Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Community Healthcare Organisation 6 (Dublin South East / Wicklow)

Operational Plan 2016

Vision

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

Mission

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

Values

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

- Care
- Compassion
- Trust
- Learning

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

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

Goal 3 Foster a culture that is honest, compassionate, transparent and accountable

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

Goal 5 Manage resources in a way that delivers best health outcomes, improves people's experience of using the service and demonstrates value for money

Contents

Introduction

In line with Government policy articulated in the Future Health (2012), the HSE reviewed community healthcare services and subsequently published the 'Community Healthcare Organisations' report (Healy, 2014). The latter report recommended the establishment of nine Community Healthcare Organisations (CHOs) to deliver an integrated model of care. In line with the Community Healthcare Organisations report, CHO 6 (Dublin South East/ Wicklow) was established in 2015. It replaced the former Integrated Services Area (ISA) of Dublin South East / Wicklow which incorporated the three former Local Health Offices of Dublin South East, Dublin South and Wicklow. The CHO team manages the provision of a multi-facetted range of health and social care services to the population residing in this area, which extends from Baggot Street, South Dublin, to Carnew in South Wicklow. The CHO 6 population of 394,300 is expected to grow by 1.2% in 2016, and to increase by 6.6% by 2021 (Planning for Health Trends and Priorities to Inform Health Service Planning, HSE 2016).

A key priority for 2016 is to ensure that CHO 6 continues to develop the robust governance and management arrangements crucial to drive, manage and monitor implementation of the reform programme. In 2015, we established a Programme Management Office (PMO) to drive our reform objectives, sequence projects, and communicate and monitor implementation of the programme and its individual and integrated objectives. We will work closely with all of the main stakeholders in the healthcare system to ensure successful implementation. In line with the implementation of the CHO model within the programme, the appointed Heads of Service, Human Resources, and Finance, a GP Lead, a Lead for Quality and Professional Development, and a lead for Corporate Services will be committed to driving the integration of services for the Health Service Reform. Going forward, this leadership will underpin the reconfiguration of the structures and governance procedures in CHO 6.

This 2016 operational plan sets out our objectives for CHO 6. Central to all our activity is the value of high quality, patient centred, and safe services. These fundamental values are underpinned by five key corporate goals:

- Promoting health
- Providing fair access at all levels
- Fostering a culture of honesty, compassion, transparency and accountability
- Engaging our workforce to be the best it can be
- Managing resources effectively

This plan also reflects the HSE's priorities which are outlined in the National Service Plan 2016 (NSP, 2016) and the four Divisional plans including Health and Wellbeing, Primary Care, Social Care, and Mental Health. All of our planned actions are in line with national policy, legislation and regulation. While the plan is structured to reflect activity by Division, a key focus for the management team is to ensure integrated, coherent and efficient implementation of national objectives at local level while at all times maximising synergies and innovation across Divisions.

In line with The Healthy Ireland Framework (2013) and Healthy Ireland in the Health Services: National Implementation Plan (2015–2017), our objectives are to focus on the four clear strategic priorities:

- System reform – ensuring the significant reforms underway are delivered to support a better and ever improving health system.
- Reducing chronic disease – the biggest risk to the population's health and to service provision.
- Staff health and wellbeing – ensuring a resilient, healthy and committed workforce.
- Develop an overarching Healthy Ireland implementation plan.

We will continue to integrate these objectives into all Divisional plans and to influence external stakeholders to support Healthy Ireland.

Reorganisation and development of Primary Care is central to delivering the reform envisaged for the Irish healthcare system. Planning for this reconfiguration is progressing as part of the Primary Care Mapping and Profiling Review of

Community Healthcare Networks (CHNs) with approximately 50,000 population per network planned, and 8 CHNs across CHO 6. The key criteria influencing the process are community integrity, future population growth, and access/ connectivity to services. Work will continue in 2016 to drive the integration of Primary Care teams (PCTs) within the CHNs to support service users, to build strong safe care pathways, and to ensure that the needs of the populations living within the CHNs are met. We will also continue work commenced in 2015 to ensure the correct alignment of Mental Health, Disability, and Older Persons services to ensure integration of these services with PCTs. We will work with our colleagues in the Ireland East Hospital Group with a particular focus on St. Vincent's University Hospital, St. Michael's Hospital, and St. Columcille's Hospital, as well as the National Maternity Hospital, to continue development and support of the Integrated Care Programmes as detailed below:

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

The delivery of community services is measured through a suite of Key Performance Indicators (KPIs), which are reported and published in the Divisional performance reports. In 2016, we will continue to improve our reporting capacity, support a culture of high performance, further develop our analysis of variations in performance, and strengthen our capacity to maximise our overall capability. This will be done in the context of the implementation of the Accountability Framework.

Over a period of significant change and fiscal restraint, the management team and staff have demonstrated commitment and resourcefulness. The 2016 operational plan is ambitious in terms of its complexity and scope, and will require application, dedication, and the expertise of senior management and staff.

Quality Improvement and Quality Assurance

CHO 6 is committed to establishing an integrated and consistent approach to quality and patient safety across the Divisions, with the aim of developing and maintaining high quality, safe, effective, and person centred care in keeping with HSE policy and regulatory requirements. Further to national HSE policy and regulatory requirements, quality and patient safety (QPS) is embedded in each of the Divisions, and is overseen by a QPS governance group at CHO level. Implementation of the proposed national structures for QPS in CHO 6 will significantly enhance the corporate and clinical governance that is in already place, and ensure that a strong patient safety culture is deeply embedded in effective care delivery and work practices across the CHO.

Funding

CHO 6 has received a total revenue allocation of €394.3M in 2016 to provide health and social care services within its catchment area. This funding for 2106 is €3.0M more than the 2015 Allocation (€391.3M). Funding for new service initiatives included in the national budget will be released during the year as specific implementation plans are agreed. The 2016 allocation includes funding for cost increases arising from the Lansdowne Road Agreement (LRA), School Leavers, Demand Led Schemes, and Paediatric Packages. It does not include any funding for the additional day due to the Leap year in 2016, increments, pay awards, or non-pay inflation.

Accountability Framework

As part of the HSE's overall governance arrangements, the Accountability Framework was introduced in 2015. This sets out the arrangements in place between the National Performance Oversight Group in the HSE (NPOG) and the National Directors in accounting for and responding to areas of underperformance across the balanced scorecard of access to services, quality, financial management and human resources. The Framework makes explicit the

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

Workforce

The workforce of CHO 6 continues to be its most valuable resource and is central to improvement in care, productivity and performance. Engagement and involvement of staff in the new service design and delivery is a key priority for 2016. Recruiting and retaining motivated and skilled staff is a key objective, and the effective management of the workforce will underpin the Accountability Framework in 2016. Employment controls in 2016 will be based on the configuration of the workforce within funded levels. This requires an integrated approach, with service management being supported by HR and Finance. This requires finance and HR workforce data, monitoring, and reporting to be aligned. Reconfiguration and integration of services in line with the CHO report, the implementation of service improvement initiatives, and the reorganisation of existing work and staff, will all contribute to delivering a workforce that is more adaptable, flexible, and responsive to the needs of its service users. The total number of HSE and Voluntary Non-Acute staff working in CHO 6 is 4,233.91 WTEs (31/12/15). This figure is comprised of 1527.65 HSE-Only WTEs and 2,706.26 Voluntary Non-Acute WTEs. It is important to note that of the 2,706.26 WTE staff working in Voluntary Non-Acute services, a number of these services support either regional or national service provision.

Risks to the Delivery of the Operational Plan

While every effort will be made to mitigate the risks to the delivery of this operational plan, it may not be possible to eliminate them in full.

Service Risks

- The impact of increased demand for services beyond the planned and funded levels arising from changes in demographics and service user expectations (e.g. the requirement for increased respite and support for families of children with disabilities).
- The capacity to recruit and retain a highly-skilled and qualified medical and clinical workforce, particularly in high-demand areas and specialties.
- The increased demand beyond funded levels of activity for Home Care Packages (HCPs) and home support, particularly in relation to older persons, people with chronic disease, and people with disability is a significant risk for 2016.
- Given the limits of the revenue and capital funding available, capacity to comply with regulatory requirements in public long-stay residential care facilities, the disability sector, mental health and hospital services is a risk.
- The capacity to exercise effective control over pay and staff numbers in the context of quality and safety, regulation, and demographic pressures.
- Unavoidable pressure from public pay policy agreement and approved pay cost growth in areas which have not been funded, for example, staff increments.
- The ability of the HSE, voluntary and private home care providers in DSE and Dublin South to recruit and retain staff due to high costs of living and a competitive recruitment environment and market forces.

Structural Risks

- The challenge of managing the scale of the reform and change required to support new models of service delivery, while continuing day to day delivery of service.
- Capacity and resources to continue to develop and involve staff in driving change and improving quality, safety and the culture of the organisation. While we have ambitious plans for improving QPS, this will require capacity and dedicated resources.
- The limitations of our business, financial and HR management and support systems (e.g. accounts are consolidated manually from disparate accounts).

- Lack of integrated electronic patient record (EPR) and management information systems (e.g. patient records and data collection systems are largely paper dependent).
- Limited access to real time data for reporting and decision making.

Conclusion

CHO 6 has a substantial challenge in 2016 to maintain existing levels of service but is fully committed to delivering savings and efficiencies in both the statutory and voluntary sectors, whilst acknowledging the requirement to continue to provide safe and effective services to a growing and ageing population. However, the inherent financial risk associated with delivering existing levels of service within the current budgetary allocation must be highlighted.

Quality and Patient Safety

Quality improvement and patient safety is everybody's business, and must be deeply embedded in all work practices across the CHO. CHO 6 is committed to promoting a quality and safety culture by ensuring effective corporate and clinical governance, clear accountability, and robust leadership. Our work will be done in line with the National Framework for Quality.

Strategic Priorities for 2016

The CHO's QPS governance group and Divisional sub-committees will continue to develop and improve processes and procedures to drive quality and safety, and to improve governance. Development of dedicated QPS expertise at CHO level has been identified as a priority for 2016.

Leadership & Governance for Quality and Patient Safety

- Build capacity and capability for leadership, and have a consistent focus on improving quality through the implementation of quality standards.
- Provide leadership, with clear lines of authority and accountability for quality and patient safety.
- Support the clinical governance of QPS through the continued development of the CHO's QPS governance group with sub-committees at Divisional level to ensure that quality standards and arrangements are embedded at CHO level in accordance with statutory and organisational requirements.
- Strengthen accountability for quality and safety through assurance and performance arrangements in relation to quality and safety of care, monitoring quality improvement and patient safety through use of key performance indicators.
- Monitor compliance and regulatory standards.
- Ensure that a focus on quality is maintained through the monitoring of Service Arrangements for all funded agencies.

Safe Care

- Ensure ongoing maintenance and monitoring of the Divisional risk registers across CHO through the governance structure.
- Continue to work to embed the active use of risk registers including periodic review and updating of risks and the control actions being taken to mitigate risk, as a critical component of the service safety management programme within all services.
- Reinforce and monitor compliance with the HSE Safety Incident Management policy across the Divisions.
- Continue to manage and develop notification procedures for Serious Incidents/ Serious Reportable Events.
- Prioritise the management and analysis of complaints in collaboration with Consumer Affairs.
- Continue to record complaints and to use the information received to identify trends and opportunities for learning, risk reduction and quality improvement.
- Support and collaborate with the Healthcare Associated Infection and Antimicrobial Resistance (HCAI/ AMR) clinical care programmes in prioritising key infection prevention and control areas for development in 2016 (e.g. promoting hand hygiene training).
- Ensure that near misses and errors are reported and investigated, and that the findings from investigations are used to improve the system and avoid future errors. It is important that this systematic approach is adopted by all mangers and staff.

Effective Care

- Support and promote quality improvement plans in line with the National Standards for Safer Better Healthcare.
- Work in collaboration with the National Quality Improvement Division (QID) to develop capacity to deliver on key national patient safety programmes in Primary Care, Social Care, and Mental Health, for example, to address internationally recognised causes of harm to people including HCAI, medication safety, pressure ulcers, falls prevention, and nutrition and hydration.
- Continue to develop and support the Safeguarding Vulnerable Persons Team established in 2015, and to emphasise the priority associated with full implementation of the Safeguarding Vulnerable Adults Policy across all Divisions.
- Support development of a national framework for policies, procedures, protocols and guidelines (PPPGs).
- Continue to focus on the training needs of clinical staff to ensure evidence based practice.

Person Centred Care

- Continue to promote and protect the health and wellbeing of the population it serves across all services.
- Promote person centred care through service user engagement in keeping with national and Divisional initiatives.
- Commence patient experience surveys in Primary Care and community services.
- Work with a new national person-centred programme which engages, enables and empowers people to be at the centre of service delivery.
- Encourage and support staff engagement in keeping with national and Divisional initiatives
- Support implementation of the National Open Disclosure policy by rollout of staff training.

Measuring and Learning for Improvement

- Continue to support and to build the capacity and capability of staff to lead on and to deliver quality assurance and improvement through education and training.
- We will continue to monitor KPIs and KRAs as part of working towards the quality agenda.

Financial Framework

Introduction

CHO 6 received a budget allocation of €394.3M in 2016 which is €3.0M greater than the 2015 Budget of €391.3M. When taking into account once off funded expenditure of €1.814M in 2015, the overall budget for 2016 for the CHO has increased by €4.814M. Once off 2015 Older Persons funding of €0.784M not included on a recurring basis in 2016 is reflected in a higher opening deficit carried forward into 2016.

On a direct budget comparison basis, and when factoring in items above, the overall Budget has increased by €5.598M (1.4%). It includes additional funding for implementation of LRA, an increase in Demand Led Schemes and Paediatric Packages and additional funding for school leavers is included in disability services.

The table below provides a financial summary of the overall financial position of the CHO, including statutory and voluntary sector between 2015 and 2016.

CHO 6 including Section 38 Agencies

Division by Care Group	Year-to-Date				Forecast			
Management Unit	Outturn 2015	Budget 2015	Deficit/ (Surplus) 2015	Deficit/ (Surplus) 2015	Projected Outturn 2016	Budget 2016	Deficit/ (Surplus) 2015	Deficit/ (Surplus) 2015
Division / Care Group	€M	€M	€M	%	€M	€M	€M	%
Primary Care Division	76.5	75.3	1.3	1.67%	76.7	76.1	0.6	0.80%
Social Care Division	269.6	264.1	5.5	2.09%	268.5	265.2	3.3	1.40%
Mental Health Division	52.2	52.0	0.2	0.32%	54.8	53.0	1.8	3.40%
CHO 6	**398.3**	**391.3**	**6.9**	**1.78%**	**400.0**	**394.3**	**5.7**	**1.55%**

Existing Level of Service

In order to maintain existing level of service (ELS), the estimated overall projected expenditure for the year is €400.0M. Funding has not yet been allocated for residential placements within disability services and the estimated additional funding required to maintain existing places is €3.3M. The additional cost of maintaining ELS in Mental Health Services is estimated at €1.8M. The CHO is seeking support from the national Divisions to address the deficit.

Cost Pressures

Cost pressures in the CHO include the following:

- The cost of residential placements and Home Support service in the community.
- Growth in Home Care Packages for Older Persons expenditure to alleviate overcrowding in acute hospitals.
- The CHO is also seeking support from the national Mental Health Division to support two additional residential placements urgently required in the CHO at an estimated cost of €0.600M.
- Given that there is no additional funding, there will be a significant challenge absorbing the cost of increments, the additional day in 2016, and non pay inflation.
- Cost of complying with HIQA requirements.
- Agency costs: It is challenging to contain agency costs given the recruitment difficulties in the CHO.

Savings and Extra Revenue Targets

Saving targets across the sectors in the CHO for 2016 are included in the overall budget figure of €1.7M including Fair Deal savings targets in the statutory and Section 38 agencies. Significant savings have been achieved over the last number of years and the scope to achieve further savings is limited given that the overall funding per head of population in the CHO is significantly below the national average. The CHO plans to achieve the savings through its cost containment plans and through close management of timing of development funds.

Financial Challenge

The year ahead will be challenging, particularly in circumstances where we have been advised that under the new EU fiscal rules no supplementary funding can be provided by the Government in 2016. In these circumstances, it is essential that work in managing the 2016 budget commences immediately and a cost containment plan is being put in place both within the statutory and voluntary agencies. Detailed discussions have also commenced with Section 38 Agencies.

Pay and Related Savings

The CHO achieved a significant reduction in agency costs in the latter half of 2015, mainly through agency conversion. There will be a continued focus on agency conversion in 2016 in order to achieve further savings.

Financial Risk Areas

In 2016, all services will be required to operate within the allocated budget. In order to achieve a breakeven position, the associated financial risks are set out below:

- A significant number of posts within our services will have to continue to remain unfilled in order to meet our requirements under Pay Bill Management. This will have a major impact on our ability to meet our performance requirements under the Accountability Framework in terms of access to services, and the quality and safety of those services. There will also be a need to review the current access targets as the non filling of posts will reduce our capacity to meet these targets. This is also a concern given that CHO 6 has one of the lowest budgets per head of population in the country.
- There are significant risks in the community reflected in the growing waiting lists for residential placements and home support hours.
- Section 38 agencies have received additional funding to address historical deficits but they are also required to achieve further savings to avoid cash flow difficulties towards the end of the year.
- The growing population in CHO 6 particularly in > 85 years age group who have a much increased demand on services.

Workforce

Introduction

CHO 6 will further develop structures and processes related to Human Resource Management in line with current ongoing Divisional structural changes and the HSE's People Strategy (2015-2018). We are committed to developing the competencies and skills of our workforce. In particular, there will be a focus on the Leadership Development Programme as well as performance. These will be critical to supporting new emerging senior teams and to building managerial capacity in the context of a rapidly changing and evolving health service.

The Workforce Position

Health & Wellbeing is reported as a national function and therefore is not reported within the CHO areas, with the exception of the Public Health Laboratory (PHL) and the Public Analyst Laboratory (PAL) which are reflected in Primary Care figures. PHL and PAL serve CHOs 6, 7 and 9.

A significant proportion of Management/ Admin grade staff work the regional services (i.e. Civil Registration, the PHL, the PAL, the GP Unit, and Orthodontics).

HSE & Voluntary Non-Acute WTE – CHO 6

CHO/ Division	Medical/ Dental	Nursing	Health & Social Care Professionals	Management /Admin	General Support Staff	Patient & Client Care	Total Actual Dec 2015	Total Actual Dec 2014
H&WB	0	0	0	0	0	0	**0**	0
Primary Care	58.2	189.15	213.72	190.78	31.69	81.28	**765.18**	743.67
Social Care	38.15	721.92	706.46	263.2	242.68	944.14	**2,910.25**	2,851.49
Mental Health	56.94	249.48	101.57	54.75	55.67	40.47	**558.48**	569.35
Total CHO 6	**146.99**	**1,160.91**	**1,021.75**	**508.73**	**330.04**	**1,065.49**	**4,233.91**	**4,164.51**

*As per the National Primary Care Service Plan, the September 2015 HR Actual was 752, the December 2015 projected outturn was 757. Please see Appendix 2.

HSE-Only WTE (31/12/15) – CHO 6

CHO/ Division	Medical/ Dental	Nursing	Health & Social Care Professionals	Management /Admin	General Support Staff	Patient & Client Care	Total Actual Dec 2015	Total Actual Dec 2014
H&WB	0	0	0	0	0	0	**0**	0
Primary Care	45	184.39	211.72	162.93	18.94	53.64	**676.62**	660.76
Social Care	8	193.96	53.5	25.14	40.17	202.19	**522.96**	504.58
Mental Health	20.24	192.12	15.9	16.83	44.74	38.24	**328.07**	327.81
Total CHO 6	**73.24**	**570.47**	**281.12**	***204.9**	**103.85**	**294.07**	**1,527.65**	**1,493.15**

It should be noted that of the *204.9 WTE staff employed in the CHO's Management/ Admin grade, 64.3 WTEs are employed in regional services that support two or more CHOs.

Voluntary Non-Acute WTE (31/12/15) – CHO 6

CHO/ Division	Medical/ Dental	Nursing	Health & Social Care Professionals	Management /Admin	General Support Staff	Patient & Client Care	Total Actual Dec 2015	Total Actual Dec 2014
H&WB	0	0	0	0	0	0	**0**	0
Primary Care	13.2	5.12	2	27.85	12.75	27.64	**88.56**	82.91
Social Care	23.85	527.96	652.96	238.06	202.51	741.95	**2,387.29**	2,346.91
Mental Health	36.7	57.36	85.67	37.92	10.93	1.83	**230.41**	241.54
Total CHO 6	**73.75**	**590.44**	**740.53**	**303.83**	**226.19**	**771.42**	**2,706.26**	**2,671.36**

Reducing Agency and Overtime Costs

Following on from a successful agency reduction programme in 2015, CHO 6 will continue to closely monitor and review agency usage across all services during 2016, and ensure that internal controls are in place to ensure best use of resources.

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. This is detailed in specific chapters. The planning, approval, notification, management, monitoring and filling of any 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.

Public Service Agreement

CHO 6 will continue to operate under the principles of the Haddington Road Agreement (Public Service Stability Agreement, 2013-2016), which is now supported by the Landsdowne Road Agreement (2013-2018). The CHO will continue to support the achievement of significant cost reduction and extraction measures. The focus for 2016 will be to continue to maximise the flexibility provided by the enablers and provisions so as to reduce the overall cost base in health service delivery in the context of the reform and reorganisation of our health services as set out in The Corporate Plan 2015–2017. Managers will continue to engage in practices that yield more effective management of their workforce through the flexibility measures the agreements provide such as workforce practice changes, reviews of rosters, skill-mix, increased use of productivity measures, and use of redeployment mechanisms.

Workforce Planning

CHO 6 managers will support the work of the National Workforce Planning Group in order to develop an Integrated Strategic Workforce Planning Framework for the CHO.

Pay Bill Management

Pay and staffing controls will be enhanced in 2016 as CHO 6 managers and staff continue to comply with the Pay Bill Management and Control HSE National Framework (2015). CHO 6 employment controls in 2016 will be based on the configuration of the workforce within funded levels. This requires an integrated approach, with service management being supported by HR and Finance, and with Finance and HR workforce data, monitoring and reporting aligned.

Attendance and Absence Management

A robust attendance management programme is in place and will continue during 2016. The performance target for staff absence in 2016 remains at <3.5%. In 2015, the CHO's absenteeism rate was 3.84%. This is an area of considerable success and we intend to maintain it.

European Working Time Directive

CHO 6 is committed to maintaining and progressing compliance with the requirement of the European Working Time Directive for both NCHDs and staff in the social care sector.

Health and Safety at Work

CHO 6 will continue to comply with the Safety, Health and Welfare at Work Act (2015) by continuing to work in partnership with HSE Occupational Health Department, HSE Health and Safety Advisors, HSE Employee Assistance Programme, and HSE Employee Relations. CHO 6 welcomes the development of the HSE's People Strategy (2015–2018) and will endeavour to meet its objectives within funded budget. The People Strategy will result in improved performance, workforce optimisation, and a learning organisation delivering the overall goal of safer better healthcare.

Accountability Framework

Introduction

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 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 Balanced Scorecards and grouped under Access, Quality, Finance, and People. These key performance indicators are also included in the individual Performance Agreements between the Director General and the National Directors.

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. The Escalation and Intervention Framework sets clear thresholds for intervention for a number of priority KPI and a rules-based process for escalation at a number of different levels.

Accountability Levels

There are five levels of accountability (i.e. who is calling who to account) as set out in the Accountability Framework of The National Service Plan, 2016 (p.148). Level 4 Accountability describes the Chief Officers accountability to National Directors for community services. Level 5 Accountability describes Service Managers accountability to the Chief Officer, and also Section 38 and Section 39 funded agencies' accountability to the Chief Officer.

Accountability Suite (Plans, Agreements and Reports)

There are a number of documents that underpin the Accountability Framework:

- The Corporate Plan (2015-2017) is the 3 year strategic plan for the Health Service.
- The National Service Plan (2016) 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 by each of the HSE's 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 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 for Community Healthcare, comprised of the four National Directors (i.e. Primary Care, Social Care, Mental Health, Health and Wellbeing), was established in 2015 and oversees community services performance in a co-ordinated way. 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. It is at this forum that each Chief Officer is held to account. Individual National Directors and their teams will continue to have ongoing interactions with the 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

CHO 6 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 HSE's Code of Governance and the Financial, Procurement and Human Resource regulations apply across the organisation, and set out the expected behaviours. Compliance with the code remains a key requirement. Each Division is accountable for the overall performance of services in that Division, in particular, the safe and cost effective delivery of services. This also applies 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 and the 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 Scorecard of Quality and Safety, Access, Finance, and Workforce.

Underperformance
In the context of the Escalation and Intervention Framework, underperformance includes performance that:

- Places service users 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 KPIs 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 CHOs, 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 service users. 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 National Performance Oversight Group has developed a 4 point Escalation Framework from Level 1 (Yellow) to Level 4 (Black) which will be used to escalate issues and incidents as required.

- **Level 1 (Yellow)** is at Hospital Group CEO or Chief Officer CHO level
- **Level 2 (Amber)** is at National Director level
- **Level 3 (Red)** is at National Performance Oversight Group level
- **Level 4 (Black)** is at Director General level.

Hospital Group CEO or Chief Officer CHO Level **Level 1 Yellow Escalation – Concern across several areas**	
Performance Trigger:	Continued failure to achieve or maintain one or more key deliverables.
Description:	Level 1 Yellow Escalation indicates a concern or concerns that require investigation by the CEO of the Hospital Group or the Chief Officer of the relevant Community Healthcare Organisation. It is likely that this level of escalation will be instigated following persistent performance issues of a material nature that may span one or more areas. It may also be where the CEO Hospital Group or Chief Officer CHO lacks confidence in recovery plan(s) of the service(s) in question.
Escalation Action	The CEO Hospital Group or Chief Officer CHO will be actively involved in determining the necessary supports and interventions in order to deliver the required outcomes / improvements.
Support:	Support focused on improvement on specific issues and recovery plans
Interventions:	Intervention is likely to be focused on supporting improvement in particular areas, but broader intervention can be deployed. Interventions are likely to include the development and implementation of remedial action plans.
Sanctions:	No sanctions are likely at this level of escalation
De-escalation	Sustained improvement of KPIs causes removal of escalation actions.
Accountability:	Accountability at this level of escalation is through the relevant Hospital Group CEO or the Chief Officer of the Community Healthcare Organisation. The involvement of the National Performance Oversight Group is not required
Thresholds and tolerances will be reviewed in light of the NSP (2016) and agreed with National Directors.	

Delivery of Services

Health & Wellbeing

Introduction

CHO 6 Health and Wellbeing services are provided to a population of 394,300 through the Primary Care Division. 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. 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. A key priority for CHO 6 for 2016 will be to develop an overarching Healthy Ireland implementation plan.

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. The appointment of the Head of Service (Health & Wellbeing) will be a key driver for developing a Healthy Ireland implementation plan, and for developing additional capacity, coordination and integration of the Healthy Ireland objective. In addition, staff in Health and Wellbeing will continue to ensure that 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.

As can be seen below, the Healthy Ireland objectives are cross-divisional and include specific activity targets outlined in the relevant Divisional chapters that are monitored in an integrated way at CHO level.

Services provided:

- Child health screening in Dublin South East, Dublin South, and Wicklow.
- National Blood Spot Screening
- Breastfeeding promotion and support, including breastfeeding groups.
- Mother and toddler groups
- Immunisation
- School Screening Vision/Hearing
- Flu Vaccination Clinics
- Individual and group nutrition programmes, including Xpert and PHEW. A malnutrition service is also provided.
- Smoking Cessation Programmes.
- Staff walking initiatives.
- Ongoing review and monitoring of KPI activity in line with national targets.

The CHO will continue to work with the national Health & Wellbeing Division to ensure new accountability mechanisms, models of care, and funding reforms.

Abbreviations

HoS: Head of Service PCL: Palliative Care Lead (National) HRM: Healthcare Risk Manager IPCCNS: Infection Prevention & Control CNS OSM: Orthodontic Service Manager DNSSCP: Diabetes Nurse Specialist Shared Care Programme HODs: Head of Disciplines (All)	PDS: Principal Dental Surgeon DM: Dietitian Manager PMO: Principal Medical Officer DPHNs: Directors of Public Health Nursing (All) DPHNW: Director of Public Health Nursing Wicklow DPHDL: Director of Public Health Nursing Dun Laoghaire OTMs: Occupational Therapy Managers (All)	OTMDSE: Occupational Therapy Manager Dublin South East OTMDL: Occupational Therapy Manager Dun Laoghaire SLTMs: Speech & Language Therapy Managers (All) PTMs: Physiotherapy Managers (All) ROSP: Resource Officer Suicide Prevention CHOQRC: CHO Quality & Risk Committee IPCUM: Interim Primary Care Unit Manager

Key Priorities and Actions to Deliver on Goals in 2016

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

Primary Care and Health and Wellbeing Collaborative Actions for *Healthy Ireland* Implementation Plan

In partnership with Health and Wellbeing, the following will be delivered in 2016:

Operational Plan Actions	End Q	Owner
► CHO 6 will develop a local implementation plan for Healthy Ireland.	Q1-Q4	DM
► CHO 6 Community Nutrition and Dietetics Service is the local HSE lead in the Healthy Food Made Easy 6-week community cooking programme, funded by Health and Wellbeing and delivered in Dun Laoghaire/ Rathdown in partnership with Southside Partnership and in Wicklow with Wicklow Partnership. In 2016, there is a new national KPI for the number of people attending a community cookery programme. The target for CHO 6 is 800 participants (Q1-Q4)	Q1-Q4	DM
► CHO 6 will continue to provide structured diabetes education such as X-pert and the recently developed group education programme for the prevention of diabetes at centres at locations across the CHO.	Q1-Q4	DNSSCP
► The CHO 6 target for the number of service users who complete structured diabetes education programmes is 160 service users.	Q1-Q4	DNSSCP
► CHO 6 will support the roll out of the Diabetes Passport which was piloted in 2014 by the East Coast Area Diabetes Shared Care Programme (ECAD), St. Columcille's Hospital and St. Vincent's University Hospital. The passport will empower people with Type 2 diabetes and support communication between the many health professionals involved in diabetes care across primary and secondary care setting.	Q1-Q4	DNSSCP
► CHO 6 will provide GPs and Practice Nurses with education on care and neurological and vascular assessment of the diabetic foot as recommended in the HSE Model of Care for the Diabetic Foot 2011. A supply of Vibratip devices will be available to ensure accurate foot assessment.	Q1-Q4	DNSSCP
► CHO 6 is committed to improving integrated care pathways in collaboration with the Integrated Programme for Prevention and Management of Chronic Disease for service users with diabetes through the following additional posts coming on stream in 2016: - 2 Dietitians for diabetic structured education programmes work and general diabetic dietetics work - support diabetes cycle of care. - 1 podiatrist to implement footcare model to support diabetes cycle of care to be implemented. - 1 clinical nurse specialist	Q1-Q4	HoS
► CHO 6 is committed to the implementation of the chronic disease demonstrator project. The CNS Respiratory Integrated Care who will support the implementation of the demonstrator project in CHO 6 is expected to be appointed in Q1 2016 and will report to the Director of Public Health Nursing Dun Laoghaire.	Q4	DPHNDL
► CHO 6 Occupational Therapy Services will implement an occupation-based self management programme on chronic disease.	Q1 – Q4	OTMs

► CHO 6 will support the implementation of 'Making Every Contact Count' which will raise service user awareness of the importance of reducing the known and preventable key risk factors for chronic illness. ► CHO 6 will implement the National Brief Intervention Model once published. ► CHO 6 through the local Health Ireland Steering Group, will increase opportunities for physical activity in partnership with other organisation with a focus on disadvantaged areas and young people. ► CHO 6 will co-operate with the development of the 3 year alcohol implementation plan as required. ► CHO 6 will drive the community mobilisation on alcohol initiatives with Drug and Alcohol Task Force. ► CHO 6 will participate in initiatives to increase awareness amongst the public of alcohol related harm. ► CHO 6 will promote positive mental health by implementing recommendation from *Connecting for Life–Irelands National Strategy to Reduce Suicide (2015 – 2050).*

Implement Child Health Programmes/ Initiative to Improve Health Outcomes for Children

Operational Plan Actions	End Q	Owner
► CHO 6 will implement the revised child health programme.	Q1-Q4	HODs DPHNs
► CHO 6 will implement the Nurture Infant Health and Wellbeing Programme when it is progressed to operational services.	Upon operation	DM
► CHO 6 Community Nutrition and Dietetic Service is leading the updated 6th edition of the Nutrition Reference Pack for Infants (0-12 months) for Health Care Professionals in the Community Setting which will be completed in Q1 2016. This pack was originally developed by the Community Nutrition and Dietetic Service in CHO 6. Training on the updated pack will be delivered to Public Health Nurses.	Q1 Q2-Q4	DM DPHNs

Improve National Immunisation Rates

Operational Plan Actions	End Q	Owner
► CHO 6 is committed to fully engage with projects to improve national immunisation rates, including influenza vaccination uptake rates amongst persons aged 65 and over and amongst staff in frontline settings.	Q1-Q4	HODs
► CHO 6 will display promotional posters and make leaflets available in Primary Care Centres to inform and encourage service users and staff regarding influenza vaccination.	Q3-Q4	IPCCNS
► The importance of influenza vaccination will be included in Infection Control Training for all staff across CHO 6	Q1-Q4	IPCCNS HODs
► CHO 6 is committed to implementing recommendations from the review of models of delivery and governance of immunisation services as required.	Q1-Q4	DPHNs PMO
► CHO 6 will input into the development of a National Immunisation and Child Health Information System (NICIS) as required.	Q1-Q4	DPHNs PMO
► CHO 6 is committed to engage in all projects designed to improve national immunisation rates.	Q1-Q4	HoS
► CHO 6 is committed to implementing changes to Primary Childhood Immunisation Programme & Schools Immunisation Programme as required.	Q1-Q4	DPHNs PMO
► CHO 6 is committed to implementing the Primary Childhood Immunisation Schedule when augmented to address agreed public health priorities	Upon operation	DPHNs PMO

Support Health Promotion and Improvement Initiatives in Primary Care

Operational Plan Actions	End Q	Owner
► CHO 6 is committed to supporting the implementation of the Sexual Health Strategy as required.	Q1-Q4	HODs
► CHO 6 is committed to supporting brief intervention training for smoking cessation through the release of staff to attend brief intervention training for smoking cessation (target 5%).	Q1-Q4	HODs
► CHO 6 is committed to the phased implementation of the action plan for breastfeeding 2015-2020 and increased participation rates (56% at first PHN visit and 38% at 3 month PHN visit.	Q1-Q4	DPHNs

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

Protect the Population from Threats to their Health and Wellbeing

Operational Plan Actions	End Q	Owner
► CHO 6 will support and collaborate with the HCAI/AMR clinical care programmes in prioritising key areas for development in 2016.		
► In implementing the HCAI/AMR clinical care training programmes:		
- CHO 6 Physiotherapy Services will continue training all staff in Hand Hygiene during 2016. The question 'Did you observe or are you aware that staff washed their hands' will be included in the annual survey, as part of Hand Hygiene Audit.	Q3	PMs
- Awareness regarding the use of antimicrobials will be included in Infection Control training for CHO 6 staff	Q1-Q4	IPCCNS
- CHO 6 will continue to implement the Community Infection Prevention and Control Manual, coupled with the application of standard precautions and good hand hygiene practice which will assist in the prevention of HCAIs	Q1-Q4	HODs IPCCNS
► CHO 6 Dental Infection Prevention and Control audit tool will be developed by the CNS Infection Prevention Control and the Principal Dental Surgeon.	Q1	PDS IPCCNS
► Eleven dental clinics will be audited	Q1-Q2	IPCCNS
► Upon completion of the PCCC environmental hygiene audit tool which will be developed by the Infection Prevention Control Nurses in CHO 6 and 9: two primary Care centres will be audited in each quarter.	Q1-Q4	IPCCNS
► CHO 6 Vaccine Storage audit tool will be developed by the Infection Prevention and Control Nurse (Q2). Audits will take place at each centre where vaccines are stored (Q2-Q3).	Q2 Q2-Q3	IPCCNS
► Upon development, all audit tools will be shared on the National Clinical Audit Section of the HSE Quality Improvement Division	Q1	IPCCNS
► CHO 6 will support all initiatives to provide and increase capacity to address public health incidents including outbreaks of infectious disease, chemical, radiation and environmental incidents.	Q1	
► CHO 6 will support and co-operate with all initiatives to address emergency management legislative requirements.	Q1-Q4	

Knowledge Management

Operational Plan Actions	End Q	Owner
► CHO 6 will engage with Local Community Development Committees (LCDCs) to ensure relevant health and social care priorities are addressed conjointly.	Q1-Q4	HoS
► CHO 6 Senior Managers will participate on the Co. Wicklow Children and Young People's Services Committee [CYPSC]	Q1-Q4	DPHNW PMO

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

Operational Plan Actions	End Q	Owner
► CHO 6 is committed to engaging with service users and services users on their experience of primary care by:		
- All services will encourage all service users to use "your service your say" leaflet.	Q1-Q4	HODs
- CHO 6 Physiotherapy Services will review responses to 2015 survey (Q1) with a view to implementing changes.	Q1-Q4	PTMs
- CHO 6 Physiotherapy Services will undertake an audit of Physiotherapy Customer Feedback based on National Health Care Charter and 'your service your say' leaflet.	Q2	PTMs
► CHO 6 will support the measurement of patient experience by conducting surveys using the primary care service user survey as follows:		
- CHO 6 Speech & Language Services across will undertake survey.	Q2	SLTMs
- CHO 6 Physiotherapy Services will undertake survey.	Q4	PTMs
- CHO 6 Physiotherapy Services will undertake an audit of incidents/near misses through use of HSE Audit Tool if available.	Q2	PTMs

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

Operational Plan Actions	End Q	Owner
► CHO 6 will implement a Healthy Workplace Policy with supporting initiatives to encourage staff to look after their own Health and Wellbeing.		PTMs WPHC tenants group
For example:		
Across the CHO, Physiotherapy Services will start walking groups for staff (Q1).	Q1	
Wicklow Primary Healthcare Centre staff lunchtime walking group for all tenants will be formed (Q1).	Q1	

- ► CHO 6 will ensure that health education campaigns support staff to improve their own health and wellbeing.
- ► CHO 6 will co-operate with all initiatives to strengthen health and wellbeing management and capacity within the CHO.
- ► CHO 6 will facilitate training and support to staff to embed the concept of 'every contact counts'.
- ► CHO 6 will participate as required in training and resource development for health literacy (HI).

Manage resources in a way that delivers best health outcomes, improves people's experience of using the service and demonstrates value for money

Operational Plan Actions	End Q	Owner
► CHO 6 will monitor the performance of health services against agreed national indicators for quality and safety in care and the National Primary Care Quality Dashboard. CHO 6 will analyse all activity on a monthly basis with a view to addressing issues/trends arising and monitoring improvement plans. On a quarterly basis, the Primary Care Operations Manager will hold one-to-one meetings with the Heads of Disciplines of each service to carry out an in-depth review of performance and quality improvement plans.	Q1-Q4	HoS HODs
► CHO 6 will hold 'Jog Your Memory' four week memory rehabilitation group which provides education on memory processes and strategies to deal with everyday memory issues. Each session incorporates education, group discussion, activities and goal setting, to provide a broad approach to maintaining or improving functional memory.	Q1-Q4	OTMs
► CHO 6 will provide training for Primary care team OT'S, and thereafter facilitation of the 'Optimal' programme, which is an Occupational Therapy led self-management support programme for people with multi-morbidity in primary care. It is a six week community based programme focussing on problem solving issues associated with managing multi-morbidity. Focus is on client participation, self efficacy and quality of life.	Q1-Q4	OTMs
► Clinical Mindfulness 8 week Group Programmes - Mindfulness Based Cognitive Therapy (MBCT) within a Primary Care setting. Participants learn skills to support mindful awareness in the interests of improved psychological and mental health and so learn to use 'self-management supports' with regard to their ongoing psychological well being and functioning and mental health. 3 groups to be delivered in 2nd and last quarter of i.e. April-June and October-December 2016. Target population includes adults experiencing anxiety, depression, psychological presentations associated with chronic illness. The MBCT programme is the first mindfulness based programme to be developed specifically for mental health issues and is now recommended for prevention of relapse for those who have experienced depression on more than three occasions by NICE Clinical Guidelines (CG 23, Dec 2004). NICE Clinical Guidelines also recommends MBCT for Irritable Bowel Syndrome (IBS) under CG 61 (Feb 2008) and for low back pain under CG 88 (May 2009), after other treatments have been unsuccessful.	Q2 – Q4	PMDSE

Primary Care

Introduction

CHO 6 primary care services are provided to a population of 394,300. The development of primary care services is a key element of the overall Health Reform programme. The core objective is to achieve a more balanced health service by ensuring that the vast majority of service users and service users who require urgent or planned care are managed within primary and community based settings, while ensuring that services are:

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

Primary Care services include primary care, primary care reimbursement, social inclusion, and palliative care services. A key priority for 2016 is the continued implementation of the recommendations of Community Healthcare Organisations report (Healy, 2014). There will be a continued emphasis on enhanced control and accountability for primary care services. This will strengthen the accountability framework and outline explicit responsibilities for managers at all levels.

Over the last number of years, work has been underway to realise the vision for primary care services whereby the health of the population is managed, as far as possible, within a primary care setting, with people very rarely requiring admission to a hospital. This approach is now aligned with the Healthy Ireland framework, noting the importance of primary care to the delivery of health improvement gains. Primary care will play a central role in co-ordinating and delivering a wide range of integrated services in collaboration with other service areas.

The primary care team (PCT) is the central point for service delivery which actively engages to address the medical and social care needs of the population in conjunction with a wider range of Health and Social Care Network (HSCN) services. Community Health Network services for this area include: GPs, Nursing, Physiotherapy, Occupational Therapy, Speech & Language Therapy, Social Work, Home Support Services, Psychology, and Dental Services.

Other services being provided in Primary Care Settings include GP Out of Hours Services and Community Intervention Teams, Mental Health services (day services at Primary Care centres and Counselling in Primary Care (CIPC), Addiction Services delivered from health centres/ Primary Care centres, National Maternity Hospital's (Holles Street) satellite ante-natal clinics from health centres and Primary Care centres, health promotion initiatives such as smoking cessation clinics, structured diabetes education such as X-pert, and the recently developed group education programme for the prevention of diabetes. Work will continue on the development of Primary Care infrastructure with the provision of appropriate Primary Care centre accommodation, with particular emphasis on developing these centres in the Dublin South area.

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 and who experience difficulty accessing services. They often present with multiple and complex health and social 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. The cross cutting nature of social inclusion, with 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.

Socially excluded service users are often invisible in datasets or outcome frameworks and this 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. These efforts will continue to be progressed during 2016, and aligned with the objectives of the Healthy Ireland Implementation Plan.

Palliative Care

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

In 2016, engagement will continue with voluntary service providers, the Irish Hospice Foundation, the All Island Institute for Hospice and Palliative Care, and the voluntary hospice movement to ensure that emerging needs and solutions can be identified and addressed. The Integrated Care Programmes (ICPs) are core to operational delivery and reform. Palliative Care recognises the potential for the ICPs to improve integration of services, access and outcomes, and commits to actively supporting the development and implementation of the priority work streams of the five ICPs in 2015.

The vision for the future is that palliative care will be a gradual and natural increasing component of care from diagnosis to death. Palliative Care will ensure that people with a life-limiting condition, and their families, can easily access a level of high quality service that is appropriate to their needs, regardless of age, care setting, or diagnosis.

Primary Care Developments

The 2016, DoH held funding allocation of €13.5M will facilitate progress in relation to:

- Extension of free GP care to children up to 12 years, subject to negotiation under the Framework Agreement.
- Improved access to diagnostics (ultrasound and x-rays) for GPs.
- Expansion of minor surgery services in Primary Care.

CHO 6 is committed to improving integrated care pathways in collaboration with the Integrated Programme for Prevention and Management of Chronic Disease for service users with COPD, asthma, ischaemic heart disease, and diabetes. The following additional resources to support programmes will come on stream in 2016:

- Clinical Nurse Specialist Respiratory Integrated Care to support the implementation of the COPD demonstrator project.
- Clinical Nurse Specialist Diabetes, dietitians, and a podiatrist to support the implementation of Diabetes Cycle of Care.

In addition, combined approaches with the Mental Health and Social Care Divisions will facilitate:

- Improved access to Primary Care psychology and counselling.
- Improved access to Primary Care speech & language therapy services.

Financial Framework

The National Service Plan (2016) sets out the details of the primary care budget of €3,624.4M for 2016, which is an increase of 5.5% on the budget for 2015.

The Primary Care Division advised CHO 6 of its allocation for 2016 in January 2015 and is set out below:

	2016 NSP Budget €M	2015 Outturn €M	2015 Closing Budget €M	Deficit at End of 2015 €M	Budget INC/ (Dec) 2016V 2015	2016 Budget vs. 2015 Outturn %
Primary Care	49.053	49.369	48.799	0.570	0.254	0.52%
Social Inclusion	2.554	2.724	2.593	0.131	-0.039	-1.5%
Palliative Care	0.672	0.597	0.722	-0.125	-0.050	-6.93%
Total Statutory Services Net of DLS	**52.279**	**52.690**	**52.114**	**0.576**	**0.165**	**0.32%**
DLS	18.251	17.851	17.468	0.383	0.783	4.48%
Total Statutory Services	**70.530**	**70.541**	**69.582**	**0.959**	**0.948**	**1.36%**
Dublin Dental Hospital	5.524	5.868	5.682	0.186	-0.158	-2.78%
Total Allocation 2016	**76.054**	**76.409**	**75.264**	**1.145**	**0.790**	**1.05%**

The table above shows that in 2016 overall funding for Primary Care Services increased by €0.790M (10%). Additional funding is welcomed for Demand Led Schemes and Paediatric Packages as both services were carrying deficits in 2105.

The deficit of €0.186M incurred by Dublin Dental University Hospital relates to superannuation lump sums and is also once off. However, their budget has reduced by €0.158M in 2016. Once off funding of €0.250M in 2015 relating to the treatment of cancer service users has not been reinstated in 2016, and this is currently being pursued with a view to having it included. There is no additional funding for costs of increments and additional leap year day in 2016. The CHO is currently projecting a deficit of €0.600M in 2016 before cost containment and there will be a significant focus on cost management throughout the year.

Incoming Deficit

CHO 6 Statutory Services reported a deficit of €0.959M (1.38%) in 2015. Local Demand Led Services accounted for €0.383M of this deficit. The remaining deficit related mainly to Paediatric Home Care Packages and the GP Vocational Training Scheme.

Existing Level of Service

The estimated cost of providing existing levels of service in 2016 is €52.631M representing a deficit of €0.352M against the allocated budget.

Savings and Extra Revenue Targets

The revenue allocation for the Division is net of assumed savings and efficiency measures of €112.9M as follows:

- €2.9m - General reductions in non-pay budgets including savings to be made through the procurement process.
- €110m - Targeted reductions in drug and prescribing costs; this will involve additional measures in areas such as probity and prescribing behaviour.

HSE Prioritised Initiatives (Divisional)

The DoH holds further funding on behalf of primary care of €13.5m in respect of GP Contract developments including extending care without fees to children up to 12 and provision for rural GP practices, access to diagnostics, and minor surgery.

Pay and Pay Related Savings

The CHO commenced the implementation of a plan for the conversion of agency in 2015 and successfully converted a significant number of posts. This will continue in 2016. In line with Pay Bill Management Policy, the replacement of existing posts will be dependent on the CHO being able to deliver its planned services within allocated funding.

Financial Risk Areas

In 2016 all services will be required to operate within the allocated Budget. In order to achieve a breakeven position, a significant number of posts within Primary Care will have to continue to remain unfilled in order to meet our requirements under Pay Bill Management. This will have a major impact on our ability to meet our performance requirements under the accountability framework in terms of Access to Services, and the quality and safety of those services. There will be a need to review the current access targets as the non filling of posts will reduce our capacity to meet these targets. This is a concern given that CHO 6 has the lowest budget per head of population in the country.

Abbreviations

HoS: Head of Service PCL: Palliative Care Lead (National) HRM: Healthcare Risk Manager IPCCNS: Infection Prevention & Control CNS OSM: Orthodontic Service Manager DNSSCP: Diabetes Nurse Specialist Shared Care Programme HODs: Head of Disciplines (All)	PDS: Principal Dental Surgeon DM: Dietitian Manager PMO: Principal Medical Officer DPHNs: Directors of Public Health Nursing (All) DPHNW: Director of Public Health Nursing Wicklow DPHDL: Director of Public Health Nursing Dun Laoghaire OTMs: Occupational Therapy Managers (All).	OTMDSE: Occupational Therapy Manager Dublin South East OTMDL: Occupational Therapy Manager Dun Laoghaire SLTMs: Speech & Language Therapy Managers (All) PTMs: Physiotherapy Managers (All) ROSP: Resource Officer Suicide Prevention CHOQRC: CHO Quality & Risk Committee IPCUM: Interim Primary Care Unit Manager

Key Priorities and Actions to Deliver on Goals in 2016

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

Primary Care and Health and Wellbeing Collaborative Actions for *Healthy Ireland* Implementation Plan

In partnership with Health and Wellbeing, the following will be delivered in 2016:

Operational Plan Actions	End Q	Owner
► CHO 6 will develop local implementation plans for Healthy Ireland to include:		
► CHO 6 Community Nutrition and Dietetics Service is the local HSE lead in the Healthy Food Made Easy 6-week community cooking programme, funded by Health and Wellbeing and delivered in Dun Laoghaire/ Rathdown in partnership with Southside Partnership and in Wicklow with Wicklow Partnership. In 2016, there is a new national KPI for the number of people attending a community cookery programme. The target for CHO 6 is 800 participants.	Q1-Q4	DM
► CHO 6 will engage with Local Community Development Committees (LCDCs) to ensure relevant health and social care priorities are addressed conjointly.	Q1-Q4	HoS
► CHO 6 Senior Managers will participate on the Co. Wicklow Children and Young People's Services Committee [CYPSC].	Q1-Q4	DPHNW PMO
► CHO 6 will implement a Healthy Workplace Policy with supporting initiatives to encourage staff to look after their own Health and Wellbeing. For example: Across the CHO, Physiotherapy Services will start walking groups for staff. Wicklow Primary Healthcare Centre staff lunchtime walking group for all tenants will be formed (Q1).	 Q1 Q1	 PTMs WPHC Tenants Group

Implement Child Health Programmes/ Initiative to Improve Health Outcomes for Children

Operational Plan Actions	End Q	Owner
► CHO 6 will implement the revised child health programme.	Q1-Q4	HODs DPHNs
► CHO 6 will implement the Nurture Infant Health and Wellbeing Programme when it is progressed to operational services.	Upon operation	DM
► CHO 6 Community Nutrition and Dietetic Service is leading the updated 6th edition of the Nutrition Reference Pack for Infants (0-12 months) for Health Care Professionals in the Community Setting which will be completed in Q1 2016. This pack was originally developed by the Community Nutrition and Dietetic Service in CHO 6. Training on the updated pack will be delivered to Public Health Nurses.	Q1 Q2-Q4	DM DPHNs

Improve National Immunisation Rates

Operational Plan Actions	End Q	Owner
► CHO 6 is committed to fully engage with projects to improve national immunisation rates, including influenza vaccination uptake rates amongst persons aged 65 and over and amongst staff in frontline settings.	Q1-Q4	HODs
► CHO 6 will display promotional posters and make leaflets available in Primary Care Centres to inform and encourage service users and staff regarding influenza vaccination.	Q3-Q4	IPCCNS
► The importance of influenza vaccination will be included in Infection Control Training for all staff across CHO 6.	Q1-Q4	IPCCNS
► CHO 6 is committed to implementing recommendations from the review of models of delivery and governance of immunisation services as required.	Q1-Q4	DPHNs PMO
► CHO 6 will input into the development of a National Immunisation and Child Health Information System (NICIS) as required.	Q1-Q4	HOS
► CHO 6 is committed to engage in all projects designed to improve national immunisation rates.	Q1-Q4	DPHNs PMO
► CHO 6 is committed to implementing changes to Primary Childhood Immunisation Programme & Schools Immunisation Programme as required.	Q1-Q4	DPHNs PMO
► CHO 6 is committed to implementing the Primary Childhood Immunisation Schedule when augmented to address agreed public health priorities	Upon operation	DPHNs PMO

Support Health Promotion and Improvement Initiatives in Primary Care

Operational Plan Actions	End Q	Owner
► CHO 6 is committed to supporting the implementation of the Sexual Health Strategy as required.	Q1-Q4	HODs
► CHO 6 is committed to supporting brief intervention training for smoking cessation through the release of staff to attend brief intervention training for smoking cessation (target 5% - 26 staff).	Q1-Q4	HODs
► CHO 6 is committed to the phased implementation of the action plan for breastfeeding 2015-2020 and increased participation rates (56% at first PHN visit and 38% at 3 month PHN visit).	Q1-Q4	DPHNs

HCAI / Decontamination Programme

Operational Plan Actions	End Q	Owner
► CHO 6 will support and collaborate with the HCAI/AMR clinical care programmes in prioritising key areas for development in 2016.		
► In implementing the HCAI/AMR clinical care training programmes:		
- CHO 6 Physiotherapy Services will continue training all staff in Hand Hygiene during 2016. The question 'Did you observe or are you aware that staff washed their hands' will be included in the annual survey, as part of Hand Hygiene Audit.	Q3	PTMs
- Awareness regarding the use of antimicrobials will be included in Infection Control training for CHO 6 staff.	Q1-Q4	IPCCNS
- CHO 6 will continue to implement the Community Infection Prevention and Control Manual, coupled with the application of standard precautions and good hand hygiene practice which will assist in the prevention of HCAI.	Q1-Q4	HODs

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 Quality Improvement / Enablement Programme

Operational Plan Actions	End Q	Owner
► CHO 6 will commit to supporting as required addiction and homelessness services to commence self assessments and develop QIPs against the NSSBHC, QuADS and Homeless Standards within existing governance arrangements for the role out of the NSSBHC.	Q1-Q4	HODs
► CHO 6 is committed to improving the quality and safety of palliative care services. Self assessments under the national standard will be conducted in Wicklow, to improve delivery of quality and person centred services	Q4	DPHNW

Pressure Ulcers to Zero Collaborative

Operational Plan Actions	End Q	Owner
► CHO 6 will support the involvement of Primary Care Teams participating in the pressure ulcer to zero collaborative by:		
- Continuing the work of the Pressure Ulcers to Zero Local Steering Group which was established in November 2015 to establish a long term commitment to joint working and provision of integrated care to people who have, or who are at risk of developing pressure ulcers.	Q1-Q4	HODs
- Establishing two pressure ulcer to zero participating teams in Wicklow, comprising OT, Physio, Nursing and Dietetics staff from primary care and older persons services to ensure early identification of those at risk.	Q1	OTMW PTMW DPHNW DM
- Introducing a multidisciplinary approach to the prevention, identification, assessment and management of pressure ulcers, initially in Wicklow and later across all the CHO.	Q1-Q4	As above
- Aiming to reduce the number of avoidable pressure ulcers by 50% over a 6 month period for service users who are known to staff on the participating teams	Q1-Q4	As above
- Increasing service user, family, carer and HSE staff's awareness of pressure ulcers in participating sites.	Q1-Q4	As above
- The Local Steering Group will develop a sustainability plan for CHO 6.	Q4	As above
- Ensuring that all pressure ulcer referrals to Occupational Therapy Services will be given highest priority level.	Q1-Q4	OTMs
- CHO 6 Occupational Therapy Services will ensure that pressure care prevention handouts are given to all service users provided with orthopaedic chairs and transit wheelchairs.	Q1-Q4	OTMs

Provide Improved and Additional Services at Primary Care (PCT and Network) Level

Operational Plan Actions	End Q	Owner
► CHO 6 will participate as required through the Primary Care Unit, in the progression of the review of GP contracts under the Framework Agreement.	Q1-Q4	IPCUM
► CHO 6 is committed to participating in the Minor Surgery Project as required.		
► CHO 6 is committed to participating in the further roll out of the ultrasound project in 2016 as required.		
► CHO 6 is committed to participating in future initiatives to develop primary care psychology services for children, in collaboration with mental health services as required.		
► CHO 6 will co-operate with the implementation of the recommendations of the *Primary Care Eye Services Review Report,* as required.		
► CHO 6 Occupational Therapy Service will develop and implement an Occupational Therapy specific outcome measure.	Q1-Q4	OTMDL
► This Occupational Therapy specific outcome measure will be implemented across Occupational Therapy Services in CHO 6.	Q2	OTMs
► CHO 6 Occupational Therapy Service will adapt and develop National Continuing Professional Development and Performance Management Tool in line with CORU regulations.	Q1-Q4	OTMDSE
► Upon development the National Continuing Professional Development tool will be implemented by all Occupational Therapy Services in CHO 6.	Q1-Q4	OTMs
► CHO 6 commits to undertaking waiting list initiatives to reduce waiting times for primary care speech and language therapy. This will include; a) working collaboratively with National Lead, Chief Officer and Primary Care Operations Manager to implement waiting list initiatives and; b) working with National SLT Manager's Group to review Models of Service delivery to ensure effective use of resources to target those with most significant need in primary care speech and language therapy services.	Q1-Q4	SLTMs
► CHO 6 Physiotherapy Services will undertake an audit of Physiotherapy Record Keeping, using European Core Standards of Physiotherapy Practice Audit Tool.	Q4	PTMs
► CHO 6 Occupational Therapy staff will continue to engage in health and wellbeing initiatives such as: - Falls prevention (all CHO, ongoing) - Living Well With Dementia (continuing with initiatives already established). - Memory Clinic (joint initiative Dun Laoghaire & Dublin South East) - Alzheimers Café in conjunction with St. Columcille's Hospital and Wicklow Primary Care. - Complex seating clinics (all CHO)	Q1-Q4	OTMs

Hepatitis C Treatment Programme

Operational Plan Actions	End Q	Owner
► CHO 6 Occupational Therapy Services will give all persons with Hep C highest priority level for assessment, intervention and provision of equipment.	Q1-Q4	OTMs

Improve Access to Oral Health and Orthodontics

Operational Plan Actions	End Q	Owner
► CHO 6 orthodontic service will continue to progress treatment for service users requiring orthognathic/oral surgery and will participate in actions which will reduce patient waiting times.	Q1-Q4	OSM

Improve Cross Division Service Integration

Operational Plan Actions	End Q	Owner
► CHO 6 will continue to provide an integrated response to support people being cared for in primary care and thereby avoiding inappropriate hospital avoidance, admission avoidance and facilitating early discharge e.g. 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.	Q1-Q4	HoS
► CHO 6 will continue to work with the CIT to further develop services provided.	Q1-Q4	HoS
► CHO 6 Occupational Therapy Services will continue to liaise closely with acute care services to facilitate complex cases and early discharges.	Q1-Q4	OTMs
► CHO 6 Physiotherapy Services will collaborate with acute services in an initiative between senior staff to improve referral process between agencies.	Q1-Q4	PTMs
► CHO 6 will identify staff to be trained as dementia champions; two nurses in Wicklow to be trained by Q3.	Q3	DPHNW
► CHO 6 is committed to facilitating the development of primary care counselling services, including CIPC in collaboration with Mental Health.	Q1-Q4	HoS
► CHO 6 is committed to participating in the planning phase and implementation of a new model of practice for the management of children with non-complex needs in primary care, in collaboration with mental health and social care services as required. ► CHO 6 will participate as required in the implementation of the Primary Care Education, Pathways and Research in Dementia (PREPARED) Programme if selected.		

Develop and progress the priority work streams of the five integrated care programmes to improve integration of services, access and outcomes for service users in collaboration with Clinical Strategy and Programmes

Operational Plan Actions	End Q	Owner
► CHO 6 will continue to provide structured diabetes education such as X-pert and the recently developed group education programme for the prevention of diabetes at centres at locations across the CHO.	Q1-Q4	DNSSCP
► The CHO 6 target for the number of service users who complete structured diabetes education programmes is 160 service users.	Q1-Q4	DNSSCP
► CHO 6 will support the roll out of the Diabetes Passport which was piloted in 2014 by the East Coast Area Diabetes Shared Care Programme (ECAD), St. Columcilles Hospital and St. Vincent's University Hospital. The passport will empower people with Type 2 diabetes and support communication between the many health professionals involved in diabetes care across primary and secondary care setting.	Q1-Q4	DNSSCP
► CHO 6 will provide GPs and Practice Nurses with education on care and neurological and vascular assessment of the diabetic foot as recommended in the HSE Model of Care for the Diabetic Foot 2011. A supply of *Vibratip* devices will be available to ensure accurate foot assessment.	Q1-Q4	DNSSCP
► CHO 6 is committed to improving integrated care pathways in collaboration with the Integrated Programme for Prevention and Management of Chronic Disease for service users with diabetes through the following additional posts coming on stream in 2016: - 2 dietitians for diabetic structured education programmes work and general diabetic dietetics work - support diabetes cycle of care. - 1 podiatrist to implement footcare model to support diabetes cycle of care to be implemented. - 1 clinical nurse specialist	Q1-Q4	HoS
► CHO 6 is committed to the implementation of the chronic disease demonstrator project. The CNS Respiratory Integrated Care who will support the implementation of the demonstrator project in CHO 6 is expected to be appointed in Q1 2016 and will report to the Director of Public Health Nursing Dun Laoghaire.	Q1	DPHNDL
► CHO 6 Occupational Therapy Services will implement an occupation-based self management programme on chronic disease.	Q1-Q4	OTMs

Social Inclusion

Improve health outcomes for people with addiction issues

Operational Plan Actions	End Q	Owner
► Implement the outstanding actions in the *National Drugs Strategy* (2009–2016).	Q4	HoS
► Ensure that adults deemed appropriate for treatment for substance abuse receive treatment within one calendar month.	Q3	HoS
► Ensure that children deemed appropriate for treatment for substance abuse receive treatment within one week.	Q1	HoS
► Ensure that addiction services operate within the person-centred care planning processes of the Drugs Rehabilitation Framework.	Q2	HoS
► Finalise the response to drug-related deaths through a National Overdose Prevention Strategy.	Q3	HoS
► Audit drug services in line with the Drugs Rehabilitation Framework on care planning, assessment, key working and referrals.	Q4	HoS
► Strengthen clinical governance structures by the appointment of an Addiction Clinical Lead.	Q1	HoS

Operational Plan Actions	End Q	Owner
► Addiction services for Area 6 are managed by Addiction Services in Area 7 who had regional responsibility for Addiction services. The respective C.H.O. areas have and will continue to work closely together to ensure that all the actions identified in the service plan are completed.	Q1-Q4	HoS

Support the Implementation Plan to Reduce Homelessness

Operational Plan Actions	End Q	Owner
► Support the implementation plan to reduce homelessness with particular focus on health related recommendations.	Q1-Q4	HoS
► Ensure arrangements are in place and working effectively to ensure homeless persons have access to primary care services where required.	Q1-Q4	HoS
► Work towards ensuring that no patient is discharged into homelessness from an acute setting and ensure the provision of step-down care for homeless people with chronic and enduring needs in long-term supported accommodation in collaboration with mental health services. (Held funding DoH Mental Health €2m of €35m)	Q1-Q4	HoS
► Ensure the provision of in-reach services to emergency accommodation settings and long-term supported accommodation for people with high support needs.	Q4	HoS

Operational Plan Actions	End Q	Owner
► CHO 6 provides some homeless services through the 5 Loaves homeless agency in Bray Co Wicklow. The SLA was reviewed in 2015 to ensure linkages with service planning priorities and performance targets. Additionally CHO 6 is working through the LCDC process in each of the local authority areas within its boundaries to address, in addition to a range of issues, homelessness.	Q1-Q4	HoS

Improve Health Outcomes for Vulnerable Groups

Traveller and Roma Health

Operational Plan Actions	End Q	Owner
► Provide health information and education for travellers on diabetes and cardiovascular health. Screening programme for diabetes commenced November 2015 for completion in 2016.	Q 3	HoS
► CHO 6 will participate as required in the development a Traveller and Roma Inclusion Strategy in collaboration with clinical programmes and mental health services.	Q 4	HoS
► Support an interagency initiative in two Local Authority areas – in partnership with the Local Authorities and representative groups – to improve health service delivery to the traveller community.	Q 4	HoS

Operational Plan Actions	End Q	Owner
► CHO 6 Senior Medical Officer will provide education and training regarding child health to Wicklow Travellers Group Community Healthcare Workers and young mums (Q1)	Q1	PMO
► Pilot traveller outreach child health clinic will be established with a focus on the under 3 year old child in Wicklow town [CEART building] (Q1). Process to be reviewed in Q3.	Q1 Q3	DPHNW
► CHO 6 Mental Health Services Resource Officer for Suicide Prevention will work closely with the Wicklow Travellers Group to target in particular, young male travellers in the Suicide Prevention 5 year Action Plan for CHO 6, as outlined in Connecting for Life, Ireland's National Strategy to reduce Suicide 2015 – 2020. Initiatives will include training for Community Healthcare Workers, promotion and awareness campaigns, etc.	Q1-Q4	HoS ROSP
► CHO 6 provides some homeless services through the 5 Loaves homeless agency in Bray Co Wicklow. The SLA was reviewed in 2015 to ensure linkages with service planning priorities and performance targets.	Q1-Q4	HoS
► CHO 6 is working through the LCDC process in each of the local authority areas within its boundaries to address, in addition to a range of issues, homelessness.	Q1-Q4	HoS

► Domestic, Sexual and Gender Based Violence

- Implement the recommendations of the S*trategy on Domestic, Sexual and Gender-based Violence (2015–2020)* with particular attention to vulnerable or at risk communities and support for staff in recognising and responding to victims of violence.
- Implement specific health related recommendations of the *Action Plan on Women, Peace and Security* with a focus on the listed HSE action *Strengthen outreach to women and girls in Ireland who have been affected by conflict*
- Participate in the development of an Action Plan to prevent and combat human trafficking, with associated attention to reviewing and strengthening existing care and support services for persons who have been trafficked.

► Intercultural Health

- Develop structures and processes to provide health services under the Irish Refugee Protection programme with associated monitoring and reporting of outcomes.

Domestic, Sexual and Gender based violence	End Q	Owner
► Implement the recommendations of the S*trategy on Domestic, Sexual and Gender-based Violence 2015–2020* with particular attention to vulnerable or at risk communities and support for staff in recognising and responding to victims of violence.	Q 4	HoS
► Implement specific health related recommendations of the *Action Plan on Women, Peace and Security* with a focus on the listed HSE action '*Strengthen outreach to women and girls in Ireland who have been affected by conflict'*.	Q 4	HoS
► Participate in the development of an Action Plan to prevent and combat human trafficking, with associated attention to reviewing and strengthening existing care and support services for persons who have been trafficked.	Q1–Q 4	HoS

Intercultural Health	End Q	Owner
► Develop structures and processes to provide health services under the Irish Refugee Protection programme with associated monitoring and reporting of outcomes.	Q4	HoS

Operational Plan Actions	End Q	Owner
► The Anti Human Trafficking Team (AHTT) is located in and funded by CHO 6. The team provides a range of services to people who have been trafficked for the purposes of sexual, labour or criminal exploitation, many of whom are non nationals. A key element of the service provided relates to the development of care plans for the victims attending the service.	Q1-4	HoS

Promote Implementation of an Interpreting Model for Persons not Proficient in English or Deaf

Operational Plan Actions	End Q	Owner
► CHO Area 6 will continue to provide translation services where there are language challenges for people not proficient in English or deaf to access and navigate health services effectively.	Q1-Q4	HoS

Palliative Care

Improve access to adult palliative care services

► Address deficits in specialist palliative care bed numbers in Kerry (15 beds).

Operational Plan Action	End Q	Owner
► Address deficits in specialist in-patient palliative care bed numbers in Wicklow (15 beds). Work in parthership with OLHCS, Wicklow Hospice Group, and local stakeholders in the design and future operational planning for a dedicated Hospice for County Wicklow. ► Extend the implementation of specialist palliative care eligibility criteria to include non-cancer service users. ► Continue to develop the Palliative Home Care service for Wicklow through the recruitment of dedicated Clinical Nurse Specialist(s) as commenced in the 2015 Service Plan. ► Develop closer working relationships with OLHCS to ensure continuity of care provision in the Home Care service to South Dublin and ensure continuity of delivery in line with Home Care provision in County Wicklow ► Continue to support local advocacy and support groups working in the palliative care area in CHO 6.		PCL HoS

Improve quality within palliative care service provision

► Strengthen palliative care services through the implementation of the *National Standards for Safer Better Healthcare.*
► Implement clinical guidelines on the management of cancer pain and the management of constipation.
► Implement a suite of quality improvement measures for children's palliative care services.
► Work with voluntary providers of childrens residential palliative services to improve accessability and integration with community services in the support of such service users.

Ensure palliative care services are effective, efficient and responsive to the needs of individuals and families

► Work with primary care services on the *Rapid Discharge Planning Pathway* to facilitate those who wish to die at home.
► Implement the recommendations from the *Palliative Care Support Beds Review.*

Improve access to children's palliative care services.

► Provide for a Palliative Care Consultant previously funded by Irish Hospice Foundation (new funding is included in acute services).

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

Primary Care

Quality and Safety

Patient engagement and empowerment

Operational Plan Actions	End Q	Owner
► CHO 6 is committed to engaging with service users and services users on their experience of primary care by:		
- All services will encourage all service users to use 'Your Service Your Say' leaflet.		
- CHO 6 Physiotherapy Services will review responses to 2015 survey (Q1) with a view to implementing changes.	Q1-Q4	HODs PTMs
- CHO 6 Physiotherapy Services will undertake an audit of Physiotherapy Customer Feedback based on National Health Care Charter and 'Your Service Your Say' leaflet.	Q1-Q4	PTMs
► CHO 6 will support the measurement of patient experience by conducting surveys using the primary care service user survey as follows:		
- CHO 6 Speech & Language Services will undertake survey	Q2	SLTMs
- CHO 6 Physiotherapy Services will undertake survey.	Q4	PTMs
- CHO 6 Physiotherapy Services will undertake an audit of incidents/ near misses through use of HSE Audit Tool if available.	Q2	PTMs

Governing for Quality and Safety

Operational Plan Actions	End Q	Owner
► The Primary Care Division's QPS sub-committee is central to the work of CHO 6 QPS governance group. The sub-committee which meets on a two monthly basis, is tasked with identifying and managing risk associated with patient safety. Under the National Standards for Safer Better Healthcare, all services across the CHO have developed detailed Quality Improvement Plans for implementation. This will include initiatives to tackle waiting lists.	Q1-Q4	HoS HRM HODs

Open Disclosure Policy

Operational Plan Actions	End Q	Owner
► CHO 6 will train the trainer to deliver training to all staff on the Open Disclosure policy	Q2	HRM
► CHO 6 will provide training to all staff on the Open Disclosure policy	Q2-Q4	HRM

Strengthening Primary Care Accountability Framework in the Domain of Quality and Patient Safety

Operational Plan Actions	End Q	Owner
► CHO 6 will monitor the performance of health services against agreed national indicators for quality and safety in care and the National Primary Care Quality Dashboard. CHO 6 will analyse all activity on a monthly basis with a view to addressing issues/trends arising and monitoring improvement plans. On a quarterly basis, the Primary Care Operations Manager will hold one-to-one meetings with the Heads of Disciplines of each service to carry out an in-depth review of performance and quality improvement plans.	Q1-Q4	HoS HODs

Promoting Safe Services

Operational Plan Actions	End Q	Owner
► CHO 6 is committed to ensuring systems and structures are in place within primary care for reporting and monitoring serious reportable events (SREs) and other serious safety incidents.	Q1-Q4	HoS HRM HODs
► CHO 6 is committed to prioritising the reporting of all incidents within primary care and developing/supporting an awareness programme to promote the reporting of incidents using the new NIRF forms.	Q1-Q4	HOS HRM HODs
► CHO 6, under the auspices of the Quality and Risk Committee will continue to develop processes to ensure that incidents within primary care are effectively managed, reported, investigated with learning shared in line with National Policy. This will include the provision of training and advice for all staff in respect of hazard identification, risk assessment, incident reporting, investigations and the centralised management and collation of incident reporting and investigation data and feedback of meaningful information to managers.	Q1-Q4	CHOQRC

National Standards for Safer Better Healthcare

Operational Plan Actions	End Q	Owner
► CHO 6 will participate in the Primary Care Quality Collaborative to promote Patient Safety and Quality Improvement Programmes in Primary Care.	Q1-Q4	HODs
► CHO 6 will undertake the following actions in implementing the *National Standards for Safer Better Health Care:*		
• CHO 6 Occupational Therapy Service will develop and implement an Occupational Therapy specific outcome measure to be used in primary care nationally.	Q2	OTMDL
• The Occupational Therapy Outcome Measure will be implemented across Occupational Therapy Services in CHO 6.	Q4	OTMs
• CHO 6 Occupational Therapy Service will adapt and develop National Continuing Professional Development and Performance Management Tool in line with CORU regulations.	Q2	OTMDSE
• Upon development the National Continuing Professional Development tool will be implemented by all Occupational Therapy Services in CHO 6.	Q4	OTMs
• CHO 6 Occupational Therapy Services will carry out a chart audit using an OT specific audit form.	Q3	OTMs
• CHO 6 Occupational Therapy Services will revise OT specific clinical policies, procedures and guidelines (Q4).	Q4	OTMs
• CHO 6 Occupational Therapy Services will continue to develop client specific educational handouts.	Q1-Q4	OTMs
• CHO 6 Community Nutrition and Dietetic Service will review and update their current SOPs in 2016 to support safe and efficient service delivery within current resources.	Q4	DM
• CHO 6 Speech & Language Parent information sheets will be translated into a number of languages.	Q3	SLTMs
• CHO 6 Speech & Language Client Experience Survey to be developed and implemented	Q2	SLTMs
• CHO 6 Speech and Language Therapy will complete 2 clinical audits.	Q2	SLTMs
• CHO 6 will continue with the self assessment process against the National Standards. Quality Improvement Plans derived from the self assessment process will be implemented in 2016	Q1-Q4	HODs

Support the Work of the National Clinical Effectiveness Committee

Operational Plan Actions	End Q	Owner
► CHO 6 is committed to participating and inputting into the implementation of the NCEC Guidelines and Standards for Clinical Practice as required.	Q1-Q4	HoS HODs HRM IPCCNS

Understanding Patient Safety Incidents

Operational Plan Actions	End Q	Owner
► CHO 6 has adopted the National Incident Management System (NIMS). Training will continue to be provided to all staff on NIMS.	Q1-Q4	HRM

Audit and Reviews

Operational Plan Actions	End Q	Owner
► CHO 6 is committed to participating in audits of quality and safety in primary care to provide assurance that standards are in line with the *National Standards for Safer Better Health Care,* as required.	Q1-Q4	HoDs

Measurement and analysis of information for quality improvement: Build capacity in the use of measurement and data for quality improvement

Operational Plan Actions	End Q	Owner
► CHO 6 is committed to the ongoing measurement and analysis of information for quality improvement.	Q1-Q4	HoS HODs
► CHO 6 will monitor the performance of health services against agreed national indicators for quality and safety in care and the National Primary Care Quality Dashboard. CHO 6 will analyse all activity on a monthly basis with a view to addressing issues/trends arising and monitoring improvement plans. On a quarterly basis, the Primary Care Operations Manager will hold one-to-one meetings with the Heads of Disciplines of each service to carry out an in-depth review of performance and quality improvement plans.		

Risk Management

Operational Plan Actions	End Q	Owner
► CHO 6 will continue to identify and manage risks through the use of the Risk Register. The Risk Register is reviewed as part of the Primary Care Governance structure.	Q1-Q4	HoS HRM HODs
► CHO 6 will enhance the capacity and capability of staff in relation to the management of risk by providing training in risk management over the course of 2016. The training will be delivered in respect of risk management, risk registers and systems analysis.	Q1-Q4	HRM

Children First

► Provide a standard system of reporting child protection and welfare concerns to the Child and Family Agency. Reports will be tracked and monitored by the Children First Office following submission of weekly / monthly reports by assigned Designated Liaison Persons (DLPs). Names and contact details for DLPs will be available to each staff member in CHOs and hospital groups.

Operational Plan Actions	End Q	Owner
► CHO 6 will develop a Children First implementation plan and will assign Designated Liaison Persons (DLPs)	Q2	HoS HODs

Social Inclusion

- Develop and distribute standardised problem alcohol and substance use screening and brief intervention SAOR (Support, Ask and Assess, Offer Assistance and Refer) toolkits to support Tier 1 and Tier 2 services.
- Publish a Guiding Framework for Education and Training in Screening and Brief Intervention for Problem Alcohol Use for nurses and midwives in acute, primary and community settings.

Operational Plan Actions	End Q	Owner
► Social Inclusion Services will be working with mental health services in developing capacity and expertise to address people with alcohol / addiction problems with a particular emphasis on those who may have a dual diagnosis of mental health difficulties.	Q1-Q4	HoS

Strengthen community development approaches in line with Healthy Ireland and other relevant initiatives

- Establish a social inclusion working group on community development, to incorporate principles in respect of addressing health inequalities, community development, community participation, social prescribing etc. with a focus on vulnerable communities. This working group will have representation from each CHO.

Operational Plan Actions	End Q	Owner
► CHO 6 is fully committed to engaging in this work and is already driving these issues in the LCDC fora which will be important in ensuring a multi agency response to these issues.	Q1-Q4	HoS

Enhance Community Approaches to Addressing HIV/ AIDS

- Collaborate with HIV Ireland and other stakeholders to further develop and enhance community approaches to addressing HIV/ AIDS.

Operational Plan Actions	End Q	Owner
► Through the Gay Men's Health Service CHO 6 is centrally involved in strategies and actions to reduce the incidence of HIV in the LGBT community and beyond. Additionally CHO 6 provides direct funding to a range of voluntary agencies including Outhouse and Gay HIV strategies to reduce the incidence of HIV and other STIs.	Q1-Q4	HoS

Hepatitis C Strategy

- Implement the recommendations of Hepatitis C Strategy through the development of national guidelines for Hepatitis C screening and provision of updated website information.

Operational Plan Actions	End Q	Owner
► Addiction services for Area 6 are managed by Addiction Services in Area 7 who had regional responsibility for Addiction services. The respective C.H.O. areas have and will continue to work closely together to ensure that all the actions identified in the service plan are completed. The main Hepatitis C reduction strategies are delivered through the harm reduction services provided by Addiction Services.	Q1-Q4	HoS

Palliative Care

Encourage the on-going development of person-centred services

Operational Plan Actions
► Incorporate the experiences of service users and staff to evaluate and plan services. ► Support services to implement the *Patient Charter for Specialist Palliative Care.* ► Commence collection of key performance indicators with a quality focus. ► Commence the collection of patient / family satisfaction feedback. ► Review strategic plans for Home Care services in Wicklow to ensure service delivery reflects current and future anticipated needs.

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

Primary Care

Restructure the Provision of GP Training

Operational Plan Actions	End Q	Owner
► CHO 6 will participate as required in the restructuring of the provision of GP training through the Primary Care Unit.	Q1-Q4	IMPCU

Quality and Patient Safety

Operational Plan Actions	End Q	Owner
► CHO 6 is committed to improving capacity in quality and safety within primary care by providing support to staff to develop clinical audit tools		
- CHO 6 Occupational Therapy Service will develop and implement an Occupational Therapy specific outcome measure (Q2). This measure will be implemented across Occupational Therapy Services in CHO 6 (Q4).	Q2 Q4	OTMDL OTMs
- CHO 6 Occupational Therapy Service will adapt and develop National Continuing Professional Development and Performance Management Tool in line with CORU regulations (Q2). This tool will be implemented by Occupational Therapy Service in CHO 6 (Q4).	Q2 Q4	OTMDSE OTMs
- CHO 6 Occupational Therapy Services will carry out a chart audit using an OT specific audit form (Q3).	Q3	OTMs
- CHO 6 Occupational Therapy Services will revise OT specific clinical policies, procedures and guidelines (Q4).	Q4	OTMs
- CHO 6 Community Nutrition and Dietetic Service will review and update their current SOPs in 2016 to support safe and efficient service delivery within current resources (Q4).	Q4	DM
- CHO 6 Dental Infection Prevention and Control audit tool will be developed by the CNS Infection Prevention Control and the Principal Dental Surgeon (Q1).	Q1	PDS IPCCNS
- Eleven dental clinics will be audited (Q1-Q2)	Q1-Q2	IPCCNS
- Upon completion of the PCCC environmental hygiene audit tool which will be developed by the Infection Prevention Control Nurses in CHO 6 and 9: two primary Care centres will be audited in each quarter.	Q1-Q4	IPCCNS
- CHO 6 Vaccine Storage audit tool will be developed by the Infection Prevention and Control Nurse (Q2). Audits will take place at each centre where vaccines are stored (Q2-Q3).	Q2 Q2-Q3	IPCCNS IPCCNS
- Upon development, Infection Prevention and Control audit tools will be shared on the National Clinical Audit Section of the HSE Quality Improvement Division (Q1)	Q1	IPCCNS

Implement Children First

Operational Plan Actions	End Q	Owner
		HoS
► CHO 6 will develop a Child Protection and Welfare Policy (Q3)	Q3	HODs
► CHO 6 will facilitate staff to undertake the Children First e-learning programme	Q1-Q4	HODs
► CHO 6 will organise Children First Training throughout 2016	Q2-Q4	HOS

Social Inclusion

- ► Provide LGBT health training for health service staff across three CHOs.
- ► Provide intercultural health training to enable staff to deliver services in a culturally competent manner. This training will be targeted at staff delivering services to asylum seekers in Direct Provision and to refugees arriving under Resettlement and Relocation programmes.
- ► Roll out of SAOR screening and brief intervention training to 300 staff for problem alcohol and substance use within Tier 1 and Tier 2 services. Deliver 30 SAOR trainings and complete four train the trainer programmes nationally.

Operational Plan Actions	End Q	Owner
► CHO 6 works closely with the Health and Wellbeing Division in relation to all matters pertaining to LGBT health and will work with the Division in the roll out of training. CHO 6 is fully committed to the training and development of staff and will engage fully with both the intercultural training and with the SAOR screening.	Q1-Q4	HoS

Palliative Care

Develop the capacity of healthcare professionals to better meet the needs of service users and their families

Operational Plan Actions
► Progress the implementation of the *Palliative Care Competence Framework*.
► Provide training and support on the *Needs Assessment Guidance Document* and Education Module.
► Ensure appropriate service linkages are strengthened between Community and Acute palliative care settings in CHO 6 towards the provision of a seamless and responsive service to our service users

Manage resources in a way that delivers best health outcomes, improves people's experience of using the service and demonstrates value for money

Operational Plan Actions	End Q	Owner
► CHO 6 will co-operation with the roll out of primary care ICT systems to support safe and effective provision of services as required.	Q1-Q4	HoS

Progress the centralised administration of the Drugs Payment and the Long Term Illness Schemes

Operational Plan Actions	End Q	Owner
► CHO 6 will input into the migration to centralised administration of the scheme as required.	Q1-Q4	HoS

Operational Plan Actions	End Q	Owner
► CHO 6 will monitor the performance of health services against agreed national indicators for quality and safety in care and the National Primary Care Quality Dashboard. CHO 6 will analyse all activity on a monthly basis with a view to addressing issues/trends arising and monitoring improvement plans. On a quarterly basis, the Primary Care Operations Manager will hold one-to-one meetings with the Heads of Disciplines of each service to carry out an in-depth review of performance and quality improvement plans.	Q1-Q4	HoS HODs
► CHO 6 will hold 'Jog Your Memory' four week memory rehabilitation group which provides education on memory processes and strategies to deal with everyday memory issues. Each session incorporates education, group discussion, activities and goal setting, to provide a broad approach to maintaining or improving functional memory.	Q1-Q4	OTMDSE
► CHO 6 will provide training for Primary care team OTs, and thereafter facilitation of the 'Optimal' programme, which is an Occupational Therapy led self-management support programme for people with multi-morbidity in primary care. It is a six week community based programme focussing on problem solving issues associated with managing multi-morbidity. Focus is on client participation, self efficacy and quality of life.	Q1-Q4	OTMDSE
► Clinical Mindfulness 8 week Group Programmes - Mindfulness Based Cognitive Therapy (MBCT) within a Primary Care setting. Participants learn skills to support mindful awareness in the interests of improved psychological and mental health and so learn to use 'self-management supports' with regard to their ongoing psychological well being and functioning and mental health. 3 groups to be delivered in 2nd and last quarter of i.e. April-June and October-December 2016. Target population includes adults experiencing anxiety, depression, psychological presentations associated with chronic illness. The MBCT programme is the first mindfulness based programme to be developed specifically for mental health issues and is now recommended for prevention of relapse for those who have experienced depression on more than three occasions by NICE Clinical Guidelines (CG 23, Dec 2004). NICE Clinical Guidelines also recommends MBCT for Irritable Bowel Syndrome (IBS) under CG 61 (Feb 2008) and for low back pain under CG 88 (May 2009), after other treatments have been unsuccessful.	Q2 – Q4	PMDSE

Social Care

Services for Older Persons

Introduction

The Older Persons Care Group within the Social Care Directorate of CHO 6 is committed to maximising the potential of older people, their families and the local community to maintain persons in their own homes and communities, while delivering high quality residential care and support services when the individual is clinically appropriate for and has taken the decision to enter residential care.

The Chief Officer is comitted to reforming our services in order to maximise service delivery and continue to develop high quality servives which will meet the assessed needs of the individual and deliver appropriate value for money to ensure assistance to the greatest possible number of individuals within the limited resources available to the older persons function within CHO 6.

The Chief Officer is committed to reviewing existing models of service provision and associated resourcing in order to develop potential models of care delivery which may offer alternatives to care in the home or indeed to full residential care. The organisation will continue to support the provision of Intensive Home Care support packages and consider individualised care solutions where these are appropriate, sustainable, and are proven to meet the needs of our service users and their families.

The older persons services function will continue to avail and pursue all available elements of the initiatives announced in the 2015 Service Plan and re-enforced within the 2016 Service Plan for the benefit of the older persons population.

Nursing Home Support Scheme

The older persons function will continue to monitor applications under the Nursing Home Support Scheme (Fair Deal) and the associated activities of the Local Placement Forum and the Nursing Home Support Office to ensure the effecient processing of all applications for residential care. Additional funding announced in the 2015 Service Plan has allowed processing time and funding release to be reduced from 11 weeks in January 2015 to 4 weeks in January 2016. Additional resources have been deployed to this national scheme in 2016 to sustain the 4 week processing/approval benchmark.

Short Stay Beds

Through resourcing provided from the 2015 Service Plan (Social Care), CHO 6 succeeded in developing additional short-stay bed capacity. 20 additional short-stay beds were created at the Royal Hospital Donnybrook. This is on top of 12 beds already in place at Leopardstown Park Hospital which have been maintained since 2013. It is planned to maintain this capacity throughout 2016. CHO 6 and the associated Hospital Group have also succeeded in accessing new short-stay beds created at Mount Carmel Hospital. Given, the positive impact on delayed discharges and the resulting reduction in average length of stay (ALOS) data from the SVUH in particular, it has been agreed to maintain this additional capacity in 2016 and a provisional allocation of 10 beds has been secured by SVUH which will be reviewed in terms of the general uptake on beds in that facility.

Transitional Care Beds

CHO 6 has supported the approval of in excess of 450 applications for Transitional Care arrangements during 2015. The vast majority of these emanated from the acute care sector and arrangements range from one week to in excess of 12 weeks (in certain cases). This mechanism has enabled hundreds of individuals to move to a more appropriate care setting once the acute phase of their care has been completed. The average number of delayed discharges has dropped in the local major acute care setting from 80 (January 2015) to 27 (January 2016). CHO 6 will ensure that a clear focus is maintained on the provision of transitional care arrangements and that persons clinically appropriate to this mechanism receive a timely approval to enable them to make the transition to residential care or residency at home if that is their preferred option.

Home Care and Community Support Services
CHO 6 intends to commit €13.045M to home care packages in 2016 which shows a 2.2% increase in investment on home care on 2014 funding levels. The area has fully utilised the Acute Discharge Home Care Initiative announced in the 2015. Service Plan and all such services have been mainstreamed into the CHO's generic home care budget. CHO 6 is committed to maintaining all of this capacity throughtout 2016 which will allow us to support over 1,500 individuals and their families. The CHO will invest €8.184M in the home help services in 2016 which represents a 5.7 % increase on 2014 expendirure levels. The CHO will continue to work closely with the voluntary sector in this regard to ensure that we continue to support in excess of 2,800 individuals and their families in 2016.

Development of an Integrated Model of Care for Older People
CHO 6 will work with our colleagues in the National Social Care Directorate, the Clinical Care Strategy Group, Primary Care and the Acute Hospital Sector to develop an Integrated Care Programme for Older Persons, and will participate in piloting such an initiative in 2016.

The CHO will fully participate in the implementation of the Single Assessment Tool (SAT) towards the assessment of the health and care needs of Older Persons. The primary focus in 2016 will be to utilise this tool for the assessment of Older Persons entering residential care with a target to achieve 50% assessments using this model under the NHSS by the end of 2016.

Quality and Patient Safety

The Older Persons Service Division (within the Social Care Directorate) full embraces the HSE Safety Incident Management Policy (2014) and is fully engaged within the CHO 6 QPS Governance Group. Older Persons services have developed a Quality and Risk sub-group which in turn supports service/ location based quality and risk committees in the workplace. Older Persons services intend to strengthen the focus on this sub-group in 2016 to enable a more systematic approach to managing and reporting risks, the maintenance of risk registers, the pursuit or pro-active quality improvement inititiatives, and development of risk avoidance measures based on analysis of workplace incidents within CHO 6 and elsewhere.

Older Persons Services will continue to work closely with the Health Information and Quality Authority (HIQA) to ensure full implementation of quality improvement plans, and to foster a continous programme of service improvement within residential care settings. CHO 6 will work with HIQA and the providers of homecare services to ensure a pro-active approach towards the implementation of quality standards for care in the home (Safer Better Healthcare).

CHO 6 will also continue to develop and support the Safeguarding of Vulnerable Adults Team which was created in 2015 on foot of the Protection of Vulnerable Adults Policy. CHO 6 will ensure that the Team Principle is supported to enable the delivery or a broad based training and orientation programme to support the implementation of the policy and the associated functions of the safeguarding team.

Governance and Communication

- Ensure that authority and accountability for the quality and safety of services across all service areas in CHO 6 is integrated into operational service management through appropriate leadership, governance, structures, and processes.
- Strengthen the governance arrangements under the Accountability Framework by measuring, monitoring and reporting on the performance of the health service in relation to the quality and safety of care, with a specific focus on identifying and addressing areas of under performance by recommending appropriate and proportionate action to ensure the improvement of services.
- Promote the reduction of risk to service users, the public and staff by implementing best practice Risk Management processes aligned with national policies. Ensure that processes encompass the objectives of the National Standards for Residential Care for Older Persons and Safer Better Healthcare for services delivered in the home setting.
- Improve the incident monitoring and investigation processes, creating opportunities for learning from serious incidents, including Serious Reportable Events and ensure full compliance with the HSE 2014 policy in this regard.
- CHO 6 (Older Persons) will further enhance capacity to effectively manage incidents and complaints through a robust system of review with particular focus on preventative measures.
- Older Persons services will continue to participate and seek to enhance the implementation, control and prevention of HCAIs/ AMR in accordance with HCAI standards across all service areas.

- Older Persons Services will promote and support the continuous improvement in Medication Management and Prescribing in line with the National Standards for Residential Care for Older Persons.
- Work with the communications lead for social care to put in place a compassionate communication and engagement strategy including plans for developing appropriate communication and engagement with service users, their families, staff, unions, advocate groups, political representatives, the media, and others.

Financial Management 2016

Older Persons

The summary financial position for Older Persons is set out below.

Management Unit	Outturn 2015 €M	Budget 2015 €M	Deficit/ (Surplus) 2015 €M	Deficit/ (Surplus) 2015 %	Projected Outturn 2016 €M	Budget 2016 €M	Deficit/ (Surplus) 2015 €M	Deficit/ (Surplus) 2015 %
Overall	**€M**	**€M**	**€M**	**%**	**€M**	**€M**	**€M**	**%**
Older People Services	55.724	56.236	0.511	0.092%	54.739	53.955	0.783	1.4%
Total	**55.724**	**56.236**	**0.511**	**0.92%**	**54.739**	**53.955**	**0.783**	**1.4%**

During 2015, once off funding of €0.784M was granted to enable Older Persons achieve a breakeven position. This cost pressure will remain in 2016 and is subject to discussion. Once off expenditure of €1.2M and associated funding in 2015 is not expected to recur. When both items are taken into account the overall funding in 2016 for Older Persons has remained relatively unchanged. The Fair Deal cost of care has been amended to reflect the change in the configuration of beds in St. Colman's, Rathdrum, during 2016.

Section 38 Agencies

The operational plan has been prepared on the assumption that Section 38 agencies have been provided with sufficient funding in 2016 in order to achieve a breakeven position. Once off funding allocated in 2015 for HIQA cost pressures has been included on a recurring basis in 2016. Detailed discussions have commenced with regard to cost containment plans as these agencies are also required to achieve further savings in order to operate within their allocation.

The CHO recognises the need to operate within budget in 2016 and in order to manage the financial risk will strive to contain costs in the following key areas:

- Review cost of care in the Long Stay Units to achieve required efficiencies.
- Conversion of agency.
- Continue to review the cost of services in S38 and S39 agencies.

Key Priorities and Actions to Deliver on Goals in 2016

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

Promote the Health and Wellbeing of Older Persons Faciliating Them to Stay Active and Well for as Long as Possible	**End Q**	**Owner**
► Progress the implementation of Healthy Ireland in the Health Services National Implementation Plan 2015-2017. Promote the Positive Aging Strategy across the health service delivery system and maintain and develop further strategic and collaborative working alliances with our colleagues in the Local Authorities and Community Sector(s).	Q2-Q4	HoS
► Continue to implement the National Dementia Strategy with particular focus on developing further learning from key projects such as the Living Well With Dementia Project in South Dublin. Ensure that this project is resourced to ensure a sustainable approach to care delivery in line with project learning and promote a developmental aspect to service planning to assist in promoting models of delivery accross the CHO based on validated positive outcomes for service users and their families.	Q2	HoS
► Continue to support and develop day care services and associated supports for the elderly population of CHO 6. Maximise capacity within the existing 15 day care settings accross the public and voluntary care sectors to ensure services are available to those most in need. Review and support day care provision further, particularly in rural areas, where access can pose a significant impediment to participation for older persons.	Q2-Q4	HoS
► Develop further day care and befriending services for those persons with dementia, particularly where sole carers require continued support and encouragement to maintain their loved ones at home. Evaluate model commence in DHW 2015 with plan to expand services.	Q3	HoS
► Maintain and strengthen the implementation of the HSE Tobacco Free Campus Policy, particularly in sites incorporating residential services for the Elderly. Target is all new sites and 75% of existing sites.	Q4	HoS
► Build capacity amongst frontline workers to screen and support smokers to quit smoking through the delivery of brief interventions training so they have the skills and confidence to treat tabacco addiction as a care issue. CHO 6 will support the training of 24 frontline staff within Social Care Directorate to enable this action.	Q4	HoS
► Implement the *Carers Strategy* – through leading a multi-Divisional group to progress the implementation of the *National Carers Strategy, Recognised, Supported, Empowered*. The Carers Need Assessment Tool will be tested for implementation in 2017. Collaboration with Local Authorities to support the concept of Age Friendly Cities and local Older Persons Councils will continue.		HoS

Actions to Implement the *Carers Strategy*	**End Q**	**Owner**
Monitor progress on the *National Carers Strategy* for the HSE Annual Progress Report (September 2015-September 2016).	Q3-Q4	HoS
CHO 6 will continue to work with Local Authorities to further promote the concepts of the Age Friendly Cities and Communities Strategy. CHO 6 has nominated 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. These cities are as follows: CHO 6: Dun Laoghaire Rathdown and East Wicklow.	Q1-Q4	HoS
CHO 6 will continue to participate in consultation on the Carers Need Assessment which will continue to be developed in 2016, as part of the SAT project.	Q1-Q4	

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

Access to Home Care and Home Help Services throughout CHO 6	End Q	Owner
► Ensure that there is equity of access and resouring throughout CHO 6 to enable those older persons most as risk to avail of timely home help and home care services.	Q1	HoS
► CHO 6 will continue to support in excess of 1500 individuals and their families each week through the provision of home care services in parthership with the voluntary and for profit care sectors.	Q1-Q4	HoS
► CHO 6 will continue to support the provision of home help services to over 2,800 individuals per week in 2016	Q1-Q4	HoS
► CHO 6 will continue to monitor and evaluate service delivery with all partners in the home care sector and will work with the HSE (Social Care Directorate) and the Department of Health to further improve and monitor standards of care in the home setting	Q3-Q4	HoS
► CHO 6 will co-operate with the National Social Care Directorate to document and approve the model of home care – focused on how home care services (home help and home care packages) will be improved and streamlined to: - Make processes and services easier to navigate - Improve and ensure confidence in the quality of the service delivered - Give service users choice of approved service provider when care is not delivered directly by HSE employed staff - Give service users more input into the care they receive and the times they receive it.		
► Work with the Social Care Directorate and the Dept of Health & Children to develop an implementation plan for the model of home care – setting out requirements for home care services for older people in the future which will apply to all funded homecare service providers over time.		

CHO 6 will participate as required in the following national actions to implement the Home Care Improvement Plan	End Q	Owner
► Document and approve Model of Home Care	Q1	HoS
► Develop and approve implementation plan identifying critical dependencies	Q2	HoS
► Commence implementation of Model of Care in line with plan	Q2	HoS
► Commence preparations across HSE funded Home Care services for future regulation		
• Review HSE Quality Guidelines for Home Care	Q1	HoS
• Approve HSE Quality Guidelines for Home Care in consultation with DOH	Q2	HoS
• Develop implementation plan for HSE Quality Guidelines (subject to approvals)	Q2	HoS
• Commence implementation of HSE Quality Guidelines for Home Care in line with plan	Q3	HoS
► Develop communication plan relating to Model of Home Care	Q2	HoS
► Commence development of national standard service delivery processes as appropriate to support model of home care having regard to local implementation	Q3	HoS
► Commence implementation of processes in line with implementation plan	Q3	HoS
CHO 6 Specific Actions		
► CHO 6 will nominated a CHO Lead for Model of Home Care implementation	Q1	HoS
► Establish implementation group(s) and/or pilot projects as required to progress implementation in line with national plan	Q1	HoS
► Work with SCD and the DoH with regard to proposals for regulation of home care.		
► Develop communication plan relating to the model of home care.		
► Develop, describe and implement service delivery processes to support the above.		
► Identify and manage any critical dependencies.		

Residential Care Settings	End Q	Owner
► CHO 6 will work closely with the National Social Care Directorate in the review of all short-stay beds to ensure that a strategic plan is developed in the area for such beds which is based on demographics but which will also take account of access particularly in more rural areas of the CHO where short stay beds are few and where transport limitations are evident.	Q1 – Q4	HoS
► CHO 6 will continue to work with the Health Information and Quality Authority and staff to ensure a continous process of quality improvement accross the six public and voluntary residential care centres in the CHO 6.	Q1–Q4	HoS
► CHO 6 is committed to working with colleagues within HSE Estates to ensure that key strategic plans are continued to be developed in sites such as St Colmans Residential Care Centre and Dalkey Community Nursing Unit in furtherance to compliance with the National Standards of Care for Older Persons in Ireland (2021).	Q3 – Q4	HoS
► CHO 6 will continue to maintain and develop day care and respite care options in close proximity to our Nursing Home Support Units in order to ensure ease of access in emergencies and to provide appropriate levels of care to older persons within their catchment areas.	Q1 – Q4	HoS
► CHO 6 will continue to support service improvement pilots such as Pressure Ulcers to Zero and Falls Prevention Workshops and ensure that learning from these translates to practical service improvements in our residential and home care settings.	Q2 – Q4	HoS

Models of Living Care	End Q	Owner
► CHO 6 will work with the national social care directorate to review and evaluate residential options for older persons through the Boarding Out Scheme.	Q2	HoS
► CHO 6 will continue to support alternative residential options for older persons such as those offered through community group living centres and sheltered care centres.	Q3-Q4	HoS

Intergrated Care Programme for Older Persons.	End Q	
► CHO 6 will ensure that services are integrated to the greatest possible extent to all older persons to transition to more appropriate care settings seamlessly. CHO 6 will further develop and refine existing community public health nursing liaison services and acute care interfaces to further support discharge and care planning for older persons.	Q1–Q4	HoS
► CHO 6 older persons service managers will encourage and advocate with colleagues in the acute and private care sectors that all possible hospital avoidance measures such as OPAT, CIT, and Transitional Care should be considered as a mechanism/intervention to allow the older person to be maintained in their own home or in their choosen residential care setting.	Q1–Q4	HoS
► The purpose of the Integrated Care Programme for Older Persons (ICPOP) is to augment primary and secondary care services for older people in the community enabling a shift from a model of acute, hospital-based episodic care to a model that reflects increased co-ordination and care planning based on the needs of the older person. Given the ageing demographics there is an urgent need to build capacity in the provision of healthcare services that can meet this change in the model in both community and acute services. Work is already well established with CHO 6 and the Ireland East Hospital Group. This work will be further supported and developed through the actions below.		
Actions to Implement ICPOP		
• Support establishment of local Integrated Care Team • Develop new clinical roles and structures to support ICPOP • Establish project work streams to develop and evaluate model	Q2	HoS
Support enhancement of care pathways and work towards a model of integrated care in non-pioneer areas (in conjunction with National Clinical Programme Older Persons) including developing appropriate governance and evaluation mechanisms	Q3-Q4	HoS

CHO Specific Actions to Implement ICPOP			
CHO 6	Recruit 5.0 WTE Consultant Geriatrician and multidisciplinary team in conjunction with St. Vincent's University Hospital to support development of enhancing care pathways for older persons	Q1-Q4	HoS

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

Enhance service user and stakeholder involvement	End Q	Owner
► Work with National Social Care Directorate to further enhance advocacy services within CHO 6	Q2	HoS
► Continue to develop service user groups already established with the Public residential care centres for older persons. Seek assistance through SAGE to further strengthen advocacy with residential care centres to further enhance resident focus in the management and development of services	Q2–Q4	HoS
► Seek to further strengthen personal care planning within the residential care centres. Revisit audit outcomes to further improve services in this regard with particular emphasis on internal audits carried out in all three centres on a continous basis and in Dalkey where valuable feedback has been achieved through external audit processess.	Q2–Q3	HoS
► Continue to revisit quality improvement plans (HIQA) on foot of Registration for all three public residential centres in 2015. Ensure that appropriate cognisance is taken of notified "conditions" of Registration particularly where proposal have been submitted to the Health Information and Quality Authority.	Q1–Q4	HoS
► Continue to support the establishment of Residents' Councils for older persons residential care services. Monitor the implementation and effectiveness of Residents Councils for older persons residential care services and evaluate Residents Councils as appropriate	Q1-Q4	HoS

Strengthen Accountability and Improve Service Response	End Q	Owner
► Further develop the quality & risk function within older persons services to ensure systematic review of all complaints and the complaints management process to ensure feedback to complainants where necessary and to inform service delivery where appropriate.	Q2–Q4	HoS
► Ensure full compliance with the HSE's Quality & Risk Policy (2014) in the recording, reporting, investigation and management of all SREs and notifiable incidents and to undertake the actions below to fully support appropriate governance and accountability.		

Actions to Implement Improved Governance and Communication	End Q	Owner
• Monitor the already established Quality and Safety Structures in the Older Persons Service Directorate to ensure compliance with obligations under HSE Q & R Policy.	Q1	HoS
• CHO 6 will participate in the reform programme as part of the Social Care Division unified approach to social care delivery.	Q3	HoS
• Continue to work in collaboration with the CHO Q & R Committee	Q1-Q4	HoS
• Continue to liaise and participate in the HCAI / Infection Control Committee per CHO	Q3	HoS
• Continue to liaise and participate with the Drugs and Therapeutics Committee per CHO	Q3-Q4	HoS
► Work with and seek to develop seamlessly within the Social Care Directorate a culture where the primacy of the client is the focus of the service provider.	Q3	HoS
► Work to ensure the full integration of the Safeguarding of Vulnerable Adults Team with the statutory, voluntary and for profit providers who operate within the Social Care Directorate in CHO 6. Establish Safeguarding Council	Q2	HoS
► CHO 6 will support the recruitment of 1.0WTE administrative officer whose role it will be to provide support to the Sageguarding Team.	Q2	HoS
► Engage with the National Social Care Directorate to develop a safe practice handbook for all staff in line with policy.	Q3	HoS

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

The Older Persons Care Division is committed to the CHO reform process and will encourage and support all staff to maximise their potential in delivering the best possible services within the resources available to CHO 6.

Leadership and Quality Improvement	End Q	Owner
► The Head of Service will continue to develop management support networks within residential care provision and within community older persons services to ensure consistance of delivery and enable a unified approach accross the CHO in terms of client access to services.	Q1–Q4	HoS
► The Head of Service is committed to developing the capacity of individual managers to enable effective engagement with our service users, our staff, and all stake holders in the voluntary and for profit care sector. The Head of Service will support managers in the form of personal professional development initiatives and will also engage with individual managers where direct support and assistance is required.	Q1–Q2	HoS
► The Head of Service will ensure that all managers avail of every opportunity to engage in the CHO leadership development programmes and that such engagement will enable individual managers to impart knowledge and leadership in their individual work settings.	Q2–Q4	HoS
► The Head of Service is committed to open and transparent engagement with all staff and staff representative associations in terms of the CHO reform process and to ensure that all proposed service improvements and change initiatives are sustainable and translate into practical and tangible service benefits to our residents and service users. The Division will focus on providing clear leadership and direction to all individual managers to enable them to engage in such fora in order to advance a positive change agenda.	Q2–Q4	HoS
► CHO 6 will Implement, following reaching agreement through the auspices of the Labour Relations Commission, proposals regarding the matching of staffing levels and skill-mix to care needs requirements across all public residential care services.		

Learning and Development	End Q	Owner
► The Division will engage with colleagues in HR and work with professional bodies and staff representative associations to support continous professional development and performance improvement.	Q2–Q4	HoS
► The Head of Service will encourage and promote opportunities for staff to rotate and/or seek opportunities to gain knowledge and/or experience outside their core roles and responsibilities. The Head of Service will seek to promote skill set matching with anticipated future roles and is comitted to supporting the professional development and training requirements for individual managers and staff in this regard.	Q3	HoS

Manage resources in a way that delivers best health outcomes, improves people's experience of using the service and demonstrates value for money

Budgetary Control, Governance and Resource Management	End Q	Owner
► The Head of Service will manage and regulate expenditure and service comittments in line with the Paybill Management and Control Framework which was delivered in 2015. The HOS will review expenditure on a regular basis (periodic and more frequent as required) to ensure services are provided within approved budget ceilings. HOS is comitted to reviewing budget versus expenditure variances and taking corrective action to address potential overspend(s),	Q1–Q4	HoS
► The HOS will review service plan priorities with managers and evaluate potential for cost increases and opportunities for effecienies.	Q1–Q4	HoS
► The HOS will review performance targets to ensure to the greatest possible extent that the following key objectives are acheived.		
1. All service arrangements/agreements to be in place	Q1	HoS
2. All service interface comittments/monitring conforms to those included in SLAs	Q2	HoS
3. All agencies deliver in accordance with agreed targets in SLA and that corrective mechanisms are in place where this is not the case:	Q2 – Q4	HoS
4. Service evaluation audits – Sec 39 Agencies to be completed	Q3	HoS
5. Key Performance Indicators are achieved for Home Help and Home Care in line with Service Plan 2016	Q1-Q4	HoS
6. Activity levels in both residential settings and community support services reflect a high level of performance.	Q1-Q4	HoS
► The Head of Service will ensure that all managers conform to the National Financial Regulations (NFR) in the performance of their roles and responsibilities and that procurement is enabled through approved contracts and where necessary measures are taken in line with procurement advice(s) and with the assistance of the National Financial Regulations, to ensure appropriate value for money is achieved from available resources.	Q1 – Q4	HoS

Service Improvement and Reorganisation	End Q	Owner
► The HOS will ensure that the older persons services Division will continue to work with their colleagues in the Community, the Voluntary sector and the Acute care sector to ensure that clear protocols and proceedures are put in place to allow the transition of older persons within and between services. The HOS will further develop collaborative workshops and management fora with all sectors to enable and further enhance communication in this regard.	Q1–Q4	HoS
► Older Persons Services will continue to utlise all available options as alternatives to residential care for older persons within CHO 6. This area will further engage in the provision of Intensive Home Care Packages and will seek to support and develop further shared care options for older persons through the extension of respite care and short term transitional care.	Q1–Q2	HoS

Introduction of the Single Assessment Tool (SAT)	End Q	Owner
► Progress the implementation of the IT enabled standardised assessment of health and care needs of older people through the implementation of the Single Assessment Tool project.		
► CHO 6 will commence phased implementation of the SAT following the Early Adopter evaluation	Q3-Q4	HoS

Social Care

Disabilities

Introduction

In 2016, CHO 6 will continue to support people with disabilities to live independent lives with the provision of access to supports they require to live independently without recourse to provision of care in a residential facility (only when all other care options are exhausted and deemed inadequate). The CHO is actively working with the Primary Care Division and Mental Health services in the area to ensure the alignment of Disability Networks to other networks to implement national priority Progressing Children's Disability Services to achieve a clear care pathway for service users across Divisions of care. The CHO is also implementing other national policies including Report on Congregated Settings and New Directions.

Life expectancy for people with a disability is increasing and resulting in demand for increased service provision (i.e. respite, day care, home support services, and residential). This CHO will continue to work in partnership with external providers to deliver quality support services and residential services. The CHO faces challenges with increased supports required, in particular for the 0-18 age group, to sustain the family unit and children with a disability to live safely in the family home. There is increasing demands for additional services to meet increasing service requirements of adults already availing of a level of service which is deemed inadequate to meet their changing assessed needs. These challenges are undoubtedly a major concern for CHO 6, both from a financial and a service perspective.

CHO 6 will endeavour throughout 2016 to be responsive to service user needs at the least possible cost based on comparative data. This CHO will work with the National Division towards implementing a national standardised approach (scoring system) to assist with emergency placements. The design and implementation of a standardised system is welcome and will assist with the provision of residential placements in an equitable, fair and evidence based way.

Quality Improvement and Assurance

Social Care disability services are focused on delivering services and supports for people with disabilities in a manner that ensures that the quality and safety of those services is a fundamental priority. Within the overall regulatory framework set out by HIQA, appropriate governance arrangements and assurance processes for quality and safety are being developed in conjunction with the Quality Improvement Division. This will assist in ensuring that there is clear oversight of service providers and the wider system in relation to the quality and safety of services provided and will facilitate the implementation of improvements. In addition, a monitoring and analysis process in respect of HIQA inspection reports across the Division has commenced. This will form the basis of a safety intelligence system which will provide an ability to monitor key safety parameters and provide information to inform service improvement initiatives.

Quality and Patient Safety

CHO 6's QPS governance group oversees all aspects of quality and patient safety across all of the service directorates. The Disability service seeks assurance from all service providers that robust systems are in place. Disabilities will develop a QPS sub-committee which will work to ensure a consistent systematic approach is taken to managing and reporting risks, the maintenance of risk registers, the pursuit of pro-active quality improvement initiatives, and development of risk avoidance measures based on analysis of workplace incidents within CHO 6 and elsewhere.

Disability Services will continue to work closely with HIQA and other service providers to ensure full implementation of quality improvement plans, and to foster a continuous programme of service improvement within residential care settings. CHO 6 will work with HIQA and the providers of homecare services to ensure a pro-active approach towards the implementation of quality standards for care in the home (Safer Better Healthcare).

The National Safeguarding policy has been adopted and fully implemented within the CHO. A Safeguarding Team for the Protection of Vulnerable Adults has been established. CHO 6 will ensure that the Team Principle is supported to enable the

delivery of broad based training and orientation programme to support the implementation of the policy and the associated functions of the safeguarding team. All residential and HSE-funded agencies are aware of the Safeguarding Team and have the team's contact details. Where concerns have been raised through any means e.g. Confidential Recipient, advocacy groups or staff members, safeguarding plans have been and will be developed in consultation with services.

CHO 6 will continue to work with service providers through integrated management meetings and regular communication to ensure that monitoring of service performance is consistent with the signed agreements.

Governance and Communication

- Ensure that authority and accountability for the quality and safety of services across all service areas in CHO 6 is integrated into operational service management through appropriate leadership, governance, structures, and processes.
- Strengthen the governance arrangements under the health service Accountability Framework by measuring, monitoring and reporting on the performance of the health service in relation to the quality and safety of care, with a specific focus on identifying and addressing areas of under performance by recommending appropriate and proportionate action to ensure the improvement of services.al 3
- Promote the reduction of risk to service users, the public and staff by implementing best practice Risk Management processes aligned with national policies. Ensure that such processes encompass the objectives of the National Standards for Residential Care for Older Persons and Safer Better Care for services delivered in the home setting.
- Improve the incident monitoring and investigation processes, creating opportunities for learning from serious incidents, including Serious Reportable Events and ensure full compliance with the HSE 2014 policy in this regard.
- CHO 6 (Disabilities) will further enhance capacity to effectively manage incidents and complaints through a robust system of review with particular focus on preventative measures.
- Disability services will continue to participate and seek to enhance the implementation, control and prevention of HCAIs / AMR in accordance with HCAI standards across all service areas.
- Disability Services will promote and support the continuous improvement in Medication Management and Prescribing in line with the National Standards for Residential Care for Disability Services.
- Work with the communications lead for social care to put in place a compassionate communication and engagement strategy including plans for developing appropriate communication and engagement with service users, their families, staff, unions, advocate groups, political representatives, the media and others.

Financial Management 2016

Disability Services

CHO 6 Allocation for 2016 for Disability Services is €211.332M which is an increase of 1.4% on their 2015 Allocation (208.348M). CHO 6 incurred expenditure of €98.830M on Disability statutory services in 2015 resulting in a deficit of €1.256M (1.2%) and this was achieved through very sharp focus on cost management throughout the year. This deficit relates to unfunded residential placements and funding from the national Division due to be distributed is anticipated to substantially cover this cost together with the additional full year cost of the placements in 2016 (€1.311M). The Home Support Service reported a deficit of €0.540M but a once off surplus of €0.420M together with other cost savings eliminated much of this deficit in 2015 but it will be a cost pressure in 2016.

Section 38 Agencies

The operational plan has been prepared on the assumption that section 38 agencies have been provided with sufficient funding in 2016 in order to achieve a breakeven position. Once off funding allocated in 2015 for HIQA cost pressures has been included on a recurring basis in 2016. Detailed discussions have commenced with them with regard to their cost containment plans as they are also required to achieve further savings in order to operate within their allocation.

The CHO recognises the need to operate within budget in 2016 and in order to manage the financial risk will strive to contain costs in the following key areas:

- Review existing residential placements and Home Support hours.
- Conversion of agency.
- Continue to review the cost of services in S38 and S39 agencies.

Key Priorities and Actions to Deliver on Goals in 2016

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

Operational Plan Actions	End Q	Owner
► CHO 6 to 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. - 2 residents from CHO 6 to be de-congregated (1 from St. Margaret's Donnybrook and 1 from Cheshire, Blackrock)	Q1 Q2	HoS HoS
► CHO 6 will continue to promote Moving on from Congregated settings with service providers	Ongoing	HoS
► CHO 6 will support persons with disabilities to live as independently as they can by providing a range of supports suited to their individual needs that are feasible within budget constraints	Ongoing	HoS
► CHO 6 will support persons living in de-congregated settings to continue to implement national policy on Congregated Settings who have care needs with specific focus on planning for the de-congregation of 4 service users from Hawthorns to appropriate residential accommodation (with the provision of adequate budget to meet de-congregation costs)	Ongoing	HoS
► CHO 6 will continue to seek assurance in 2016 from CHO 6 funded agencies for compliance to the policy Safeguarding Vulnerable Persons at Risk of Abuse Policy. It is identified as an integral part of the performance review with agencies for compliance for 2016 and will also support the National Implementation Task Force Team	IMRs	HoS
► CHO 6 will promote the implementation of the Healthy Ireland strategy across agencies delivering a service on our behalf through the contractual arrangements in place	Q1& ongoing	HoS
► CHO 6 will support the continued role out of the tobacco Free Campus Policy in Social Care. Targets will be adhered to: all new centre and 25% of existing centres.	Q1 & ongoing	HoS
► CHO 6 will deliver person centred community based services which support maximising independence for people with disabilities (person centeredness, community inclusion and active citizenship, through the delivery of quality supports where feasible within budget allocation in partnership with service providers (implementing National policy Move from Congregated Settings –implementation of person centred models of care		
► CHO 6 will establish a Children's First implementation committee		
► CHO 6 will oversee the implementation of Children First with all CHO 6 funded agencies as part of the performance review meetings (agencies delivering services to children)		

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

Operational Plan Actions	End Q	Owner
► CHO 6 will work in partnership with agencies, families to deliver care to persons that is fair, equitable and responsive to service users needs identified.	Ongoing	HoS
► CHO 6 will continue to work with CHO 6 funded agencies for the provision of a safe health service that is responsive to persons needs (including self-care, self-management programmes being an integral part of care plans) HI	Ongoing	HoS
► CHO 6 will continue to identify unmet need for the persons requiring services in 2016 together with the risks associated with the non ability to provide same within current budget allocation for the year (emergency residential waiting list/home care support waiting list)	Ongoing	HoS
► CHO 6 will work in 2016 to implement New Directions by working to attend to the needs of school leavers and those exiting RT service (35-RT; 73-school leavers; 108 total -preliminary data) with the provision of budget requirements.	Ongoing	HoS
► CHO 6 to commence planning for implementation of the rehabilitation strategy at Area level	Ongoing	HoS
► CHO 6 will work in partnership with CHO 6 funded agencies to implement Progressing Disabilities for children 0-18 years to deliver a fair, equitable and timely access for children to services	Ongoing	HoS
- CHO 6 to Reconfigure disability services staff to Children's Disability Network Teams (dependent of resource allocation) - CHO 6 aiming to have clear referral pathway for children and equity of access to health services for all children with disabilities according to their need, irrespective of their disability, where they live or the school they attend (in line with national policy) - Resources used to the greatest benefit for children and families - CHO 6 will develop Networks that will be conducive to the integration of care between primary care, disability services for provision of services - CHO 6 will aim in 2016 for disability network teams to be developed to work in partnership with parents and education to support children in achieving their outcomes - CHO 6 to reconfigure 4 x 0-18 year old disability teams in Dublin South/DSE (resource dependent to reconfigure premises)	Ongoing	HoS
► **Dublin South/Dublin South East** - Dublin South /Dublin South East will fully reconfigure into 4 x 0-18 teams	Q4	HoS
Wicklow - Wicklow will fully reconfigure into 0-18 teams aligned to Community Health Networks	Q2 Q4	HoS HoS
► CHO 6 will develop an implementation structure to support New Directions		

Goal 3

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

Operational Plan Actions	End Q	Owner
► CHO 6 will continue to work with funded agencies to foster a culture that is honest, compassionate, transparent and accountable	Ongoing	HoS
► All service providers will be actively requested by the Area to encourage service users to use "Your Service Your Say"	Ongoing	HoS
► CHO 6 will seek assurance in 2016 from CHO 6 agencies that they are in compliance with the reporting of serious incidents (escalation process adhered to) and that they are managed and investigated in a timely manner and in line with HSE policies	Ongoing	HoS
► CHO 6 will in 2016 seek assurance from funded agencies that the Protection of the Vulnerable Adult Policy is being implemented	Ongoing	HoS
► CHO 6 will seek assurance that action plans are prepared by CHO 6 funded agencies for submission to HIQA to ensure areas of non compliance identified by HIQA are addressed. It will further seek assurance that actions set out in action plans for HIQA are managed and implemented in a timely manner	Ongoing	HoS
► CHO 6 will continue to seek assurance from agencies delivering care on our behalf that complaints are managed in line with HSE policy i.e. logged, recorded, and reports prepared in a timely manner.	Ongoing	HoS
► CHO 6 will work with funded agencies to foster a culture of honesty, accountability, transparency in the provision of services in de-congregated settings	Ongoing	HoS
► CHO 6 will continue in 2016 to require funded agencies complaints policy, incident reporting, reporting of SREs, are in line with HSE policy.	Ongoing	HoS
► CHO 6 will continue in 2016 to require funded agencies to provide assurance that they have robust governance arrangements in place that ensure appropriate management of adverse events, appropriate management of the service risk register, adequate risk assessment and management processes in place.	Ongoing	HoS
► CHO 6 will continue in 2016 to require funded agencies to ensure all relevant national policies are adopted and implemented	Ongoing	HoS
► CHO 6 will continue in 2016 to require funded agencies to ensure that training needs are identified and that appropriate training is available to staff	Ongoing	HoS
► CHO 6 will continue to engage with the confidential recipient and families towards achieving improved service user engagement and improved service delivery	Ongoing Ongoing	HoS HoS
► CHO 6 supports and welcomes the Quality Improvement Division enablement programme to transfer learning in relation to disability residential centres between centres.	IMRs	HoS
► CHO 6 have a QPS committee in place for Disability Services and whose membership and TOR will be reviewed and changed to meet changing needs		
► CHO 6 supports the work of the National Social Care Division and Quality Improvement Enablement Programme adopting the 6 key drivers to improve the quality of disability residential services and will seek assurance in 2016 from funded agencies that these drivers are adopted as their drivers to achieve quality improvement.	Q1 Q1 Q1 – Q4	HoS HoS HoS
► CHO 6 will develop a Safeguarding and Protection Committee.	Q1 – Q4	HoS
► CHO 6 will comply with training under Safeguarding and Protection.		
► CHO 6 will supply information to the National Safeguarding Office (NSO) as required in maintaining the national database of safeguarding concerns.	Q2 – Q4	HoS
► CHO 6 will implement the policy on reporting procedures when agreed between the HSE and An Garda Siochana.		
► CHO 6 will monitor the analysis of complaints in Social Care in CHOs through the Quality and Safety Dashboard	Q3 Q1- Q4	HoS HoS
► CHO 6 will support the revision of the HSE Complaints Management Policy	Q3	HoS
► CHO 6 will establish a plan on how to implement the establishment of Residents Councils / Family Forums / Service User Panels or equivalent for HSE Disability Services.	Q1	HoS
► CHO 6 will ensure that the poster for the Confidential Recipient is distributed to all Disability Services for display		

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

Operational Plan Actions	End Q	Owner
► CHO 6 will in 2016 build on relations with staff and staff representative groups, through an approach which is fostered on mutual understanding, trust and openness (PD – staff representative bodies/staff engagement)	Ongoing	HoS
► CHO 6 will promote a culture of meaningful staff engagement at all times and encourage feedback and staff contributions and foster a partnership approach with staff to implement better processes and systems	Ongoing	HoS
► CHO 6 will continue in 2016 to encourage staff to act as advocates for service users and enable their participation in decision making	Ongoing	HoS
► CHO 6 will continue in 2016 to promote the continued development of staff		
► CHO 6 will in 2016 encourage staff learning through job rotation and shadowing and mentoring programme, participate in online training programmes	Ongoing	HoS

Manage resources in a way that delivers best health outcomes, improves people's experience of using the service and demonstrates value for money

Operational Plan Actions	End Q	Owner
► Expenditure and service committments will be managed and regulated in line with the Paybill Management and Control Framework. Expenditure will be reviewed on a monthly basis to ensure services are delivered within the approved budget. Expenditure variances will be examined and corrective action taken as necessary.	Q1-Q4	HoS
► All managers will adhere to National Financial Regulations (NFR).		
► CHO 6 will implement the Service Arrangement contract documentation with agencies providing a service on our behalf to promote health and wellbeing as in integral part of daily living for persons availing of all services i.e. residential, day, respite services and home support services through their monitoring.	Q1-Q4 Q1	HoS HoS
► CHO 6 will support the Service Improvement Team in the provision of guidance and support across residential facilities to identify models of best practice to improve service delivery		
► CHO 6 will continue in 2016 for agencies to improve compliance with HIQA standards	Ongoing	HoS
► CHO 6 will continue in 2016 to achieve value for money for the provision of services	Ongoing	HoS
► CHO 6 will continue in 2016 to manage resources to deliver best outcomes and VFM	Ongoing	HoS
	Ongoing	HoS

Mental Health

Introduction

In line with Vision for Change, the National Service Plan (2106), and the Mental Health Divisional Operational Plan (2016) , CHO 6 will continue to provide high quality mental health services to ensure optimal mental health for the population of the service area. The following are the key priorities in relation to mental health services in CHO 6 for 2016.

CHO 6 will:

- Ensure that the views of service users, family members and carers are central to the design and delivery of mental health services.
- Deliver integrated, evidence based and recovery focused Mental Health services.
- Deliver timely, clinically effective and standardised safe mental health services in adherence to statutory requirements.
- Work to promote the mental health of our population in collaboration with other services and agencies including reducing loss of life by suicide.
- Work to enable the provision of Mental Health services by highly trained and engaged staff and fit for purpose infrastructure.

The delivery of CHO 6's Mental Health Services is guided by The Report of the Expert Group on Mental Health Policy - A Vision for Change (2006). CHO 6 delivers - in line with Vision for Change - progressive, evidence based services that are patient-centred, flexible and community-based. CHO 6's Mental Health management team (MHMT) will be working during 2016 to prioritise outstanding actions as set out in Vision for Change. The plans for mental health services are also aligned with the corporate goals of the HSE. The additional resources that have been allocated as a result of ring-fenced budgets for the period 2012- 2014 have been of significant benefit in CHO 6 in allowing service developments in the areas of Community Mental Health Teams and Psychiatry of Later Life. This will be further enhanced through the recently allocated 2015 programme for Government funding made available to CHO 6.

Quality and Patient Safety

CHO 6's Mental Health services have made significant progress in the area of quality and patient safety over the past number of years. A number of key developments have taken place in this regard. The inclusion of service user representation on the management structures of CHO 6 has facilitated a clearer focus on service user need and safety in all discussions relating to service provision. Furthermore, the development of the Mental Health QPS committee and the development of formal risk management structures and processes have contributed greatly to service user safety and quality service provision.

In 2016, the focus of the QPS function CHO 6 will be to continue the development of high quality and safe services for our service users and staff. A key element of these developments will be the appointment of a Quality and Risk Manager to the Mental Health service in 2016. Additionally there will be a focus on ensuring that effective clinical governance arrangements are in place which will incorporate systems and processes to ensure that robust and effective quality and risk management systems are further developed.

Dublin South East Mental Health Services will continue to work with the National Incident Support and Learning Team in implementing a standardised response to serious incidents, developing targeted interventions and practical strategies to help reduce loss of life by suicide, and supporting staff training in management of violence and aggression. Our commitment to the development of quality services will also be delivered through a range of service improvement initiatives, increasing participation by service users and carers and the further development and enhancement of specialist services.

Financial Framework

CHO 6 Overview
In 2016, the Mental Health Division (MHD) has allocated CHO 6 a budget of €53.042M with €30.564M relating to statutory services and the remainder (€22.478M) relating to services provided by St John of God's. It represents a 2% increase on the budget for 2015. The 2016 allocation includes €0.9M for developments (2013/ 2014 planned development posts) which are not allocated until posts are filled.

Overall mental health expenditure in 2015 for CHO 6 in 2015 is €52.163M compared to a budget of €51.995M resulting in a deficit of €0.168M (0.32%). There are a number of financial challenges in 2016 including the following:

- Increase in cost of beds in St John of God's due to increase in VHI rate.
- Impact of Circular 2015 (medical pay).
- Private placements - there are two complex cases requiring private placements.
- Impact of extra day in 2016.
- Cost of increments.

In addition, there are 36 vacant nursing posts which the service wishes to fill. However, this will require additional funding. The total cost of the above pressures excluding vacancies is €1.805M. The CHO is seeking support from the National Division to address some of the above issues.

Existing Level of Service

The cost of providing the existing services at the 2015 level will grow in 2016 due to a variety of factors including national pay agreements/ public pay policy requirements, quality and safety requirements, new drug and other clinical non pay costs, and price rises etc. (see expanded detail in Pay and Non Pay Cost Pressures section below). CHO 6 has prioritised and strengthened payroll controls in Mental Health through a variety of measures including introducing skill-mix, reducing waste, and increasing productivity. It acknowledges and is concerned about Existing Level of Service Costs that will need to be funded in 2016 from a combination of cost containment and close management of the timing of Development Funding. CHO 6 is aware that it is less well off in resource terms by comparison to its peers. Any requirement for cost containment to deal with budgetary issues will have a detrimental impact on funding.

New Monies

CHO 6 welcomes the initiative from MHD to continue to refine its detailed analysis of its resources and to use this detailed source to inform the allocation process for the 2016 development funds of €35M, maximising equity across regions, age and social need as appropriate. CHO 6 is confident it will have a more equitable budget allocation using this process.

Approach to Financial Challenge

The Chief Officer communicated the funding difficulties for 2016 to the Mental Health Division. While it recognised that that there is sharp focus in the area of cost management, there are significant cost pressures for the CHO in 2016. The CHO is seeking support from the National Division to address some of the issues.

Pay Cost Pressures

CHO 6 will seek to implement measures where possible to enable compliance with public pay policy. However, the service is carrying a substantial number of vacant nursing posts (n=38) which the CHO wishes to fill. Support is being sought from the national division to fund vacancies as they are filled. The CHO is committed to implementing pay bill management controls in 2016.

Non Pay Cost Pressures

As experienced around the country, the key non-pay cost pressure in Mental Health in CHO 6 relates to private placements which, although always a feature of our expenditure, have increased significantly in recent years due to more complex presentations, including Eating Disorders, as well as significantly increased costs per placement arising from regulatory based requirements. Working with the Mental Health Division, addressing this cost pressure will involve creating a model of care that reduces the need for private placements and ensures that skill mix becomes engrained across all locations maximising the most appropriate use of current staff and introducing new staff available to services.

Savings and Efficiency Measures

The MHD revenue allocation for 2016 is net of assumed savings and efficiency measures of €2.5m. CHO 6 shares in these savings as follows:

- €9k – general reductions in non-pay budgets including savings to be made through the procurement process.
- €49k - additional Value For Money/ efficiency savings needed to cover our share of a national fund to support Integrated Care Programmes (€9M), Quality Improvement and Assurance Initiatives (€3M) and support for CHOs/HGs (€1.2M) which benefit all service users.

Income Focus

CHO 6 will ensure compliance with the 2011 Health (Charges for In-Patient Services) Regulations and the National Guidelines for Long Stay Charges.

Financial Risk Areas

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

Key Priorities and Actions to Deliver on Goals in 2016

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

Mental Health Strategic Priority 1: Promote the mental health of the population in collaboration with other services and agencies including reducing loss of life by suicide.

Actions	End Q	Owner
► Put in place dietetic services which will work to improve the diet and manage weigh issues/ obesity/ eating disorders in mental health service users. This will include the recruitment of 2 Dieticians into the service.	Q3	MHMT
► The development of a strategic plan for Connecting for Life suicide reduction strategy across the CHO.	Q1	MHMT
► Implement an annual operational plan to implement the Connecting for Life strategy in the CHO.	Q1 – Q4	MHMT
► Work with the Local Authorities, Other State Agencies and the Voluntary / Community Sector to implement the Health Ireland strategy with a view to improving health outcomes for those affected by issues of mental health. Key to this will be the engagement of Mental Health Services in the LCDC process. Work across the directorates and external agencies such as Southside Partnership, Traveller Groups, Gateway and a range of voluntary and community sector agencies working in the mental health arena.	Q4	MHMT
► Support CAMHS teams to improve performance metrics and ensure compliance with National SOPs and on call and out of hours' services.	Q 3	MHMT

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

Mental Health Strategic Priority 2: Design integrated, evidence based and recovery focused mental health services.

Actions	End Q	Owner
► Finalise and publish a strategic plan for Mental Health Services in CHO 6 that will drive the work of the service in line with national policy for the period 2016 to 2020.	Q1	MHMT
► Open a purpose built Out Patient Department on the Clonskeagh Campus to ensure high quality facilities from which to deliver services.	Q1	MHMT
► Recruit a Consultant in Child Mental Health of Intellectual Disability. An application in relation to this post has been made to the Consultants Appointment Committee. Recruitment of this post is dependent on the approval of the Consultants Appointment Committee.	Q4	MHMT
► Development of a Strategic Plan for the Development of Psychiatry of Old Age Services in CHO 6.	Q 3	MHMT
► Consolidate the Wicklow POA Service and ensure equity and consistency of service in POA teams across the CHO.	Q4	MHMT
► The integration of all Recovery/ Rehab services in the CHO. This will include the current Recovery and Rehab services provided by Cluain Mhuire mental health services and other voluntary rehabilitation and recovery providers within the CHO. The inclusion of Housing Associations/ Agencies will be integral to the development of the integration of rehabilitation services	Q4	MHMT
► Adapt and develop a model of enhanced multi-disciplinary service for Liaison / ED / Non Scheduled Care. This will include the initiatives to respond to presentations of self harm. Links will be made to the Suicide Reduction strategy in relation to the self harm initiative and the national clinical care programme on reducing self harm.	Q4	MHMT
► Work in conjunction with CHO 7 and 9 and other stakeholders to support the development of a Dublin City Jigsaw initiative.	Q4	MHMT
► Work with the Primary Care Directorate to improve linkages between the Mental Health Services and the counselling in primary care initiative (CIPC).	Q 4	MHMT
► Work to support the Living well with Dementia Project and explore closer integration of the project with the strategic plans for POA Services within the CHO.	Q4	MHMT

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

Mental Health Strategic Priority 3: Deliver timely, clinically effective and standardised safe mental health services in adherence to statutory requirements.

Mental Health Strategic Priority 4: Ensure that the views of service users, family members and carers are central to the design and delivery of mental health services.

Actions	End Q	Owner
► Recruit a Quality and Risk Manager for Mental Health Services.	Q1	MHMT
► Implement a proactive compliance/ risk reduction plan across the CHO for the approved centres.	Q3	MHMT
► Devise action plans to address all risks identified in the service. This will include enhanced investigation of incidents where required.	Q 3	MHMT
► Further develop the roll out of the National Incident Management System across Mental Health Services in CHO Area 6.	Q 3	MHMT
► Recruit and appoint a Service User and Family/ Carer Co-ordinator. This is dependant or resources being made available by the national MHD.	Q4	MHMT

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

Mental Health Strategic Priority 5: Enable the provision of mental health services by highly trained and engaged staff and fit for purpose infrastructure.

Actions	End Q	Owner
► Ensure that staff receive all required statutory and mandatory training.	Q1 – Q4	MHMT
► Ensure that training logs and records are up to date and fully reflect the competencies of staff in the service.	Q 3	MHMT
► Develop staff training and development programmes. Prioritise staff engagement and communication to promote the desired culture and connectivity across services and continue to prioritise multi-disciplinary team development and capacity building	Q 3	MHMT
► Develop staff training and development programmes that include the service user and carer perspective. These will be developed by the Service User and Family / Carer Co-ordinator on appointment.	Q 4	MHMT

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 Strategic Priority 5: Enable the provision of mental health services by highly trained and engaged staff and fit for purpose infrastructure.

Actions	End Q	Owner
► Engage with the Mental Health Division on the implementation of a national Mental Health Information System (MHIS) in the CHO. The CHO recognises that the development of the MHIS is a multi-year project and will continue to work with the Mental Health Division in progressing the MHIS.	Q 4	MHMT
► Partner with the Estates Function in the provision of appropriate buildings so that they are fit for purpose for the Mental Health Services	Q1 – Q4	MHMT
► Work in conjunction with national ICT and the Mental Health Division to develop new programmes which will change the way we deliver and provide our services by utilising the capability of digital technology and implementing the National Mental Health Division ICT Framework.	Q1 – Q4	MHMT

Appendix 1: Financial Tables

2016 CHO Net Expenditure Allocations

Mental Health

Spend and Budget

CHO 6	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
Dublin South East/ Wicklow (including St John of Gods)	51,016,008	52,228,373	282,159	40,000	52,550,532	52,140,871	901,567	53,042,438

Primary Care

CHO 6	Pay	Non Pay	Gross Budget	Income	Net Budget
	€M	€M	€M	€M	€M
Primary Care	39.0	14.6	53.6	-4.5	49.1
Social Inclusion	.5	2.0	2.6	.0	2.6
Palliative Care	.3	.4	.7	.0	.7
Core Services	39.8	17.0	56.8	-4.5	52.3
Local DLS	.0	18.3	18.3	.0	18.3
Total	**39.8**	**35.3**	**75.0**	**-4.5**	**70.5**
Dublin Dental					
Primary Care	5.2	1.7	6.9	-1.4	5.5
Social Inclusion	.0	.0	.0	.0	.0
Palliative Care	.0	.0	.0	.0	.0
Core Services	5.2	1.7	6.9	-1.4	5.5
Local DLS	.0	.0	.0	.0	.0
Total	**5.2**	**1.7**	**6.9**	**-1.4**	**5.5**
Total Area 6 (Incl. Dublin Dental)					
Primary Care	44.2	16.3	60.5	-5.9	54.6
Social Inclusion	.5	2.0	2.6	.0	2.6
Palliative Care	.3	.4	.7	.0	.7
Core Services	45.0	18.7	63.7	-5.9	57.8
Local DLS	.0	18.3	18.3	.0	18.3
Total	**45.0**	**37.0**	**82.0**	**-5.9**	**76.1**

Disability Services Budget (2016)

CHO 6	Wicklow/ Dublin South/ Dublin South East
	000s
Opening Budget 2016	**203,085**
Sponsor Public Health Service Employees to Nurse	35
Rostered Year for Pre-Reg Nursing Degree Students	0
Therapy Posts	24
Full Year 2015 School Leavers	1,574
Beech Park/St Catherine's/SMH	360
Sleepovers / Twilight	932
HIQA Cost Pressures:	
Pay Pressure	2,396
Non Pay Pressure	1,354
HIQA Cost Pressures subtotal:	3,750
Chairman's Notes (Negotiated Pay Funding)	9
LRA (Negotiated Pay Funding)	1,723
PSPR & Other Pressures (Negotiated Pay Funding)	106
Other	
Emergency Places	
2016 School Leavers	
Respite Expansion	
2016 Cost Containment:	
2016 Saving Measures	-31
ADJ ICPs Other	-235
2016 Cost Containment Subtotal:	-266
Additional Allocation	**8,247**
2016 Total Allocation Disability	**211,332**

Older Persons Services Budget 2016

CHO 6	Wicklow/ Dublin South/ Dublin South East
	000s
Short Stay Public	2,763
Short Stay Private	2,886
Short Stay Voluntary	17,176
Home Help and HCP	21,229
Community Nursing/ Therapies/ Support Services	3,977
Day Care	2,884
Clinical Services	1,799
Intensive HCP Funding	
NHSS Central Unit	0
2016 CCPs	-325
Winter Planning Initiative	0
Safeguarding Posts	191
LRA/ PSPR and Other Pressures/ Chairman's Notes	75
Time Related Savings HH HCP	1,300
Transitional Care	
Regional Services	0
National Services	
Total	53,955

Appendix 2: HR Information

Primary Care Division – Staff Numbers by CHO (WTEs)

Primary Care	Medical/ Dental	Nursing	Health & Social Care Professionals	Management /Admin	General Support Staff	Patient & Client Care	Sept 2015 Actual	Dec 2015 Actual
CHO 6	56	175	212	194	32	82	752	765.18

*As per the National Primary Care Service Plan the Sept HR Actual was 752, the December projected was 757.

Primary Care	WTE Dec 14	WTE Sept 15	Outturn Dec 2015
HSE	661	663	676.62
Section 38	83	89	88.56
CHO 6	744	752	765.18

Social Care Division – Staff Numbers by CHO (WTEs)

Social Care	WTE Dec 14	WTE Dec 15
CHO 6	**2,851**	**2,910**
Disabilities	1,713	1,835
Older People	1,058	1,060

Mental Health Division (CHO 6)

Staffing	Medical/ Dental	Nursing	Health & Social Care Professionals	Management/ Admin	General Support Staff	Other Patient & Client Care	Total
Dec 2015	56,94	249.48	101.57	54.75	55.67	40.07	558.48

Appendix 3 – Performance Indicator Suite

Health and Wellbeing				
Indicator	**Reporting Frequency**	**NSP 2015 Expected Activity/ Target**	**Projected Outturn 2015**	**Expected Activity/ Target 2016**
Tobacco				
No. of smokers who received intensive cessation support from a cessation counsellor	M	9,000	11,000	11,500
No. of frontline staff trained in brief intervention smoking cessation	M	1,350	132	71
% of smokers on cessation programmes who were quit at one month	Q	New PI 2016		45%
Healthy Eating Active Living				
No. of 5k Parkruns completed by the general public in community settings	M	New PI 2016		43,531
No. of frontline healthcare staff who have completed the physical activity e-learning module	M	New PI 2016		42
No. of people who have completed a structured patient education programme for diabetes	M	New PI 2016		160
% of PHNs trained by dietician's in the Nutrition Reference Pack for Infants 0-12 months	Q	New PI 2016		50%
No. of people attending a structured community based healthy cooking programme	M	New PI 2016		800
% of preschools participating in Smart Start	M	New PI 2016		15%
% of primary schools trained to participate in the after schools activity programme - Be Active	M	New PI 2016		20%
Child Health				
% of children reaching 10 months within the reporting period who have had child development health screening on time or before reaching 10 months of age	M	95%	93.5%	95%
% 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%
% of total number of maternity hospitals with Baby Friendly Hospital designation	Bi-annual	New PI 2016		58%
Immunisations and Vaccines				
% children aged 12 months who have received 3 doses Diphtheria (D3), Pertussis (P3), Tetanus (T3) vaccine Haemophilus influenza type b (Hib3) Polio (Polio3) hepatitis B (HepB3) (6 in 1)	Q	95%	91.4%	95%
% children at 12 months of age who have received two doses of the Pneumococcal Conjugate vaccine (PCV2)	Q	95%	91.2%	95%
% children at 12 months of age who have received 1 dose of the Meningococcal group C vaccine (MenC2)	Q	95%	90.9%	95%
% children aged 24 months who have received 3 doses Diphtheria (D3), Pertussis (P3), Tetanus (T3) vaccine, Haemophilus influenza type b (Hib3), Polio (Polio3), hepatitis B (HepB3) (6 in 1)	Q	95%	95.0%	95%
% children aged 24 months who have received 3 doses Meningococcal C (MenC3) vaccine	Q	95%	87.2%	95%
% children aged 24 months who have received 1 dose Haemophilus influenza type B (Hib) vaccine	Q	95%	90.7%	95%
% children aged 24 months who have received 3 doses Pneumococcal Conjugate (PCV3) vaccine	Q	95%	91.5%	95%
% children aged 24 months who have received the Measles, Mumps, Rubella (MMR) vaccine	Q	95%	92.7%	95%
% children in junior infants who have received 1 dose 4-in-1 vaccine (Diphtheria, Tetanus, Polio, Pertussis)	A	95%	81.3%	95%
% children in junior infants who have received 1 dose Measles, Mumps, Rubella (MMR)	A	95%	81.3%	95%

Health and Wellbeing				
Indicator	**Reporting Frequency**	**NSP 2015 Expected Activity/ Target**	**Projected Outturn 2015**	**Expected Activity/ Target 2016**
vaccine				
% first year students who have received 1 dose Tetanus, low dose Diphtheria, Acellular Pertussis (Tdap) vaccine	A	95%	88.4%	95%
% of first year girls who have received two doses of HPV vaccine	A	80%	85.0%	85%
% of first year students who have received one dose meningococcal C (MenC) vaccine	A	95%	86.8%	95%
% 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%	60.2%	75%

Balance Scorecard

Primary Care				
Indicator	**Reporting Frequency**	**NSP 2015 Expected Activity / Target**	**Projected Outturn 2015**	**Expected Activity / Target 2016 CHO 6**
Community Intervention Teams (no. of referrals) Admission avoidance (includes OPAT)	M	1116 120		1200 77
Hospital Avoidance	M	759		816
Early discharge (includes OPAT)	M	168		253
Unscheduled referrals from community sources	M	69		54
***Health Amendment Act*: Services to persons with state acquired Hepatitis C** No. of service users who were reviewed	Q	820	22	65
Healthcare Associated Infections: Medication Management Consumption of antibiotics in community settings (defined daily doses per 1,000 population)		< 21.7	25.7	< 21.7
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%
GP Activity No. of contacts with GP Out of Hours Service	M	959,455	964,770	24,886
Nursing No. of new service users accepted on the caseload and waiting to be seen over 12 weeks	M	New PI 2016	New PI 2016	0
Physiotherapy % of new service users seen for assessment within 12 weeks	M	80%	83%	70%
% on waiting list for assessment ≤ 52 weeks	M	New PI 2016	New PI 2016	100%
Occupational Therapy % of new service users seen for assessment within 12 weeks	M	80%	76%	70%
% on waiting list for assessment ≤ 52 weeks	M	New PI 2016	New PI 2016	100%
Speech and Language Therapy % on waiting lists for assessment ≤ 52 weeks	M	New PI 2016	New PI 2016	100%
% on waiting list for treatment ≤ 52 weeks	M	New PI 2016	New PI 2016	100%
Podiatry, Ophthalmology, Audiology, Dietetics and Psychology **Podiatry** % on waiting list for treatment ≤ 52 weeks	M	New PI 2016	New PI 2016	100%
% on waiting list for treatment ≤ 12 weeks	M	New PI 2016	New PI 2016	75%

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

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

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

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

Note: National targets reflected above.

Social Inclusion				
Indicator	**Reporting Frequency**	**NSP 2015 Expected Activity/ Target**	**Projected Outturn 2015**	**Expected Activity/ Target 2016 CHO 6**
Substance Misuse % of substance misusers (over 18 years) for whom treatment has commenced within one calendar month following assessment	Q	100%	97%	100%
% of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment	Q	100%	89%	100%
No. of service users in receipt of opioid substitution treatment (outside prisons)	M	9,400	9,413	985
Average waiting time from referral to assessment for Opioid Substitution Treatment	M	New PI 2016	New PI 2016	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

Social Inclusion				
Indicator	**Reporting Frequency**	**NSP 2015 Expected Activity/ Target**	**Projected Outturn 2015**	**Expected Activity/ Target 2016 CHO 6**
Needle Exchange No. of unique individuals attending pharmacy needle exchange	Q	1,200	1,731	0
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%
Traveller Health No. of people who received health information on type 2 diabetes and cardiovascular health	Q	3,470	2,228	130

Palliative Care				
Indicator	**Reporting Frequency**	**NSP 2015 Expected Activity/ Target**	**Projected Outturn 2015**	**Expected Activity/ Target 2016 CHO 6**
Inpatient Units – Waiting Times Access to specialist inpatient bed within 7 days	M	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%
No. of service users in receipt of specialist palliative care in the community	M	3,248	3,178	249
No. of children in the care of the children's outreach nursing team / specialist palliative care team	M	320	359	11
% service users triaged within 1 working day of referral	M	New PI 2016	New PI 2016	90%
% of service users with a multi-disciplinary care plan documented within 5 working days of initial review	M	New PI 2016	New PI 2016	90%

System-Wide				
Indicator	**Reporting Frequency**	**NSP 2015 Expected Activity/ Target**	**Projected Outturn 2015**	**Expected Activity/ Target 2016 CHO 6**
Budget Management including savings **Net Expenditure variance from plan (within budget)** Pay – Direct / Agency / Overtime	M	≤ 0%	To be reported in Annual Financial Statements 2015	0.33%
Non-pay	M	≤0%		0.33%
Income	M	≤ 0%		0.33%
Capital Capital expenditure versus expenditure profile	Q	New PI 2016	New PI 2016	100%
Audit % of internal audit recommendations implemented by due date	Q	New PI 2016	New PI 2016	75%
% of internal audit recommendations implemented, against total no. of recommendations, within 12 months of report being received	Q	New PI 2016	New PI 2016	95%
Service Arrangements / Annual Compliance Statement % of number of Service Arrangements signed	M	100%	100%	100%
% of the monetary value of Service Arrangements signed	M	100%	100%	100%
% of Annual Compliance Statements signed	A	100%	100%	100%
HR % absence rates by staff category	M	3.5%	4.19%	≤ 3.5%
% variation from funded staffing thresholds	M	New PI 2016	To be reported in	≤ 0.5%

System-Wide				
Indicator	**Reporting Frequency**	**NSP 2015 Expected Activity/ Target**	**Projected Outturn 2015**	**Expected Activity/ Target 2016 CHO 6**
			Annual Report 2015	
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%
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

Social Care

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

An online dashboard system is being developed to facilitate collection of these metrics at CHO level. It is expected that this will be in place by the end of Q2 2016.

Primary Care – Full Metrics/KPI Suite

Metrics with a grey background are those that are included in the Balanced Scorecard.

Key Performance Indicators Service Planning 2016				KPIs 2015		KPIs 2016		
KPI Title	NSP / DOP	KPI Type Access / Quality / Access Activity	Report Freq-uency	2015 National Target / Expected Activity	2015 Project-ed outturn	2016 National Target / Expected Activity	Reported at National / CHO	CHO 6
Community Intervention Teams (number of referrals)				26,355	18,600	24,202	CHO	1,200
Admission Avoidance (includes OPAT)	NSP	Quality	M	1,196	651	914	CHO	77
Hospital Avoidance	NSP	Quality	M	14,134	10,788	12,932	CHO	816
Early discharge (includes OPAT)	NSP	Quality	M	6,375	3,980	6,360	CHO	253
Unscheduled referrals from community sources	NSP	Quality	M	4,650	3,181	3,996	CHO	54
Outpatient parenteral Antimicrobial Therapy OPAT Re-admission rate %	DOP	Access /Activity	MQ2	New PI 2016	New PI 2016	≤5%	HG	≤5%
Community Intervention Teams Activity (by referral source)				26,355	18,600	24,202	CHO	1,200
ED / Hospital wards / Units	DOP	Access /Activity	M	17,038	11,272	13,956	CHO	646
GP Referral	DOP	Access /Activity	M	6,029	4,073	6,386	CHO	449
Community Referral	DOP	Access /Activity	M	1,455	1,823	2,226	CHO	0
OPAT Referral	DOP	Access /Activity	M	1,833	1,432	1,634	CHO	105
GP Out of Hours								
No. of contacts with GP Out of Hours Service	NSP	Access /Activity	M	959,455	964,770	964,770	National	
Tobacco Control								
% of primary care staff to undertake brief intervention training for smoking cessation	DOP	Quality	Q	New 2016	New 2016	5%	CHO	5%
Physiotherapy								
No of patient referrals	DOP	Activity	M	184,596	192,884	193,677	CHO	12,215
No of service users seen for a first time assessment	DOP	Activity	M	159,260	158,262	160,017	CHO	10,049
No of service users treated in the reporting month (monthly target)	DOP	Activity	M	34,993	35,291	36,430	CHO	2,174
No of face to face contacts/visits	DOP	Activity	M	770,878	767,109	775,864	CHO	49,304
Total No. of physiotherapy service users on the assessment waiting list at the end of the reporting period *	DOP	Access	M	New PI 2016	New PI 2016	28,527	CHO	1,484
No. of physiotherapy service users on the assessment waiting list at the end of the reporting period 0 - ≤ 12 weeks	DOP	Access	M	New PI 2016	New PI 2016	No target	CHO	No target
No. of physiotherapy service users on the assessment waiting list at the end of the reporting period >12 weeks - ≤ 26 weeks	DOP	Access	M	New PI 2016	New PI 2016	No target	CHO	No target
No. of physiotherapy service users on the assessment waiting list at the end of the reporting period >26 weeks but ≤ 39 weeks	DOP	Access	M	New PI 2016	New PI 2016	No target	CHO	No target
No. of physiotherapy service users on the assessment waiting list at the end of the reporting period >39 weeks but ≤ 52 weeks	DOP	Access	M	New PI 2016	New PI 2016	No target	CHO	No target

Key Performance Indicators Service Planning 2016				KPIs 2015		KPIs 2016		
KPI Title	NSP / DOP	KPI Type Access / Quality / Access Activity	Report Freq-uency	2015 National Target / Expected Activity	2015 Project-ed outturn	2016 National Target / Expected Activity	Reported at National / CHO	CHO 6
No. of physiotherapy service users on the assessment waiting list at the end of the reporting period > 52 weeks	DOP	Access	M	New PI 2016	New PI 2016	No target	CHO	No target
% of new service users seen for assessment within 12 weeks	NSP	Access	M	80%	83% Data Gap	70%	CHO	70%
% on waiting list for assessment ≤ to 52 weeks	NSP	Access	M	New PI 2016	New PI 2016	100%	CHO	100%
% on waiting lists for assessment ≤ 39 weeks	DOP	Access	M	New PI 2016	New PI 2016	95%	CHO	95%
% on waiting lists for assessment ≤ 26 weeks	DOP	Access	M	New PI 2016	New PI 2016	90%	CHO	90%
Occupational Therapy								
No of patient referrals	DOP	Activity	M	85,030	88,162	89,989	CHO	5,979
No of new service users seen for a first assessment	DOP	Activity	M	83,004	84,983	86,499	CHO	6,530
No of service users treated (direct and indirect) monthly target	DOP	Activity	M	19,811	20,070	20,291	CHO	1,274
Total No. of occupational therapy service users on the assessment waiting list at the end of the reporting period **	DOP	Access	M	New PI 2016	New PI 2016	19,932	CHO	900
No. of occupational therapy service users on the assessment waiting list at the end of the reporting period 0 - ≤ 12 weeks	DOP	Access	M	New PI 2016	New PI 2016	No target	CHO	No target
No. of occupational therapy service users on the assessment waiting list at the end of the reporting period >12 weeks - ≤ 26 weeks	DOP	Access	M	New PI 2016	New PI 2016	No target	CHO	No target
No. of occupational therapy service users on the assessment waiting list at the end of the reporting period >26 weeks but ≤ 39 weeks	DOP	Access	M	New PI 2016	New PI 2016	No target	CHO	No target
No. of occupational therapy service users on the assessment waiting list at the end of the reporting period >39 weeks but ≤ 52 weeks	DOP	Access	M	New PI 2016	New PI 2016	No target	CHO	No target
No. of occupational therapy service users on the assessment waiting list at the end of the reporting period > 52 weeks	DOP	Access	M	New PI 2016	New PI 2016	No target	CHO	No target
% of new service users seen for assessment within 12 weeks	NSP	Access	M	80%	76% Data Gaps	70%	CHO	70%
% on waiting list for assessment ≤ to 52 weeks	NSP	Access	M	New PI 2016	New PI 2016	100%	CHO	100%
% on waiting lists for assessment ≤ 39 weeks	DOP	Access	M	New PI 2016	New PI 2016	95%	CHO	95%
% on waiting lists for assessment ≤ 26 weeks	DOP	Access	M	New PI 2016	New PI 2016	80%	CHO	80%
Orthodontics								
No. of service users receiving active treatment at the end of the reporting period	DOP	Access	Q	21,050	16,887	16,887	National/ former region	
% of referrals seen for assessment within 6 months	NSP	Access	Q	75%	74%	75%	National/ former region	
% on waiting list for assessment ≤ 12 months	DOP	Access	Q	100%	99.8%	100%	National/ former region	

Key Performance Indicators Service Planning 2016				KPIs 2015		KPIs 2016		
KPI Title	NSP / DOP	KPI Type Access / Quality / Access Activity	Report Freq-uency	2015 National Target / Expected Activity	2015 Project-ed outturn	2016 National Target / Expected Activity	Reported at National / CHO	CHO 6
% of service users on the treatment waiting list less than 2 years	DOP	Access	Q	75%	60%	75%	National/ former region	
% of service users on treatment waiting list less than 4 years (grade 4 and 5)	DOP	Access	Q	95%	92%	95%	National/ former region	
No. of service users on the assessment waiting list at the end of the reporting period	DOP	Access	Q	6,165	5,966	5,966	National/ former region	
No. of service users on the treatment waiting list – grade 4 –at the end of the reporting period	DOP	Access /Activity	Q	9,444	9,912	9,912	National/ former region	
No. of service users on the treatment waiting list – grade 5 –at the end of the reporting period	DOP	Access /Activity	Q	7,562	8,194	8,194	National/ former region	
Reduce the proportion of service users on the treatment waiting list longer than 4 years (grade IV and V)	NSP	Access	Q	<5%	8%	<5%	National/ former region	
Oral Health (Primary Dental Care and Orthodontics)								
No. of new service users attending for Scheduled Assessment	DOP	Access /Activity	M	No Target 2015	Unavail able	Unavailab le	CHO	8950
No. of new service users attending for Unscheduled Assessment	DOP	Access /Activity	M	No Target 2015	Unavail able	Unavailab le	CHO	4245
% of new service users who commenced treatment within 3 months of assessment	NSP	Access	M	No Target 2015	Not Availabl e	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	25.7	<21.7	National	
Primary Care – Psychology								
No. of patient referrals	DOP	Activity	M	New	12,250	12,261	CHO	1,179
Existing service users seen in the month	DOP	Activity	M	No Target 2015	2,601	2,626	CHO	226
New service users seen	DOP	Activity	M	No Target 2015	9,387	9,367	CHO	879
Total No. of psychology service users on the treatment waiting list at the end of the reporting period *	DOP	Access	M	New PI 2016	New PI 2016	6,028	CHO	542
No. of psychology service users on the treatment waiting list at the end of the reporting period 0 - ≤ 12 weeks	DOP	Access	M	New PI 2016	New PI 2016	No target	CHO	No target
No. of psychology service users on the treatment waiting list at the end of the reporting period >12 weeks - ≤ 26 weeks	DOP	Access	M	New PI 2016	New PI 2016	No target	CHO	No target
No. of psychology service users on the treatment waiting list at the end of the reporting period >26 weeks but ≤ 39 weeks	DOP	Access	M	New PI 2016	New PI 2016	No target	CHO	No target
No. of psychology service users on the treatment waiting list at the end of the reporting period >39 weeks but ≤ 52 weeks	DOP	Access	M	New PI 2016	New PI 2016	No target	CHO	No target
No. of psychology service users on the treatment waiting list at the end of the reporting period > 52 weeks	DOP	Access	M	New PI 2016	New PI 2016	No target	CHO	No target

Key Performance Indicators Service Planning 2016				KPIs 2015		KPIs 2016		
KPI Title	NSP / DOP	KPI Type Access / Quality / Access Activity	Report Freq-uency	2015 National Target / Expected Activity	2015 Project-ed outturn	2016 National Target / Expected Activity	Reported at National / CHO	CHO 6
% on waiting list for treatment ≤ to 52 weeks	NSP	Access	M	New PI 2016	New PI 2016	100%	CHO	100%
% on waiting lists for treatment ≤ 39 weeks	DOP	Access	M	New PI 2016	New PI 2016	90%	CHO	90%
% on waiting lists for treatment ≤ 26 weeks	DOP	Access	M	New PI 2016	New PI 2016	80%	CHO	80%
% on waiting lists for treatment ≤ 12 weeks	NSP	Access	M	New PI 2016	New PI 2016	60%	CHO	60%
Primary Care – Podiatry								
No. of patient referrals	DOP	Activity	M	New	10,689	11,589	CHO	No direct service
Existing service users seen in the month	DOP	Activity	M	No Target 2015	5,095	5,210	CHO	No direct service
New service users seen	DOP	Activity	M	No Target 2015	7,279	8,887	CHO	No direct service
Total No. of podiatry service users on the treatment waiting list at the end of the reporting period *	DOP	Access	M	New PI 2016	New PI 2016	3,186	CHO	No direct service
No. of podiatry service users on the treatment waiting list at the end of the reporting period 0-12 weeks	DOP	Access	M	New PI 2016	New PI 2016	No target	CHO	No target
No. of podiatry service users on the treatment waiting list at the end of the reporting period 12 weeks ≤ 26 weeks	DOP	Access	M	New PI 2016	New PI 2016	No target	CHO	No target
No. of podiatry service users on the treatment waiting list at the end of the reporting period 26 weeks ≤ 39 weeks	DOP	Access	M	New PI 2016	New PI 2016	No target	CHO	No target
No. of podiatry service users on the treatment waiting list at the end of the reporting period 39 weeks ≤ 52 weeks	DOP	Access	M	New PI 2016	New PI 2016	No target	CHO	No target
No. of podiatry service users on the treatment waiting list at the end of the reporting period > 52 weeks	DOP	Access	M	New PI 2016	New PI 2016	No target	CHO	No target
% on waiting list for treatment ≤ to 52 weeks	NSP	Access	M	New PI 2016	New PI 2016	100%	CHO	100%
% on waiting lists for treatment ≤ 39 weeks	DOP	Access	M	New PI 2016	New PI 2016	95%	CHO	95%
% on waiting lists for treatment ≤ 26 weeks	DOP	Access	M	New PI 2016	New PI 2016	90%	CHO	90%
% on waiting lists for treatment ≤ 12 weeks	NSP	Access	M	New PI 2016	New PI 2016	75%	CHO	75%
No of service users with Diabetic Active Foot Disease treated in the reporting month	DOP	Quality	M Q3	New PI 2016	New PI 2016	133	CHO	0
No. of treatments for Diabetic Active Foot Disease in the reporting month	DOP	Access /Activity	M Q3	New PI 2016	New PI 2016	532	CHO	0
Primary Care – Ophthalmology								
No. of patient referrals	DOP	Activity	M	New	22,261	26,913	CHO	1,054
Existing service users seen in the month	DOP	Activity	M	No Target 2015	3,818	13,807	CHO	189

Key Performance Indicators Service Planning 2016				KPIs 2015		KPIs 2016		
KPI Title	NSP / DOP	KPI Type Access / Quality / Access Activity	Report Freq-uency	2015 National Target / Expected Activity	2015 Project-ed outturn	2016 National Target / Expected Activity	Reported at National / CHO	CHO 6
New service users seen	DOP	Activity	M	No Target 2015	10,091	16,524	CHO	751
Total No. of ophthalmology service users on the treatment waiting list at the end of the reporting period *	DOP	Access	M	New PI 2016	New PI 2016	14,267	CHO	2,397
No. of ophthalmology service users on the treatment waiting list at the end of the reporting period 0-12 weeks	DOP	Access	M	New PI 2016	New PI 2016	No target	CHO	No target
No. of ophthalmology service users on the treatment waiting list at the end of the reporting period 12 weeks ≤ 26 weeks	DOP	Access	M	New PI 2016	New PI 2016	No target	CHO	No target
No. of ophthalmology service users on the treatment waiting list at the end of the reporting period 26 weeks ≤ 39 weeks	DOP	Access	M	New PI 2016	New PI 2016	No target	CHO	No target
No. of ophthalmology service users on the treatment waiting list at the end of the reporting period 39 weeks ≤ 52 weeks	DOP	Access	M	New PI 2016	New PI 2016	No target	CHO	No target
No. of ophthalmology service users on the treatment waiting list at the end of the reporting period > 52 weeks	DOP	Access	M	New PI 2016	New PI 2016	No target	CHO	No target
% on waiting list for treatment ≤ to 52 weeks	NSP	Access	M	New PI 2016	New PI 2016	100%	CHO	100%
% on waiting lists for treatment ≤ 39 weeks	DOP	Access	M	New PI 2016	New PI 2016	90%	CHO	90%
% on waiting lists for treatment ≤ 26 weeks	DOP	Access	M	New PI 2016	New PI 2016	80%	CHO	80%
% on waiting lists for treatment ≤ 12 weeks	NSP	Access	M	New PI 2016	New PI 2016	60%	CHO	60%
Primary Care – Audiology								
No. of patient referrals	DOP	Activity	M	No Target 2015	18,317	18,317	CHO	Service included in CHO9
Existing service users seen in the month	DOP	Activity	M	No Target 2015	2,822	2,850	CHO	Service included in CHO9
New service users seen	DOP	Activity	M	No Target 2015	16,645	16,459	CHO	Service included in CHO9
Total No. of audiology service users on the treatment waiting list at the end of the reporting period *	DOP	Access	M	New PI 2016	New PI 2016	13,870	CHO	Service included in CHO9
No. of audiology service users on the treatment waiting list at the end of the reporting period 0-12 weeks	DOP	Access	M	New PI 2016	New PI 2016	No target	CHO	No target
No. of audiology service users on the treatment waiting list at the end of the reporting period 12 weeks ≤ 26 weeks	DOP	Access	M	New PI 2016	New PI 2016	No target	CHO	No target
No. of audiology service users on the treatment waiting list at the end of the reporting period 26 weeks ≤ 39 weeks	DOP	Access	M	New PI 2016	New PI 2016	No target	CHO	No target
No. of audiology service users on the treatment waiting list at the end of the reporting period 39 weeks ≤ 52 weeks	DOP	Access	M	New PI 2016	New PI 2016	No target	CHO	No target
No. of audiology service users on the treatment waiting list at the end of the	DOP	Access	M	New PI 2016	New PI 2016	No target	CHO	No target

Key Performance Indicators Service Planning 2016				KPIs 2015		KPIs 2016		
KPI Title	NSP / DOP	KPI Type Access / Quality / Access Activity	Report Freq-uency	2015 National Target / Expected Activity	2015 Project-ed outturn	2016 National Target / Expected Activity	Reported at National / CHO	CHO 6
reporting period > 52 weeks								
% on waiting list for treatment ≤ to 52 weeks	NSP	Access	M	New PI 2016	New PI 2016	100%	CHO	100%
% on waiting lists for treatment ≤ 39 weeks	DOP	Access	M	New PI 2016	New PI 2016	90%	CHO	90%
% on waiting lists for treatment ≤ 26 weeks	DOP	Access	M	New PI 2016	New PI 2016	80%	CHO	80%
% on waiting lists for treatment ≤ 12 weeks	NSP	Access	M	New PI 2016	New PI 2016	60%	CHO	60%
Primary Care – Dietetics								
No. of patient referrals	DOP	Activity	M	No Target 2015	25,138 (data gap)	27,858	CHO	2,082
Existing service users seen in the month	DOP	Activity	M	No Target 2015	3,393 (data gap)	5,209	CHO	415
New service users seen	DOP	Activity	M	No Target 2015	19,281 (data gap)	21,707	CHO	2,018
Total No. of dietetics service users on the treatment waiting list at the end of the reporting period *	DOP	Access	M	New PI 2016	New 2016	5,479	CHO	195
No. of dietetics service users on the treatment waiting list at the end of the reporting period 0-12 weeks	DOP	Access	M	New PI 2016	New PI 2016	No target	CHO	No target
No. of dietetics service users on the treatment waiting list at the end of the reporting period 12 weeks ≤ 26 weeks	DOP	Access	M	New PI 2016	New PI 2016	No target	CHO	No target
No. of dietetics service users on the treatment waiting list at the end of the reporting period 26 weeks ≤ 39 weeks	DOP	Access	M	New PI 2016	New PI 2016	No target	CHO	No target
No. of dietetics service users on the treatment waiting list at the end of the reporting period 39 weeks ≤ 52 weeks	DOP	Access	M	New PI 2016	New PI 2016	No target	CHO	No target
No. of dietetics service users on the treatment waiting list at the end of the reporting period > 52 weeks	DOP	Access	M	New PI 2016	New PI 2016	No target	CHO	No target
% on waiting list for treatment ≤ to 52 weeks	NSP	Access	M	New PI 2016	New PI 2016	100%	CHO	100%
% on waiting lists for treatment ≤ 39 weeks	DOP	Access	M	New PI 2016	New PI 2016	95%	CHO	95%
% on waiting lists for treatment ≤ 26 weeks	DOP	Access	M	New PI 2016	New PI 2016	85%	CHO	85%
% on waiting lists for treatment ≤ 12 weeks	NSP	Access	M	New PI 2016	New PI 2016	70%	CHO	70%
Primary Care – Nursing								
No. of patient referrals	DOP	Activity	M	No Target 2015	150,768	159,694	CHO	7,809
Existing service users seen in the month	DOP	Activity	M	No Target 2015	63,724	64,660	CHO	1,482
New service users seen	DOP	Activity	M	No Target 2015	115,785	123,024	CHO	5,948

Key Performance Indicators Service Planning 2016				KPIs 2015		KPIs 2016		
KPI Title	NSP / DOP	KPI Type Access / Quality / Access Activity	Report Freq-uency	2015 National Target / Expected Activity	2015 Project-ed outturn	2016 National Target / Expected Activity	Reported at National / CHO	CHO 6
Number of new service users accepted on the caseload and waiting to be seen over 12 weeks	NSP	Access	M	New 2016	New 2016	0	CHO	0
Primary Care – Speech and Language Therapy* **								
No. of patient referrals	DOP	Activity	M	No Target 2015	50,863	50,863	CHO	3,333
Existing service users seen in the month	DOP	Activity	M Q2	New 2016	New PI 2016	New PI 2016	CHO	New PI 2016
New service users seen for initial assessment	DOP	Activity	M	No Target 2015	41,083	41,083	CHO	1,862
Total No. of speech and language service users waiting initial assessment at end of the reporting period ****	DOP	Access	M	New 2016	New PI 2016	13,050	CHO	504
Total No. of speech and language service users waiting initial therapy at end of the reporting period ****	DOP	Access	M	New 2016	New PI 2016	8,279	CHO	429
% on waiting list for assessment ≤ to 52 weeks	NSP	Access	M	New PI 2016	New PI 2016	100%	CHO	100%
% on waiting list for treatment ≤ to 52 weeks	NSP	Access	M	New PI 2016	New PI 2016	100%	CHO	100%
Health Amendment Act - Services to persons with state acquired Hepatitis C								
No. of patient who were reviewed.	NSP	Quality	Q	820	22	798	National	65

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)

Key Performance Indicators Service Planning 2016				KPIs 2015		KPIs 2016		
KPI Title	NSP/ DOP	KPI Type Access/ Quality/ Access Activity	Report Freq-uency	2015 National Target/ Expected Activity	2015 Projected outturn	2016 National Target/ Expected Activity	Reported at National/ CHO	CHO 6
Quality and Patient Safety								
Service User Experience								
% ratio of compliments to complaints by CHO	DOP	Quality	Q	New PI 2016	New PI 2016	New PI 2016	CHO	New PI 2016
% of complaints investigated within 30 working days of being acknowledged by the complaints officer (mandatory)	NSP	Quality	M	System Wide	New PI 2016	75%	CHO	75%
Service User Involvement								
% of PCTs by CHO, that can evidence service user involvement as required by Action 19 of the Primary Care Strategy – A New Direction (2001)	NSP	Quality	Q Q3	System wide	New PI 2016	100%	CHO	100%
Serious Reportable Events								
% of Serious Reportable Events being notified within 24 hours to the Senior Accountable Officer (mandatory) and entered on the National Incident Management System (NIMS)*	NSP	Quality	M	System wide	New PI 2016	99%	CHO	99%
% of investigations completed within 120 days of event occurrence)	NSP	Quality	M	System wide	New PI 2016	90%	CHO	90%
Safety Incidence Reporting								
% of **Safety** Incidents being entered on the National Incident Management System (NIMS) within 30 days of occurrence	NSP	Quality	Q	System wide	New PI 2016	90%	CHO	90%
% of claims received by State Claims Agency that were not reported previously as an incident	NSP	Quality	A	System wide	New PI 2016	New PI 2016	CHO	New PI 2016

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

Social Inclusion – Full Metrics/ KPI Suite

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

Key Performance Indicators Service Planning 2016	NSP/ DOP	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	CHO 6
Total no. of service users in receipt of opioid substitution treatment (outside prisons)	NSP	Access	M 1 Mth in Arrears	9,400	9,413	9,515	CHO	985
No. of service users in opioid substitution treatment in Clinics	DOP	Access	M 1 Mth in arrears	5,400	5,392	5,470	CHO	520
No. of service users in opioid substitution treatment with level 2 GP's	DOP	Access	M 1 Mth in arrears	2,000	1,995	1,975	CHO	295
No. of service users in opioid substitution treatment with level 1 GP's	DOP	Access	M 1 Mth in Arrears	2,000	1,999	2,080	CHO	170
No. of service users transferred from clinics to level 1 GP's	DOP	Access	M 1 Mth in Arrears	300	238	300	CHO	8
No. of service users transferred from level 2 GP's	DOP	Access	M 1 Mth in Arrears	100	115	134	CHO	20
No. of service users transferred from level 2 to level 1 GPs)	DOP	Access	M 1 Mth in Arrears	120	94	119	CHO	17
Total no. of new service users in receipt of opioid substitution treatment (outside prisons)	DOP	Access	M 1 Mth in Arrears	500	588	617	CHO	55
Total no. of new service users in receipt of opioid substitution treatment (clinics)	DOP	Access	M 1 Mth in Arrears	400	482	498	CHO	27
Total no. of new service users in receipt of opioid substitution treatment (level 2 GP)	DOP	Access	M 1 Mth in Arrears	100	88	119	CHO	28
Average waiting time from referral to assessment for Opioid Substitution Treatment (days)	NSP	Access	M 1 Mth in Arrears	New 2016	New 2016	14 days	CHO	14 days
Average waiting time from Opioid Substitution assessment to exit from waiting list or treatment commenced	NSP	Access	M 1 Mth in Arrears	New 2016	New 2016	28 days	CHO	28 days
Number of Pharmacies providing of opioid substitution treatment	DOP	Access	M 1 Mth in Arrears	630	635	653	CHO	65
Number of people obtaining opioid substitution treatment from Pharmacies	DOP	Access	M 1 Mth in Arrears	6,430	6,421	6,463	CHO	630
No. of substance misusers who present for treatment	DOP	Access	Q 1 Q in arrears	1,274 per quarter	5,860 per annum	6,972	CHO	308
No. of substance misusers who present for treatment who receive an assessment within 2 weeks	DOP	Quality	Q 1 Mth in Arrears	797 per quarter	4,260 per annum	4,864	CHO	308
% of substance misusers who present for treatment who receive an assessment within 2 weeks	DOP	Quality	Q 1 Mth in Arrears	100%	71%	100%	CHO	100%
No. of substance misusers (over 18 years) for whom treatment has commenced following	DOP	Quality	Q 1 Mth in Arrears	1,124 per quarter	4.658 per annum	5,584	CHO	296

assessment								
No. of substance misusers (over 18) for whom treatment has commenced within one calendar month following assessment	DOP	Quality	Q 1 Mth in Arrears	1,100 per quarter	4590 per annum	5,024	CHO	296
% of substance misusers (over 18 years) for whom treatment has commenced within one calendar month following assessment	NSP	Access	Q 1 Mth in Arrears	100%	97%	100%	CHO	100%
No. of substance misusers (under 18 years) for whom treatment has commenced following assessment	DOP	Access	Q 1 Mth in Arrears	32 per quarter	302 per annum.	268	CHO	0
No. of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment	DOP	Access	Q 1 Mth in Arrears	30 per quarter	176 per annum	260	CHO	0
% of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment	NSP	Access	Q 1 Mth in Arrears	100%	89%	100%	CHO	100%
% of substance misusers (over 18 years) for whom treatment has commenced who have an assigned key worker	DOP	Quality	Q 1 Qtr in Arrears	100%	79%	100%	CHO	100%
% of substance misusers (over 18 years) for whom treatment has commenced who have a written care plan	DOP	Quality	Q 1 Qtr in Arrears	100%	84%	100%	CHO	100%
No. of substance misusers (under 18 years) for whom treatment has commenced	DOP	Access	Q 1 Qtr in Arrears	32 per quarter	302 per annum.	268	CHO	0
% of substance misusers (under 18 years) for whom treatment has commenced who have an assigned key worker	DOP	Quality	Q 1 Qtr in Arrears	100%	88%	100%	CHO	100%
% of substance misusers (under 18 years) for whom treatment has commenced who have a written care plan	DOP	Quality	Q 1 Qtr in Arrears	100%	88%	100%	CHO	100%
No. of problem alcohol users who present for treatment	DOP	Access	Q 1 Qtr in Arrears	699 per quarter	3,530 per annum	3540	CHO	240
No. of problem alcohol users who present for treatment who receive an assessment within 2 weeks	DOP	Access	Q 1 Qtr in Arrears	414 per quarter	2,240 per annum	2,344	CHO	240
% of problem alcohol users who present for treatment who receive an assessment within 2 weeks	DOP	Access	Q 1 Qtr in Arrears	100%	59%	100%	CHO	100%
No. of problem alcohol users (over 18 years) for whom treatment has commenced following assessment	DOP	Access	Q 1 Qtr in Arrears	636 per quarter	3,296 per annum	3228	CHO	240
No. of problem alcohol users (over 18 years) for whom treatment has commenced within one calendar month following assessment	DOP	Access	Q 1 Qtr in Arrears	635 per quarter	3,262 per annum	3228	CHO	240
% of problem alcohol users (over 18 years) for whom treatment has commenced within one calendar month	DOP	Access	Q 1 Qtr in Arrears	100%	99%	100%	CHO	100%

following assessment								
No. of problem alcohol users (under 18 years) for whom treatment has commenced following assessment	DOP	Access	Q 1 Qtr in Arrears	5 per quarter	38 per annum	56	CHO	0
No. of problem alcohol users (under 18 years) for whom treatment has commenced within one week following assessment	DOP	Access	Q 1 Qtr in Arrears	5 per quarter	32 per annum	56	CHO	0
% of problem alcohol users (under 18 years) for whom treatment has commenced within one week following assessment	DOP	Access	Q 1Qtr in Arrears	100%	57%	100%	CHO	100%
% of problem alcohol users (over 18 years) for whom treatment has commenced who have an assigned key worker	DOP	Quality	Q 1 Qtr in Arrears	100%	75%	100%	CHO	100%
% of problem alcohol users (over 18 years) for whom treatment has commenced who have a written care plan	DOP	Quality	Q 1 Qtr in Arrears	100%	86%	100%	CHO	100%
% of problem alcohol users (under 18 years) for whom treatment has commenced who have an assigned key worker	DOP	Quality	Q 1 Qtr in Arrears	100%	86%	100%	CHO	100%
% of problem alcohol users (under 18 years) for whom treatment has commenced who have a written care plan	DOP	Quality	Q 1 Qtr in Arrears	100%	71%	100%	CHO	100%
No. of tier 1 and tier 2 staff trained in SAOR Screening and Brief Intervention for problem alcohol and substance use	DOP	Quality	Q 1 Qtr in Arrears	300	244	300	CHO	0
No. of pharmacies recruited to provide Needle Exchange Programme	DOP	Quality	TRI M 1 Qtr in Arrears	129	132	119	CHO	0
No. of unique individuals attending pharmacy needle exchange	NSP	Access	TRI M 1 Qtr in Arrears	1,200	1,731	1,731	CHO	0
No. of pharmacy needle exchange packs provided	DOP	Access	TRI M 1 Qtr in Arrears	3,200	3,628	3,433	CHO	0
Average No. of needle / syringe packs per person	DOP	Quality	TRI M 1 Qtr in Arrears	15	16	16	CHO	0
No. and % of needle / syringe packs returned	DOP	Quality	TRI M 1 Qtr in Arrears	930 (30%)	930 (30%)	1,032 (30%)	CHO	0
No. and % of individual service users admitted to homeless emergency accommodation hostels/ who have medical cards	DOP	Quality	Q	75%	1046 (71%)	1108 (75%)	CHO	11 (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	90%	324 (75%)	302 (70%)	CHO	3 (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%	72%	85%	CHO	85%
% of service users admitted to homeless emergency accommodation hostels / facilities whose health needs have been assessed and are being supported to manage their physical / general health, mental health and addiction issues as part of their care/support plan	DOP	Quality	Q	80%	80%	80%	CHO	80%
Number of people who received health information on type 2 diabetes and cardiovascular health	NSP	Quality	Q	3,470 20% of the population in each Traveller Health Unit	2,228	3,470	CHO	130
Number of people who received awareness and participated in positive mental health initiatives	DOP	Quality	Q	3,470 20% of the population in each Traveller Health Unit	3,108	3470	CHO	130

Palliative Care – Full Metrics/ KPI Suite

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

Key Performance Indicators Service Planning 2016	NSP/ DOP	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	CHO 6
Inpatient Palliative Care Services								
Access to specialist inpatient bed within 7 days (during the reporting month)	NSP	Access	M	98%	98%	98%	CHO	98%
Access to specialist palliative care inpatient bed from 8 to14 days (during the reporting month)	DOP	Access	M	New metric 2016	New metric 2016	New metric 2016	CHO	2%
Total number of referrals for specialist inpatient Palliative care services received	DOP	Access /Activity	M	New metric 2016	New metric 2016	New metric 2016	CHO	New metric
Total number of referrals deemed appropriate for admission - cancer	DOP	Access /Activity	M	New metric 2016	New metric 2016	New metric 2016	CHO	New metric
Total number of referrals deemed appropriate for admission - non cancer	DOP	Access /Activity	M	New metric 2016	New metric 2016	New metric 2016	CHO	New metric
No. of service users in receipt of treatment in specialist palliative care inpatient units (during the reporting month)	DOP	Access /Activity	M	445	429	474	CHO	31
No. of new service users seen or admitted to the specialist palliative care service (monthly cumulative)	DOP	Access /Activity	M	2,752	2,633	2,877	CHO	170
No. of admissions to specialist palliative care inpatient units (monthly cumulative)	DOP	Access /Activity	M	3,177	3,403	3,310	CHO	196

Key Performance Indicators Service Planning 2016	NSP/ DOP	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	CHO 6
Community Palliative Care Services								
Access to specialist palliative care services in the community provided within 7 days (Home, Nursing Home, Non Acute hospital) (during the reporting month)	NSP	Access	M	95%	87%	95%	CHO	95%
Access to specialist palliative care services in the community provided to service users in their place of residence 8 to 14 days (Home, Nursing Home, Non Acute hospital) (during the reporting month)	DOP	Access	M	New metric 2016	New metric 2016	New metric 2016	CHO	3%
Access to specialist palliative care services in the community provided to service users in their place of residence 15+ days (Home, Nursing Home, Non Acute hospital) (during the reporting month)	DOP	Access	M	New metric 2016	New metric 2016	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	New metric 2016	New metric 2016	CHO	New metric
Total number of referrals deemed appropriate for services - cancer	DOP	Access /Activity	M	New metric 2016	New metric 2016	New metric 2016	CHO	New metric
Total number of referrals deemed appropriate for services - non cancer	DOP	Access /Activity	M	New metric 2016	New metric 2016	New metric 2016	CHO	New metric
No. of service users in receipt of specialist palliative care in the community (monthly cumulative)	NSP	Access /Activity	M	3,248	3,178	3,309	CHO	249
No. of new service users seen or admitted to specialist palliative care services in the community	DOP	Access /Activity	M	8,907	9,089	9,353	CHO	777
No. of service users in receipt of specialist palliative day care services (during the reporting month)	DOP	Access /Activity	M	349	301	349	CHO	33
No. of new service users in receipt of specialist palliative day care services (monthly cumulative)	DOP	Access	M	962	1003	985	CHO	100
No. of service users in receipt of care in designated palliative care support beds (during the reporting month)	DOP	Access /Activity	M	165	142	165	CHO	7

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	320	359	370	CHO	11
No. of children in the care of the children's outreach nursing team / specialist palliative care team (Acute setting)	DOP	Access /Activity	M	New metric 2016	New metric 2016	New metric 2016	CHO	0
No. of children in the care of the children's outreach nursing team / specialist palliative care team (community)	DOP	Access /Activity	M	n/a	n/a	New metric 2016	CHO	11
No. of new children in the care of the children's outreach nursing team / specialist palliative care team	DOP	Access /Activity	M	229	190	190	CHO	6
No. of new children in the care of the children's outreach nursing team / specialist palliative care team (Acute settings)	DOP	Access /Activity	M	New metric 2016	New metric 2016	New metric 2016	CHO	0
No. of new children in the care of the children's outreach nursing team / specialist palliative care team (Community)	DOP	Access /Activity	M	New metric 2016	New metric 2016	New metric 2016	CHO	6
Total number of new referrals for inpatient services seen by the specialist palliative care team	DOP	Access /Activity	M	n/a	486	Expected activity to be determined	CHO	Baseline to be determined
Specialist palliative care services provided in the acute setting for new service users and re referral within 2 days	DOP	Quality	M	n/a	93%	Target to be determined	CHO	Baseline to be determined
Bereavement Services								
Total number of family units who received bereavement services	DOP	Access /Activity	M	n/a	621	621	CHO	New metric
% service users triaged within 1 working day of referral (acute service)	NSP	Quality	M 2016 Q4 Reporting	New metric 2016	New metric 2016	90%	CHO	90%
% service users with a multidisciplinary care plan documented within 5 working days of initial review	NSP	Quality	M 2016 Q4 Reporting	New metric 2016	New metric 2016	90%	CHO	90%

Social Care System-Wide Performance Indicators

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%
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

Key Performance Indicators Service Planning 2016	KPIs 2016	
Disability KPI Title	**2016 National Target/ Expected Activity**	**CHO 6**
No. of requests for assessments received	5,539	201
% of assessments commenced within the timelines as provided for in the regulations	100%	100%
% of assessments completed within the timelines as provided for in the regulations	100%	100%
% of service statements completed within the timelines as provided for in the regulations	100%	100%
Proportion of established Children's Disability Network Teams having current individualised plans for all children	100%	100%
Number of Childrens Disability Network Teams established	100% (129/129)	100% (7/7)
No. of work / work-like activity WTE 30 hour places provided for people with a disability (ID/Autism and Physical and Sensory Disability)	1,605	64
No. of people with a disability in receipt of work / work-like activity services(ID/Autism and Physical and Sensory Disability)	3,253	176
No. of people with a disability in receipt of Other Day Services (excl. RT and work/like-work activities) - Adult (Q2 & Q4 only) (ID/Autism and Physical and Sensory Disability)	15,907	1,084
No. of Rehabilitative Training places provided (all disabilities)	2,583	195
No. of people (all disabilities) in receipt of Rehabilitative Training (RT)	2,870	188
% of school leavers and RT graduates who have received a placement which meets their needs	100%	100%
No. of people with a disability in receipt of residential services (ID/Autism and Physical and Sensory Disability)	8,885	815
No. of new referrals accepted for people with a disability for respite services (ID/Autism and Physical and Sensory Disability)	1,023	36
No. of new people with a disability who commenced respite services (ID/Autism and Physical and Sensory Disability)	782	21
No. of existing people with a disability in receipt of respite services (ID/Autism and Physical and Sensory Disability)	5,964	352
No. of people with a disability formally discharged from respite services (ID/Autism and Physical and Sensory Disability)	591	11
No. of people with a disability in receipt of respite services (ID/Autism and Physical and Sensory Disability)	5,274	445
No. of overnights (with or without day respite) accessed by people with a disability (ID/Autism and Physical and Sensory Disability)	180,000	16,768
No. of day only respite sessions accessed by people with a disability (ID/Autism and Physical and Sensory Disability)	35,000	2,196
No. of people with a disability who are in receipt of more than 30 overnights continuous respite (ID/Autism and Physical and Sensory Disability)	51	1
No. of new referrals accepted for adults with a physical and / or sensory disability for a PA service	271	0
No. of new adults with a physical and / or sensory disability who commenced a PA service	223	0
No. of existing adults with a physical and / or sensory disability in receipt of a PA service	2,284	9
No. of adults with a physical or sensory disability formally discharged from a PA service	134	0
No. of adults with a physical and /or sensory disability in receipt of a PA service	2,186	10
Number of PA Service hours delivered to adults with a physical and / or sensory disability	1,318,819	24,508
No. of adults with a physical and / or sensory disability in receipt of 1 - 5 PA Hours per week	957	1
No. of adults with a physical and / or sensory disability in receipt of 6 - 10 PA hours per week	538	2
No. of adults with a physical and / or sensory disability in receipt of 11 - 20 PA hours per week	397	1
No. of adults with a physical and / or sensory disability in receipt of 21 - 40 PA hours per week	256	2
No. of adults with a physical and / or sensory disability in receipt of 41 - 60 PA hours per week	73	1
No. of adults with a physical and / or sensory disability in receipt of 60+ PA hours per week	83	2
No. of new referrals accepted for people with a disability for home support services (ID/Autism and Physical and Sensory Disability)	1,416	106
No. of new people with a disability who commenced a home support service (ID/Autism and Physical and Sensory Disability)	1,273	67
No. of existing people with a disability in receipt of home support services (ID/Autism and Physical and Sensory Disability)	6,380	555

Key Performance Indicators Service Planning 2016	KPIs 2016	
Disability KPI Title	**2016 National Target/ Expected Activity**	**CHO 6**
No. of people with a disability formally discharged from home support services (ID/Autism and Physical and Sensory Disability)	466	31
No of people with a disability in receipt of Home Support Services (ID/Autism and Physical and Sensory Disability)	7,312	559
No of Home Support Hours delivered to persons with a disability (ID/Autism and Physical and Sensory Disability)	2,600,000	303,227
No. of people with a disability in receipt of 1 - 5 Home Support hours per week (ID/Autism and Physical and Sensory Disability)	3,140	279
No. of people with a disability in receipt of 6 – 10 Home Support hours per week (ID/Autism and Physical and Sensory Disability)	1,197	141
No. of people with a disability in receipt of 11 – 20 Home Support hours per week (ID/Autism and Physical and Sensory Disability)	753	69
No. of people with a disability in receipt of 21- 40 Home Support hours per week (ID/Autism and Physical and Sensory Disability)	402	45
No. of people with a disability in receipt of 41 – 60 Home Support hours per week (ID/Autism and Physical and Sensory Disability)	97	18
No. of people with a disability in receipt of 60 +Home Support hours per week (ID/Autism and Physical and Sensory Disability)	127	14
Facilitate the movement of people from congregated to community settings	160	
In respect of agencies in receipt of €3m or more in public funding, the % which employ an internationally recognised quality improvement methodology such as EFQM, CQL or CARF	100%	100%
% of compliance with outcomes of Disability Units following HIQA inspections by CHO	75%	75%
Service Improvement Team Process Deliver on Service Improvement priorities	100%	
Transforming Lives Deliver on VFM Implementation Priorities	100%	
Percentage of CHOs who have a plan in place on how they will implement their approach to the establishment of a Residents Council/Family Forum/Service User Panel or equivalent for Disability Services (reporting to commence by Q3)	100%	

Key Performance Indicators Service Planning 2016	KPIs 2016	
Older Persons KPI Title	**2016 National Target/ Expected Activity**	**CHO 6**
Total no. of persons in receipt of a HCP/DDI HCP(Monthly target)	15,450	1670
No. of new HCP service users, annually	6,000	680
Intensive HCPs number of persons in receipt of an Intensive HCP at a point in time (Capacity)	130	
No. of home help hours provided for all care groups (excluding provision of hours from HCPs)	10,437,000	404,000
No. of people in receipt of home help hours (excluding provision of hours from HCPs) (Monthly target)	47,800	2,800
No. of persons funded under NHSS in long term residential care during reporting month	23,450	
% of service users with NHSS who are in receipt of Ancillary State Support	10%	10%
% of service users who have CSARs processed within 6 weeks	90%	90%
No. in receipt of subvention	187	28
No. of NHSS Beds in Public Long Stay Units.	5,255	386
No. of Short Stay Beds in Public Long Stay Units	2,005	165
Average length of Stay for NHSS service users in Public, Private and Saver Long Stay Units	3.2	3.2
% of population over 65 years in NHSS funded Beds (based on 2011 Census figures)	4%	4%
Service Improvement Team Process Deliver on Service Improvement priorities.	100%	
Percentage of CHOs who have a plan in place on how they will implement their approach to the establishment of a Residents Council / Family Forum/ Service User Panel or equivalent for Older Persons Services (reporting to	100%	

Key Performance Indicators Service Planning 2016	KPIs 2016	
Older Persons KPI Title	**2016 National Target/ Expected Activity**	**CHO 6**
commence by Q3)		
Safeguarding: % of Preliminary Screenings with an outcome of reasonable grounds for concern that are submitted to the Safeguarding and Protection Teams accompanied by an interim Safeguarding Plan.	100%	
% of CHO Heads of Social Care who can evidence implementation of the HSE's Safeguarding Vulnerable Persons at Risk of Abuse Policy throughout the CHO as set out in Section 4 of the policy Reporting to begin by Quarter 2 2016	100%	
% of CHO Heads of Social Care that have 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%	
Total no. of preliminary screenings for adults under 65 years		
Total no. of preliminary screenings for adults aged 65 and over		
No. of staff trained in safeguarding policy		

Mental Health

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**	**CHO 6**
% 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	446
Total No. to be seen 0-3 months	Access /Activity	M	1,153	1,138	1,308	CHO	287
Total No. on waiting list for a first appointment waiting > 3 months	Access /Activity	M	1,479	1,371	1,141	CHO	159
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	1,074
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	63.8
First admission rates to adult acute units (that is, first ever admission), per 100,000 population in mental health catchment area	Access /Activity	Q in arrears	23.1	23.1	23.1	CHO	19.1
Acute re-admissions as % of admissions	Access /Activity	Q in arrears	67%	67%	67%	CHO	70%
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	44.7
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	18.3
No. of adult involuntary admissions	Access /Activity	Q in arrears	1,714	1,724	1,724	CHO	196
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	11.1
% 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	9
Number of referrals (including re-referred)received by General Adult Community Mental Health Teams	Access /Activity	M	41,499	43,637	43,637	CHO	2,498
Number of Referrals (including re-referred) accepted by General Adult Community Mental Health Teams	Access /Activity	M	39,424	39,122	41,448	CHO	2,372

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	2,223
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	1,884
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	339
%. 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	1,898
Number of Psychiatry of Old Age Community Mental Health Teams	Access	M	25	26	26	CHO	2
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	1,096
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	1,041
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	1,175
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	1,140
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	35
%. 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	833
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	1
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	2,030
No. of child / adolescent referrals (including re-referred) accepted by mental health services	Access /Activity	M	13,803	13,694	15,092	CHO	1,624
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	1,345
No. of new (including re-referred) child/adolescent referrals seen in the current month	Access /Activity	M	12,718	11,906	12,628	CHO	1,222
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	123
%. 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	1,299
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	446
i) 0-3 months	Access /Activity	M	1,153	1,138	1,308	CHO	287
ii). 3-6 months	Access /Activity	M	534	595	585	CHO	107
iii). 6-9 months	Access /Activity	M	314	355	346	CHO	47
iv). 9-12 months	Access /Activity	M	614	217	210	CHO	5
v). > 12 months	Access /Activity	M	0	204	0	CHO	0

Appendix 4: Capital Infrastructure

This appendix outlines capital projects that were completed in 2014/ 2015 but not yet 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 6: Wicklow, Dun Laoghaire, Dublin South East									
Carnew, South Wicklow	Primary Care Centre, by lease agreement.	Q1 2016	Q2 2016	0	0	0.00	0.00	0	0.00

Mental Health									
Facility	Project Details	Project Completion	Fully Operational	Additional Beds	Replace-ment Beds	Capital Cost €M	2016 Implications		
						2016	Total	WTE	Rev Costs €M
Clonskeagh Dublin	Development of an acute day hospital in St. Broc's on the Clonskeagh Hospital campus.	Q3 2016	Q4 2016	0	0	0.35	0.65	0	0.00

Capital Programme for Older Persons Residential Services

In 2018 the refurbishment of 12 centres and replacement of 1 centre with a new centre will be completed. CHO 6 as follows:

Centres with Refurbishment / Replacement Completed by End of 2018				
CHO	Residential Care Unit	County	Refurbish/ Extension	Replacement
Area 6	Dalkey Community Unit	Dublin South East	Yes	

In 2019 the refurbishment of 9 centres and replacement of 2 centres with new centres will be completed. CHO 6 as follows:

Centres with Refurbishment/ Replacement completed by end of 2019				
CHO	Residential Care Unit	County	Refurbish/ Extension	Replacement
Area 6	Royal Hospital Donnybrook	Dublin	Yes	

In 2021, the refurbishment of 5 centres and replacement of 16 centres with 14 new centres will be completed. CHO 6 as follows:

Centres with Refurbishment/ Replacement completed by end of 2021				
CHO	Residential Care Unit	County	Refurbish/ Extension	Replacement
Area 6	St. Colman's Hospital (50 beds)	Wicklow		Yes
Area 6	Leopardstown Park	Dublin SE		Yes

Appendix 5: Public Long Stay Residential Care Beds (Older Persons)

CHO 6	Area	Name of Unit	No. of Beds (31/12/15)	
			NHSS	Short Stay
	Dun Laoghaire	Dalkey Community Unit	36	14
	Dun Laoghaire Total		**36**	**14**
	Dublin South East	Dublin South East Units	81	9
	Dublin South East	Leopardstown Park Hospital	118	23
	Dublin South East	The Royal Hospital	66	112
	Dublin South East Total		**265**	**144**
	Wicklow	St Colman's Hospital, Rathdrum	85	7
	Wicklow Total		**85**	**7**

Appendix 6: Service Arrangement Funding
Social Care Service Arrangement Funding Summary

Disability Services

Summary	Care Group	National Disability funding €	CHO Area 6 € - Dublin S.E. -Dun Laoghaire - Wicklow
S38 – SA	Disability	705,056,123	76,499,245
S39 – SA	Disability	422,372,114	60,021,263
S39 – GA	Disability	5,650,550	735,543
Total S39	Disability	428,022,663	60,756,806
Total Voluntary	Disability	1,133,078,786	137,256,051
For Profit – SA	Disability	63,516,176	3,432,188
Out of State – SA	Disability	7,503,740	0
Total Commercial	Disability	71,019,915	3,432,188
Total All	**Disability**	**1,204,098,701**	**140,688,239**

Section 38 Service Arrangements

Parent Agency	National Disability Funding €	CHO 6 € Dublin South East/ Dun Laoghaire/ Wicklow
Saint John of God Community Services Limited	102,158,194	21,175,276
Daughters of Charity Disability Support Services Limited	94,481,475	0
St. Michael's House	68,420,349	0
Brothers of Charity (Galway)	45,191,741	0
COPE Foundation	44,331,970	0
Stewart's Care Ltd	42,599,039	0
Muiriosa Foundation	41,146,083	0
Brothers of Charity Southern Services	38,808,331	0
National Rehabilitation Hospital	29,204,416	29,204,416
Brothers of Charity Services South East	28,609,138	0
Brothers of Charity (Limerick)	25,039,829	0
Sunbeam House Services	22,416,952	22,416,952
Cheeverstown House	22,121,565	0
Peamount	19,761,435	0
KARE	16,236,288	0
Central Remedial Clinic (CRC)	15,451,892	0
Brothers of Charity (Roscommon)	14,273,073	0
Brothers of Charity (Clare)	11,329,789	0
Sisters of Charity - Kilkenny	10,675,575	0
Carriglea Cairde Services	8,793,393	0

Parent agency	Disability Funding €	CHO Area 6 €
The Children's Sunshine Home	4,005,596	3,702,601
Section 38 Service Arrangements Funding Tool	705,056,123	76,499,245

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

Parent Agency	**National Disability Funding €**	**CHO 6 € - Dublin South East/ Dun Laoghaire/ Wicklow**
Rehabcare	43,238,328	8,501,517
I.W.A. Limited	37,567,410	2,462,810
Enable Ireland	35,735,297	12,463,992
Western Care Association	27,844,425	0
The Cheshire Foundation in Ireland	23,743,012	7,203,012
Ability West	22,623,770	0
National Learning Network Limited	14,291,234	997,718
St. Joseph's Foundation	13,862,674	0
Peter Bradley Foundation Limited	9,916,242	2,145,266
Camphill Communities of Ireland	8,922,416	381,132
Kerry Parents & Friends Association	8,704,867	0
St. Christopher's Services Ltd	8,267,804	0
SOS Kilkenny Ltd	8,263,569	0
St. Catherine's Association Ltd	7,174,080	6,036,510
Gheel Autism Services	6,996,837	4,099,266
Prosper Fingal	6,962,571	0
Parent Agency	**National Disability Funding €**	**CHO 6 €**
NCBI Services	6,496,661	104,844
CoAction West Cork	6,045,625	0
Autism Spectrum Disorder Initiatives Limited	5,469,650	4,564,756
Section 39 Service Arrangements Funding (> €5M) Total	**302,126,472**	**48,960,823**

Agencies in Receipt of Funding in Excess of €1M

Parent Agency	National Disability Funding €	CHO 6 €
		Dublin South East/ Dun Laoghaire/ Wicklow
Rehabcare	43,238,328	8,501,517
I.W.A. Limited	37,567,410	2,462,810
Enable Ireland	35,735,297	12,463,992
Western Care Association	27,844,425	0
The Cheshire Foundation in Ireland	23,743,012	7,203,012
Ability West	22,623,770	0
National Learning Network Limited	14,291,234	997,718
St. Joseph's Foundation	13,862,674	0
Peter Bradley Foundation Limited	9,916,242	2,145,266
Camphill Communities of Ireland	8,922,416	381,132
Kerry Parents & Friends Association	8,704,867	0
St. Christopher's Services Ltd	8,267,804	0
SOS Kilkenny Ltd	8,263,569	0
St. Catherine's Association Ltd	7,174,080	6,036,510
Gheel Autism Services	6,996,837	4,099,266
Prosper Fingal	6,962,571	0
NCBI Services	6,496,661	104,844
CoAction West Cork	6,045,625	0
Autism Spectrum Disorder Initiatives Limited	5,469,650	4,564,756
Walkinstown Association for People with an Intellectual Disability Limited	4,519,613	0
Cork Association for Autism	4,255,393	0
St. Hilda's Service for the Mentally Handicapped	4,235,824	0
Irish Society for Autism	4,224,004	0
St. Aidan's Day Care Centre	4,186,000	0
Childvision	4,041,957	0
The National Association for the Deaf	3,946,009	180,588
Catholic Institute for Deaf People (CIDP)	3,812,752	1,193,409
County Wexford Community Workshop (Enniscorthy) Ltd (CWCW)	3,811,477	0
Ard Aoibhinn Centre	3,261,505	0
St. Mary's Centre (Telford) Ltd	3,231,752	3,231,752
Prosper Meath	3,031,954	0
Genio Ltd	3,000,000	0
St. Paul's Hospital & Special School	2,909,463	0
Headway (Ireland) Ltd - The National Association for Acquired Brain Injury	2,817,851	136,728
L'Arche Ireland	2,745,723	0
Delta Centre	2,702,928	0
The Multiple Sclerosis Society of Ireland	2,554,291	0
Anne Sullivan Foundation for Deaf/Blind	2,417,294	1,175,650
St. Margaret's Centre	2,377,272	2,377,272
North West Parents & Friends	2,338,797	0
Waterford Intellectual Disability Association (WIDA)	2,248,501	0
Moorehaven Centre	2,209,149	0
St. Gabriel's Centre	2,034,019	0
Dara Residential Services Limited	1,817,382	0
Disability Federation of Ireland	1,566,979	0
Centre for Independent Living (CIL) - Cork Ltd	1,565,900	0
West Limerick Independent Living Limited	1,485,861	0
St. Cronan's Association Limited	1,476,312	0

Parent Agency	National Disability Funding €	CHO 6 €
		Dublin South East/ Dun Laoghaire/ Wicklow
St. Vincent's Centre	1,474,662	0
Centre for Independent Living (CIL) - Laois/Offaly	1,377,586	0
Steadfast House Ltd.	1,360,864	0
County Wexford Community Workshop (New Ross) Ltd (CWCW)	1,266,090	0
Donegal Centre for Independent Living Limited	1,263,436	0
Order of Malta Regional Services Drogheda Limited	1,220,138	0
Muscular Dystrophy Ireland	1,127,495	19,584
Clann Mór	1,106,713	0
Drumlin House Training Centre	1,031,448	0
Section 39 Service Arrangements Funding over €1m	**398,180,866**	**57,275,806**
Nua Healthcare Services	15,409,328	2,803,833
Talbot Group	14,087,604	628,355
Three Steps Ltd	3,614,953	0
Galro	2,798,729	0
Resilience Healthcare Ltd	2,121,164	0
Simplicitas Ltd (UK)	1,930,976	0
Moorehall Lodge Healthcare Services Ltd	1,793,768	0
Tara Winthrop Private Clinic	1,636,094	0
Vurzol Ltd	1,396,365	0
Guardian Healthcare Ltd	1,382,817	0
All In Care	1,116,830	0
Talura House Ltd	1,040,389	0
For Profit Service Arrangements Funding above €1m	**48,329,017**	**3,432,188**
Praxis Care	5,556,539	0
Out of State Service Arrangements Funding over €1m	**5,556,539**	**0**

Older Persons Services

Older Persons Services – Total Funding	National Older Persons Total €	CHO 6 €
		Dublin South East/ Dun Laoghaire/ Wicklow
S38 – SA	48,471,796	28,374,680
S39 – SA	88,788,552	12,651,209
S39 – GA	16,674,569	735,016
Total S39	105,463,120	13,386,225
Total Voluntary	153,934,916	41,760,905
For Profit – SA	63,574,392	3,565,537
Out of State – SA	133,000	0
Total Commercial	**63,707,392**	**3,565,537**
Total All	**217,642,309**	**45,326,442**

Agencies in Receipt of Funding in Excess of €1M

Parent Agency	Older Persons Total €	CHO Area 6 €
		Dublin South East/ Dun Laoghaire/ Wicklow
Royal Hospital Donnybrook	16,689,136	16,689,136
Leopardstown Park Hospital	11,685,544	11,685,544
Incorporated Orthopaedic Hospital of Ireland	9,800,000	0
Peamount	7,712,016	0
Cappagh National Orthopaedic Hospital	2,585,100	0
Section 38 Service Arrangements Funding Total	**48,471,796**	**28,374,680**
Alzheimer Society of Ireland	10,235,068	2,712,894
Clarecare	5,058,261	0
The Carers Association	4,022,023	129,937
Marymount University Hospital and Hospice Limited	3,774,189	0
Fold Housing Association Ireland Limited	3,581,760	0
Dublin North Inner City Home Help	3,452,800	0
Roscommon Home Services Co-operative Limited	3,160,776	0
CareBright	2,424,477	0
St. Luke's Home	2,338,768	0
Ballymun Home Help	2,287,023	0
Fingal Home Help	2,267,311	0
Finglas Home Help/Care Organisation Ltd	2,165,041	0
Rehabcare	2,163,932	2,163,932
Caritas Convalescent Centre Ltd	2,047,000	2,047,000
Charter Medical Group Limited	1,971,870	0
Crumlin Home Care Service Limited	1,961,440	0
Blanchardstown & Inner City Home Care Association Ltd	1,862,568	0
Ballyfermot Home Help Ltd	1,703,789	0
Nazareth House Management Ltd	1,569,790	0
Nazareth House - Cork	1,439,883	0
Northside Homecare Services Ltd	1,379,163	0
Drumcondra Home Help & Care Services Ltd	1,321,954	0
Donnycarney / Beaumont Home Help	1,320,943	0
Terenure Home Care Services	1,151,493	0
CLR Home Help	1,135,705	0
Wicklow Community & Family Services	1,132,019	1,132,019
Greystones Home Help Services Ltd	1,081,205	1,081,205
West of Ireland Alzheimer's Foundation	1,000,699	0
Arklow South Wicklow Home Help Service Ltd	1,000,363	1,000,363
Section 39 Service Arrangements Funding Over €1m	**70,011,313**	**10,267,350**
Comfort Keepers (Elder Homecare Ltd)	13,633,923	800,000
All In Care	6,555,645	0
Homecare & Health Services (Ireland) Ltd (Homecare Independent Living)	4,344,101	0
Lynmara Healthcare Ltd	2,630,000	0
Caspian BMP Ltd	2,160,000	0
Talura House Ltd	2,085,568	39,010
MK Expert Providers Ltd	1,605,528	0
Limerick Senior Care Ltd	1,511,925	0
Sandra Cooney Home Care	1,295,279	0
Galway Senior Care Ltd	1,150,000	0
Byzantium MOD Limited	1,133,779	0
For Profit – SAs Funding €1m	**38,105,748**	**839,010**