%	CHO	60%
Primary Care – Dietetics						
No. of patient referrals	DOP	Activity	M	27,858	CHO	2,811
Existing patients seen in the month	DOP	Activity	M	5,209	CHO	457
New patients seen	DOP	Activity	M	21,707	CHO	2,569
Total No. of dietetics patients on the treatment waiting list at the end of the reporting period *	DOP	Access	M	5,479	CHO	669
No. of dietetics patients on the treatment waiting list at the end of the reporting period 0-12 weeks	DOP	Access	M	No target	CHO	No target
No. of dietetics patients on the treatment waiting list at the end of the reporting period 12 weeks ≤ 26 weeks	DOP	Access	M	No target	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	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	No target	CHO	No target
No. of dietetics patients on the treatment waiting list at the end of the reporting period > 52 weeks	DOP	Access	M	No target	CHO	No target
% on waiting list for treatment ≤ to 52 weeks	NSP	Access	M	100%	CHO	100%
% on waiting lists for treatment ≤ 39 weeks	DOP	Access	M	95%	CHO	95%
% on waiting lists for treatment ≤ 26 weeks	DOP	Access	M	85%	CHO	85%
% on waiting lists for treatment ≤ 12 weeks	NSP	Access	M	70%	CHO	70%
Primary Care – Nursing						
No. of patient referrals	DOP	Activity	M	159,694	CHO	Unavailable

Existing patients seen in the month	DOP	Activity	M	64,660	CHO	Unavailable
New patients seen	DOP	Activity	M	123,024	CHO	Unavailable
Number of new patients accepted on the caseload and waiting to be seen over 12 weeks	NSP	Access	M	0	CHO	0
Primary Care – Speech and Language Therapy* **						
No. of patient referrals	DOP	Activity	M	50,863	CHO	4,905
Existing patients seen in the month	DOP	Activity	M Q2	New PI 2016	CHO	New PI 2016
New patients seen for initial assessment	DOP	Activity	M	41,083	CHO	4,450
Total No. of speech and language patients waiting initial assessment at end of the reporting period ****	DOP	Access	M	13,050	CHO	1,109
Total No. of speech and language patients waiting initial therapy at end of the reporting period ****	DOP	Access	M	8,279	CHO	2,400
% on waiting list for assessment ≤ to 52 weeks	NSP	Access	M	100%	CHO	100%
% on waiting list for treatment ≤ to 52 weeks	NSP	Access	M	100%	CHO	100%
Health Amendment Act - Services to persons with state acquired Hepatitis C						
No. of patient who were reviewed.	NSP	Quality	Q	798	National	88

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**

Quality and Patient Safety – Full Metrics/KPI Suite (All metrics highlighted in yellow background are those that are included in the Balance Scorecard)

Quality and Patient Safety	NSP/ DOP	KPI Type	Report Frequency	Target 2016	Reported at CHO Level	CHO 5 Target/ Activity Level
Service User Experience						
% ratio of compliments to complaints by CHO	DOP	Quality	Q	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	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	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	99%	CHO	99%
% of investigations completed within 120 days of event occurrence)	NSP	Quality	M	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	90%	CHO	90%
% of claims received by State Claims Agency that were not reported previously as an incident	NSP	Quality	A	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)**

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

KPI Title	NSP/ DOP	KPI Type	Report Frequency	2016 National Target/Activity	Reported at CHO Level	CHO 5 Target/ Activity Level
Total no. of clients in receipt of opioid substitution treatment (outside prisons)	NSP	Access	M 1 Mth in Arrears	9,515	CHO	395
No. of clients in opioid substitution treatment in Clinics	DOP	Access	M 1 Mth in arrears	5,470	CHO	215
No. of clients in opioid substitution treatment with level 2 GP's	DOP	Access	M 1 Mth in arrears	1,975	CHO	0
No. of clients in opioid substitution treatment with level 1 GP's	DOP	Access	M 1 Mth in Arrears	2,080	CHO	180
No. of clients transferred from clinics to level 1 GP's	DOP	Access	M 1 Mth in Arrears	300	CHO	60
No. of clients transferred from level 2 GP's	DOP	Access	M 1 Mth in Arrears	134	CHO	0
No. of clients transferred from level 2 to level 1 GPs)	DOP	Access	M 1 Mth in Arrears	119	CHO	7
Total no. of new clients in receipt of opioid substitution treatment (outside prisons)	DOP	Access	M 1 Mth in Arrears	617	CHO	70
Total no. of new clients in receipt of opioid substitution treatment (clinics)	DOP	Access	M 1 Mth in Arrears	498	CHO	70
Total no. of new clients in receipt of opioid substitution treatment (level 2 GP)	DOP	Access	M 1 Mth in Arrears	119	CHO	0
Average waiting time from referral to assessment for Opioid Substitution Treatment (days)	NSP	Access	M 1 Mth in Arrears	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	28 days	CHO	28 days
Number of Pharmacies providing of opioid substitution treatment	DOP	Access	M 1 Mth in Arrears	653	CHO	67
Number of people obtaining opioid substitution treatment from Pharmacies	DOP	Access	M 1 Mth in Arrears	6,463	CHO	430
No. of substance misusers who present for treatment	DOP	Access	Q 1 Q in arrears	6,972	CHO	1,596
No. of substance misusers who present for treatment who receive an assessment within 2 weeks	DOP	Quality	Q 1 Mth in Arrears	4,864	CHO	1,176

% of substance misusers who present for treatment who receive an assessment within 2 weeks	DOP	Quality	Q 1 Mth in Arrears	100%	CHO	100%
No. of substance misusers (over 18 years) for whom treatment has commenced following assessment	DOP	Quality	Q 1 Mth in Arrears	5,584	CHO	1,536
No. of substance misusers (over 18) for whom treatment has commenced within one calendar month following assessment	DOP	Quality	Q 1 Mth in Arrears	5,024	CHO	1,520
% 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%	CHO	100%
No. of substance misusers (under 18 years) for whom treatment has commenced following assessment	DOP	Access	Q 1 Mth in Arrears	268	CHO	44
No. of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment	DOP	Access	Q 1 Mth in Arrears	260	CHO	44
% of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment	NSP	Access	Q 1 Mth in Arrears	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%	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%	CHO	100%
No. of substance misusers (under 18 years) for whom treatment has commenced	DOP	Access	Q 1 Qtr in Arrears	268	CHO	44
% 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%	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%	CHO	100%
No. of problem alcohol users who present for treatment	DOP	Access	Q 1 Qtr in Arrears	3540	CHO	920

No. of problem alcohol users who present for treatment who receive an assessment within 2 weeks	DOP	Access	Q 1 Qtr in Arrears	2,344	CHO	684
% of problem alcohol users who present for treatment who receive an assessment within 2 weeks	DOP	Access	Q 1 Qtr in Arrears	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	3228	CHO	908
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	3228	CHO	908
% 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%	CHO	100%
No. of problem alcohol users (under 18 years) for whom treatment has commenced following assessment	DOP	Access	Q 1 Qtr in Arrears	56	CHO	8
No. of problem alcohol users (under 18 years) for whom treatment has commenced within one week following assessment	DOP	Access	Q 1 Qtr in Arrears	56	CHO	8
% of problem alcohol users (under 18 years) for whom treatment has commenced within one week following assessment	DOP	Access	Q 1Qtr in Arrears	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%	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%	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%	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%	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	CHO	30
No. of pharmacies recruited to provide Needle Exchange Programme	DOP	Quality	TRI M 1 Qtr in Arrears	119	CHO	24
No. of unique individuals attending pharmacy needle exchange	NSP	Access	TRI M 1 Qtr in Arrears	1,731	CHO	372
No. of pharmacy needle exchange packs provided	DOP	Access	TRI M 1 Qtr in Arrears	3,433	CHO	670
Average No. of needle / syringe packs per person	DOP	Quality	TRI M 1 Qtr in Arrears	16	CHO	16
No. and % of needle / syringe packs returned	DOP	Quality	TRI M 1 Qtr in Arrears	1,032 (30%)	CHO	201 (30%)
No. and % of individual service users admitted to homeless emergency accommodation hostels/ who have medical cards	DOP	Quality	Q	1108 (75%)	CHO	120 (75%)
No and % of service users admitted during the quarter who did not have a valid medical card on admission and who were assisted by Hostel staff to acquire a medical card during the quarter.	DOP	Quality	Q	302 (70%)	CHO	31 (70%)
% 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%	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%	CHO	80%

Number of people who received health information on type 2 diabetes and cardiovascular health	NSP	Quality	Q	3,470	CHO	395
Number of people who received awareness and participated in positive mental health initiatives	DOP	Quality	Q	3470	CHO	395

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

KPI Title	NSP/ DOP	KPI Type	Report Frequency	2016 National Target	Reported at CHO	CHO 5 Target/Activity Level
Inpatient Palliative Care Services						
Access to specialist inpatient bed within 7 days (during the reporting month)	NSP	Access	M	98%	CHO	98%
Access to specialist palliative care inpatient bed from 8 to14 days (during the reporting month)	DOP	Access	M	New metric 2016	CHO	2%
Total number of referrals for specialist inpatient Palliative care services received	DOP	Access /Activity	M	New metric 2016	CHO	New metric
Total number of referrals deemed appropriate for admission - cancer	DOP	Access /Activity	M	New metric 2016	CHO	New metric
Total number of referrals deemed appropriate for admission - non cancer	DOP	Access /Activity	M	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	474	CHO	13
No. of new patients seen or admitted to the specialist palliative care service (monthly cumulative)	DOP	Access /Activity	M	2,877	CHO	111
No. of admissions to specialist palliative care inpatient units (monthly cumulative)	DOP	Access /Activity	M	3,310	CHO	128

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%	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	CHO	3%
Access to specialist palliative care services in the community provided to patients in their place of residence 15+ days (Home, Nursing Home, Non Acute hospital) (during the reporting month)	DOP	Access	M	New metric 2016	CHO	2%
Total number of referrals received for specialist Palliative care services in the normal place of residence	DOP	Access /Activity	M	New metric 2016	CHO	New metric
Total number of referrals deemed appropriate for services - cancer	DOP	Access /Activity	M	New metric 2016	CHO	New metric
Total number of referrals deemed appropriate for services - non cancer	DOP	Access /Activity	M	New metric 2016	CHO	New metric
No. of patients in receipt of specialist palliative care in the community (monthly cumulative)	NSP	Access /Activity	M	3,309	CHO	464
No. of new patients seen or admitted to specialist palliative care services in the community	DOP	Access /Activity	M	9,353	CHO	1,040

KPI Title	NSP/ DOP	KPI Type	Report Frequency	2016 National Target/ Activity	Reported at CHO	CHO 5 Target/ Activity
No. of patients in receipt of specialist palliative day care services (during the reporting month)	DOP	Access /Activity	M	349	CHO	0
No. of new patients in receipt of specialist palliative day care services (monthly cumulative)	DOP	Access	M	985	CHO	2
No. of patients in receipt of care in designated palliative care support beds (during the reporting month)	DOP	Access /Activity	M	165	CHO	33
Children's Palliative Care Services						
No. of children in the care of the children's outreach nursing team / specialist palliative care team	NSP	Access	M	370	CHO	33
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	CHO	0
No. of children in the care of the children's outreach nursing team / specialist palliative care team (community)	DOP	Access /Activity	M	New metric 2016	CHO	33
No. of new children in the care of the children's outreach nursing team / specialist palliative care team	DOP	Access /Activity	M	190	CHO	19
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	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	CHO	19
Total number of new referrals for inpatient services seen by the specialist palliative care team	DOP	Access/Activity	M	N/A	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	CHO	Baseline to be determined

Bereavement Services	NSP/ DOP	KPI Type	Report Frequency	National Target/ Activity	Reported at CHO	CHO 5 Target/ Activity
Total number of family units who received bereavement services	DOP	Access /Activity	M	621	CHO	New metric
% patients triaged within 1 working day of referral (acute service)	NSP	Quality	M 2016 Q4 Reporting	90%	CHO	90%
% patients with a multidisciplinary care plan documented within 5 working days of initial review	NSP	Quality	M 2016 Q4 Reporting	90%	CHO	90%

Social Care

Social Care					
Indicator	Reporting Frequency	NSP 2015 Expected Activity / Target	Projected Outturn 2015	Expected Activity / Target 2016	Expected Activity/Target 2016 CHO5
Disability Services					
Progressing Disability Services for Children and Young People (0-18s) Programme					
No. of Children's Disability Network Teams established	M	New PI 2016	New PI 2016	100% (129 of 129)	100% (20 of 20)
Quality					
% 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	Q	New PI 2016	New PI 2016	100%	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	Q	New PI 2016	New PI 2016	100%	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	Q	New PI 2016	New PI 2016	100%	100%
% of CHO Heads of Social Care that have established CHO wide organisational arrangements required by the HSE's Safeguarding Vulnerable Persons at Risk of Abuse Policy as set out in Section 9.2 of the policy	Q	New PI 2016	New PI 2016	100%	100%
% compliance with inspected outcomes following HIQA inspection of Disability Residential Units	Q	New PI 2016	New PI 2016	75%	75%
Quality					
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	Bi-annual	100%	100%	100%	100%
***Disability Act* Compliance**					
% of assessments completed within the timelines as provided for in the regulations	Q	100%	34%	100%	100%
Day Services					
% of school leavers and RT graduates who have been provided with a placement	Q3	100%	100%	100%	100%
Respite Services *					
No. of day only respite sessions accessed by people with a disability	Q	New PI 2016	New PI 2016	35,000	1032
No. of overnights (with or without day respite) accessed by people with a disability	Q	190,000	182,710	180,000	14281
Personal Assistance (PA)					
No. of PA Service hours delivered to adults with a physical and / or sensory disability	Q	1.3m	1.4m	1.3m	94602
Home Support Service					
No. of Home Support Hours delivered to persons with a disability	Q	2.6m	2.7m	2.6m	210588

Social Care					
Indicator	Reporting Frequency	NSP 2015 Expected Activity / Target	Projected Outturn 2015	Expected Activity / Target 2016	Expected Activity/Target 2016 CHO5
Congregated Settings Facilitate the movement of people from congregated to community settings	Q	150	112	160	National
Transforming Lives - VfM Policy Review Deliver on VfM Implementation priorities.	Bi-annual	New PI 2016	New PI 2016	100%	100%
Service Improvement Team Process Deliver on Service Improvement priorities.	Bi-annual	New PI 2016	New PI 2016	100%	100%
Older Persons Services **Quality** % 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.	Q	New PI 2016	New PI 2016	100%	National
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*	Q	New PI 2016	New PI 2016	100%	National
% 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	Q	New PI 2016	New PI 2016	100%	National
% 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	Q	New PI 2016	New PI 2016	100%	National
Service Improvement Team Process Deliver on Service Improvement priorities.	Bi-annual	New PI 2016	New PI 2016	100%	
Home Care Packages Total no. of persons in receipt of a HCP including delayed discharge initiative HCPs	M	13,800	15,450	15,450	900
Intensive HCPs: Total no. of persons in receipt of an Intensive HCP	M	190	130	130	National
No. of home help hours provided for all care groups (excluding provision of hours from HCPs)	M	10.3m	10.4m	10.4m	1219000
No. of people in receipt of home help hours (excluding provision of hours from HCPs)	M	50,000	47,795	47,800	6000
No. of persons funded under NHSS in long term residential care	M	22,361	23,450	23,450	National
No. of NHSS beds in Public Long Stay Units.	M	5,287	5,288	5,255	556
No. of short stay beds in Public Long Stay Units	M	1,840	2,005	2,005	275
Average length of stay for NHSS clients in Public, Private and Saver Long Stay Units	M	3.2 years	3.1 years	3.2 years	3.2
% of population over 65 years in NHSS funded beds (based on 2011 Census figures)	M	4%	4%	4%	4%

*The introduction of an expanded range of KPIs in respect of respite, with more appropriate reporting of day and overnight respite, results in a combined target of 215,000 for 2016

Mental Health Services

Key Performance Indicators Service Planning 2016	KPI Type Access/ Quality /Access Activity	Report Frequency	KPIs 2015		KPIs 2016		
KPI Title			2015 National Target / Expected Activity	2015 Projected outturn	2016 National Target / Expected Activity	Reported at National / CHO / HG Level	CHO5 HG5
% of accepted referrals / re-referrals offered first appointment within 12 weeks / 3 months by General Adult Community Mental Health Team	Quality	M	90%	92%	90%	CHO	90%
% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks / 3 months by General Adult Community Mental Health Team	Quality	M	75%	74%	75%	CHO	75%
%. of new (including re-referred) General Adult Community Mental Health Team cases offered appointment and DNA in the current month	Access /Activity	M	18%	22%	18%	CHO	18%
% of accepted referrals / re-referrals offered first appointment within 12 weeks / 3 months by Psychiatry of Old Age Community Mental Health Teams	Quality	M	99%	98%	98%	CHO	98%

% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks / 3 months by Psychiatry of Old Age Community Mental Health Teams	Quality	M	95%	94%	95%	CHO	95%
%. of new (including re-referred) Old Age Psychiatry Team cases offered appointment and DNA in the current month	Access /Activity	M	2%	3%	3%	CHO	3%
Admissions of children to Child and Adolescent Acute Inpatient Units as a % of the total number of admissions of children to mental health acute inpatient units.	Quality	M	95%	71%	95%	National	N/A
Percentage of Bed days used in HSE Child and Adolescent Acute Inpatient Units as a total of Bed days used by children in mental health acute inpatient units	Quality	M	New	New	95%	CHO	95%
% of accepted referrals / re-referrals offered first appointment within 12 weeks / 3 months by Child and Adolescent Community Mental Health Teams	Quality	M	78%	78%	78%	CHO	78%

% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks / 3 months by Child and Adolescent Community Mental Health Teams	Quality	M	72%	72%	72%	CHO	72%
%. of new (including re-referred) child/adolescent referrals offered appointment and DNA in the current month	Access /Activity	M	10%	12%	10%	CHO	10%
Total No. to be seen for a first appointment at the end of each month.	Access /Activity	M	2,632	2,509	2,449	CHO	123
Total No. to be seen 0-3 months	Access /Activity	M	1,153	1,138	1,308	CHO	83
Total No. on waiting list for a first appointment waiting > 3 months	Access /Activity	M	1,479	1,371	1,141	CHO	40
Total No. on waiting list for a first appointment waiting > 12 months	Access /Activity	M	0	203	0	CHO	0
No. of admissions to adult acute inpatient units	Access /Activity	Q in arrears	12,947	12,726	12,726	CHO	1,332
Median length of stay	Access /Activity	Q in arrears	10	12.4	10	CHO	10
Rate of admissions to adult acute inpatient units per 100,000 population in mental health catchment area	Access /Activity	Q in arrears	70.5	70.5	70.5	CHO	70.2
First admission rates to adult acute units (that is, first ever admission), per 100,000 population in mental health catchment area	Access /Activity	Q in arrears	23.1	23.1	23.1	CHO	25.7

Acute re-admissions as % of admissions	Access /Activity	Q in arrears	67%	67%	67%	CHO	63%
Inpatient re-admission rates to adult acute units per 100,000 population in mental health catchment area	Access /Activity	Q in arrears	47.6	47.6	47.6	CHO	44.5
No. of adult acute inpatient beds per 100,000 population in the mental health catchment area	Access /Activity	Q in arrears	21.6	21.6	21.6	CHO	18.8
No. of adult involuntary admissions	Access /Activity	Q in arrears	1,714	1,724	1,724	CHO	206
Rate of adult involuntary admissions per 100,000 population in mental health catchment area	Access /Activity	Q in arrears	9.3	9.3	9.3	CHO	9.1
% 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		Q	>50%	N/A	N/A	National	N/A
Number of General Adult Community Mental Health Teams	Access	M	114	114	114	CHO	11
Number of referrals (including re-referred)received by General Adult Community Mental Health Teams	Access /Activity	M	41,499	43,637	43,637	CHO	4,648
Number of Referrals (including re-referred) accepted by General Adult Community Mental Health Teams	Access /Activity	M	39,424	39,122	41,448	CHO	4,417

No. of new (including re-referred) General Adult Community Mental Health Team cases offered first appointment for the current month (seen and DNA below)	Access /Activity	M	46,846	37,624	41,810	CHO	4,701
No. of new (including re-referred) General Adult Community Mental Health Team cases seen in the current month	Access /Activity	M	38,465	29,471	35,430	CHO	3,984
No. of new (including re-referred) General Adult Community Mental Health Team cases offered appointment and DNA in the current month	Access /Activity	M	8,381	8,153	6,380	CHO	717
%. of new (including re-referred) General Adult Community Mental Health Team cases offered appointment and DNA in the current month	Access /Activity	M	18%	22%	18%	CHO	18%
Number of cases closed/discharged by General Adult Community Mental Health Teams	Access /Activity	M	31,539	23,009	33,158	CHO	3,534
Number of Psychiatry of Old Age Community Mental Health Teams	Access	M	25	26	26	CHO	4
Number of referrals (including re-referred)received by Psychiatry of Old Age Mental Health Teams	Access /Activity	M	10,986	11,664	11,664	CHO	1,574

Number of Referrals (including re-referred) accepted by Psychiatry of Old Age Community Mental Health Teams	Access /Activity	M	9,887	10,953	11,082	CHO	1,495
No. of new (including re-referred) Old Age Psychiatry Team cases offered first appointment for the current month (seen and DNA below)	Access /Activity	M	11,238	9,748	10,384	CHO	1,298
No. of new (including re-referred) Old Age Psychiatry Team cases seen in the current month	Access /Activity	M	10,960	9,472	10,083	CHO	1,260
No. of new (including re-referred) Old Age Psychiatry cases offered appointment and DNA in the current month	Access /Activity	M	278	276	301	CHO	38
%. of new (including re-referred) Old Age Psychiatry Team cases offered appointment and DNA in the current month	Access /Activity	M	2%	3%	3%	CHO	3%
Number of cases closed/discharged by Old Age Psychiatry Community Mental Health Teams	Access /Activity	M	7,910	7,058	8,866	CHO	1,196
No. of child and adolescent Community Mental Health Teams	Access	M	64	62	66	CHO	7
No. of child and adolescent Day Hospital Teams	Access	M	4	4	4	CHO	0
No. of Paediatric Liaison Teams	Access	M	3	3	3	CHO	0

No. of child / adolescent admissions to HSE child and adolescent mental health inpatient units	Access /Activity	M	231	256	281	CHO	0
No. of children / adolescents admitted to adult HSE mental health inpatient units	Access /Activity	M	<30	95	30	National	N/A
i). <16 years	Access /Activity	M	0	3	0	National	N/A
ii). <17 years	Access /Activity	M	0	37	0	National	N/A
iii). <18 years	Access /Activity	M	<30	55	30	National	N/A
No. and % of involuntary admissions of children and adolescents	Access /Activity	Annual	15	15	15	National	N/A
No. of child / adolescent referrals (including re-referred) received by mental health services	Access /Activity	M	17,254	17,964	18,864	CHO	2,140
No. of child / adolescent referrals (including re-referred) accepted by mental health services	Access /Activity	M	13,803	13,694	15,092	CHO	1,713
No. of new (including re-referred) CAMHs Team cases offered first appointment for the current month (seen and DNA below)	Access /Activity	M	14,155	13,494	13,895	CHO	1,436
No. of new (including re-referred) child/adolescent referrals seen in the current month	Access /Activity	M	12,718	11,906	12,628	CHO	1,305

No. of new (including re-referred) child/adolescent referrals offered appointment and DNA in the current month	Access /Activity	M	1,437	1,588	1,259	CHO	130
%. of new (including re-referred) child/adolescent referrals offered appointment and DNA in the current month	Access /Activity	M	10%	12%	10%	CHO	10%
No. of cases closed / discharged by CAMHS service	Access /Activity	M	11,042	12,442	12,072	CHO	1,370
Total No. to be seen for a first appointment by expected wait time at the end of each month.	Access /Activity	M	2,632	2,509	2,449	CHO	123
i) 0-3 months	Access /Activity	M	1,153	1,138	1,308	CHO	83
ii). 3-6 months	Access /Activity	M	534	595	585	CHO	23
iii). 6-9 months	Access /Activity	M	314	355	346	CHO	13
iv). 9-12 months	Access /Activity	M	614	217	210	CHO	4
v). > 12 months	Access /Activity	M	0	204	0	CHO	0

Appendix 3: 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	Replace-ment Beds	Capital Cost €m		2016 Implications	
						2016	Total	WTE	Rev Costs €m
	PRIMARY CARE								
CHO 5: South Tipperary, Carlow, Kilkenny, Waterford, Wexford,									
Tipperary Town	Primary Care Centre, by lease agreement	Q4 2016	Q1 2017	0	0	0	0	0	0.00
	MENTAL HEALTH								
CHO 5: South Tipperary, Carlow, Kilkenny, Waterford, Wexford,									
CAMHS, Kilkenny, Phase 1	Refurbishment and upgrade (to accommodate Child & Adolescent Mental Health Services, St Canice's Hospital site)	Q2 2016	Q3 2016	0	0	0.25	0.25	0	0.00
	SOCIAL CARE – Services for Older People								
CHO 5: South Tipperary, Carlow, Kilkenny, Waterford, Wexford,									
Dungarvan Community Hospital, Co. Waterford	Refurbishment and upgrade (to achieve HIQA compliance) – phase 2	Q2 2016	Q3 2016	0	72	0.60	0.60	0	0.00