



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Cork and Kerry Community Healthcare Organisation

Operational Plan 2015

Primary Care Services
Social Care Services
Mental Health Services
Health and Wellbeing



HSE Priorities 2015

System Wide Priorities

- Improve quality and patient safety with a focus on:
 - Service user experience.
 - Development of a culture of learning and improvement.
 - Patients, service users and staff engagement.
 - Medication management and reduction of healthcare associated infections.
 - Serious incidents, reportable events, complaints and compliments.
- Implement Quality Patient Safety and Enablement Programme.
- Implement the Open Disclosure policy.
- Implement a system wide approach to managing delayed discharges.
- Continue to implement the Clinical Programmes.
- Develop and progress integrated care programmes.
- Implement *Healthy Ireland*.
- Implement *Children First*.
- Implement *Individual Health Identifier*.
- Deliver the system wide Reform Programme.

Primary Care

- Improve access to primary care services and reduce waiting lists and waiting times.
- Implement models of care for chronic illness management.
- Implement service integration measures to reduce the reliance on acute hospitals and reduce the number of delayed discharges.
- Extend the coverage of community intervention teams and improve access to diagnostics in primary care
- Enhance oral health services including orthodontic services.
- Roll out the community oncology programme.

Social Inclusion

- Improve health outcomes for people with addictions.
- Contribute to reductions in levels of homelessness.
- Enhance the provision of primary care services to vulnerable and disadvantaged groups.

Primary Care Reimbursement Service

- Extend access to GP care, without fees, to children under 6 years and adults over 70 years.
- Develop further the medicine management programme.
- Introduce service improvements in relation to medical card eligibility assessment, medical card provision and reimbursement.

Social Care

Disability Services

- Implement *Value for Money and Policy Review*
- Reconfigure day services for school leavers and rehabilitative training
- Improve therapy services for children (0-18s)
- Enable people to move from congregated settings
- Continue to drive service improvement

Services for Older People

- Nursing Homes Support Scheme
- Provide public residential services
- Provide a range of home supports
- Roll out the dementia strategy
- Promote positive ageing
- Initiate a system wide approach to managing delayed discharges
- Progress the single assessment tool
- Implement a funding model for public, short-term and intermediate care

Mental Health

- Ensure the views of service users are central to the design and delivery of services
- Deliver timely, clinically effective and standardised safe services
- Design integrated evidence based, recovery focused services
- Promote the mental health of the population including reducing loss of life by suicide
- Enable the provision of services by trained and engaged staff as well as fit for purpose infrastructure

Health and Wellbeing

- Reduce the chronic disease burden by addressing key modifiable risk factors
- Enhance and improve service delivery models for the health of the population
- Implement *Healthy Ireland*
- Protect the population from threats to their health and wellbeing
- Deliver population-based screening programmes

Supporting Service Delivery

- Implement the HSE Accountability Framework
- Deliver on the Finance Reform Programme
- Deliver the HSE Capital and ICT Capital plans
- Deliver on workforce planning and agency conversion
- Ensure compliance with Service Agreements

Contents

1. HSE Priorities 2015	1
2. Table of Contents	3
3. Introduction	4
4. Finance	11
5. Workforce.....	19
6. Quality and Safety	24
7. Primary Care.....	32
a. Primary Care Actions	33
b. Social Inclusion Actions	50
c. Primary Care (Incl. Social Inclusion) Balanced Score Card	59
8. Social Care	61
a. Services for Older People Actions.....	62
b. Social Services for Older People Balanced Score Card.....	88
c. Disability Services Balanced Score Card.....	89
9. Mental Health Services	90
a. Key priority areas.....	91
b. Actions.....	92
c. Mental Health Service Performance Indicator Suite.....	109
10. Health and Well Being.....	110
a. Health and Well Being Balanced Score Card.....	120
11. Palliative Care.....	121
12. Appendices	
a. Appendix One: Primary Care Capital	125
b. Appendix Two: Primary Care KPIs.....	126
c. Appendix Three: Social Inclusion KPIs.....	132
d. Appendix Four: Social Care KPIs	139
f. Appendix Five: Service Arrangement Funding.....	144
g. Appendix Six: Public Long Stay Residential Care.....	148
h. Appendix Seven: Mental Health Services KPIs	149
i. Appendix Eight: Mental Health Service Capital Projects	150
j. Appendix Nine: Health & Wellbeing Services KPIs	151
k. Appendix Ten: CHO Cork & Kerry QPS Structures.....	153

Cork and Kerry CHO Operational Plan 2015

Introduction

The Cork and Kerry CHO Operational Plan is prepared as part of the service planning framework outlined in the HSE's National Service Plan 2015 which was published on 27th November 2014. This operational plan is consistent with and informed by the National Operational Plans published on the 19th December, 2014 in:

- Primary Care
- Social Care
- Mental Health
- Health & Wellbeing
- Palliative Care

Our Approach

The approach we have taken in the development of the Operational Plan for 2015 is designed to show how our collective efforts and expertise are being directed towards addressing our priorities. This plan is underpinned by the operational principles that characterise a successful and efficient approach to managing limited resources in the interests of delivering better results.

Financial Framework

The net opening budget allocation for 2015 is €535m separate from the additional Programme for Government funding to be allocated to areas during 2015.

Workforce

The staff of the services continues to be its most valuable resource and is central to improvement in service user care, productivity and performance. Engagement and involvement of staff in the service design and improvement programme for health services is a key priority in 2015. Additionally, recruiting and retaining motivated and skilled staff continues to be a key objective, particularly in the context of significant reductions in workforce in the past number of years, requiring a significant focus on the most appropriate workforce configuration to deliver services in the most cost effective and efficient manner to maximum service benefit.

A particular focus in 2015 in Cork and Kerry CHO will be developing and supporting Leadership at all levels through setting clear achievable actions, provision of appropriate training and implementation of a supportive performance management framework.

Introduction

Quality Improvement and Quality Assurance

Quality improvement and patient safety is everybody's business and will be embedded in all work practices across Cork Kerry CHO. This will continue to be a key focus in 2015 by:

- Meeting clear targets and delivery objectives for patient safety and quality improvement.
- Having mechanisms in place to measure the patient's personal experience.
- Monitoring routine activity through key performance indicators.
- Enabling a framework for engaging with patients, service users and their advocates.
- Enabling and developing a culture of learning and improvement.
- Implementing the enhanced quality assurance framework.

The process of identifying, reporting and following up on Serious Reportable Events (SREs) has also been strengthened as part of the overall Quality and Patient Safety Enablement Programme.

Community Healthcare Organisations Governance Framework

The publication in October 2014 of the *Community Healthcare Organisations – Report and Recommendations of the Integrated Service Area Review Group* provides a framework for new governance and organisational structures for community health care services. An extract from the report states that *'In 2014, more than half of our total health spend on operational services is in the community healthcare sector. This sector is significant and the reform of these structures will facilitate a move towards a more integrated health care system, improving services for the public by providing better and easier access to services, services that are close to where people live, more local decision making and services in which people can have confidence.'*

The new governance and organisation structures being put in place to enable integrated care involve actions to:

- Establish nine Community Healthcare Organisations to deliver an integrated model of care.
- Develop 90 Primary Care Networks, averaging 50,000 population with each Community Healthcare Organisations having an average of 10 networks to:
 - Support groups of Primary Care Teams.
 - Enable integration of all services for a local population.
 - Support prevention and management of chronic disease at community level.
- Reform of social care, mental health and health and wellbeing services to better serve local communities through:
 - Standardise models and pathways of care while delivering equitable, high quality services.
 - Support primary care through the delivery of rapid access to secondary care in acute hospital and specialised services in the community.

An intensive communication and engagement process is underway including feedback to all those involved in the original consultation, together with other staff and partners in the wider health service.

A national Steering Group will oversee the implementation of the report's recommendations and a high level implementation plan is in development. The first step in this was the appointment of Chief Officers who are in place since January 2015.

Introduction

Children First Implementation

The Health Service's responsibilities for the protection and welfare of children are outlined in *Children First: National Guidance for the Protection and Welfare of Children 2011*. A *Children First* Implementation Plan was developed in 2014 which sets out the key actions required to maintain and enhance the delivery of services in line with *Children First*. High level actions include a review and re-issue of the HSE Child Protection and Welfare Policy, a training strategy to support staff in meeting their individual responsibilities to promote and protect the welfare of children, a communication plan to ensure staff are kept informed of developments in respect of *Children First* including the *Children First* Bill 2014 when enacted and a quality assurance framework. The plan applies to all HSE services and to all providers of relevant services that receive funding from the HSE such as agencies that receive funding under section 38 and section 39 arrangements.

A national *Children First* Lead has been appointed and a HSE *Children First* Oversight Committee established, together with *Children First* implementation groups at Division levels. In 2015 a *Children First* implementation Group will be established in Cork and Kerry CHO. This Group will communicate and activate the HSE Child Protection Policy, training strategy, communications strategy and quality assurance framework, in line with guidance and direction from the HSE *Children First* Oversight Committee and the Divisional *Children First* Implementation Groups, within Cork and Kerry. Progress reports on the implementation of the plan will be submitted to the Health Sector *Children First* Oversight Group during 2015.

Health and Safety at Work

The Safety, Health and Welfare at Work Act 2005 sets out the duties of employers and their employees in relation to safety and health in the workplace. The Act places duties of care on employers to manage and conduct their undertakings so that they are safe for employees. In turn, the 2005 Act requires that employees work in a safe and responsible manner and cooperate with their employer in order to comply with the law. 2015 will see the consolidation and further development of the national Health and Safety Support Function established in 2014. Key delivery areas will include policy, training, information and advice, inspection and auditing.

Accountability Framework

The HSE recognises the critical importance of good governance and of continually enhancing its accountability arrangements. In this regard, and in the context of the establishment of the Hospital Groups and Community Healthcare Organisations, the HSE is strengthening its accountability arrangements and is putting in place a new **Accountability Framework**. This enhanced governance and accountability framework will make explicit the responsibilities of all managers to deliver the targets set out in the National Service Plan and the Divisional Operational Plans. The Accountability Framework describes in detail the means by which the HSE, and in particular Hospital Groups and Community Healthcare Organisations, will be held to account in 2015. A key feature of the Accountability Framework will be the introduction of formal **Performance Agreements**. These Agreements will be put in place at two levels. The first level will be the National Director Performance Agreement between the Director General and each National Director for services. The second level will be the Community Healthcare Organisation Chief Officer Performance Agreement, which will be with the relevant National Directors.

Introduction

Another feature of the Accountability Framework will be explicit arrangements for escalating areas of underperformance and specifying the range of interventions to be taken in the event of serious or persistent underperformance; this will be reviewed as part of the monthly performance reviews.

The HSE nationally also provides funding of more than €3 billion annually to the non-statutory sector to provide a range of health and personal social services which is governed by way of Service Arrangements and Grant Aid Agreements. A new **Service Arrangement and Grant Aid Agreement** will be put in place for 2015 and will be the principal accountability agreement between the Primary Care Division and relevant Section 38 and 39 funded Agencies.

Health Service Reform

2015 is an important year in the ongoing reform of the health services, with a particular focus on a) key infrastructural changes such as Community Healthcare Organisations; b) service improvements in areas such as integrated care and c) strategic enablers such as the individual health identifier. The following are some of the key reform programmes that the HSE Nationally and locally will be engaging with and implementing:

- Establishing and developing **Community Healthcare Organisations**.
- Developing **Integrated Models of Care**. This will also involve the alignment of key enablers including ICT, HR and Finance.
- Developing and implementing ICT reform in line with the eHealth Strategy under the leadership of the Chief Information Officer.
- Implementing the *Individual Health Identifier programme*.

Integrated Approach to Delayed Discharges

In response to the growing challenge of providing services to an ageing population, and to address delayed discharges, an integrated care approach will be implemented across the continuum of care inclusive of home, community, hospital and residential services. In 2015, €25m nationally is being provided to augment the response to these challenges across the country. The specific targets to be achieved through this initiative will include an integrated care approach to meet the needs of frail elderly patients. The approach will be to maintain older people in their own homes and communities for as long as possible, by providing a range of supports to avoid hospital admission and, when admitted, to support the discharge of older people from acute hospitals.

While some elements of the additional funding are targeted at reducing delayed discharges in Dublin Hospitals, patients in Cork and Kerry will benefit from access to:

- Increased number of places funded under Nursing Home Support Scheme;
- Intensive Home Care Packages (Cork City).

Healthy Ireland

Healthy Ireland, a Framework for Improved Health and Wellbeing 2013-2025 sets out a population approach to addressing the challenges of an ageing population, together with the demands being placed on health services resulting from the increase in the incidence of chronic illness.

Chronic diseases such as cancer, cardiovascular disease, respiratory disease and diabetes are among the leading causes of mortality, accounting for 76% of deaths in Ireland. Managing ill health resulting from chronic conditions, including obesity and their risk factors, is expensive and is a major driver of healthcare costs. It is estimated that most of the major chronic diseases will increase by approximately 20% by 2020. Chronic diseases are generally preventable and their increase is attributable to behavioural factors that can be addressed and modified.

Throughout 2015 one of the key objectives for Cork & Kerry CHO will be to develop a Healthy Ireland implementation plan.

Clinical and Integrated Care Programmes

The Clinical Strategy and Programmes Division (CSPD) will provide the framework for the management and delivery of health services to ensure that patients and clients receive a continuum of preventive, diagnostic, care and support services, according to their needs and across different levels of the health system.

The models of care will incorporate cross service, multi-disciplinary care and support which will facilitate the delivery of high quality, evidence based care. The Integrated Care Programmes (ICPs) will be underpinned by management of the interfaces to reduce barriers to integration and allow for cohesive care provision. The CSPD has identified an initial five ICPs for implementation in 2015 as follows:

- Integrated Care Programme for Patient Flow.
- Integrated Care Programme for Children.
- Integrated Care Programme for Maternity Services.
- Integrated Care Programme for Older People.
- Integrated Care Programme for the prevention and management of Chronic Disease.

These ICPs will work with the existing clinical programmes and other key enablers such as Finance, HR and ICT to ensure that services are aligned and deliver seamless patient centred services. Cork & Kerry CHO will participate in and deliver as appropriate the initial five ICPs identified for implementation in 2015.

Introduction

Risks to the Delivery of the Operational Plan

In identifying potential risks to the delivery of the Cork Kerry CHO Operational Plan, it is acknowledged that while every effort will be made to mitigate these risks, it will not be possible to eliminate them in full. Examples include:

- Continued demographic pressures over and above those already planned for in 2015, with particular emphasis on Community Demand Led Schemes and Emergency needs for residential placements in Disability Services.
- The capacity to recruit and retain highly skilled and qualified staff.
- The extent of the requirement to reduce agency and overtime expenditure.
- The potential for pay cost growth which has not been funded e.g. pay increments.
- Financial risks associated with statutory and regulatory compliance e.g. compliance in relation to SLA targets.
- Maintaining control in the transition period during the introduction of the new CHO structures.

Our Successes

While the focus of this Operational Plan is on the level of service to be delivered in 2015 and the service improvements to be achieved, significant progress has been made over the last 12 months in Cork and Kerry CHO. Successes in 2014 include:

- Opening of Primary Care Centres in Kinsale and Mizen.
- Opening of Tralee Day Care Centre.
- Revised Roster and Skill-mix Arrangements put in place in several Community Hospitals in Cork
- Formal commencement of Cork City North West Primary Care Centre project.
- Launch of Stroke Support group to West Cork PCTs in conjunction with Bantry General Hospital.
- Commencement of Diabetic Retinopathy national screening programme in Primary Care settings throughout Cork and Kerry.
- Counselling in Primary Care service extended throughout Cork city and Kerry
- Provision of the Neuro Functional Training Programme (Functional Zone) in Leisureworld Bishopstown, Cork city. This is a HSE/Cork City Council partnership initiative.
- Castleisland / Farranfore PCT - Publication of the **'youth sub-group drug and alcohol use survey'**
- Commencement by Psychology dept of "Cork Beats Stress" initiative with GAA clubs in Cork North and Cork South
- Opening of the new garden in the Stroke Rehab Unit in St. Finbarr's Hospital.
- National Health Awards for Cork Home Support Services, Castleisland/Farranfore PCT, Alzheimers Café St. Finbarr's Hospital, "Cork Beats Stress" and Cork and Kerry Addiction Services.
- Transfer of long-stay Mental Health patients from upper floor Carraig Mor Intensive Care Unit to St. Stephen's Hospital Campus.
- Completion of new purpose built 50 bedded acute Mental Health inpatient Unit in Cork University Hospital.
- Completed recruitment and development of a Mental Health Intellectual Disability team.

Introduction

- Completion of a new 4 bed Mental Health Close Observation Unit (Brandon Unit) at Kerry General Hospital and a new Therapeutic Suite.
- Increase in Palliative Care beds in Marymount Hospice.
- A community mental health multidisciplinary team for older people has also commenced in Kerry.
- Upgrading of Community Hospital in Schull.

In 2015 we will build on these successes in partnership with our colleagues across the health services.

Conclusion

Cork & Kerry CHO will continue to work towards maximising the delivery of services within the resources available while at the same time ensuring that quality and patient safety remains at the core of the delivery system. This will be supported by the introduction of the 2015 Accountability Framework, which will ensure that all managers are accountable for delivering services against target and within the financial and human resources available.

Cork & Kerry CHO will work to ensure effective, timely and accurate communication to all interested parties in relation to the delivery of Community Health Care services in the area.

Ger Reaney
Chief Officer

February, 2015

Financial Framework

Context

The HSE Vote is being amalgamated with the Vote of the Department of Health with effect from 1st January 2015 as part of the health reform programme. This brings with it a number of changes including the introduction of a 'first charge' whereby any over run from 2015 onwards will fall to be dealt with by the HSE in the subsequent financial year. This places further emphasis on the need for all services to operate within the available resource limit in 2015 or face the prospect of having to deal with any overrun as a first charge on their resources the following year.

The key components of meeting the financial challenge in 2015 include:

- **Governance** – through an enhanced efficiency and accountability framework.
- **Pay costs** – integrated managed reductions in cost and whole-time equivalents (WTEs) associated with direct staff, agency and overtime.
- **Non pay costs** – through delivering procurement (price) savings.
- **More detailed budget setting** – pay (broken down by direct, agency and overtime), non-pay and income limits set in addition to the traditional net expenditure budget.
- **Income generation and cash collection** – significant additional focus on these two related areas.

Funding is provided in 2015 to maintain the level of services in place in 2014. Any growth in expenditure will need to be funded by savings generated elsewhere. Additional funding is provided for mental health services in 2015 on a once-off basis to allow for a range of reconfiguration and cost containment measures to be implemented during the year which will reduce costs.

A core principle of budget setting 2015 is to seek, in so far as practical, to give managers a realistic 2015 budget that represents a "stretched" but deliverable target. Table 2.1 below outlines the 2015 budget allocation for the Cork and Kerry CHO.

Summary of Budget Allocation

Table 2.1 Summary of 2015 Budget Allocation Cork & Kerry CHO

Division		Pay	Non-pay	Income	Total
		000's	000's	000's	000's
Primary Care					
	Primary Care (excl Community schemes)	71,687	33,274	-10,551	94,410
	Community Schemes (demand led)		25,418		25,418
	Social Inclusion	2,139	9,774	-3	11,910
	Total Primary Care	73,826	68,466	-10,554	131,738
Social Care					
	Older Persons Services				104,881
	Disability Services	18,764	170,998	-5,627	184,135
	Total Social Care				289,016
Mental Health		88,787	18,176	-3171	103,792
Health and Wellbeing		2,222	699	-70	2,851
Palliative Care		20	7,426	-233	7,213
Total					534,610

Social Care

a) Cost Pressures & Additional Capacity

Funding is to be allocated for the National Social Care Division to offset unavoidable cost pressures and to provide additional capacity as follows:

- Full year costs of day places for 2014 school Leavers and those exiting rehabilitative training
- Additional pay costs arising from agreement on Sleep Over pay in residential centres
- Expansion of therapy services for 0 – 18 year olds
- Implementation of policy on safe guarding vulnerable adults at Risk of Abuse
- Additional 300 places in NHSS (Long Stay Residential Care) (Programme for Government)
- Intensive Home Care Packages (Programme for Government)

b) Savings Targets

The National Service Plan identified that in order to fund the specific provisions set out in the plan, a minimum savings target has been set for each CHO. The savings targets for Social Care in CHO Cork & Kerry is set out below

Table 2.2 – Cork & Kerry CHO Savings Targets – Social Care

Saving Measures	Older Person Services 000's	Disability Services 000's	Social Care Total 000's
Non Pay Procurement Savings	€656	€59	€715
Pay Reduction in Agency and Overtime Costs	€1,533	€87	€1,620
Total:	€2,189	€146	€2,335

In addition to the ongoing programme of reducing agency in Older Persons Services, there will be a significant focus on reducing agency and overtime costs in disability Services in order to maximise the potential for cost reduction and free-up resource to be better utilized in addressing service challenges such as emergency cases or other unfunded services demands.

Similarly, the VFM Policy Review identified significant potential around non-service impacting efficiency measures associated with non-pay costs, back office and other opportunities associated with partnering and collaborative measures. These can reduce overall costs and free-up resources to be better utilized for front-line service provision. Staff in CHO Area 4 Cork/Kerry will work closely with the service improvement team and all service providers to ensure that opportunities are maximized in this way to the benefit of our service users.

Financial Framework

c) Indicative Budget Allocations

Summary of Indicative Budget Allocation to Cork and Kerry CHO (Excluding NHSS)

Table 2.3 Cork & Kerry CHO Budget – Older Persons

2015 OLDER PERSONS ALLOCATION (Excluding NHSS)		
	CHO Area 4 Cork/Kerry 000's	National 000's
Short Stay Public	22,299	9,000
Short Stay Private	5,023	10,000
Short Stay Voluntary	0	0
Home Help and HCP	55,331	5,000
Community Nursing/Therapies/Support Services	5,147	
Daycare	6,803	
Clinical Services	12,467	
Delayed Discharge Funding	0	13,000
Intensive HCP Funding	0	10,000
Regional Services	0	16,602
National Services	0	20,329
	107,070	83,930
Cost Savings	(2,189)	
2015 OLDER PERSONS	104,881	

Summary of Indicative Budget Allocation to Cork and Kerry CHO

Table 2.4 Cork & Kerry CHO Budget Allocation – Disability Services

2015 DISABILITY ANNUAL ALLOCATION		
	Area 4 Cork/Kerry 000's	National 000's
HSE SERVICES		
Pay	18,764	180
Non Pay	6,687	2,657
Income	(5,627)	(0)
	19,824	2,837
GRANT AIDED AGENCIES		
Non Pay	164,457	4,895
	164,457	4,895
Agency Saving	(87)	
Procurement Saving	(59)	(2)
Cost Reductions	(146)	(2)
Funded Cost Pressures		20,000
2015 DISABILITY	184,136	27,730

Primary Care:

a. Programme for Government

The total amount of additional funding under the Programme for Government amounts to €134.1m in 2015. Primary Care received €53.0m for the following:

- Provision of free GP Care to Under 6's (€25m).
- Provision of free GP Care to Over 70's (€12m).
- Provision of improved and additional primary care services at PCT and Network level (€14m).
- Delayed Discharges Initiative (€2m).

b. Savings Targets

National Primary Care savings measures amount to €70.7m including the €4.3m in relation to agency / overtime reduction. These savings are included within the overall National Budget of €3,359.1m and have been allocated to service areas accordingly. Detailed implementation plans for these savings measures are being developed.

c. Indicative Budget Allocations

The 2015 Cork / Kerry net expenditure allocation is set out below in Table 2.

Table 2.5 Budget Allocation Cork & Kerry CHO - Primary Care

2015 BUDGET ALLOCATION				
	Area 4 Cork/Kerry 000's	Area 4 Cork/Kerry 000's	Area 4 Cork/Kerry 000's	Area 4 Cork/Kerry 000's
	Pay	Non Pay	Income	Total
Primary Care (excl Community Schemes)				
Cork	54,803	28,487	-8,517	74,773
Kerry	15,200	3,949	-1,689	17,460
Cork Dental Hospital	1,684	838	-345	2,177
Total	71,687	33,274	-10,551	94,410
Community Schemes (Demand Led)				
Cork		19,159		19,159
Kerry		6,259		6,259
Total		25,418		25,418
Social Inclusion				
Cork	2,040	9,620	0	11,660
Kerry	99	154	-3	250
Total	2,139	9,774	-3	11,910
Primary Care total	73,826	68,466	-10,554	131,738

Financial Framework

The 2015 PCRS (National) net budget allocations are set out below in table 3 below.

Table 2.6: National PCRS Budget 2015

	PAY €m	NON PAY €m	GROSS BUDGET €m	INCOME €m	NET BUDGET €m
Medical Card Scheme		1,752.0	1,752.0	-139.2	1,612.8
Community Drugs Schemes:					
Long Term Illness Scheme (Incl ADHD)		128.3	128.3	-1.7	126.6
Drug Payment Scheme		73.7	73.7	-2.7	71.0
Hi Tech (Non GMS)		211.3	211.3	-6.4	204.9
Dental Treatment Services Scheme		76.0	76.0		76.0
Community Ophthalmic Scheme		32.2	32.2		32.2
Other Demand Led Schemes		39.5	39.5		39.5
Total Community Drugs Scheme		561.0	561.0	-10.8	550.2
Primary Care Schemes:					
Hardship		13.5	13.5		13.5
Hep C		33.9	33.9		33.9
Oncology		11.5	11.5		11.5
Other Primary Care Schemes		8.0	8.0		8.0
Total Primary Care Schemes		66.9	66.9		66.9
Admin	11.8	26.7	38.5		38.5
Primary Care Reimbursement Service	11.8	2,406.6	2,418.4	-150.0	2,268.4
Community Demand Led Schemes		217.4	217.4		217.4
Total PCRS	11.8	2,624.0	2,635.8	-150.0	2,485.8

Note: The income shown above includes the rebate from pharmaceutical companies and income received from prescription charges

Mental Health:

a. Programme for Government

An amount of €35m will be made available to Mental Health to fund priority new developments in 2015. This €35m will be made available to the HSE once these developments are agreed and the related costs come on stream. In addition to the €35m above, there is a provision in the total allocation of €23m to cover the full year costs of 2013 and 2014 priority posts.

b. Savings Targets

The 2015 budget includes national saving targets of €4.7m and this combined with finding the costs of unfunded incremental pay costs of €1.9m nationally and the full costs of programmes ramping up in the latter part of 2014 and early 2015 means that the focus on cost containment and efficiency is as important as ever. The key focus areas for 2015 will be –

(i) **Reduction in Agency and Overtime Costs €3.9m -**

There will be a significant additional focus on all pay costs which includes costs related to directly employed staff, overtime and agency staff. Despite the system and data constraints, Mental Health will begin to take a more integrated approach to the management of all staffing costs. This will involve setting limits on the costs and hours (initially expressed as WTEs) for each category of staff. The WTE equivalent limits for Overtime and Agency are set out in detail in the Workforce Section. This will require an exceptional targeted effort across the organisation and within all funded agencies.

Financial Framework

In 2015, there will be a renewed focus in Cork and Kerry CHO on reducing overtime and agency costs through:

- Recruiting, on a permanent or temporary basis, within available funding to meet service needs.
- Adherence to policy on ‘specialing’ of patients on acute inpatient units.

- (ii) **Procurement €814k** - Mental Health, working with our colleagues in Health Business Systems, need to source €814k in procurement related savings in 2015. This saving will need to be delivered by colleagues in Health Business Systems through the implementation of standard purchasing contracts providing savings at local level.
- (iii) **External Placements** – the cost of an individual private placement can vary from €150,000 to €400,000+ per annum so constant review of the appropriateness of placement is paramount.
- (iv) **Travel Savings** – Mental Health are developing a detailed model that will assist management to efficiently manage expenditure on travel and subsistence. This model will take into account the geographical area of community mental health teams and will flag teams that need to reduce spend.

c. Indicative Budgets

Tables 2.7 and 2.8 below, show the detail spend and budget by Integrated Service Area and by Community Health Area excluding the allocation of the 2015 Programme for Government Funds of €35m.

Table 2.9 sets out the draft indicative pay limits for each for each ISA and CHO. These target numbers are before additional spend on development posts funded from the 2015 Programme for Government. Performance against these targets will be monitored monthly throughout 2015 to ensure no significant deviation arises. If there is significant deviation, approval for replacement posts and further use of overtime/agency may be restricted subject to ensuring that quality and risk parameters are not impinged.

Table 2.7 – Cork & Kerry CHO Mental Health Budget and Spend

Community Health Org	Integrated Service Area (ISA)	2013 Actual Net Spend	2014 Projected Net Spend	2015 Initial Budget – no new posts	2015 Additional budget for full year costs of 2013 & 2014 Development Posts	2015 Budget (note 1)
		Column A	Column B	Column C	Column D	Column E
4	Cork	77,630,589	80,069,045	78,512,118	2,531,179	81,043,297
4	Kerry	20,754,295	21,306,817	21,281,516	1,467,600	22,749,116
Area 4 Total		98,384,884	101,375,862	99,793,635	3,998,779	103,792,414

Note 1 This figure for 2015 does not include the additional monies allocated as part of Programme for Government 2015

Financial Framework

Table 2.8 below shows the indicative Opening Budget 2015 before inclusion of the additional monies secured for 2015 Developments analysed between Pay, Non Pay and Income.

Table 2.8 – Cork & Kerry CHO Indicative Mental Health Budget and Spend

Community Health Org	Integrated Service Area (ISA)	Pay	Non-Pay	Gross Spend	Income	Total
4	Cork	69,002,378	14,317,758	83,320,136	2,276,839	81,043,297
4	Kerry	19,784,496	3,858,304	23,642,800	893,684	22,749,116
Area 4	Total	88,786,875	18,176,062	106,962,936	3,170,523	103,792,414

Table 2.9 shows the initial 2015 Pay Budget Limits excluding costs of additional development posts split between -

- Direct Pay financial limit
- Overtime financial limit
- Agency financial limit
- Additional Development posts

Table 2.9 – Cork & Kerry CHO Indicative Mental Health Pay Budget

Community Health Org	Integrated Service Area (ISA)	Pay	Overtime	Agency	2013 & 2014 Development Posts	Total
4	Cork	62,810,000	3,097,000	562,000	2,533,379	69,002,379
4	Kerry	17,869,000	390,000	130,000	1,395,496	19,784,496
Area 4	Total	80,679,000	3,487,000	692,000	3,928,874	88,786,874

Health & Wellbeing:

a. Cost Pressures /Financial Risk Areas

Due to the overall budget reduction there will be no scope to expand services beyond agreed levels. However given the nature of the services provided within Health and Wellbeing (Vaccinations; Emergency Management) and the unavoidable requirement for response, a supplementary budget may be required to deal with pandemic or major emergencies. Similarly, the Screening Services are, for the most part, a demand-led scheme and are therefore susceptible to the pattern of attendance and associated costs in a given time period. Accurately predicting uptake, particularly in the newer programmes, carries a degree of uncertainty and as a result all planning parameters are reviewed monthly.

b. Savings targets

A national savings target of €0.900m has been attributed to the Health and Wellbeing Division in 2015. A national savings target of €0.113m (included in €0.900m above) has been attributed to the Health and Wellbeing Division in 2015 related to pay savings arising from plans to convert current agency spend to permanent staff.

c. Indicative budget allocations

Table 2.10 Budget Allocation Cork and Kerry CHO – Health & Wellbeing

	Pay 0000's	Non Pay 0000's	Income 0000's	Total 0000's
Cork and Kerry	2,222	699	-70	2,851

Palliative Care:

Table 2.11 Budget Allocation Cork and Kerry CHO – Palliative Care

	Pay 0000's	Non Pay 0000's	Income 0000's	Total 0000's
Cork and Kerry	20	7,426	233	7,213

Workforce

Employment Control

The staff of the health services continues to be its most valuable resource and are central to improvement in patient care, productivity and performance. A culture of compassionate care and a sense of belonging among staff is essential to create and embed an organisation-wide approach to delivering a high quality, effective and safe service to our patients and clients.

Recruiting and retaining motivated and skilled staff continues to be a key objective in 2015 for Cork/Kerry Health services. This has to be delivered in an environment of significant reform and against a backdrop of significant reductions in the workforce over the past seven years,

The effective management of the health services' workforce will underpin the accountability framework in 2015. This requires that Cork/Kerry has the most appropriate workforce configuration to deliver services in the most cost effective and efficient manner to maximum benefit.

The Workforce Position

At the end of December 2014 there were 6,099 WTE positions in Cork and Kerry CHO delivering Services as shown in Table 3.1 to 3.4 below.

Employment controls in 2015 will be based on the configuration of the workforce that is within funded levels including agency, locum and overtime expenditure. The aim is to provide for a stable workforce which will support the continuity of care required for safe, integrated service delivery.

Management of the workforce in 2015 must transition from an employment control framework, with its particular focus on a moratorium on recruitment and compliance with employment ceilings, targets and numbers, to one operating strictly within allocated pay frameworks. At the same time services must be delivered to the planned level and service priorities determined by Government addressed. This requires an integrated approach, with service management being supported by HR and Finance. It further requires finance and HR workforce data, monitoring and reporting to be aligned. Planned service developments under the Programme for Government and prioritised internal initiatives will require targeted recruitment in 2015.

Reform, reconfiguration and integration of services, maximising the enablers and provisions contained in the *Haddington Road Agreement*, the implementation of service improvement initiatives and reviews, the reorganisation of existing work and redeployment of current staff, will all contribute to delivering a workforce that is more adaptable, flexible and responsive to the needs of the services, while operating with lower pay expenditure costs and within allocated pay envelopes. The funded workforce can be further reconfigured through conversion of agency, locum and overtime expenditure, where appropriate and warranted, based on cost and this can also be utilised to release required savings.

Workforce

Table 3.1: Cork & Kerry CHO Mental Health staffing position by category (December 2014)

Community Health Organisation – Area 4	Medical / Dental	Nursing	Allied Health & Social Care Professionals	Management / admin	General Support Staff	Other Patient & Client Care	Total
Cork	84	536	145	71	84	96	1,012
Kerry	16	176	28	9	51	1	281
CHO Total	100	712	173	80	132	97	1,293

Table 3.2: Cork & Kerry CHO Primary Care staffing breakdown by category (December 2014)

Community Health Organisation – Area 4	Medical/ Dental	Nursing	Allied Health & Social Care Professionals	Management/ Admin	General Support Staff	Other Patient & Client Care	Total
Area 4	138	326	284	255	21	96	1,119
Cork	124	244	230	194	18	82	892
Primary Care	122	240	213	185	18	82	860
Social Inclusion	2	4	17	9	0	0	32
Kerry	14	82	54	61	3	14	227
Primary Care	14	82	54	60	3	13	226
Social Inclusion	0	0	0	1	0	1	1

Table 3.3 : Cork & Kerry CHO Social Care staff breakdown by category (December 2014)

Community Health Organisation – Area 4	Medical/ Dental	Nursing	Allied Health & Social Care Professionals	Management/ Admin	General Support Staff	Other Patient & Client Care	Total
Disability Services	3	508	360	127	176	938	2,112
Service for Older People	25	615	43	100	130	662	1,575
CHO 4 TOTAL	28	1,123	403	227	306	1,600	3,687

Agency and Overtime Policy

The cost and reliance on agency staff must be reduced in 2015 to meet specified targets. A range of processes to contain and control the frequency and cost of agency staffing across both HSE and HSE funded services in the period from late 2014 into full year 2015 have been introduced.

There will be a particular focus on reducing overtime in Mental Health Services through targeted recruitment and adherence to “Specialing” policy.

Development and Other Workforce Additions

Mental Health Services

Through the Programme for Government in Mental Health since 2012, Cork & Kerry have benefited from the recruitment of an additional 123 new staff, however, the net change is marginal due to the numbers of staff who have left or retired during the same period. In addition to this, the 2014 development (24 posts - 13 Kerry & 11 Cork) will come on stream in 2015 to further enhance specialist team provision across the CHO.

The Mental Health Division over the last year has carried out a detailed analysis of its resources (staff & facilities) and the populations to which these resources are allocated. This has informed the wider allocation process for the 2014 development monies of €20m Nationally across areas, services and teams. This approach is being enhanced and systemised and will continue to be used to allocate the 2015 development funds of €35m Nationally maximising equity across regions, age and social need as appropriate.

Table 3.4 Cork & Kerry CHO Development 2014 Posts

Community Health Organisation – Area 4	Post	WTE
Cork	Consultant	4.0
Cork	NCHD	1.0
Cork	Speech & Language Therapist	0.5
Cork	Senior Social Worker	1.0
Cork	Social Worker	1.0
Cork	Nurse	1.0
Cork	Clinical Nurse Specialist	3.0
Kerry	Consultant	2.6
Kerry	Senior Psychologist	2.0
Kerry	Senior Social Worker	1.0
Kerry	CMHT Nurse	1.0
Kerry	Clinical Nurse Specialist	3.0
Kerry	Grade 4	1.0
Kerry	Grade 3	2.0
CHO TOTAL		24.1

Table 3.5 Cork & Kerry CHO Development Posts 2012-2013 (yet to be filled)

Community Health Organisation – Area 4	Post	WTE
Cork – 2013	Consultant	6.5
Cork – 2013	Clinical Nurse Manager 2/ Clinical Nurse Specialist	1
Cork – 2013	Registered Psychiatric Nurse	1.5
Cork – 2013	Social Care Leader	1
Cork – 2013	Clinical Nurse Manager 2	2.0
Cork – 2013	Senior Speech & Language Therapist	0.5
Kerry – 2013	Consultant Psychiatrist	1
CHO TOTAL		13.5

Social Care

The following posts are being put in place from 2014 Development funding for the implementation of progressing Disability Services for Children with Disabilities.

Table 3.6 Cork & Kerry CHO Development Posts 2014 – Social Care – Progressing Disability Services

Community Health Organisation – Area 4	Post	WTE
Cork		6.0
	Occupational Therapist	3.0
	Speech & Language Therapist	2.0
	Physiotherapist	1.0
Kerry		4.0
	Occupational Therapist	1.0
	Speech & Language Therapist	1.0
	Clinical Psychologist	1.5
	Social Worker	0.5
CHO TOTAL		10.0

Primary Care

The 2015 NSP provided specific additional funding under the Programme for Government for development posts Nationally in primary care. The approval and filling of these new posts will be in line with previous processes for funded new service developments. This includes the 12 Nurse Specialists and Allied Health Professionals to support the roll out of chronic disease programmes and the implementation of Integrated and Self Care Projects in Respiratory Disease and Heart Failure.

Health and Wellbeing

A range of development posts will be filled this year at National Level along with critical service posts identified through the 2015 budgeting process.

Public Service Stability Agreement 2013-2016, The Haddington Road Agreement

The *Haddington Road Agreement* (Public Service Stability agreement 2013-2016) has supported the achievement of significant cost reduction & extraction measures since its commencement. The focus for 2015 and beyond 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 services as set out in *Future Health, Vision for Change*, the VFM policy review in Disabilities and the other Public Service Reform Plans of 2011 and 2013. It will continue to assist clinical and service managers to more effectively manage their workforce through the flexibility measures it provides.

The *Haddington Road Agreement* enablers and provisions include:

- Work practice changes for identified health care workers
- Systematic reviews of rosters, skill-mix and staffing levels
- Increased use of redeployment
- Further productivity increases
- Further development of the Support Staff Intern Scheme

Workforce

- Targeted voluntary redundancy arising from restructuring and review of current service delivery
- Continued improvements in addressing absence rates
- Greater use of shared services and combined services focussed on efficiencies and cost effectiveness
- Greater integration and elimination of duplication of the human resources functions of the statutory and voluntary sectors

Attendance Management and Absence Management

This continues to be a key priority area and service managers and staff with the support of HR will continue to build on the significant progress made over recent years in improving attendance levels. The performance target for 2015 remains at 3.5% absence rate.

Quality and Safety

The Cork & Kerry Community Healthcare Organisation (CHO) is committed to putting in place a quality, safety and enablement programme to support high quality, evidence based, safe effective and person centred care. The key requirements to deliver this are robust clinical governance arrangements incorporating effective system and processes to enable quality and risk management.

Quality Improvement and patient safety is everybody's business from frontline to Senior Management and must be embedded in all work practices across all divisions. In 2015, the Cork & Kerry CHO will build on the progress made in the area of quality & patient safety over the past year and will continue to work with the National Divisions including the Quality Improvement Division and the Quality Assurance and Verification Division to develop a strategic approach to quality in all our services.

In 2014, the Cork & Kerry CHO made significant progress in implementing the HSE Safety Incident Management Policy and Guidelines. There is a robust reporting and monitoring process in place in respect to serious incidents. A Cork & Kerry CHO Risk Register is in place with a reporting process from the areas regarding their local risk registers. The Cork & Kerry Quality and Patient Safety Committee was established and work commenced on strengthening clinical governance. Training has been provided in the area of serious incident management and systems analysis investigations and this will continue to be rolled out in 2015.

Quality & Safety priority Areas for 2015 are:

- Proactive approach to service user and staff engagement.
- Implementation of the National Healthcare Charter, You and Your Health Service.
- Supporting the implementation of advocacy programmes.
- Assessment & Improvement against the National Standards for Safer Better Healthcare, focusing initially within Primary Care.
- Implementation of the Safeguarding Vulnerable Persons at Risk of Abuse – National Policy and Procedures (December 2014)
- Clear structures to govern and deliver quality care.
- Quality improvement capacity building and quality improvement collaboratives.
- Monitoring of quality improvement and patient safety through key performance indicators.
- Introduction of Quality Profiles to measure and support improvement.
- Implementation of a quality assurance and verification framework.
- Management of Serious Incident and Serious Reportable Events in accordance with the Safety Incident Management Policy.
- Management of the CHO Risk Register.
- Further training in the areas of
 - Risk management
 - Systems Analysis Investigations.
 - Open Disclosure Policy
 - National Healthcare Charter, You and Your Health Service
 - Development of Quality and Safety Committees at service manager level.
- Continue promotion of shared learning from investigations and quality initiatives across the Cork & Kerry CHO.

Quality and Safety

- Development of a Quality Information Management System (QIMS) that will ensure the effective, timely collection of data and data analysis in order to provide a better understanding of patient safety, risk and quality issues.
- Development of the National Adverse Events Management System and to identify and define the reporting requirements of the Division. Analysis of trends and reports from NAEMS will provide the Division with key information from incidents and complaints to help minimise risk and improve the quality of services within primary care.

Strategic Priorities for 2015

Person Centred Care & Support

- Development of strong partnerships with patients and service users to achieve meaningful input into the planning, delivery and management of health and social care services to improve patient and service user experience and outcomes.
- The Cork & Kerry CHO aims to implement the National Healthcare Charter, You and Your Health Service which empowers service users to have a say in the quality of their care.
- In 2015, Mental Health Services in Cork & Kerry CHO will further build on the capacity of service users, families and carers to influence the design and delivery of mental health services.
- Supporting the implementation of advocacy programmes.
- Development and implementation of patient experience survey for use by primary care providers.
- Implementation of the Open Disclosure Policy across all health and social care settings.

Effective Care & Support

- Continued implementation of the National Standards for Residential Services for Children and Adults with Disabilities.
- Continued implementation of the National Standards for Residential Services for Older People.
- Implementation of the National Standards for Safer Better Healthcare in primary care settings.
- Ensure that patients or service users are responded to and cared for in the appropriate setting including:
 - Home, community and primary care settings.
 - Acute Hospital settings with a focus on reducing the number of patients awaiting admission in Emergency Departments and patients experiencing delayed discharge.
- Completion of self assessments against the PCHAI Standards.
- Implementation of the National Clinical Guideline - Sepsis Management.
- Supporting the work of the National Clinical Effectiveness Committee and the implementation of the National Clinical Effectiveness Committee guidelines.
- A standardised process for the development of Policies, Procedures and Guidelines aligned to best practice within Primary Care Services.

Quality and Safety

Safe Care & Support

- Implementation of the Safeguarding Vulnerable Persons at Risk of Abuse – National Policy & Procedures (December 2014)
- Continuation of quality improvement programmes in the area of Healthcare Associated Infections (HCAI) and implementation of the national guidelines for Methicillin-Resistant Staphylococcus Aureus (MRSA), Clostridium Difficile and Sepsis, and the National Standards for the Prevention and Control of Healthcare Associated Infections with a particular focus on antimicrobial stewardship and control measures for multi-resistant organisms.
- Cork & Kerry CHO participation in a national led safety programme which aims to reduce avoidable harm in mental health services with an initial focus on acute inpatient care and post discharge period. This initiative will be run in collaboration with the HSE Quality Improvement Division.
- Continuation of quality improvement in the area of Medication Management and Safety.
- Implementation of guidelines for the management of aggression and violence within mental health services.
- Implementation of the HSE policy for the management of Serious Reportable Events (SRE)
- Continued implementation of the Safety Incident Management Policy 2014, the Guidelines for Systems Analysis Investigations of Incidents and Complaints 2012.
- Provision of assurances on the quality of services by developing a process for registering and recording clinical audits undertaken across all services and develop a forum for shared learning across the CHO.
- Implementation of Children First in line with the HSE national plan.

Improving Quality

- Development of models of frontline staff engagement to improve services.
- Building capacity (training, methodologies and toolkits).
- Development of further quality improvement collaboratives in key services.
- Healthcare Quality Improvement Audits.
- Agreement and implementation of strategic approach to improving quality and safety to support the CHO in continuing to deliver on its overall priority on quality and safety.
- Management of compliments, comments and complaints and ensure that learning is shared in order to improve provision of services.
- Implementation of Quality Profiles in the Cork & Kerry CHO by end of 2015.

Assurance and Verification

- Implementation of measurable performance indicators and outcome measures for quality and risk.
- Development of quality and risk performance standards.
- Routine assessment and reports on key aspects of quality and risk indicators.
- Embedding the principles of the Safety Incident Management Policy (2014) and various supporting patient safety policies in Cork & Kerry services.
- Provision of systems analysis training for staff within the Cork & Kerry CHO.
- Implementation of the National Adverse Events Management System (NAEMS) across all services.
- Implementation of remedial actions where required.
- Implementation of an auditable control process and mechanism for serious events requiring reporting and investigation.

Quality and Safety

- Ensuring that recommendations from investigations and reports are appropriately implemented.
- Development and maintenance of risk registers at CHO and Service Manager level.
- Monitoring of the implementation of national standards applicable to Cork & Kerry Services and ensure the implementation of recommendations.

Governance, Leadership and Management

- Agreement and implementation of a strategic approach to improving quality and safety to support the CHO in continuing to deliver on its overall priority on quality and safety.
- Review and ongoing development of governance structures to improve quality and safety for service users and develop Quality and Patient Safety Committees at both CHO and Service Manager levels.
- Completion of gap analysis of existing governance structures and arrangements around quality and safety.
- Provision of training in the development of Quality & Patient Safety Committees at CHO and Service Manager level.
- Ensuring routine assessments and reports on key aspects of quality and risk indicators.
- Audit of the effectiveness of Quality and Safety Committees at CHO and Service Manager level.

Quality & Safety - Key Performance Indicators (KPIs)

During the year, all services will work towards measuring the structures and processes to produce measurable improvements in patient experience, effectiveness, safety, health and wellbeing and assurance for quality and safety within their services. The performance indicators in the table below are a subset of performance indicators based on strategic priorities.

Strategic Priority Area	KPI	Performance Measure / Target	Division
Person Centred Care			
Service User Engagement	All Divisions within the Community Healthcare Organisation to have a plan in place on how they will implement their approach to patient / service user partnership and engagement	Phased over 2015	All
Effective Care			
Reduction in delayed discharges	Delayed discharges <ul style="list-style-type: none"> • reduction in bed days lost • reduction in the number of people whose discharge is delayed 	10% reduction 15% reduction	Acute, Primary Care and Social Care Divisions
Quality Improvement Audits	Number of audits completed	20	All
Safe Care			
Pressure ulcer prevention	The Nursing and Midwifery Division will lead, in partnership with the Quality Improvement Division, the development of a performance indicator on 'pressure ulcer incidence' with the aim of reporting by Quarter 3, 2015		
Falls prevention	The Quality Improvement Division will lead, in partnership with the Nursing and Midwifery Division, the development of a performance indicator on 'falls prevention' with the aim of reporting by Quarter 3, 2015		
Quality Assurance			
Serious Reportable Events	% of serious Reportable Events being notified within 24 hours to designated officer	99%	All
	% of mandatory investigations commenced within 48 hours of event occurrence	90%	All
	% of mandatory investigations completed within 4 months of notification of event occurrence	90%	All
Reportable Events	% of events being reported within 30 days of occurrence to designated officer	95%	All
Health and Wellbeing			
Healthcare worker vaccination	Flu vaccination take up by healthcare workers <ul style="list-style-type: none"> • Hospitals • Community 	40%	All
Governance for Quality and Safety			
Quality and Safety Committees	Quality and Safety committees across all Divisions at Divisional and Community Healthcare Organisation Level	100%	All

Social Care:

Safe Guarding Vulnerable Persons at Risk of Abuse – Social Care & Quality Improvement Change Programme

A system wide programme of measures to begin to address in a systematic way the quality and safety of residential services, provided by approx. 90 providers, in the 908 residential centres for people with disabilities regulated by HIQA. In this regard, a six step programme will be implemented which will focus on

1. National Implementation Task Force

The National Implementation Task Force will drive the implementation of the programme and the development of long term sustainable and evidence based safeguarding practices and training programmes specific to residential settings.

2. Safeguarding Vulnerable Persons at Risk of Abuse – National Policy & Procedures Implementation

This new policy which is for all HSE and HSE funded services staff builds on, and incorporates, existing policies in HSE Disability and Elder Abuse services and in a range of other Disability Service providers.

The next steps to implement and embed this policy include:

- The establishment of National Office for Safeguarding Vulnerable Persons
- National Inter-Sectoral Committee for Safeguarding Vulnerable Persons
- National Inter agency Working Group in association with An Garda Siochana and TUSLA (Child & Family Agency)
- Local Implementation Team including Chief Officer, Head of Social Care, Safeguarding & Protection Committee

3. Implementation of an Evaluation & Quality Improvement Programme in Disability residential Centres

This will involve undertaking an evaluation on the transfer of Standards of Care into practice in services provided by approximately 90 service providers who deliver residential services in over 900 designated residential centres regulated by HIQA. In collaboration with service users, staff - locally and nationally, they will devise a quality improvement plan to support the sustainability of good practice throughout Disability services around the country. The team, who are trained auditors, have extensive knowledge and competencies in the area of Intellectual Disability and provision has been made to expand the Team in 2015.

4. Development of a National Volunteer Advocacy Programme in Adult Disability Residential Settings

The HSE will work in partnership with key internal and external stakeholders, families and service users to develop and implement a Volunteer Advocacy Programme similar to the model being developed for older people drawing on experience of other models of advocacy currently in use by Disability Groups. Cork and Kerry CHO will support the development of service user / family councils that will concern themselves with the welfare of all residents' and will seek to protect residents' rights and to enable them to participate in matters that affect their daily lives. These councils will be independently chaired and will empower service users and their families and will focus on quality development based on service user needs.

Quality and Safety

5. Assurance Review (McCoy Review)

A full assurance review has been commissioned of all of the Units in the Aras Attracta facility under the independent chairmanship of Dr Kevin McCoy, assisted by 3 experts within the field and independent of the HSE. In addition to specific plans for each unit in Aras Attracta, the output from the Review Team will help to inform a system –wide programme of improvement and assurance for all of the residential centres for people with intellectual disabilities nationwide.

6. National Learning Summits

A series of National Learning Summits will be held in March, June & September 2015. These summits, building on the December 2014 summit, will focus on improving “Client Safety, Dignity, Respect & Culture Change”. Each summit will include input from the McCoy Review as well as updates on progress on each of the initiatives

Develop Quality Improvement initiatives in Adult Disability Residential Settings focusing on supporting implementation of the national Task Force priorities and current reviews being undertaken. These initiatives will focus on supporting and working with Disability services to identify solutions to the findings of the reviews being undertaken and implementation of the Task Force priorities. The Quality Improvement Division will work with Disability Services to progress this work.

Primary Care:

Implementation of National Standards for Safer Better Health Care

The National Standards for Safer Better Healthcare (NSSBH) 2012 will form the basis for future licensing within the primary care setting. In Quarter 4 2014, a Quality Assessment and Improvement tool (QA&I Tool) was developed for primary care providers to conduct a self-assessment against the National Standards.

The Cork & Kerry CHO NSSBH Steering Group will continue to provide advice, support and assistance to staff in Cork & Kerry in relation to the self-assessment process. Cork and Kerry CHO will prioritise Quality Improvement Plans as a result of the self-assessment process so as to ensure that recommendations are implemented and monitored through governing arrangements within the CHO. The Cork & Kerry NSSBH Steering Group will report on progress and matters arising to the Cork & Kerry CHO Quality & Patient Safety Committee.

Themes for Quality & Patient Safety:



Proposed timeframe for self-assessment process:

Assessment Period	Training December 2014. Commence self-assessment January 2015	January 2015	February 2015	March 2015	March 2015	April 2015
8 Themes 54 Elements	Theme 1	Theme 1	Theme 1&4	Theme 2	Theme 2	Theme 3
	April 2015	May 2015	May 2015	June 2015	June 2015	June 2015
	Theme 3	Theme 5	Theme 5	Theme 6	Theme 7	Theme 8

Quality and Safety Performance Measurement and Assurance with Supporting Quality Information Management Systems (QIMS)

The Primary Care Division aims to create sustainable quality care through the use and development of a number of performance management activities to measure patient outcomes and demonstrate these against the National Standards for Safer Better Healthcare.

In 2015 the Division will develop a National Quality Dashboard for engagement with providers at performance meetings. This dashboard will involve analysing trends in the quality and safety information and monitoring key quality and safety performance indicators (Standard 3.2.).

Decontamination Management of Reusable Invasive Medical Devices

- Update decontamination standards for local dental units and commence audit in HSE services.
- Develop and implement standards for validating autoclaves in contracted and directly provided dental services.

Primary Care Medicines Management Programme

- Establish a revised Primary care Medicines Management Programme to review all aspects of medicines procurement, prescribing and usage to ensure that potential health outcomes from medicines are realised.
- Develop an ICT tool to extract urinary resistance data directly from GP and HSE Long Term Care facilities so that accurate community resistance data can be gathered to inform appropriate antibiotic prescribing. Prescribers will be able to analyse practice level data and compare it to anonymised national data.
- Develop an International Normalised Ratio (INR) Demonstration Model in primary care to provide more accessible, better managed and more cost effective services to patients requiring anticoagulation services.

Mental Health:

National Safety Programme

Cork & Kerry Mental Health Services will work with the National Mental Health Division Quality and Servicer User Safety (QSUS) function to provide high quality and safe services for service users and staff. Robust clinical governance arrangements incorporating effective systems and processes to enable quality and risk management are key requirements. Additional posts will be allocated for quality improvement and service user safety including a Risk Adviser for Mental Health Services in Cork and Kerry CHO in 2015. There will be further capacity building to ensure HSE national standardised processes for incident reporting, management and investigation are fully implemented. This will include working with the National Division to provide training, mentoring and support for investigation teams where required.

Promote Positive Mental Health with a particular focus on reducing suicide rates

Promote the mental health of our population in collaboration with other services and agencies including reducing loss of life by suicide by implementing a plan aimed at reducing suicide rates among service user integrated with the work of the National Mental Health Division on Quality and Patient Safety. This will include continuing to carry out audits of ligature points in all acute units and identifying a work plan to improve anti ligature environment in acute units in collaboration with HSE Estates. A programme of education for mental health services staff on suicide prevention will be continued along with improving systems, protocols for crisis management, discharge planning and follow up by General Adult Mental Health Teams for service users.

Reference Group

The work established during 2014 by the National Mental Health Division to ensure the views of service users are central to the design and delivery of services such as the establishment of the Reference Group, will be further developed in 2015.

Health & Wellbeing:

Staff health and wellbeing

Staff health and wellbeing is a strong predictor of quality service delivery whether that is measured by absenteeism, turnover, patient satisfaction, organisational performance ratings or infection rates. A core facet of quality improvement and enablement programmes therefore has to consider staff health, wellbeing and engagement as a priority. In 2015 the Health and Wellbeing Division will work with the Quality Enablement Division and the HR Division to give effect to a set of robust staff engagement and wellbeing actions, in the context of Healthy Ireland and its implementation.

Palliative Care:

The National Division of Palliative Care have identified a range of evidence based initiatives that will be implemented in order to drive sector wide improvements in key focus areas within palliative care services. These include:

- Model of Care for Specialist Palliative Care Services
- Palliative Care support beds
- Quality assurance and improvement process
- Staff competence
- Medication management
- Healthcare Associated Infections (HCAI)
- National Patient Charter
- Measurement of patient experience
- Serious Reportable Events (SREs)

Primary Care

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

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

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 patients 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 Divisions. 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.

A key priority for 2015 is the implementation of the recommendations of *Community Healthcare Organisations – Report and Recommendations of the Integrated Service Area Review Group, 2014*, including the establishment of CHOs.

New measures for enhanced control and accountability for primary care services will be implemented. These will strengthen the accountability framework and outline explicit responsibilities for managers at all levels.

Another key priority for 2015 will be integration with GP services and the review of the GMS contract.

Primary Care

Primary Care - 2015 Priority Actions

NSP Priority	2015 NSP Action	2015 Operational Plan Action	CD
Improve and standardise access and provision of appropriate primary care services through primary care teams (PCTs) and network services	Strengthen PCT and primary care network services in line with organisational reform.	<ul style="list-style-type: none"> ○ Support the implementation of the recommendations applicable to primary care from the Community Healthcare Organisations Report (2014). ○ Support the implementation of the clinical and managerial governance arrangements in collaboration with each CHO and primary care networks as set out in the recommendations of the CHO Report (2014). <ul style="list-style-type: none"> ▪ Appoint Primary Care Network GP Leads. ▪ Appoint Primary Care Network Managers. ▪ Appoint Primary Care Team Leaders. ▪ Appoint Primary Care Key Workers. <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><i>Cork & Kerry CHO will:</i></p> <ul style="list-style-type: none"> ▪ Proceed with implementation in line with national processes. ▪ Engage with staff on the recommendations in the Community Healthcare Organisation Report (2014). ▪ Engage with the National Project Team, staff and other stakeholders on identifying the location and boundaries of the proposed Primary Care Networks </div>	Q4 Q1 - Q4
		○ Recruit the remaining PCT posts as provided for under the Programme for Government.	Q2
Implement agreed clinical and management governance arrangements to support the discharge of complex patients to their homes.		○ Establish a Cross-Divisional Steering Group to implement the recommendations of the report on the review of practice in the provision of home care services to children with complex needs.	Q1
		<div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><i>Cork & Kerry CHO will work with the Cross-Divisional Steering Group to implement the recommendations of the report on the review of practice in the provision of home care services to children with complex needs.</i></p> <ul style="list-style-type: none"> ○ Contribute to ongoing National Review of current policy and practice in the provision of home care to children with complex medical conditions. ○ Establish a cross divisional local forum for early sharing and discussion of care plans for children with complex medical conditions. ○ Examine the potential to use this structure to strengthen and enhance current clinical and financial governance arrangements of packages of care provided through the HSE procurement framework. ○ Progress proposals for the development of a flexible and responsive community model for children with complex medical conditions in Cork and Kerry. ○ Work collaboratively with families and services to enhance quality of life </div>	Q1 Q1 Q2 Q3 & Q4 Q3 & Q4
		○ Develop work plan to implement the recommendations of the report on review of practice.	Q1
		○ Conduct a national procurement exercise for preferred providers of home care services for patients with complex needs.	Q1

Primary Care

NSP Priority	2015 NSP Action	2015 Operational Plan Action	CD
		<ul style="list-style-type: none"> <li data-bbox="560 293 1190 356">○ <i>Cork & Kerry CHO will assign case management/co-ordination of each case to a specific senior clinician in each local area.</i> <li data-bbox="560 371 1233 421">○ Develop and implement a performance review mechanism for each complex case as a part of the cycle of performance management. 	<p data-bbox="1241 293 1273 315">Q2</p> <p data-bbox="1241 371 1273 394">Q2</p>
	<p data-bbox="387 1563 539 1664">Implement agreed guidelines and protocols to better manage the Community (Demand-Led) Schemes, including the provision of aids and appliances in primary care. This will support the delivery of services within available resources and maximise efficiencies.</p>	<ul style="list-style-type: none"> <li data-bbox="560 461 1206 524">○ Establish a Community Demand Led Schemes Reform Group to review and implement standardised best practices in relation to approval, procurement and provision of services and equipment across all CHOs. <li data-bbox="560 539 1222 685">○ This will include a review of each of the following areas, led by a senior manager, each supported by a technical and business team: <ul style="list-style-type: none"> <li data-bbox="595 595 783 618">■ Aids and Appliances. <li data-bbox="595 629 919 651">■ Respiratory and Therapeutic Products. <li data-bbox="595 663 823 685">■ Orthotics and Prosthetics. <div data-bbox="560 689 1190 1122" style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p data-bbox="608 719 791 741"><i>Cork & Kerry CHO will:</i></p> <ul style="list-style-type: none"> <li data-bbox="608 752 1102 815">■ <i>Continue to provide services for Orthotics and Footwear as recommended in the Cork and Kerry Report on Orthotics and Prosthetics.</i> <li data-bbox="608 826 1094 871">■ <i>Complete the implementation of the recommendations of the orthotics and prosthetics report.</i> <li data-bbox="608 882 1078 927">■ <i>Commencing the streamlining of Prosthetics pathways for amputee's as defined in the Prosthetics' Project Plan.</i> <li data-bbox="608 938 1126 983">■ <i>Continue to support the resource allocation groups for Orthotics and Footwear to ensure effective use of budget.</i> <li data-bbox="608 994 1126 1039">■ <i>Review the efficacy of the Project Plan for the Prosthetic service.</i> <li data-bbox="608 1050 1126 1095">■ <i>Set up the Established Users Group' for amputees based in the POLAR Clinic in the Mercy University Hospital, Cork</i> <li data-bbox="608 1106 1126 1151">■ <i>Commence a process for auditing prosthetics users' satisfaction</i> </div> <ul style="list-style-type: none"> <li data-bbox="595 1167 767 1189">■ Incontinence Wear. <div data-bbox="560 1193 1190 1279" style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <ul style="list-style-type: none"> <li data-bbox="568 1205 1142 1267">○ <i>Cork & Kerry CHO will expand and continue the delivery element of the National Incontinence Procurement Contract, as already rolled out in Kerry, West Cork and North Cork.</i> </div> <ul style="list-style-type: none"> <li data-bbox="595 1323 775 1346">■ Nutritional Products. <li data-bbox="595 1357 823 1379">■ Bandages and Dressings. <li data-bbox="595 1391 791 1413">■ Drugs and Medicines. <li data-bbox="595 1424 1206 1487">■ Implement across each CHO the recommendations arising from the reviews which will prescribe revised guidelines and protocols, including risk assessment, and will involve new procurement arrangements as necessary. 	<p data-bbox="1241 741 1286 763">Q1 –</p> <p data-bbox="1241 775 1273 797">Q4</p> <p data-bbox="1241 808 1273 831">Q1</p> <p data-bbox="1241 864 1273 887">Q1</p> <p data-bbox="1241 898 1286 920">Q1-4</p> <p data-bbox="1241 954 1273 976">Q3</p> <p data-bbox="1241 987 1273 1010">Q2</p> <p data-bbox="1241 1021 1302 1043">Q3-Q4</p> <p data-bbox="1241 1200 1286 1223">Q2 -</p> <p data-bbox="1241 1234 1273 1256">Q4</p>
	<p data-bbox="387 1507 507 1664">Implement appropriate measures to reduce agency expenditure across primary care services.</p>	<p data-bbox="560 1507 1214 1570">Support HBS Recruitment Service to implement recruitment strategies in accordance with the needs analysis completed in Q4 2014 and in conjunction with local service managers and areas.</p> <div data-bbox="560 1603 1190 1659" style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <ul style="list-style-type: none"> <li data-bbox="568 1615 1094 1648">○ <i>Cork & Kerry CHO will reduce agency staffing through targeted recruitment.</i> </div>	<p data-bbox="1241 1507 1273 1529">Q1</p> <p data-bbox="1241 1626 1286 1648">Q1 –</p> <p data-bbox="1241 1659 1273 1682">Q4</p>

Primary Care

NSP Priority	2015 NSP Action	2015 Operational Plan Action	CD
Implement revised management and clinical governance structures to support primary care service delivery	Implement the recommendations of <i>Community Healthcare Organisations Report and Recommendations of the Integrated Service Area Review Group, 2014</i> , by establishing the CHOs and their management structures including the primary care network governance structures.	<p>Cross reference to national NSP action relating to the strengthening of PCT and primary care network services in line with organisational reform above.</p> <div style="border: 1px solid black; padding: 5px;"> <p><i>Cork & Kerry CHO will:</i></p> <ul style="list-style-type: none"> - Re-engineer work processes and practices through the <i>Therapy Capacity Project</i> to maximise clinician to patient time and reduce waiting times for assessment and interventions. - Centralise the <i>Paediatric Physiotherapy & OT services in Kerry</i> to enable waiting list initiatives and support increased group work - Continue to centralise wound dressing clinics to address waiting times – delivered in the <i>Primary Care Centres across Cork and Kerry CHO</i>. - Continue to address DNA rates across the PCTs by actively using standardised policies and practices. </div>	Q1 - Q4
	Establish a strong management and governance structure to support the implementation of the multi-annual public health plan for the pharmaceutical treatment of patients with Hepatitis C. This structure will establish a register of patients and will provide for monitoring and reporting of patient outcomes. Arrangements have been put in place to provide new drug therapies under an early access programme for patients prioritised on the basis of clinical need.	<p>Establish a National Hepatitis C Treatment Programme to provide the governance and management support required to achieve the goals of optimal clinical outcomes and effective use of resources</p> <div style="border: 1px solid black; padding: 5px;"> <ul style="list-style-type: none"> ▪ <i>Cork & Kerry CHO will support each element of the National Hepatitis C Treatment Programme as outlined below.</i> </div> <p>Establishment of a National Hep C Programme Advisory Committee.</p> <ul style="list-style-type: none"> ○ Appoint a clinical lead and programme manager to oversee the Treatment Programme. ○ Develop a full disease register for Hepatitis C patients. ○ Establishment of a Hep C Clinical Advisory Group to oversee the prioritisation and selection of patients for all Hepatitis C treatments as per agreed clinical criteria. ○ Devise a communication strategy on the application of the multi-annual public health plan for the pharmaceutical treatment of Hepatitis C. 	Q1 Q1 – Q4
	Restructure the provision of GP Training to include the restructuring and management of the GP Training	<ul style="list-style-type: none"> ○ Finalise revised arrangements for the delivery of GP training to ensure a standardised and cost effective GP training programme. <div style="border: 1px solid black; padding: 5px;"> <ul style="list-style-type: none"> ○ <i>Cork & Kerry CHO will implement the finalised revised arrangements for the delivery of GP training to ensure a standardised and cost effective GP training programme.</i> </div>	Q2 Q2

Primary Care

NSP Priority	2015 NSP Action	2015 Operational Plan Action	CD
	Programmes on a cost neutral basis.	<ul style="list-style-type: none"> ○ Agree a Service Agreement with the ICGP stipulating training, outcomes, governance and financial control requirements. 	Q2
	Implement the initial phases of the <i>Health Identifier</i> Project.	<ul style="list-style-type: none"> ○ Establish project team to lead out on the planning and implementation of the Health Identifier Project. ○ Determine the scope of the project, identify and liaise with stakeholders and conduct a benefits realisation process. ○ Develop a project plan for the implementation of Health Identifiers. ○ <i>Cork & Kerry CHO will work with and support, as required, project team to lead out on the planning and implementation of the Health Identifier Project.</i> ○ Commence implementation of the Health Identifier registers. 	Q1-Q4 Q1 – Q4
	Implement the <i>Children First</i> programme in primary care settings.	<ul style="list-style-type: none"> ○ Commence implementation of the recommendations in the HSE Children First Implementation Plan on a prioritised basis, including any additional priorities arising from enactment of the Children First Bill, 2014, in respect of HSE services and all providers of relevant services that receive funding from the HSE. ○ Develop the process for monitoring implementation of the guidelines issued by the Minister for Children and Youth Affairs. <p><i>Cork & Kerry CHO will:</i></p> <ul style="list-style-type: none"> ○ <i>Establish a Children First Implementation Committee in which all Divisions will participate.</i> ○ <i>Appoint a designated Liaison Person at CHO level.</i> ○ <i>Implement HSE reporting structures for reporting child protection and welfare concerns to the Child and Family Agency as agreed by Tusla and all Divisions.</i> ○ <i>Amend contracts and service level agreements, to include the requirement to comply with Children First and to furnish confirmation of compliance with Children First across all Divisions.</i> ○ <i>Ensure that training is delivered in Children First, for all Primary Care staff including GP's in collaboration with Tusla.</i> ○ Oversee the development of a Divisional specific Child Protection and Welfare Policy for Primary Care. 	Q1-Q4 Q1 Q1 Q2 Q2 Q2 Q2 – Q4 Q1
	Provision of free GP Care to Under 6's.	<p>Implement the provision of free GP care to all children aged under 6 years:</p> <ul style="list-style-type: none"> ○ Complete the non-fee negotiations aspects of the Under 6 contract. ○ Support the completion of the statutory fee process for payments to GPs for the Under 6 GP Visit Scheme. ○ Implement the provisions of the Under 6 GP Visit Scheme for all participating GPs and for all appropriate children under 6 years. 	Q1 Q2 Q2
	Review of the GMS Contract under the Framework Agreement.	<p>Progress the wider review of the GMS Contract under the Framework Agreement</p> <p>Initiate negotiations in respect of a new GMS Contract that will reflect a focus on prevention, improved chronic disease management, structured reviews, and individual care plans with mechanisms to audit and report on outcomes.</p>	Q4
Provide improved and additional	Community Intervention	<ul style="list-style-type: none"> ○ Appoint a Project Manager to oversee the national CIT Programme (incorporating OPAT). 	Q1

Primary Care

NSP Priority	2015 NSP Action	2015 Operational Plan Action	CD
	Extend the pilot ultrasound access project to additional primary care sites on a prioritised basis. This is a programme to extend the availability of diagnostics to support management of patients in general practice. <i>(Programme for Government Primary Care Funds €0.7m)</i>	Procure the supply of ultrasound scans by external provider(s) across prioritised areas of the country. The initial prioritised areas were identified as those of greatest need from the HSE and ICGP Radiology Reports. Subject to the procurement exercise, the following numbers of ultrasounds are targeted: <ul style="list-style-type: none"> ○ Cork – 4,250. ○ Kerry – 1,500. ○ Galway – 2,250. ○ Mayo – 1,750. ○ Roscommon – 750. ○ Sligo/Leitrim – 1,250. ○ Donegal – 2,250. Limerick – 2,000.	Q1-Q4
		<i>Cork & Kerry CHO will:</i> <ul style="list-style-type: none"> ○ Work in collaboration with the National Programme for the provision of Ultrasound access in a number of PCT's. ○ Continue to work with and develop the existing diagnostic service delivered in Mitchelstown PCT and carry out an evaluation of this service in conjunction with the department of Epidemiology in UCC. Expand catchment area for the service in the North East sector of North Cork within available resources. 	Q1-Q4
	Pilot the provision of additional minor surgery services in agreed primary care settings and sites. <i>(Programme for Government Primary Care Funds €0.5m)</i>	<ul style="list-style-type: none"> ○ Establish a Primary Care Minor Surgery Oversight Group to determine eligibility criteria for participating GPs and patients, the list of surgical procedures and clinical governance arrangements. ○ Pilot primary care delivered minor surgery services in identified primary care sites. 	Q2
		<i>Cork & Kerry CHO will support and progress the provision of additional minor surgery services as agreed with the GP Lead and Head of Operations in identified Primary Care sites.</i>	Q2
		<ul style="list-style-type: none"> ○ Pilot primary care delivered venesection services in identified primary care sites, which will act as demonstrators for a national managed haemochromatosis service. 	Q2
		<i>Cork & Kerry CHO will work with the National Primary Care Division to identify primary care delivered venesection services, which will act as demonstrators for a national managed haemochromatosis service.</i>	Q2
	Review the existing GP Out of Hours services with a view to maximising efficiencies. Extend within existing resources the GP Out of Hours services to areas currently not covered.	<ul style="list-style-type: none"> ○ Conduct a Review of the GP Out of Hours services to examine the effectiveness, efficiency, safety, quality and responsiveness of the existing services and arrangements. 	Q1
		<i>Cork & Kerry CHO will work collaboratively with the Review of the GP Out of Hours services and will implement the recommendations of the Review Report.</i>	Q1
		<ul style="list-style-type: none"> ○ Consider as part of the Review how full country coverage of GP out of hours services can be effected within existing resources. 	Q3
		<i>Cork & Kerry CHO will expand the of Out of Hours service to all of Cork and Kerry</i>	Q3
		<ul style="list-style-type: none"> ○ Implement the recommendations of the Review Report. 	Q3
	Primary Care Medicines	<ul style="list-style-type: none"> ○ Establish a revised Primary Care Medicines Management Programme to review all aspects of medicines procurement, prescribing and usage in Primary Care 	Q2

Primary Care

NSP Priority	2015 NSP Action	2015 Operational Plan Action	CD
	<p>Management Programme</p> <ul style="list-style-type: none"> - Expand the Primary Care Medicines Management Programme (MMP) to ensure safe, quality and cost effective prescribing in primary care. - Develop an International Normalised Ratio (INR) demonstration model in primary care to provide more accessible, better managed and more cost effective services to patients requiring anticoagulation services. 	<p>and to ensure that potential health outcomes from medicines are realised and that maximum benefits from investment in medicines is achieved.</p> <ul style="list-style-type: none"> ○ Develop an ICT tool to extract urinary resistance data directly from GP and HSE Long Term Care facilities so that accurate community resistance data can be gathered to inform appropriate antibiotic prescribing. Prescribers will be able to analyse practice level data and compare it to anonymised national data. ○ GP practices providing INR testing will be provided with decision support software and consumables. 	<p>Q3</p> <p>Q3</p>
	<p>Community Oncology</p> <ul style="list-style-type: none"> - Roll-out phase three of the National Cancer Control referral project. This will commence with the electronic GP referral form for pigmented lesion in eight hospitals targeted nationwide. - Develop and implement a GP and Dentist referral tool kit for suspected head and neck cancer. 	<ul style="list-style-type: none"> ○ Completion of Pilot of the NCCP Pigmented Lesion GP Referral Form in four hospitals i.e. St. James, St. Vincents, Roscommon General Hospital and South Infirmary University Hospital Cork. ○ Audit the pilot and correct any issues identified. ○ Commence the roll out in the remaining skin cancer hospitals - by end of 2016. ○ Agree evidence based referral guidelines with relevant professional bodies. ○ Disseminate toolkit and support implementation via educational activities. ○ Work with the ICGP and GPIT group to promote and expand the use of electronic referral for cancer referrals. ○ Develop and implement a GP and Dentist referral tool kit for suspected head and neck cancer. ○ Develop and implement a GP guideline for suspected ovarian cancer: <ul style="list-style-type: none"> ■ Develop an evidence based guideline for GPs. ■ Pilot draft guideline and referral pathway for pelvic ultrasound. ■ Disseminate agreed guideline and support implementation via educational activities. ○ Engage with ICGP, CME Tutors and hospital GP study days on new NCCP learning opportunities. ○ Continue the development and roll out of cancer education programmes for nurses: <ul style="list-style-type: none"> ■ Continue to implement the 2-day Primary Care Nurse Education programme nationally, in collaboration with Centres of Nursing and Midwifery Education. ■ Implement the 3-day Cancer Nurse Education Programme for inpatient nurses as part of the national cancer nurse education programme. ■ Roll out of the Level 9 University accredited Community Oncology Nursing Programme, delivered in St James Hospital and University College Hospital Galway. 	<p>Q1-Q4</p>

Primary Care

NSP Priority	2015 NSP Action	2015 Operational Plan Action	CD
		<ul style="list-style-type: none"> ○ Implement a Patient Treatment Summary and Long-term Care Plan, as per the NCCP survivorship programme. ○ Implement a national standardised algorithm for the treatment of tobacco addiction. <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <ul style="list-style-type: none"> ○ <i>Cork & Kerry CHO will work with the Community Oncology Initiatives as listed above.</i> </div>	
	<p>Oral Health including Orthodontics (Programme for Government Primary Care Funds €1m)</p> <ul style="list-style-type: none"> - Provide improved access to orthodontic treatment for children, including those requiring orthognathic / oral surgery, by utilising effectively the resources provided and reducing waiting times - Provide dental care for patients with cancer and other complex care conditions, including those who require routine or urgent general anaesthetic services 	<p>Oral Health including Orthodontics</p> <ul style="list-style-type: none"> ○ Develop care pathways for hypodontia, cancer and other complex care pathways that are referred from oral health and/or orthodontics to acute hospital settings. ○ Transfer acute /hospital services currently under the governance of oral health and/or orthodontics to acute hospital services e.g. general anaesthetic and surgical services (cross divisional working). ○ Ensure that children receive the opportunity of referral to secondary care before their 16th birthday. Review retrospectively children who missed an opportunity for a referral. ○ Continue the inspection of HSE dental and orthodontic services and, working with the Quality and Patient Safety Division, assess compliance of all services with HIQA standards. ■ Introduce upskilling initiatives for senior dentists in primary care to enable secondary and referral services to be managed in primary care. This up-skilling of senior dentists will be in collaboration with the acute services. ■ Introduce training and upskilling of orthodontists and primary care dentists to ensure appropriate referral to orthodontic units and reduce inappropriate lengthy assessment waiting lists. ■ Implement the Index of Orthodontic Treatment Need Index training nationally to ensure consistency of standards. ■ Reduce Orthodontic treatment waiting lists. ■ Procure orthodontic services by putting in place a panel of practices to provide orthodontic services for those patients waiting over 3years. ○ Audit the IV sedation and inhalation sedation service in primary care for throughput and adherence to dental council standards. <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Cork & Kerry CHO will:</p> <ul style="list-style-type: none"> ○ Contribute to the development and implement care pathways for hypodontia, cancer and other complex cases to ensure that there is appropriate and seamless service delivery for all patients requiring such care ○ Continue to work towards the achievement of all requirements to meet compliance with HIQA standards within the resources available ○ Continue to monitor and actively manage waiting list to ensure individuals are seen within the appropriate timeframes ○ Utilize waiting list initiatives as appropriate to address above average waiting times ○ Participate in service audits to ensure adherence to dental council standards as appropriate </div> <ul style="list-style-type: none"> ■ Pilot a programme for dental therapists (orthodontists) and conduct a review of Allied Dental Health Professionals and Nurses to support Oral Health including orthodontics. ■ Complete the training and evaluation of the Dental Therapy pilot and programme for increased skill mix for Senior Hygienists and Dental Nurses. 	Q1-Q4

Primary Care

NSP Priority	2015 NSP Action	2015 Operational Plan Action	CD
		<ul style="list-style-type: none"> ■ Implement an integrated oral health (including orthodontics) management structure in each CHO. ■ Work with the acute services in relation to reform of oral and maxillo facial and other oral health secondary care services to ensure appropriate governance between acute and primary care services. ■ Appoint a cross sectoral oral health working group to develop clear governance arrangements for transition of patients from primary to secondary care settings. ■ Implement the recommendations of the <i>Quigley Report</i> in relation to financial expenditure in Dental Schools and Hospital as applicable to HSE SLA. • Establish a governance structure for the management of services in the Dublin Dental Hospital and the Cork Dental School for eligible patients under SLA. ■ Assign resources in accordance with evidence from the national performance indicators in primary care to improve equity. ○ Resources to be released dependent on performance indicators and per capita performance. <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Cork & Kerry CHO will</p> <ul style="list-style-type: none"> ○ Continue to work collaboratively with colleagues in acute maxillo facial services to ensure seamless care for those requiring multi-specialist supports ○ Work with the national team to implement the recommendations of the Quigley report in relation to financial expenditure as applicable to HSE and SLA with the Cork Dental School ○ Ensure that the provisions of the SLA with the Cork Dental School are implemented and monitored in full to maximize benefit for eligible patients covered under the SLA ○ Seek access to national waiting list monies for orthodontics for those waiting treatment in excess of 3 years ○ Endeavour to progress the upgrading of the dental theatre in partnership with Cork Dental School & Hospital & CUH </div>	
	Develop a Primary Care Electronic Patient Management System.	Develop an electronic patient management system which will facilitate integrated care within primary care. This will be progressed in collaboration with the ICT Services and the System Reform Programme (ICT Infrastructure Project).	Q4
	Island Services	<p>Conduct a Review of Primary Care Island Services.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p><i>Cork & Kerry CHO will participate in the Review of the Primary Care Island Services for the following:</i></p> <ul style="list-style-type: none"> • Bere • Whiddy • Dursey • Sherkin • Heir • Long • Cape Clear </div>	Q2 Q2

Primary Care

NSP Priority	2015 NSP Action	2015 Operational Plan Action	CD
	Tomorrow's Care for Tallaght	Implement preparatory work for <i>Tomorrow's Care for Tallaght</i> (2014) - which is a new integrated primary care-led model of care.	Q3
Ensure cross divisional integration	Implement priority actions from the Healthy Ireland Implementation Plan in partnership with Health and Wellbeing.	Work with the Health and Wellbeing Division and Clinical Programmes to integrate prevention, early detection and self management care into the Integrated Care Programmes.	Q1-Q4
		<p>Tobacco Control</p> <ul style="list-style-type: none"> ○ Roll out the Tobacco Free Campus Policy to all new Primary Care Centres and a further 30% of existing primary care centres/health centres (target 100% in 2015). <div style="border: 1px solid black; padding: 5px;"> <p><i>The following centres within the Cork & Kerry CHO will be Tobacco Free compliant by the end of 2015:</i></p> <ul style="list-style-type: none"> ○ Ballincollig ○ Ballyphehane ○ Bere Island ○ Carrigaline ○ Crosshaven ○ Kilbrittan ○ Passage West ○ Shanbally ○ Viaduct </div> <ul style="list-style-type: none"> ○ Roll out of brief intervention training for smoking cessation to primary care division staff in line with policy. <div style="border: 1px solid black; padding: 5px;"> <ul style="list-style-type: none"> ○ <i>Cork & Kerry CHO will support the roll out of brief intervention training for smoking cessation to primary care division staff in line with policy and collaboration with Health and Wellbeing across the CHO.</i> </div> <p>Obesity</p> <ul style="list-style-type: none"> ○ Work in partnership with the Health and Wellbeing Division in facilitating a range of training, surveillance, evaluation and social marketing activities amongst children and adults. <div style="border: 1px solid black; padding: 5px;"> <p><i>Cork & Kerry CHO will:</i></p> <ul style="list-style-type: none"> ○ <i>Continue the roll out of the National Growth Pilot and W82GO in North Lee/South Lee, Cork, a healthy lifestyle programme designed to help children and their families to improve their activity levels, general health and to lose weight.</i> ○ <i>Offer interventions to 36 children and their parents. Delivery of the programme is within existing resources.</i> ○ <i>Evaluate the programme independently on completion of the pilot.</i> ○ <i>Roll out of the Scott Programme Family Based one to one intervention for children who are over-weight/obese in Kerry.</i> </div> <p>Physical Activity</p> <ul style="list-style-type: none"> ○ Collaborate with the Health and Wellbeing Division to implement the priority recommendations from the National Physical Activity Plan. <p>Immunisations and Vaccinations</p> <ul style="list-style-type: none"> ○ Support the Health and Wellbeing Division in the achievement of the following immunisation and vaccination targets: 	Q1-Q4 Q1-Q4

Primary Care

NSP Priority	2015 NSP Action	2015 Operational Plan Action	CD
		<ul style="list-style-type: none"> ▪ % of children 24 months of age who have received the MMR vaccine – target 95%. ▪ % of children 12 months of age who have received the 6-in-1 vaccine – target 95%. ▪ % of children 24 months of age who have received the third of MenC vaccine – target 95%. ▪ % of first year girls who have received third dose of HPV vaccine – target 80%. ▪ % uptake in flu vaccine > 65 years – target 75%. <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p><i>Cork & Kerry CHO will:</i></p> <ul style="list-style-type: none"> ○ <i>Implement the recommendations of the Review of the Immunisation Service in Cork & Kerry, ensuring the targets as laid down by the Health & Wellbeing division are met within available resources.</i> ○ <i>Continue to support the Health and Wellbeing Division in the achievement of the above immunisation and vaccination targets.</i> </div> <p>Child Health</p> <ul style="list-style-type: none"> ○ Work in partnership with the Health and Wellbeing Division in the achievement of the following child health targets: <ul style="list-style-type: none"> ▪ % of newborn babies visited by a PHN within 72 hours of hospital discharge – target 97% ▪ % of children reaching 10 months who have had their child development health screening before 10 months – target 95%. ▪ % of babies breastfed (exclusively and not exclusively) at (1) first PHN visit and (2) 3 month PHN visit – targets (1) 56% and (2) 38%. <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <ul style="list-style-type: none"> ▪ <i>Cork & Kerry CHO will continue to support the Health and Wellbeing Division in the achievement of the child health targets listed above.</i> </div> <p>Substance Misuse</p> <ul style="list-style-type: none"> ○ Work with Health and Wellbeing Division to progress the community mobilisation pilot on alcohol initiatives in five Drug Task Force areas (North Inner City, Tallaght, Dunlaoghaire/Rathdown, North West and South). <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p><i>Cork & Kerry CHO will:</i></p> <ul style="list-style-type: none"> • <i>Progress the development of an Alcohol Strategy for Cork and Kerry through the Alcohol Working Group.</i> • <i>Participate in the National Community Action on Alcohol Project, as one of '5' pilot areas Nationally.</i> </div> <p>Reducing Health Inequalities</p> <ul style="list-style-type: none"> ○ Develop standardised local health profiles to inform needs assessments and commissioning. ○ Update the HSE Health Inequality Framework and develop recommendations with an action plan. 	<p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q1-Q4</p>

Primary Care

NSP Priority	2015 NSP Action	2015 Operational Plan Action	CD
		<p>Emergency Management</p> <ul style="list-style-type: none"> ○ Develop, maintain and test Major Emergency Plans in each service. ○ Ensure co-ordination of planning and response arrangements with other Divisions at national and local level. <div style="border: 1px solid black; padding: 5px;"> <p><i>Cork & Kerry CHO will:</i></p> <ul style="list-style-type: none"> • <i>Maintain arrangements in place to alert service managers to plan and be vigilant in respect of potential emergency situations arising from adverse weather conditions in accordance with the HSE Severe Weather Plan.</i> • <i>Review and develop, as required, Emergency Plans at Service and Area level.</i> • <i>Participate in the various County Crisis Management Teams as follows:</i> <ul style="list-style-type: none"> ▪ <i>Cork South – General Manager with Finance Manager as alternate;</i> ▪ <i>Cork North –General Manager with Area Administrator as alternate;</i> ▪ <i>Cork West –Operations Manager with Area Administrator as alternate; and</i> ▪ <i>Kerry – General Manager Primary Care with General Manager Community Hospitals as alternate.</i> </div>	
	<p>Work with Acute Care, Palliative Care and Social Care to provide integrated hospital discharge initiatives utilising CITs to provide flexible, responsive, high quality care in patients' homes and places of residence.</p>	<ul style="list-style-type: none"> ○ Appoint a senior primary care manager to lead and co-ordinate the national primary care response to integrated hospital discharge. ○ Engage with specialist palliative inpatient and homecare providers to support designated centres for older people to enable residents to remain in their normal place of residence during their life course, including end of life. 	<p>Q1-Q4</p>
	<p>Progress with the Mental Health Division the Counselling in Primary Care (CIPC) services to facilitate quick access by patients to counselling services and work towards locating more community mental health services in primary care centres.</p>	<ul style="list-style-type: none"> ○ Work in partnership with the Mental Health Division and the ICGP to expand the CIPC service. <div style="border: 1px solid black; padding: 5px;"> <ul style="list-style-type: none"> ○ <i>Cork & Kerry CHO will continue to work in collaboration with the expansion of the CIPC service with Mental Health as lead.</i> </div> <ul style="list-style-type: none"> ○ Develop appropriate responsive psychological supports for patients with mental health issues <div style="border: 1px solid black; padding: 5px;"> <p><i>Cork & Kerry CHO will:</i></p> <ul style="list-style-type: none"> ○ <i>Develop with the Mental Health Division appropriate responsive psychological supports for patients with mental health issues</i> ○ <i>Enhance the linkages between the PCTs and the CMHTs through the new Team Co-ordinators in Mental Health and continue to co-locate CMHTs with PCTs across the area.</i> ○ <i>Ongoing roll out in North Lee of the Infant Mental Health Project and development of Infant Mental Health Network Groups, the provision of assessment and intervention to infants and babies between 0-3years, initially in Youghal.</i> ○ <i>Deliver 'Stress Control' classes as part of the "Cork Beats Stress" initiative, aimed at anybody over the age of 18 who is experiencing</i> </div>	<p>Q1-Q4 Q1-Q4 Q1-Q4 Q1-Q4</p>

Primary Care

NSP Priority	2015 NSP Action	2015 Operational Plan Action	CD
		<p><i>significant stress in their lives. This is a joint initiative with two local GAA clubs and the Primary Care Psychology Service. The initiative will also be scientifically evaluated.</i></p> <ul style="list-style-type: none"> ○ <i>Expansion of "Your Good Self" -This bibliotherapy service will be further expanded in 2015 into Cork City Libraries.</i> ○ <i>Expansion of the low Cost Counselling services in Kerry.</i> 	<p>Q1-Q4</p> <p>Q1-Q4</p>
	<p>Collaboration with Social Care Division.</p>	<p>Falls and Bone Health Strategy</p> <p>In conjunction with the Social Care Division continue to implement the strategy to prevent falls and fractures in Ireland's ageing population.</p> <p>Proceed with the development of the 4 early adapters for falls prevention and bone health in line with the integrated care pathway and identify learning to inform further roll out. The early adaptor sites are:</p> <ul style="list-style-type: none"> ○ CHO 3 – Ennis General Hospital, St. Joseph's Community Hospital Ennis and Clare PCTs. ○ CHO 5 – Waterford Regional Hospital, St. Patrick's Community Hospital Waterford and Network 4 Waterford City. ○ CHO 6 – Mater Hospital, St. Mary's Hospital Phoenix Park CNU and Network 5 PCT. ○ CHO 9 – St. Columcilles Hospital, St. Coleman's Hospital CNU and Newtownmountkennedy PCT. <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><i>Cork & Kerry CHO will:</i></p> <ul style="list-style-type: none"> ○ <i>Continue to build on the Falls and Bones Strategy developed in the CHO in collaboration with Social Care and rolled out by the Primary Care Teams.</i> ○ <i>Commence installation phase of integrated falls prevention pathway in Cork City environs by:</i> <ul style="list-style-type: none"> • <i>scaling up community based falls risk assessment capacity</i> • <i>increasing access to ambulatory specialist medical fall risk assessment slots for acute admission avoidance and improving integration at community, ED and specialist falls service interfaces.</i> ○ <i>Commence the provision of 2 anticipatory visits a month by the PHNs in the Killarney PCTs</i> ○ <i>Dieticians to deliver a training programme on 'Nutrition for Older Persons' for all Health Professional, nursing home staff, community hospital staff in Kerry</i> </div> <p>Dementia Strategy</p> <p>As part of the implementation of the National Dementia Strategy, support an educational needs analysis, and delivery of dementia specific education to PCTs and GPs in selected sites across the 9 CHOs.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><i>Cork & Kerry CHO will; work with the existing initiatives to disseminate good practice and support an integrated cross programme approach. These initiatives include the following:</i></p> <ul style="list-style-type: none"> • <i>Crystal Project North Cork</i> • <i>KCord Kinsale</i> • <i>Integrated Dementia Care Across Settings (IDEAS) Mercy</i> </div>	<p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q1-Q4</p>

Primary Care

NSP Priority	2015 NSP Action	2015 Operational Plan Action	CD
		<p style="text-align: center;"><i>University Hospital</i></p> <p><i>Identify the requirements in order to sustain the benefits for service users beyond the life of the existing projects.</i></p> <p><i>Continue to Develop the Café de Mentia (North Cork), the Alzheimers Café & Memory Gym (St. Finbarr's).</i></p> <p><i>Progress the Neuro Enhancement for Independent Living (NEIL) Project in Mallow in collaboration with the Memory Research Unit (Trinity Collage, Dublin).</i></p> <p><i>Continue the roll out of the Emergency Admission Risk Likelihood Index (EARLI) Project to aid identification to those at risk and avoidance of hospital admission through timely intervention to the following additional PCT's in Cork North, Cobh and Mitchelstown.</i></p> <p>Safeguarding Vulnerable Persons at Risk of Abuse Work in collaboration with the Social Care Division to implement the national policy on <i>Safeguarding Vulnerable Persons at Risk of Abuse</i>. Awareness and training in this policy will be a feature of its implementation in 2015.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><i>Cork & Kerry CHO will:</i></p> <ul style="list-style-type: none"> • <i>Establish a CHO implementation team</i> • <i>Establish a safeguarding team</i> • <i>Recruit additional Social Workers as part of safeguarding team</i> • <i>Identify Designated Officers at Service Unit level</i> • <i>Provide training for Designated Officers</i> • <i>Establish a Safeguarding & Protection Committee, initially in Social Care, at CHO level.</i> </div>	<p>Q1-Q4</p> <p>Q1-Q4</p>
<p>National Clinical Programmes</p>	<p>Work with the Clinical Programmes to develop and progress the priority workstreams of the five Integrated Care Programmes (Patient Flow, Older Persons, Chronic Disease Prevention and Management, Children's Health and Maternal Health) which will improve integration of services, access and outcomes for patients.</p>	<p>Engage with the clinical programmes aligned to each of the five Integrated Care Programmes, to inform, plan and develop the primary care deliverables for each programme.</p>	<p>Q1-Q4</p>

Primary Care

NSP Priority	2015 NSP Action	2015 Operational Plan Action	CD
	Align the primary care diabetes initiatives to the Diabetes Model of Care with the support of the Clinical Programme.	Align the existing 10 diabetes initiatives to the model of care, subject to ICGP approval of the model care. <i>Cork & Kerry CHO will:</i> <ul style="list-style-type: none"> ○ Continue to develop the role of the Community Diabetes Clinical Nurse Specialist in the CHO in collaboration with CUH ensuring seamless liaison and integration between Primary and Secondary care services for this group of patients with chronic disease by providing supports to GP's and Practices Nurses and working closely with the Endocrinologists in CUH and Kerry General Hospital. ○ Continue to support the provision of specialized services for Pregnant women with Gestational Diabetes through specialist Dietitians and Clinical Nurse Specialists who work in CUMH and Kerry General Hospital. 	Q1-Q4 Q1-Q4 Q1-Q4
	Work with the Clinical Programmes on the roll out of the chronic disease programmes by the appointment of 12 Nurse Specialists and/or Allied Health Professionals and the implementation of Integration and Self Care Projects in Respiratory Disease and Heart Failure.	Chronic Disease Integration and Self Care Demonstrator Projects – Asthma, COPD and Heart Failure: Undertake Chronic Disease Integration and Self Care Demonstrator Projects to provide proof of concept of integrating chronic disease services for heart failure, asthma and COPD between Primary and Secondary Care, with particular focus on education of practice nurses and local GPs. Appoint 8 chronic disease integrated care nurses. These specialist nurses and/allied health professionals will work with clinical nurse specialists in local hospitals and practice nurses to strengthen the capacity of general practice. The chronic disease integrated care nurses will be located in the community services and will provide training for practice staff and specialist expertise to support patients in the general practice setting. The community specialist nurse will engage with local General Practitioners and practice nurses to up skill them and provide seamless liaison and integration between Primary and Secondary Care services for this group of patients with chronic disease. <i>Cork and Kerry CHO will support the National Retinopathy Screening services delivered in Primary Care settings across the CHO and will provide additional Clinic locations to the screening team on a scheduled basis.</i>	Q2-Q4
	Review of Public Health Nursing	Office of Nursing and Midwifery Services Work with the Office of Nursing and Midwifery Services who will lead the Review of Public Health and Community Nursing Services, with relevant policy and reforms in 2015.	Q4
	Out-Patient Service Improvement Programme	Out-Patient Service Improvement Programme In conjunction with the OPD Improvement and Clinical Programmes, introduce agreed data sets for orthopaedics, ENT, dermatology and rheumatology referrals from primary care to OPD.	Q2
Quality and Patient Safety	The <i>National Standards for Safer Better Healthcare</i> provide an outline of what can be expected from healthcare services. The implementation of these standards will help to realise improvements for service users by	Support implementation and roll out of the National Standards for Safer Better Health Care <ul style="list-style-type: none"> ○ Provide training in use of the QA&I tool workbooks for approximately 100 staff. ○ Develop an electronic QA&I tool. ○ Provide support to CHOs in self assessing against the standards. <i>Cork & Kerry CHO will roll out the Self Assessment for all services to meet the National Standards for Safer Better Healthcare across Primary Care</i>	Q1-Q4

Primary Care

NSP Priority	2015 NSP Action	2015 Operational Plan Action	CD
	<p>creating a common understanding of what constitutes a safe, high quality primary care service.</p> <p>The operational management of quality and safety within the Division will have clear lines of accountability from frontline services to the National Director. Priorities for 2015 are to:</p> <ul style="list-style-type: none"> - Implement the framework for governance, quality and risk within primary care to ensure services are safe and provided to the highest standard of care. - Implement the integrated quality and safety business plan, which will provide support to primary care services in the achievement of quality and patient safety objectives. <i>(Programme for Government Primary Care Funds €0.025m)</i> 	<p>Governance, Leadership and Management</p> <ul style="list-style-type: none"> ○ Provide support, guidance and training for Quality and Safety Committees (Standard 5.2.). ○ Develop tools, resources and training to promote safety within Primary Care. The tools required will be identified as part of the self assessment process against the National Standards in the first quarter of 2015. <p>Patient Centred Care</p> <ul style="list-style-type: none"> ○ Implement the Health Care Charter in primary care services. ○ Develop a standardised patient experience survey for primary care services. ○ Engage quarterly with patients via focus groups to establish the patients' experience in collaboration with the Community Work Department. ○ Engage with a sample of front line primary care staff to establish their experiences of working within primary care services led by Community Work and Corporate Learning and Development Services. <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <ul style="list-style-type: none"> ○ <i>Cork & Kerry CHO will undertake community health needs assessments in Caherciveen PCTs in collaboration with Health Promotion, Health Intelligence and Public Health. This will include service user involvement as per the PCT Service User Framework</i> </div> <ul style="list-style-type: none"> ○ Implement the open disclosure policy and provide training on open disclosure. ○ Disseminate and create awareness of the framework for community participation in primary health care. ○ <i>Decontamination Management of Reusable Invasive Medical Devices Oral Health including Orthodontics</i> <ul style="list-style-type: none"> ▪ Update decontamination standards for local decontamination dental units and commence audit in salaried HSE services. ▪ Develop and implement standards for validating autoclaves applicable to contracted and salaried services. ○ Develop targeted clinical audit tools. ○ <i>Quality Collaboratives</i> <ul style="list-style-type: none"> ▪ Support and participate in the development of <i>Quality Collaboratives</i> within CHOs, to improve quality of primary care. ○ <i>Policies, Procedures and Guidelines</i> <ul style="list-style-type: none"> ▪ Contribute and participate in the development of a national standardised process for the development, monitoring, storing and reviewing of PPGs aligned to best practice within Primary Care (Standard 3.1.). ○ <i>Risk Management</i> <ul style="list-style-type: none"> ▪ Put in place an active National Primary Care Risk Register for the management of risk at national level (standard 3.1.) ○ <i>Incident Management (Standard 3.3)</i> <ul style="list-style-type: none"> ▪ Contribute to the development of the NAEMS (National Adverse Events Management system) to define reporting requirements for the National Primary Care Division. ▪ Develop a procedure for sharing of learning from serious incidents within primary care. 	<p>Q1-Q4 Q1-Q4 Q3 Q1 Q4 Q1-Q4 - Q1-Q4 Q1-Q4 Q4 Q1-Q4 Q1-Q4 Q1-Q4 Q1-Q4 Q1-Q4 Q1-Q4</p>

Primary Care

NSP Priority	2015 NSP Action	2015 Operational Plan Action	CD
		<div data-bbox="560 300 1222 387" style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p><i>Cork & Kerry CHO will continue, through the CHO Quality & Patient Safety Committee, to disseminate learning from safety incidents both locally and nationally as appropriate.</i></p> </div> <ul style="list-style-type: none"> <li data-bbox="560 423 1098 450">○ Performance Measurement, Assurance and QIMS (Standard 3.3). <ul style="list-style-type: none"> <li data-bbox="592 463 1062 490">▪ Develop a National Quality dash board for primary care. <li data-bbox="592 504 1198 530">▪ Monitor progress against the National Standards Safer Better Healthcare. 	

Social Inclusion

Social Inclusion plays a key role in supporting access to services and provides targeted interventions to improve the health outcomes of minority groups such as Irish Travellers, Roma, and other members of diverse ethnic and cultural groups, such as asylum seekers, refugees and migrants, lesbian, gay, bisexual and transgender service users.

Specific interventions are provided to address addiction issues, homelessness and medical complexities. Members of these groups present with a complex range of health and support needs which require multi-agency and multi-faceted interventions. Social Inclusion promotes and leads on integrated approaches at different levels across the statutory and voluntary sectors. A critical factor in relation to service provision is the development of integrated care planning and case management approaches between all relevant agencies and service providers.

Social Inclusion - 2015 Priority Actions

NSP Priority	2015 NSP Action	2015 Operational Plan Action	C D	Social Inclusion Lead
<p>Achieve improved health outcomes for persons with addiction issues.</p>	<ul style="list-style-type: none"> ▪ Progress the integration of Drug Task Force Projects and developments within the wider addiction services in line with objectives of the <i>National Drug Strategy 2009-2016</i>. 	<ul style="list-style-type: none"> ▪ Ensure that each Local and Regional Drug and Alcohol Task Force (DATF) project is governed by the HSE Grant Aid Agreement/Service Arrangement for 2015. 	Q1	ADL
		<ul style="list-style-type: none"> ▪ Additional funding of €1.023m (not included in current Letter of Determination) has been notified to support measures to tackle substance misuse. This funding will support community and voluntary groups or other relevant bodies to undertake once off prevention initiatives in line with the National Substance Misuse Strategy. 	Q1	
		<ul style="list-style-type: none"> ▪ Assist projects to participate in planning and reporting in line with the monitoring tool developed by the National Addiction Advisory Governance Group, within the Section 39 Governance Framework. 	Q3	
		<ul style="list-style-type: none"> ▪ Ensure that funded organisations; <ul style="list-style-type: none"> ▪ Support and promote the aims and objectives of the <i>National Drugs Strategy</i> to significantly reduce the harm caused to individuals and society by the misuse of drugs. Their annual plans must be linked to both the national strategic actions and local drug strategy/implementation plans. 	Q4	
		<ul style="list-style-type: none"> ▪ Provide the Health Research Board with data on each service user entering and existing service in compliance with the National Drug Treatment Reporting System (NDTRS). 	Q4	
		<ul style="list-style-type: none"> ▪ Engage with a Quality Standards Framework such as QuADS through the Quality Standards Support Project. 	Q4	
		<ul style="list-style-type: none"> ▪ Implement case management process as guided by the National Drugs Rehabilitation Framework. 	Q1	
		<div style="border: 1px solid black; padding: 5px; background-color: #f0f0f0;"> Cork & Kerry CHO will: <ul style="list-style-type: none"> ○ <i>Implement the integration of Drug Task Force Projects and developments within the wider addiction services in line with objectives of the National Drug Strategy 2009-2016. This will include the application of the HSE Grant Aid Agreement/Service Arrangement for 2015 and provision of data</i> </div>	Q4	

Social Inclusion – 2015 Actions

NSP Priority	2015 NSP Action	2015 Operational Plan Action	C D	Social Inclusion Lead
		<p><i>to the HRB.</i></p> <p>○ In 2015 a new website for Regional & Local Task Forces will be developed to reflect the addition of the alcohol brief & to increase awareness of drug & alcohol issues through online presence.</p>		
	<ul style="list-style-type: none"> ■ Implement priority actions from <i>National Drugs Strategy 2009-2016. (Programme for Government Primary Care Funds €2.1m)</i> <ul style="list-style-type: none"> ■ Implement the clinical governance framework for addiction treatment and rehabilitation services. 	<ul style="list-style-type: none"> ○ Develop integrated drug and alcohol services in line with the <i>National Drugs Strategy 2009-2016 (NDS)</i> and the <i>Steering Group Report on a National Substance Misuse Strategy</i> which provide drug free and harm reduction approaches for problem substance users; and <ul style="list-style-type: none"> ■ Facilitate problem substance users to engage with, and avail of such services. ■ Ensures that each patient has an appointed key worker and a clearly documented care plan that is subject to a regular review and update. ■ Measures transfers from HSE clinics and level 2 GPs to level 1 GPs. ■ Carries out a client satisfaction survey of all the addiction services. ○ Participate in the European Union Reducing Alcohol Related Harm (RARHA) Project. ○ Develop national guidelines for alcohol consumption to reduce health risks from drinking. ○ Implement a Naloxone Demonstration Project to assess and evaluate its suitability and impact (in line with DNS Action 40). ○ Develop a clinical and organisational governance framework (in line with NDS Action 45). ○ Finalise, launch and maintain an on-line directory of drug and alcohol services and specialist drugs and alcohol treatment programmes (in line with The Recommendations from the <i>Working Group on Drugs Rehabilitation, Action 32</i>). <p><i>Screening & Brief Intervention</i></p> <ul style="list-style-type: none"> ○ Roll out SAOR <i>Screening Programme</i> (of Support, Ask and Assess, Offer Assistance and Refer) screening and brief intervention training for alcohol and problem substance use within tier 1 and tier 2 services (25 SAOR training programmes to 300 staff and 3 train the trainer programmes will be delivered nationally) in partnership with Health Promotion and Improvement and the National Addiction Training Programme. ○ Develop and implement a screening and brief intervention (SBI) implementation plan to support the roll out of national SBI protocol. <p><i>Hidden Harm</i></p> <ul style="list-style-type: none"> ○ Finalise a strategic statement regarding Hidden Harm together with Tusla and Drug and Alcohol services. This statement will guide two pilot sites (North West and in Midlands) to ensure early intervention. ○ Commission training on Hidden Harm on behalf of Tusla and Drug and Alcohol services staff. 	<p>Q4</p> <p>Q4</p> <p>Q2</p> <p>Q4</p> <p>Q4</p> <p>Q2</p> <p>Q4</p> <p>Q4</p> <p>Q4</p> <p>Q3</p> <p>Q1</p> <p>Q1</p> <p>Q4</p>	ADL

Social Inclusion – 2015 Actions

NSP Priority	2015 NSP Action	2015 Operational Plan Action	C D	Social Inclusion Lead
		<ul style="list-style-type: none"> ○ Participate on the North South Alcohol Policy Advisory Group. <i>National Addiction Training Programme</i> ○ Finalise a training needs analysis and workforce Development Plan in line with NDS Action 47. ○ Co-ordinate the provision of training within the substance misuse framework i.e. Addiction Training Programme in line with NDS Action 47. <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <ul style="list-style-type: none"> ○ Cork & Kerry CHO Drug and Alcohol Services will continue to support the roll out of Strengthening Families Programme. In 2015 5 programmes will be delivered across Cork and Kerry. ○ <i>Cork & Kerry CHO will continue the delivery of training on Service User Involvement. In 2015 this strategy will become built into local service delivery. The service will have agreed minimum levels of involvement which will form a baseline to increase further levels of involvement.</i> ○ <i>In 2015 a Twitter & Facebook campaign will be used to promote drug & alcohol awareness campaigns.</i> ○ <i>In 2015 Cork & Kerry CHO will organise a Drug & Alcohol awareness month covering various themes e.g mental health, mindfulness, alcohol consumption etc. This will include the "Hello Sunday Morning" campaign.</i> ○ Cork & Kerry CHO will embed the use of E-Pub (Electronic Personal Use Barometer) in Cork Institute of Technology. E-Pub is an online brief assessment that provides accurate personalised feedback on a persons alcohol use. </div>	<p>Q3</p> <p>Q4</p> <p>Q4</p>	
	<ul style="list-style-type: none"> ▪ Implement the outstanding prioritised recommendations of the <i>Opioid Treatment Protocol</i>, including the development of an audit process across the full range of drug services. This will incorporate person-centred care planning through the Drug Rehabilitation Framework and increase opioid substitution treatment (OST) patient numbers. 	<ul style="list-style-type: none"> ○ Develop an audit process across the full range of drug services that incorporates person centred care planning through the Rehabilitation Framework, in line with the introduction of the Opioid Treatment Protocol recommendation 2.3. ○ Increase the maximum number of OST patients from 15 to 25 for level 1 prescribers, and in exceptional circumstances from 35 to 50 for level 2 prescribers - Opioid Treatment Protocol recommendations 3.4 and 3.5. <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <ul style="list-style-type: none"> ○ <i>In 2015 Cork & Kerry CHO will support the implementation off the outstanding prioritised recommendations of the Opioid Treatment Protocol and will implement the agreed framework to increase the cap on the number of clients availing of the services of Level 1 GPS in the region.</i> </div>	<p>Q2</p> <p>Q1</p>	

Social Inclusion – 2015 Actions

NSP Priority	2015 NSP Action	2015 Operational Plan Action	C D	Social Inclusion Lead
	<ul style="list-style-type: none"> ■ Implement referral and assessment for residential services using a shared assessment tool agreed between the HSE and service providers in line with the Drug Rehabilitation Framework. 	<ul style="list-style-type: none"> ○ Develop a shared assessment tool between HSE and Tier 4 service providers in line with the Drugs Rehabilitation Framework and National Protocols and Common Assessment Tools. <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <ul style="list-style-type: none"> ○ <i>Cork & Kerry CHO has developed a partnership between the homeless sector services and the Rehabilitation Coordinators. The Case Management Manual has been redrafted to meet the needs of those conducting Initial Assessments in the homeless sector. This Initial Assessment will be adopted by all the homeless services in 2015 and will incorporate all the domains.</i> </div>	Q1	AL
	<ul style="list-style-type: none"> ■ Implement the findings of the evaluation of the Pharmacy Needle Exchange Programme (PNEX) 	<ul style="list-style-type: none"> ○ Increase the level of knowledge of pharmacy in relation to harm reduction as per the PNEX. ○ Provide training for PNEX staff to reflect the wider range of service provision. ○ Strengthen integrated care pathways and referral pathways for patients. ○ Enhance advice and information giving on sexual health including appropriate referral for BBV testing and increased condom distribution. <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <ul style="list-style-type: none"> ○ <i>Cork & Kerry CHO has developed a number of education and information materials for target groups on issues associated with the Needle Exchange Programme. These will be formally launched and mainstreamed in 2015.</i> ○ <i>Cork & Kerry CHO has established a Needle Exchange Outreach Support Service to link with both service users and the pharmacies involved in the programme in Cork and Kerry. This will be continued and enhanced in 2015.</i> ○ <i>Cork & Kerry CHO will recruit a part-time outreach needle exchange worker for Cork City to engage with injecting drug users, particularly those who are not connected with drug services. This is aimed at reducing drug related harm for the individual and to promote community safety.</i> </div>	Q2 Q2 Q1 Q2 Q1 – Q4 Q1 – Q4 Q1 – Q4	AL
	<ul style="list-style-type: none"> ■ Implement prioritised recommendations of the Tier 4 Report (Residential Addiction Services). 	<ul style="list-style-type: none"> ○ Develop a Clinical Audit team and draw up an approved list of residential services based upon adherence to best practice quality standards in relation to staff competencies and clinical operations. 	Q2	AL

Social Inclusion – 2015 Actions

NSP Priority	2015 NSP Action	2015 Operational Plan Action	C D	Social Inclusion Lead
	<ul style="list-style-type: none"> ▪ Develop joint protocols for integrated care planning between mental health services and drug and alcohol services. 	<ul style="list-style-type: none"> ○ Develop joint protocols between mental health and drug and alcohol services for patients with severe mental illness and substance misuse problems. (Steering Group Report on National Substance Misuse Strategy 2011, Recommendation 10 and in line with NDS Action 33). <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <ul style="list-style-type: none"> ○ <i>Cork & Kerry CHO Drug & Alcohol Services will strengthen formal links between Addiction Services and Mental Health Services with the implementation of the Dialectical Behavioural Therapy (DBT) Programme.</i> ○ <i>The Cork & Kerry CHO Mental Health Services / Addiction Services Forum developed in 2014 will be continued in 2015.</i> </div>	Q1	AL
Homelessness	<ul style="list-style-type: none"> ▪ Support the <i>Implementation Plan to reduce Homelessness</i>, approved by Government in May 2014, with particular attention to health related recommendations. ▪ Ensure arrangements are in place so that homeless persons have immediate access to primary care services and that discharge protocols are in place and working effectively, covering discharge from acute hospitals and mental health facilities. 	<ul style="list-style-type: none"> ○ Develop and agree a suite of health outcomes for homeless persons that can be collected, measured and reported through the PASS system. ○ Support Primary Care Services to ensure that appropriate responses are in place in meeting the health needs of homeless persons in relation to access and service delivery. <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><i>Cork & Kerry CHO will:</i></p> <ul style="list-style-type: none"> ○ <i>Increase the hours of attendance of the Homeless GP at the Emergency Shelters in Cork City</i> ○ <i>Review level of nursing support provision to Homeless Service to support the GP</i> ○ <i>Work to enhance addiction services at Cork Simon Hostel including restoring a dedicated clinic</i> ○ <i>Enhance the co-operation between Mental Health Services and Homeless Services in the context of Mental Health Developments for Homeless.</i> ○ <i>Complete options appraisal for a Stabilization Service in Cork City</i> ○ <i>Establish formal links with the Primary Care Teams & Networks and the Mental Health Teams</i> ○ <i>In 2015 a business case will be developed for the establishment of a Homeless Services GP Fellowship which is a joint project between the HSE and UCC.</i> </div> <ul style="list-style-type: none"> ○ Engage with the relevant Departments within the HSE (Social Inclusion, PCRS, E.U Regulation's) and the Dept of Health to agree that the emergency medical care 	<p>Q2</p> <p>Q4</p> <p>Q1</p> <p>Q1</p> <p>-</p>	

Social Inclusion – 2015 Actions

NSP Priority	2015 NSP Action	2015 Operational Plan Action	C D	Social Inclusion Lead
		<p>needs of homeless persons are being met.</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p>Cork & Kerry CHO will:</p> <p><i>With the support of the Homeless Multi-disciplinary Team and the staff of the Emergency Hostels assist all residents, in particular foreign nationals (not satisfying Dept. of Social Protection Habitual Residence Condition and/or HSE "Ordinarily Resident" Condition) with their applications for a Medical Card.</i></p> </div> <p>Q2</p> <ul style="list-style-type: none"> ○ Ensure that a Homeless Action Team (HAT) is established in each Local Authority area and a care and case management approach is being implemented, particularly in terms of the health and well being of homeless persons. <p>Q2</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p>In 2015 Cork & Kerry CHO will:</p> <ul style="list-style-type: none"> ○ Through the existing HATs examine their enhancement by targeted increased membership. </div> <p>Q1</p> <ul style="list-style-type: none"> ○ Engage with relevant Hospital Groups and other key stakeholders to ensure that the discharge protocol / policy relating to homeless persons are being implemented and working effectively, particularly in the area of delayed discharges. <p>Q1</p> <div style="border: 1px solid black; padding: 5px;"> <p>In 2015 Cork & Kerry CHO will:</p> <p>(a) Engage with the nominated Hospital Group personnel and other stakeholders (Voluntary Organisations & the Local Authorities) periodically to ascertain compliance with the implementation of the Discharge Protocol/Policy</p> <p>(b) Share information between Homeless and Acute Services on client discharges including delayed discharges</p> </div>	Q4	
Hepatitis C Strategy	<ul style="list-style-type: none"> ■ Implement the prioritised recommendations of the National Hepatitis C Strategy 2011-2014. 	<p>Health Promotion</p> <ul style="list-style-type: none"> ○ Provide clear, consistent and updated advice on the transmission risks of Hepatitis C through the development of an education and awareness week in July 2015. <p>Surveillance and Screening</p> <ul style="list-style-type: none"> ○ Develop national guidelines for hepatitis C screening. ○ Improve information on prevalence of hepatitis C in different settings in Ireland. <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <ul style="list-style-type: none"> ○ Cork & Kerry CHO will support the development of Hepatitis C education and awareness week in July 2015 as required. ○ Cork & Kerry CHO will support the development of national guidelines for hepatitis C screening. </div>	Q2	SIL
Improve	<ul style="list-style-type: none"> ■ Improve health 	Traveller and Roma health		SIL

Social Inclusion – 2015 Actions

NSP Priority	2015 NSP Action	2015 Operational Plan Action	C D	Social Inclusion Lead
<p>health outcomes for vulnerable groups</p>	<p>outcomes for vulnerable groups with particular emphasis on Travellers, Roma, asylum seekers, refugees, homeless service users and women and children experiencing violence</p> <ul style="list-style-type: none"> ■ Implement actions aimed at improving Traveller and Roma health, including the roll out of the Asthma Education project and enhancing access to primary health services ■ Enhance current structures and processes to ensure a comprehensive response to the health and care needs of asylum seekers and refugees with particular reference to people living in the direct provision system and those refugees arriving in Ireland under the Government refugee resettlement programme ■ Implement strategies aimed at addressing gender based violence, including support for the anticipated National Office for the Prevention of Domestic, Sexual and Gender-based Violence (Cosc): National Strategy on Domestic, Sexual and Gender-based Violence, 2010-2014 and Ireland's National Action Plan for Implementation of UNSCR (United Nations Security Council Resolution) 1325, 2011-2014 <p>Strengthen governance and related structures to support the prevention of human trafficking, including the provision of training</p>	<p>Implement actions aimed at improving Traveller and Roma health:</p> <ul style="list-style-type: none"> ○ Roll out the asthma education programme in 3 further Traveller Health Units in partnership with the Asthma Society of Ireland. ○ Work within the context of the Diabetes Clinical Programme and in collaboration with local Diabetes Services to ensure Travellers are supported to access appropriate services and supports. ○ Deliver an education programme aimed at reducing the risk of diabetes and cardiovascular disease in the Traveller community (2 Traveller Health Units). ○ Work in partnership with the National Office for Suicide Prevention to reduce incidence of Traveller suicides and to implement actions aimed at improving mental health of this cohort. ○ Apply findings of Tallaght Roma Integration report and associated seminar reports produced by Pavee Point towards further targeted projects aimed at improving Roma health. ○ Address relevant recommendations of the Ombudsman enquiry/ report into removal of Roma children in partnership with Children First Lead. <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p><i>Cork & Kerry CHO will:</i></p> <ul style="list-style-type: none"> • Participate in roll out of the National Asthma Education project as a Pilot site. • Develop two joint initiatives with primary care services. • Enhance community health initiatives to increase awareness of diabetes and cardiovascular health and improve access to services and supports and to meet emerging targets. • Support Traveller organisations collaboration with mental health services in response to community's needs. The priority for 2015 will be bereavement and suicide supports. • Promote culturally appropriate service provision – Traveller cultural awareness training, Ethnic data training and promote best practice guidelines. • Collaborate with Agencies with responsibility for social determinants of health in 2015, there will be a focus on enhancing linkages with Local Authorities and the Gardai. . • Develop a strategic plan for training and development of volunteers participating in community health initiatives. </div> <p>Intercultural Health</p> <ul style="list-style-type: none"> ○ Review outcomes of HSE National Intercultural Health Strategy, update and deliver on relevant outstanding recommendations, where feasible. ○ Roll out the use of an Ethnic Identifier across a range of hospital and community service settings. 	<p>Q2</p> <p>Q3</p> <p>Q2</p> <p>Q4</p> <p>Q3</p> <p>Q2</p> <p>Q1</p> <p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q2</p> <p>Q3</p>	

Social Inclusion – 2015 Actions

NSP Priority	2015 NSP Action	2015 Operational Plan Action	C D	Social Inclusion Lead
	<p>for staff to ensure appropriate recognition, response and referral.</p>	<ul style="list-style-type: none"> ○ Work with Connolly Hospital on rollout of ethnicity recording across departments on a phased basis. ○ Implement relevant health related recommendations of the recently established Working Group on Asylum seekers, as appropriate e.g. improve medical card access and make provisions for prescription fees. <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p><i>Cork & Kerry CHO will:</i></p> <ul style="list-style-type: none"> • Support the development of additional plans to improve Asylum Seeker health access • Support the communication of the revised prescription fees arrangements. • Organise a series of consultations for HSE staff on Direct Provision as part of the national review underway. </div> <ul style="list-style-type: none"> ○ Work with the Office for Promotion of Migrant Integration in the Department of Justice and Equality in respect of implementing the health related aspects of the Refugee Resettlement Programme in line with Government commitments and allied health service obligations. ○ In partnership with the National Advocacy Unit, finalise, implement and monitor model for provision of interpreting services to service users who are deaf or who have limited English proficiency. <p>Violence against Women</p> <ul style="list-style-type: none"> ○ Implement health elements of strategies aimed at addressing gender based violence, including support for the anticipated National Office for the Prevention of Domestic, Sexual and Gender-based Violence (Cosc): National Strategy on Domestic, Sexual and Gender-based Violence, 2010-2014 and Ireland's National Action Plan for Implementation of UNSCR (United Nations Security Council Resolution) 1325, 2011-2014. ○ Strengthen governance and related structures to support the prevention of human trafficking, including the provision of training for staff to ensure appropriate recognition, response and referral. ○ Progress development of a Second National Action Plan to address Female Genital Mutilation and implement its health related recommendations. <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p><i>Cork & Kerry CHO through the Traveller Health Unit will rollout training for services and community sector on the domestic violence resource – 'Rings of Hope'.</i></p> </div> <p>Survivors of Institutional Abuse</p> <ul style="list-style-type: none"> ○ Work collaboratively with stakeholders in Caranua and associated schemes towards ensuring enhanced access of persons who have suffered abuse to primary care and related support services. 	<p>Q3</p> <p>Q1-Q4</p> <p>Q3</p> <p>Q3</p> <p>Q4</p> <p>Q2</p> <p>Q1-Q4</p>	

Social Inclusion – 2015 Actions

NSP Priority	2015 NSP Action	2015 Operational Plan Action	C D	Social Inclusion Lead
		<p>HIV/AIDS</p> <ul style="list-style-type: none"> ○ Support expansion of community based testing for members of marginalized communities. ○ Review Gay Mens Health Project within the context of changes to Baggott St Hospital services. <p>LGBT</p> <ul style="list-style-type: none"> ○ Work with the Quality Improvement Division towards finalising development and implementation of care pathways for members of the transgender community. ○ Work with Transgender Equality Network Ireland (TENI) to implement delivery of targeted training to health service clinicians/service providers on transgender issues. 	Q4	
		<p>Community Development Initiatives</p> <ul style="list-style-type: none"> ○ Promote and support rollout of the <i>Framework for Implementation of Community Participation in Primary Care 2014</i>. <div style="border: 1px solid black; padding: 5px;"> <ul style="list-style-type: none"> ○ In 2015 Cork & Kerry CHO will promote and support rollout of the Framework for Implementation of Community Participation in Primary Care 2014. ○ The Community Work service in Cork & Kerry has been identified nationally as a model of good practice in relation to engagement with and support of local communities and service users. In recent years this service has faced challenges in relation to staffing levels. In 2015 Cork and Kerry CHO will carryout a review of the Community Work service with a view to enhancing and supporting the service and ensuring the maintenance of strong linkages across all Divisions and with the Community and Voluntary sector. Additional resources will be allocated to the service in 2015. ○ In 2015 Cork & Kerry CHO will support the development of the CESCA Alliance – an alliance of voluntary and community organisations in Cork city. ○ In 2015 Cork and Kerry CHO will continue to implement the HSE Alternative Integration Project which involved the transfer of seven Community Development Projects from the Dept. of Environment to Cork and Kerry CHO. ○ In 2015 Cork & Kerry CHO will continue to support and deliver the Health Action Zone project in Cork with a range of initiatives to be delivered in 2015 across all Divisions including Mental Health, Social Care, Primary Care, Health & Wellbeing and Social Inclusion. </div>	Q1- Q4 Q2	SLI

Balanced Scorecard – Primary Care

Primary Care Division Services			
Quality and Safety		Access	
<p>PRIMARY CARE</p> <p>Physiotherapy</p> <ul style="list-style-type: none"> % of referrals seen for assessment within 12 weeks <p>Occupational Therapy</p> <ul style="list-style-type: none"> % of referrals seen for assessment within 12 weeks <p>Oral Health</p> <ul style="list-style-type: none"> % of new patients whose treatment is completed within 9 months of assessment <p>Orthodontics</p> <ul style="list-style-type: none"> % of referrals seen for assessment within 6 months Reduce the proportion of patients on the treatment waiting list longer than 4 years (grade IV and V) <p>Smoke free premises</p> <ul style="list-style-type: none"> % of health care centres tobacco free 	<p>80%</p> <p>80%</p> <p>New 2015</p> <p>75%</p> <p><5%</p> <p>100%</p>	<p>PRIMARY CARE</p> <p>Community Intervention Teams</p> <ul style="list-style-type: none"> Admission Avoidance (includes OPAT) Hospital Avoidance Early discharge (includes OPAT) Other <p>Total</p> <p>GP Activity</p> <ul style="list-style-type: none"> No. of contacts with GP Out of Hours <p>Nursing, Podiatry, Ophthalmology, Audiology, Dietetics and Psychology</p> <ul style="list-style-type: none"> No of patient referrals Existing patients seen in the month New patients seen in the month 	<p>1,165</p> <p>17,728</p> <p>4,123</p> <p>2,910</p> <p>25,926</p> <p>959,455</p> <p>Baseline to be determined 2015</p>
<p>PRIMARY CARE – SOCIAL INCLUSION</p> <p>Opioid Substitution Treatment</p> <ul style="list-style-type: none"> % of substance misusers (over 18 years) for whom treatment has commenced within one calendar month following assessment % of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment <p>Traveller Health</p> <ul style="list-style-type: none"> No of people who received awareness raising and information on type 2 diabetes and cardiovascular health 	<p>100%</p> <p>100%</p> <p>20% of the population in each Traveller Health Unit</p>	<p>PRIMARY CARE – SOCIAL INCLUSION</p> <p>Opioid Substitution Treatment</p> <ul style="list-style-type: none"> No. of clients in receipt of opioid substitution treatment (outside prisons) No. of clients in receipt of opioid substitution treatment (prisons) <p>Homeless Services</p> <ul style="list-style-type: none"> % of service users admitted to homeless emergency accommodation hostels / facilities whose health needs have been assessed as part of a Holistic Needs Assessment (HNA) within two weeks of admission <p>Needle Exchange</p> <ul style="list-style-type: none"> No. of unique individuals attending pharmacy needle exchange <p>Health Amendment Act</p> <ul style="list-style-type: none"> No. of patients offered assessment of need No. of patients who were reviewed 	<p>9,400</p> <p>490</p> <p>85%</p> <p>1,200</p> <p>1,440</p> <p>820</p>
<p>PRIMARY CARE – PCRS</p> <p>Medical Cards</p> <ul style="list-style-type: none"> % of properly completed Medical /GP Visit Card applications processed within the 15 day turnaround % of Medical Card / GP Visit Card applications, assigned for Medical Officer review, processed within 5 days 	<p>90%</p> <p>90%</p>	<p>PRIMARY CARE – PCRS</p> <p>Medical Cards</p> <ul style="list-style-type: none"> No of persons covered by Medical Cards as at 31st December No of persons covered by GP Visit Cards as at 31st December 	<p>1,722,395</p> <p>412,588</p>
<p>Quality Assurance</p> <p>Serious Reportable Events</p> <p>% compliance with the HSE Safety Incident Management Policy for Serious Reportable Events</p> <p>Reportable Events (Incidents)</p> <ul style="list-style-type: none"> % of events being reported within 30 days of occurrence to designated officer <p>Healthcare Associated Infections</p> <ul style="list-style-type: none"> Consumption of antibiotics in community setting (defined daily doses per 1,000 inhabitants per day) 	<p>Full Compliance</p> <p>95%</p> <p><21.7</p> <p>100%</p>		

Balanced Scorecard – Primary Care

Primary Care Division Services			
Quality and Safety		Access	
<p>Quality and Safety Committees</p> <ul style="list-style-type: none"> Quality and Safety committees across all Divisions at Divisional, Hospital Group and Community Healthcare Organisation 	75%		
<p>Complaints</p> <ul style="list-style-type: none"> % of complaints investigated within 30 working days of being acknowledged by the complaints officer 	100%		
<p>Staff training</p> <ul style="list-style-type: none"> % of staff interacting with patients who have received mandatory Hand Hygiene Training in the last 2 years? % of staff trained in manual handling % of staff trained in fire training 	100%		
Finance		Human Resources	
<p>Budget Management including savings</p> <p>Net Expenditure variance from plan (budget) – YTD and Projected to year end (M)</p> <ul style="list-style-type: none"> Pay - Direct / Agency / Overtime Non-pay (including procurement savings) Income Acute Hospital private charges income and receipts 	≤0%	<p>Human Resources Management</p> <p>Absence</p> <ul style="list-style-type: none"> % and cost of absence rates by staff category (M) (3.5%) 	3.5%
<p>Service Arrangements/ Annual Compliance Statement</p> <ul style="list-style-type: none"> % of number and amount of the monetary value of Service Arrangements signed (M) % and number of Annual Compliance Statements signed (Annual, reported in June) 	On target	<p>Staffing levels and Costs</p> <ul style="list-style-type: none"> Variance from HSE workforce ceiling (within approved funding levels) (M) (≤0%) Turnover rate and stability index New development posts filled 	≤0%
<p>Capital</p> <ul style="list-style-type: none"> Capital expenditure measured against expenditure profile (Q) 		<p>Key Result Areas – for development in 2015</p> <ul style="list-style-type: none"> Work force and action plan Culture and staff engagement Learning and development 	
<p>Key Result Areas – Governance and Compliance (Development focus in 2015)</p> <p>Internal Audit (Q)</p> <ul style="list-style-type: none"> No of recommendations implemented, against total number of recommendations (Q) 			
<p>Relevant to Controls Assurance Review output (Quarterly – Development area - from end quarter 2)</p> <ul style="list-style-type: none"> Areas under consideration include: Tax, Procurement , Payroll controls including payroll arrangements and Cash handling 			

Social Care

Social care services support the ongoing service requirements of older people and people with disabilities, with the design and implementation of models of care and services across both of these care groups to support and maintain people to live at home or in their own community and to promote their independence and lifestyle choice in as far as possible.

Older people with care needs should be provided with a continuum of services such as home care, day care and intermediate residential care to avoid unnecessary acute hospital admissions and have their required treatments and supports delivered within their local community at primary care level in as far as possible. The over-65 population nationally is growing by approximately 20,000 each year, while the over-85 years population, which places the largest pressure on services is growing by some 4% annually. A greater move towards primary and community services, as the principal means to meet people's home support and continuing care needs is required to address this growing demand and support acute hospital services.

People with disabilities should have access to the supports they require to achieve optimal independence and control of their lives and to pursue activities and living arrangements of their choice. It is estimated that 4% of children nationally have a disability, with adults having a higher prevalence level. As the overall population grows, so does demand for services, particularly in the 0-18 age group. At present 44% of individuals with an intellectual disability are aged over 35 years placing greater demand on services to meet the changing needs of these people.

Supports for both groups must be responsive to service user needs and be provided flexibly at the least possible unit cost to build a sustainable system into the future. The design and implementation of these models of care and services, along with how these services are funded, is part of an overall Social Care strategic reform and change agenda which commenced in 2014 and will be further advanced in 2015.

Services for Older People

Social Care Services for Older People - 2015 Priority Actions

Priority Area	Action 2015 – Older People Services	End Q
Programme for Government – Delayed Discharges Initiative	<ul style="list-style-type: none"> In response to the growing challenge of providing services to an ageing population, and to address delayed discharges, an integrated care approach will be implemented across the continuum of care inclusive of home, community, hospital and residential services. In 2015, €25m is being provided to augment our response to these challenges across the country and particularly in the Dublin Area where the problem is most acute. €23m of this funding is provided to Social Care (€2m for CIT's is being provided to Primary Care and is included in that Divisional Plan) The funding will be targeted in the following way: <ul style="list-style-type: none"> €10m will be used to support an additional 300 long stay care places under the Nursing Homes Support Scheme (NHSS) reducing the waiting time for funding under this national scheme to 11 weeks during January & February 2015. – The initiative has already commenced in December 2014. 	Q1
	<div style="border: 1px solid black; padding: 5px;"> <ul style="list-style-type: none"> Cork & Kerry CHO will continue to maximise the use of short stay beds to address early discharges from acute hospitals, acute hospital avoidance as well as maintaining older people living at home Cork & Kerry CHO will commence a review of Day Care Centres in order to improve early intervention and maintain older persons to live at home. </div>	Q1 – Q4 Q2 – Q4
Programme for Government – Delayed Discharges Initiative	<ul style="list-style-type: none"> The initiative will be delivered through the following actions: <ul style="list-style-type: none"> Work with acute hospitals, primary care and clinical programmes to implement a joint approach to the management of Delayed Discharges in acute hospitals for those patients that require access to long term care and to primary care services, funded on a named patient basis. <ul style="list-style-type: none"> An Oversight Group, Implementation Group, Hospital/Community Working Groups will provide direction, leadership and management of the initiative. 	Q1
	<ul style="list-style-type: none"> A Project Manager has been appointed to manage the implementation of the initiative. 	Q1
	<ul style="list-style-type: none"> Identify those hospitals in the target group requiring hospital based care co-ordinator resources and make the necessary appointments. 	Q1
	<ul style="list-style-type: none"> Track a suite of Performance Indicators (KPIs) in respect of the €25m initiative (€23m Social Care) as set out in the Implementation Plan as follows: <ul style="list-style-type: none"> Delayed Discharges - Reduced ED PET for >80s (weekly) Nursing Home Support Scheme - Total no. of additional places issued (weekly) Nursing Homes Support Scheme Wait time (weekly) Short Stay Beds Total no. of short stay beds occupied (monthly) <ul style="list-style-type: none"> Mount Carmel (quarterly) Short stay beds – private Short Stay Beds - Total no. of persons benefitting from transitional care (monthly) Short Stay Beds - Total budget: actual and planned (monthly) Home Care - Total no. of persons in receipt of a HCP (monthly) 	Q1-Q4

Services for Older People

Priority Area	Action 2015 – Older People Services	End Q
	<ul style="list-style-type: none"> o Home Care - Total budget: actual and planned (monthly) <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>The following structures support a joint approach to the management of delayed discharges in acute hospitals in Cork and Kerry.</p> <p>1. Acute Hospital Community Integration Group Cork and Kerry: The membership includes acute hospital and community services managers for Primary, Community & Continuing Care services, and Mental Health Services. The terms of reference include:</p> <ul style="list-style-type: none"> • Ensure optimal communication and operational processes are in place to facilitate timely and appropriate discharge home, and where necessary continuing care placement. • Monitoring and addressing issues relating to hospital /community integration • Ensure that all patient flow streams from the acute setting (directly home, home via convalescence, rehabilitation, continuing care) have pathways in place to address the complex needs of the frail elderly. <p>2. The Cork Acute Hospital and Community Services Discharge Liaison Group is comprised of key hospital and community service managers such as acute hospital bed managers, PHN service, Home Support Service, Stores, CIT, NHSS office. This group meets on a monthly basis with the following terms of reference:</p> <ul style="list-style-type: none"> • Provision of early information in relation to complex discharges • Prioritise timely access to home supports to facilitate acute hospital discharges • Ensure that hospitals and families are aware of vacancies for long term care • Review of upcoming and delayed discharges lists for the three acute hospitals in the city and of the operation of the current processes <p>3. The Kerry Integrated Bed Management Group</p> <ul style="list-style-type: none"> • The Kerry Integrated Bed Management Group comprises of key acute and community service managers such as acute hospital bed managers, Clinical Director KGH, DON KGH, discharge coordinator, placement coordinator, DPHN, Manager Residential Services for Older Persons. • The group meets on a weekly/ fortnightly basis depending on need, addressing the management of admissions and discharges between acute and community. <p>Priorities 2015</p> <ul style="list-style-type: none"> • Continued early notification of discharges, using weekly lists and review of issues arising as they occur. Q1 –Q4 • Dedicated community assessment in-reach to hospital patients in the four Cork City Hospitals will continue to facilitate seamless discharge through interim home support packages where required in Cork City Hospitals. Q1 –Q4 • Review extension of the above in-reach model across Cork & Kerry CHO. Q2 • On-going maximisation of community short stay bed usage will include completion of a review of current respite bed usage, with a view to refining processes to allow for increased access to short stay beds for convalescence where feasible. Q2 • Monitoring of the availability of aids and appliances with prioritisation of acute discharges will continue through RAG process. Q1 –Q4 </div>	
Nursing Homes	<ul style="list-style-type: none"> • Support 22,361 older people under the NHSS by year end, including 300 additional 	Q1

Services for Older People

Priority Area	Action 2015 – Older People Services	End Q
Support Scheme – A Fair Deal (NHSS)	places from the €10m additional funding provided this year	
	<ul style="list-style-type: none"> Further rationalisation of the Nursing Homes Support Offices (NHSO). Current number of NHSOs is 17 and it is planned to reduce the number of offices to at least 4 by year end. This will assist in providing a streamlined process for the administration of the Scheme and improve the provision of information to the public. 	Q4
	<p><i>The Nursing Home Support Office in Cork and Kerry will ensure that current hospital and community discharge support functions undertaken by the NHSO are maintained and appropriately assigned in transition plans.</i></p> <ul style="list-style-type: none"> Following publication by the Department of Health of the NHSS National Review, the HSE will work with the Department to implement any required changes to the NHSS that may result from the National Review. 	Q1-Q4 Q4
Public Residential Care Services	Manage the Public Residential Care capacity	
	<ul style="list-style-type: none"> Plan to provide over 5,280 Public Long Stay Residential Beds subject to HIQA Registration. 	Q1-Q4
	<p><i>Cork & Kerry CHO will:</i></p> <ul style="list-style-type: none"> Provide an additional '8' residential service beds in West Kerry Community Hospital. Explore option of enhancing services in Kenmare Community Hospital Provide additional '10' beds in Farranlea Road Provide additional '4' beds in Heather House. 	Q1-Q4 Q1-Q4 Q1-Q4 Q1-Q4
	<ul style="list-style-type: none"> Establish implementation group to ensure that all residential care facilities achieve registration through the provision of specific plans particularly related to environmental requirements. 	Q1-Q2
	<p><i>Cork & Kerry CHO will work with Estates to progress specific plans for each facility for improving infrastructure and environment as required, to maintain HIQA registration.</i></p>	Q1-Q4
	Governance	
	<ul style="list-style-type: none"> In consultation with staff representation groups proceed to amalgamate nurse management structures to strengthen governance arrangements in public residential care facilities. 	Q1-Q4
	<p><i>Cork & Kerry CHO will engage with Directors of Nursing on preparing and implementing plans for amalgamated nurse management structures to strengthen governance arrangements further to current national process.</i></p>	Q1-Q4
	Medication management	
	<ul style="list-style-type: none"> Review and finalise a suite of medication management policies for public residential care units 	Q1- Q2
<p><i>Implement a pilot programme for a more efficient delivery of pharmacy services Community Hospitals in West Cork.</i></p>	Q2- Q4	
Service Improvement Team Strategy		
<p>In 2014, Services for Older People established a service improvement team process across Public Residential Care units to ensure that public residential services are provided in a cost efficient manner and through a model of care that is standards based and compliant with HIQA requirements. In 2015, the Service Improvement Team will support the local managers of residential services to focus on the following range of measures:</p>	Q1-Q4	

Services for Older People

Priority Area	Action 2015 – Older People Services	End Q				
	<ul style="list-style-type: none"> Work with managers of residential care services providing guidance and support to the delivery system in relation to the provision of services in a safe, equitable and cost efficient manner and in accordance with relevant standards. Support the DoNs and the leadership in the Community Hospitals and residential settings to implement a best practice model within the resources available. 					
	<ul style="list-style-type: none"> <i>Reduce the cost of care through revised staffing levels, introduction of skill mix, elimination of agency and review of Non-Pay expenditure in all Community Hospitals.</i> 	Q1 – Q4				
	<ul style="list-style-type: none"> Continue to provide forensic analysis in respect of Costs of Care per bed per week to each CHO in order to assist with workforce planning and cost containment initiatives. 	Q1-Q4				
	<ul style="list-style-type: none"> Achieve the €8M targeted efficiencies nationally required across Residential Care. 	Q1-Q2				
	<ul style="list-style-type: none"> <i>Cork & Kerry CHO will monitor the skill mix, staff to bed ratios and the frequency/cost of agency staffing across all HSE/HSE funded agencies to ensure that there is a month on month reduction of expenditure on agency by €2m in all Hospitals in Cork and Kerry including St. Finbar's Hospital.</i> 	Q1-Q4				
	<ul style="list-style-type: none"> €2.189m cost savings to fund service pressures to be achieved in Cork & Kerry CHO. 	Q1-Q4				
	<ul style="list-style-type: none"> Monitor the skill mix and staff to bed ratios and the frequency and cost of agency staffing across all HSE and HSE funded agencies to ensure that each CHO implements a month on month reduction of expenditure on agency. Concentrate specifically on the following: <ul style="list-style-type: none"> CHO 4: <ul style="list-style-type: none"> St. Finbar's Hospital 	Q1-Q4				
Home Care and Community Support Services, including Intermediate and Rehabilitation Services	Ensure Model of Service provision becomes less reliant on residential care by providing the following <ul style="list-style-type: none"> Provide home help hours in each CHO as follows: <table border="1" data-bbox="475 1258 842 1339"> <thead> <tr> <th>CHO</th> <th>2015 Target HH Hours</th> </tr> </thead> <tbody> <tr> <td>Cork & Kerry CHO</td> <td>2,272,000</td> </tr> </tbody> </table>	CHO	2015 Target HH Hours	Cork & Kerry CHO	2,272,000	Q1-Q4
	CHO	2015 Target HH Hours				
	Cork & Kerry CHO	2,272,000				
	<ul style="list-style-type: none"> <i>Cork & Kerry CHO will:</i> <ul style="list-style-type: none"> Work towards maintain home help targets in line with 2014 level of services i.e. 2,272,000 hours in the Cork and Kerry CHO. Continue process of professionalising home support services in the Cork and Kerry CHO as follows: <ul style="list-style-type: none"> Ensure full take-up of basic level "Skill" FETAC training places which will be provided through national processes in 2015. Progress a training initiative in partnership with HSE Performance and Development and St. Luke's Home to provide baseline introductory training and information to staff who wish to avail of foundation training in advance of undertaking the "Skills" training. Facilitate training in the first instance through the use of banked hours available under the terms of the new home help contract, which will minimise service impact. Devise and provide a bespoke training plan for home help co-ordinators in Cork and Kerry to commence at latest in Q3. HSE provided uniform tabards and ID badges will be worn by all staff in the Cork and Kerry CHO 	Q1-Q4				
		Q1-Q4				
	Q1-Q4					
	Q1-Q4					
	Q3-Q4					

Services for Older People

Priority Area	Action 2015 – Older People Services	End Q				
Home Care and Community Support Services, including Intermediate and Rehabilitation Services	<p>when providing care from the end of Q3.</p> <ul style="list-style-type: none"> Extend access to Hep B vaccination in Cork in conjunction with Occupational Health and HR; and in Kerry continue the rollout of Hep B vaccination policy. Devise a recruitment plan to address gaps emerging in service provision which cannot be addressed through use of banked hours in certain sectors in the Cork and Kerry CHO by Q2 Continue to implement national policy in relation to home help governance in Cork & Kerry CHO. Continue to work on SOPs for Home Help, such as Dysphagia. 	Q3 Q2-Q4 Q2				
	<ul style="list-style-type: none"> Provide home care packages in each CHO as follows: <table border="1" data-bbox="475 600 842 723"> <thead> <tr> <th data-bbox="475 600 703 696">CHO</th> <th data-bbox="707 600 842 696">2015 HCP Target (People in receipt)</th> </tr> </thead> <tbody> <tr> <td data-bbox="475 701 703 723">Cork & Kerry CHO</td> <td data-bbox="707 701 842 723">1,470</td> </tr> </tbody> </table>	CHO	2015 HCP Target (People in receipt)	Cork & Kerry CHO	1,470	Q1-Q4
	CHO	2015 HCP Target (People in receipt)				
	Cork & Kerry CHO	1,470				
	<ul style="list-style-type: none"> Work towards maintaining HCP targets in line with 2014 level of services i.e. 1,470 clients in Cork & Kerry CHO. 	Q1-Q4				
	<ul style="list-style-type: none"> Implement 190 Intensive Home Care Packages (IHCPs) to the value of €10M to benefit approximately 250 people in a full year. This initiative will be funded on a 'money follows the patient' basis and will support acute hospitals service pressures. In Cork & Kerry CHO this will be focussed on the Cork City area. 	Q1-Q4				
	<p>Cork & Kerry CHO will:</p> <ul style="list-style-type: none"> Establish a governance group to oversee the implementation of intensive home care packages in Cork City. This group will ensure that the national criteria are adhered to, that local implementation is consistent with national policy and that there is an appropriate approval mechanism. Complete work on the preparation and integration of a standard operating procedure for intensive home care packages in the context of Cork home support service pathways. Establish an Intensive HCP SOP/pathway for hospitals (including identifying a Lead for each hospital) and community services to assist with hospital avoidance/prevention of admission. Assign Assistant Director of Public Health Nursing level to progress comprehensive governance and risk management arrangements in Cork and Kerry CHO including the introduction of the Community Assessment at Risk Tool (CARTS) Programme. Assess individuals and implement care bundles in the community through appropriate liaison between relevant services Provide overall clinical governance to the prioritisation, approval and management of intensive home care packages in Cork City. 	Q1 Q1 Q1 Q3				
	<ul style="list-style-type: none"> As part of the implementation plan to deliver on the dementia strategy, €3M of the overall iHCP allocation will be targeted to support people with dementia with matched funding of €3M per annum being provided by Atlantic Philanthropies for the next 3 years commencing in 2015. 	Q1-Q4				
	<p>Cork & Kerry CHO will continue to work with the Integrated Dementia Care Across Settings Cork (IDEAS) Genio project on community based dementia care through the appointment of a Community Dementia Care Co-ordinator post at ADPHN grade which will link existing community resources to provide more integrated care packages for people with dementia in need of home support.</p>	Q2-Q4				
	<ul style="list-style-type: none"> Without prejudice to the current legal challenge by certain providers, conclude the tender process to <ul style="list-style-type: none"> Contract approved providers of enhanced home care as part of the Home Care Packages Scheme Develop options in relation to full managed home care services to support the implementation of the iHCP service. 	Q2-Q4				

Services for Older People

Priority Area	Action 2015 – Older People Services	End Q
	<i>As an interim and complimentary measure in Cork pending resolution of the national contract, continue to access nursing and AHP requirements arising from the implementation of intensive home care packages through CIT and CR&ST.</i>	Q2-Q4
	Service Improvement Team Strategy	
	<ul style="list-style-type: none"> • In the area of homecare the service improvement team process will concentrate on finalising the ongoing activity and resource review. <ul style="list-style-type: none"> ○ In addition, models of best practice will be identified to finalise the guidelines on the provision and delivery of homecare services. ○ A service improvement guided implementation plan will be developed and implementation process outlined which will set out requirements for all homecare services in the future. This will apply to all funded homecare service providers and will be reflected in service level arrangements over time. 	Q1 Q2-Q4 Q2-Q4
National Dementia Strategy	Dementia Strategy Implementation	
	<ul style="list-style-type: none"> • Establish a Dementia Strategy Implementation Office to support the implementation of the strategy 	Q1
	<ul style="list-style-type: none"> • Prepare an Implementation Plan for the National Dementia Strategy 	Q1
	<ul style="list-style-type: none"> • Establish a HSE Cross Divisional Working Group to provide an integrated approach to the implementation of the strategy 	Q1
	<ul style="list-style-type: none"> • Work in collaboration with DoH, Atlantic Philanthropies and other key agencies in the roll out of the dementia strategy, through the agreed National Dementia Strategy Implementation Programme. 	Q1-Q4
	<ul style="list-style-type: none"> • Co-ordinate the National Dementia Strategy Implementation Programme with Primary Care, Health & Wellbeing with the support of Genio. 	Q1-Q4
	<ul style="list-style-type: none"> • Under the National Dementia Strategy Implementation Programme: <ul style="list-style-type: none"> ○ Support the HSE/Genio initiative in delivering intensive home care packages (€3M) for people with dementia in the following sites. <ul style="list-style-type: none"> - CHO 4: Cork City ○ Develop in conjunction with Genio, key performance indicators, and a verification framework for intensive home care packages for people with dementia. 	Q1-Q4 Q1-Q4
	<ul style="list-style-type: none"> • Support the Health & Wellbeing Division to design a dementia awareness programme including a baseline attitude survey to dementia. 	Q2-Q3
	<ul style="list-style-type: none"> • Support an educational needs analysis, and delivery of dementia specific education to Primary Care Teams and GPs in selected sites across the 9 CHOs 	Q1-Q4
	<ul style="list-style-type: none"> • Work with the existing initiatives to disseminate good practice and support an integrated cross programme approach. These include: <ul style="list-style-type: none"> ○ The National Elevator Programme (An education and empowerment programme developed by DCU and the HSE) ○ Genio Dementia Programme in the following sites: <ul style="list-style-type: none"> - Kinsale, South Tipperary, Mayo, South Dublin, Mallow, Leitrim, Roscommon, Kilkenny, Louth, Dublin North West/Connolly Hospital, Mercy University Hospital, St James's Hospital, TCD (Cognitive Health) ○ OPRAH (Older People Remaining At Home) in the following sites <ul style="list-style-type: none"> - Skerries, Donnybrook/Ranelagh, Limerick, Tallaght, Cavan/Monaghan 	Q1-Q4
<div style="border: 1px solid black; padding: 5px;"> <p><i>Under the National Dementia Strategy Implementation Programme Cork & Kerry CHO will:</i></p> <ul style="list-style-type: none"> • <i>Support the HSE/Genio initiative in delivering intensive home care packages for</i> </div>	Q1-Q4	

Services for Older People

Priority Area	Action 2015 – Older People Services	End Q
	<p>people with dementia in Cork City.</p> <ul style="list-style-type: none"> • Enhance appropriate linkages between Genio and Cork and Kerry Community Health Organisation. • Work with the existing Genio initiatives to disseminate good practice and support an integrated cross programme approach; <ul style="list-style-type: none"> ▪ KCORD – Kinsale - continue to deliver a range of individualised supports and services to people with dementia, their families and carers in the Primary Care setting to make Kinsale a dementia friendly town. ▪ Crystal Project – aims to make Mallow a dementia friendly community and has - Memory Resource Room with a drop in facility. <ul style="list-style-type: none"> • Café de Mentia- monthly support meetings for families. ▪ IDEAS – Mercy University Hospital Cork city – hospital settings dementia friendly plus outreach/in-reach through home support dementia co-ordinator. • Identify the requirements to maximise the benefits of these Genio funded projects beyond the life of the projects to maximise sustainability. • Identify and plan for disseminating the key elements of each project throughout Cork and Kerry CHO. • Continue to develop the Alzheimer’s Café and Memory Gym, through the monthly Alzheimer’s Café in St. Finbarr’s Hospital by providing information and support to a core group of 20-25 individuals, their carers’ and new members with memory loss with an emphasis to developing the memory gym referencing the recent findings re delaying cognitive decline. 	<p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q1-Q4</p>
<p>Keeping Older People Well</p>	<p>National Positive Ageing Strategy</p> <ul style="list-style-type: none"> • Work with Health & Wellbeing Division and the DoH in implementing the <i>National Positive Ageing Strategy</i>. <p><i>The provision of a DCC per 30,000 population aged over 65 was a key element of the 1988 National Policy, The Years Ahead. At present 40 day centres operate in Cork and Kerry CHO in settings provided by both the HSE and non statutory groups. A sample survey of day centres in Cork highlights a number of areas for consideration including:</i></p> <ul style="list-style-type: none"> • Equity of access • Governance arrangements • Scope of services provided • Policies, procedures and guidelines • Changing Role of Day Centre in light of increasing client needs • Referral pathways to and from DCC to other services • National standards for Better Safer Healthcare <p>Cork & Kerry CHO will review Day-Care Centre Provision as follows:</p> <ul style="list-style-type: none"> • Fully map current services • Review finances (pay and non pay) • Complete a policy and literature review • Hold workshops with key stakeholders • Finalise plan to standardise and reconfigure as necessary 	<p>Q1 - Q4</p> <p>Q1</p> <p>Q1</p> <p>Q1</p> <p>Q3</p> <p>Q4</p>

Services for Older People

Priority Area	Action 2015 – Older People Services	End Q
	Falls & Bone Health Strategy to include reference to the cork initiative	
	<ul style="list-style-type: none"> In conjunction with the Primary Care Division continue to implement the strategy to prevent falls & fractures in Ireland's ageing population. 	Q1-Q4
	<p>Cork Commence installation phase of integrated falls prevention pathway in Cork City environs by:</p> <ul style="list-style-type: none"> scaling up community based falls risk assessment capacity increasing access to ambulatory specialist medical fall risk assessment slots for acute admission avoidance and improving integration at community, ED and specialist falls service interfaces. 	Q1-Q4 Q1-Q4
	<ul style="list-style-type: none"> Proceed with the development of the four early adapters for falls prevention & bone health in line with the integrated care pathway and identify learning to inform further roll out. 	Q1-Q4
	<ul style="list-style-type: none"> Informed by the learning from the early adapters, identify further integrated care pathways for falls prevention and bone health in additional CHOs. 	Q4
	<p>Incorporate the Falls Risk Assessment (FRAX) bone health assessment in the community care fall risk assessment, building on previous work with the Mercy Urgent Care Centre (MUCC) in capturing those people who attend with an upper limb or lower limb fracture.</p>	Q4
	Healthy Ireland	
<ul style="list-style-type: none"> Work with service providers to ensure that models of care and service delivery incorporates the strategic priorities set out in <i>Healthy Ireland</i>. 	Q1-Q4	
<ul style="list-style-type: none"> Cork & Kerry CHO Community Work Department will continue to support a range of community and voluntary organisations providing services to Older People with a focus on enhancing health and wellbeing and community engagement. 	Q1-Q4	
<ul style="list-style-type: none"> In Cork and Kerry we will work with Public Residential Care Units towards all units being a Smoke Free Campus for staff by the end of 2015. 	Q4	
Integrated Care Programme for Older People	<ul style="list-style-type: none"> Develop a single Integrated Care Programme for Older People across hospital and community services. <ul style="list-style-type: none"> This cross divisional programme will be led collaboratively by the Social Care Division and Clinical Strategy and Programmes, supported by the System Reform Group. The model is defining appropriate care pathways both from a clinical and social perspective to support older people to live in their own homes and communities. 	Q1-Q4
	<ul style="list-style-type: none"> Using best practice internationally and taking account of models across the country, the North Dublin City (CHO 9) will be used as a learning site and proof of concept for the programme. Key initiatives in the <i>Programme for Government-DD funding €25M</i> as well as the roll out of iHCPs will support the learning sites. 	Q1-Q2
	<ul style="list-style-type: none"> Similar initiatives already in place in both CHO's and associated hospitals in Dublin South Side will support the learning site concept. 	Q1-Q4
Safeguarding	<ul style="list-style-type: none"> Continue the provision of elder abuse services within the context of the implementation of the <i>Safeguarding Vulnerable Persons at Risk of Abuse – National</i> 	Q1-Q4

Services for Older People

Priority Area	Action 2015 – Older People Services	End Q
Vulnerable Persons at Risk of Abuse – National Policy & Procedures	<i>Policy & Procedures</i> and associated reconfiguration of services	
	• Further develop Implementation Plan and appoint Implementation Team.	Q1
	• Establish National Office to support implementation and ongoing development.	Q1
	• Provide training for staff in relation to the Policy.	Q2
	• Establish Inter-Sectoral Committee, with multi-agency representation, to provide strategic direction, oversight and guidance on protecting vulnerable adults.	Q2
	○ Establish a research function to enhance knowledge and promote ongoing learning.	Q2
	<div style="border: 1px solid black; padding: 5px;"> <p><i>Cork & Kerry CHO will:</i></p> <ul style="list-style-type: none"> • <i>Establish a CHO implementation team</i> • <i>Establish a safeguarding team</i> • <i>Recruit additional Social Workers as part of safeguarding team</i> • <i>Identify Designated Officers at Service Unit level</i> • <i>Provide training for Designated Officers</i> • <i>Establish a Safeguarding & Protection Committee, initially in Social Care, at CHO level.</i> </div>	Q1-Q4
The National Carers Strategy	<ul style="list-style-type: none"> • To establish a multi agency, cross divisional, national committee to review the information and communication needs of carers and put in place measures (within current resources) to improve the range of communication through print and electronic means to support carers and staff. <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p><i>Continue the current supports through the carers support groups and with close involvement in other voluntary groups such as the Stroke support groups using existing channels through community work and S39 grants.</i></p> </div>	Q1-Q4
Service User Engagement	• Increase engagement with key stakeholders, advocacy groups and the voluntary sector to develop a strong user engagement and participation process to support the development of an integrated model of care.	Q1
	• To support the objective in the Positive Ageing Strategy; 'Ensure that older people's needs are considered in the development of polices' we will work with key voluntary organisations (e.g. Active Retirement, Age Action, Care Alliance, etc.) to develop a comprehensive consultative process for meaningful service user engagement with older persons, family members and carers.	Q4
	<div style="border: 1px solid black; padding: 5px;"> <ul style="list-style-type: none"> ▪ <i>Plan for the creation of consumer panels in line with national policy.</i> ▪ <i>Incorporate service user views in the review of Day Centres.</i> </div>	Q4 Q4
	• To continue working with Local Authorities to further promote the concepts of the Age Friendly Cities and Communities Strategy. In particular to ensure social care division representation on the Older Persons Councils which enable older people to express their views and experiences to inform decision making.	Q4
	<div style="border: 1px solid black; padding: 5px;"> <p><i>Continue to engage in the inter-agency Cork Age Friendly Counties development committees.</i></p> </div>	
Single Assessment Tool (SAT)	<ul style="list-style-type: none"> • Amend the training schedule to reflect the revised rollout of the SAT programme in 2015. • Initial implementation in priority areas, hospitals and CHO 	Q1-Q2

Services for Older People

Priority Area	Action 2015 – Older People Services	End Q				
	<table border="1"> <tr> <th>CHO</th> <th>Priority Areas</th> </tr> <tr> <td>Cork & Kerry CHO</td> <td>Cork City CUH</td> </tr> </table>	CHO	Priority Areas	Cork & Kerry CHO	Cork City CUH	Q1-Q4
	CHO	Priority Areas				
Cork & Kerry CHO	Cork City CUH					
	<p><i>Cork & Kerry CHO will implement the SAT Programme as follows:</i></p> <ul style="list-style-type: none"> • Information sessions completed for both primary care and acute services. • Source and arrange the logistics for training 40 identified staff including the acute hospital in the area, the Assessment and Treatment Centre in St. Finbarr's Hospital, community public health nursing and the relevant NHSS placement co-ordinators. • Convene local steering group with terms of reference in accordance with the national implementation plan requirements. Formally convene the group by Q2. • Target the distribution of the first '40' tablets as part of the implementation plan. 	Q3-Q4				
Funding Model for Public, Short Stay and Intermediate Care	<ul style="list-style-type: none"> • Implement a funding and commissioning type payment model for 'short stay beds' based on the 'money follows the patient' approach already applied to the NHSS. 	Q4				
	<ul style="list-style-type: none"> • Identify and validate short stay service provision across all units. 	Q4				
	<ul style="list-style-type: none"> • Categorise bed usage and frequency. 	Q4				
	<ul style="list-style-type: none"> • Establish a monthly claims and business process based on bed usage. 	Q4				
	<ul style="list-style-type: none"> • Monitor activity on an ongoing basis to establish monthly profiles of activity. 	Q4				
Service Arrangements	<ul style="list-style-type: none"> • Streamline governance arrangements and maximise optimum efficiency across service providers including revised service arrangements & grant agreements. 	Q2-Q4				
	<ul style="list-style-type: none"> • Continue to work with the Business Support Unit to ensure implementation of SLAs within Service for older people and in the context of implementation of the CHO structure. 	Q1-Q4				
Children First	<p><i>Cork & Kerry CHO will:</i></p> <ul style="list-style-type: none"> ○ Establish a Children First Implementation Committee in which all Divisions will participate. ○ Appoint a designated Liaison Person at CHO level. ○ Implement HSE reporting structures for reporting child protection and welfare concerns to the Child and Family Agency as agreed by Tusla and all Divisions. ○ Amend contracts and service level agreements to include the requirement to comply with Children First and to furnish confirmation of compliance with Children First across all Divisions. ○ Ensure that training is delivered in Children First for all Primary Care staff including GP's in collaboration with Tusla 	Q1 – Q4				
	<ul style="list-style-type: none"> • Oversee the development of an Older Persons Child Protection and Welfare Policy 	Q1				

Services for Older People

Priority Area	Action 2015 – Older People Services	End Q
Quality & Safety	<ul style="list-style-type: none"> Gather and analyse quality and safety information to provide assurance or identify areas where programmes of improvement are required. This process will feed into the Service Improvement Team strategy. 	Q1-Q4
	<ul style="list-style-type: none"> Develop programmes of improvement in conjunction with the Quality Improvement Division which take account of the findings of regulatory inspections and internal systems and promote the achievement of high performance and compliance with regulatory standards in both older persons and disability services. 	Q1
	<ul style="list-style-type: none"> Continue to develop and strengthen the suite of quality and safety KPIs to include specific measurable KPIs that clearly demonstrate progress in achieving better outcomes and against which progress can be measured on a monthly basis. 	Q1
	<ul style="list-style-type: none"> Particular attention will be paid to the following areas of quality and safety: <ul style="list-style-type: none"> nutrition and hydration, 	Q1
	<ul style="list-style-type: none"> <ul style="list-style-type: none"> falls prevention & bone health 	Q1
	<ul style="list-style-type: none"> <ul style="list-style-type: none"> medication management 	Q1
	<ul style="list-style-type: none"> <ul style="list-style-type: none"> the use of antibiotics in long stay residential facilities 	Q1
	<ul style="list-style-type: none"> <ul style="list-style-type: none"> response and use of complaints, 	Q1
	<ul style="list-style-type: none"> <ul style="list-style-type: none"> management of serious reportable events 	Q1
	<ul style="list-style-type: none"> Continue to monitor focus quality and safety with a focus on: <ul style="list-style-type: none"> Serious incidents and reportable events Complaints & Serious Complaints 	Q1
	<ul style="list-style-type: none"> Develop an Implementation Plan for the Open Disclosure policy. 	Q1
	<ul style="list-style-type: none"> <i>The Cork and Kerry Community Health Organisation will continue to implement & Evaluate Community Assessment of Risk and Treatment Strategies – RISC – previously known as CARTS – which is a new model to prevent or delay frailty, functional decline & risk of adverse outcomes in community dwelling older adults and has been developed in conjunction with the Centre for Gerontology and Rehabilitation UCC.</i> 	
Emergency Planning	<ul style="list-style-type: none"> Develop, maintain and exercise Major Emergency plans in each service and for each service site and ensure coordination of planning and response arrangements with other Divisions at national and local level. <p><i>Cork & Kerry CHO will:</i></p> <ul style="list-style-type: none"> Maintain arrangements in place to alert service managers to plan and be vigilant in respect of potential emergency situations arising from adverse weather conditions in accordance with the HSE Severe Weather Plan. Review and develop, as required, Emergency Plans at Service and Area level. Participate in the various County Crisis Management Teams as follows: <ul style="list-style-type: none"> Cork South – General Manager with Finance Manager as alternate; Cork North – General Manager with Area Administrator as alternate; Cork West – Operations Manager with Area Administrator as alternate; and Kerry – General Manager Primary Care with General Manager Community Hospitals as alternate. 	Q4

Disability Services

Disability Services – 2015 Priority Actions

Priority Area	Action 2015 – Disability Services	End Q
Residential Services – 6 Step Programme	<p>A system wide programme of measures to begin to address in a systematic way the quality and safety of residential of services, provided by approx. 90 providers, in the 908 residential centres for people with disabilities regulated by HIQA. In this regard, a 6 step programme will be implemented which will focus on</p> <p>1. National Implementation Task Force</p> <p>The National Implementation Task Force will drive the implementation of the programme and the development of long term sustainable and evidence based safeguarding practices and training programmes specific to residential settings.</p>	Q1-Q4
	<p><i>Cork & Kerry CHO will continue to participate in the National Implementation Task Force and work with service providers to implement revised practices and training programmes locally.</i></p>	Q1-Q4
	<p>2. Safeguarding Vulnerable Persons at Risk of Abuse – National Policy & Procedures Implementation</p> <p>This new policy which is for all HSE and HSE funded services staff builds on, and incorporates, existing policies in HSE Disability and Elder Abuse services and in a range of other Disability Service providers.</p> <p>Establish</p> <ul style="list-style-type: none"> • National Office for Safeguarding Vulnerable Persons • National Inter-Sectoral Committee for Safeguarding Vulnerable Persons • National Inter agency Working Group in association with An Garda Siochana and TUSLA (Child & Family Agency) • Local Implementation Team including CHO Chief Officer, Head of Social Care, Safeguarding & Protection Committee 	Q1-Q4
	<p><i>Cork & Kerry CHO will:</i></p> <ul style="list-style-type: none"> • Establish a CHO implementation team • Establish a safeguarding team • Recruit additional Social Workers as part of safeguarding team • Identify Designated Officers at Service Unit level • Provide training for Designated Officers • Establish a Safeguarding & Protection Committee, initially in Social Care, at CHO level. 	Q1-Q4
	<p>3. Implementation of an Evaluation and quality improvement programme in Disability residential Centres</p> <p>This will involve undertaking an evaluation on the transfer of Standards of Care into practice in services provided by approximately 90 service providers who deliver residential services in over 900 designated residential centres regulated by HIQA. In collaboration with service users, staff - locally and nationally, they will devise a quality improvement plan to support the sustainability of good practice throughout Disability services around the country. The team, who are trained auditors, have extensive knowledge and competencies in the area of Intellectual Disability and provision has been made to expand the Team in 2015.</p>	Q1-Q4

Disability Services

Priority Area	Action 2015 – Disability Services	End Q
	<p><i>Cork & Kerry CHO will:</i></p> <ul style="list-style-type: none"> • Undertake an evaluation in the 3 HSE Residential Centres from Q1 to Q2 through the teams from the Quality Improvement Division • Ensure that all service providers incorporate the learning from any evaluation and quality improvement audits • Work with the team from the Quality Improvement Division in a number of residential centres in the non-statutory sector. <p>4. Development of a National Volunteer Advocacy Programme in Adult Disability Residential Settings</p> <p>The HSE will work in partnership with key internal and external stakeholders, families and service users to develop and implement a Volunteer Advocacy Programme similar to the model being developed for older people drawing on experience of other models of advocacy currently in use by Disability Groups. We will support the development of service user / family councils that will concern themselves with the welfare of all residents' and will seek to protect residents' rights and to enable them to participate in matters that affect their daily lives. These councils will be independently chaired and will empower service users and their families and will focus on quality development based on service user needs.</p> <p><i>Cork & Kerry CHO will work with all service providers to ensure that effective advocacy arrangements are in place in all residential centres.</i></p> <p>5. Assurance review (McCoy Review)</p> <p>A full assurance review has been commissioned of all of the Units in the Aras Attracta facility under the independent chairmanship of Dr Kevin McCoy, assisted by 3 experts within the field and independent of the HSE. In addition to specific plans for each unit in Aras Attracta, the output from the Review Team will help to inform a system –wide programme of improvement and assurance for all of the residential centres for people with intellectual disabilities nationwide.</p> <p><i>Cork and Kerry CHO will work with all services to implement the recommendations of McCoy Review when available.</i></p> <p>6. National Summits</p> <p>A series of summits will be held in March, June & September 2015. These summits, building on the December 2014 summit, will focus on improving "Client Safety, Dignity, Respect & Culture Change". Each summit will include input from the McCoy Review as well as updates on progress on each of the initiatives</p> <p>Develop Quality Improvement initiatives in Adult Disability Residential</p>	<p>Q1-Q2</p> <p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q1-Q4</p>

Disability Services

Priority Area	Action 2015 – Disability Services	End Q
	<p><i>Cork & Kerry CHO will:</i></p> <ul style="list-style-type: none"> • Undertake an evaluation in the 3 HSE Residential Centres from Q1 to Q2 through the teams from the Quality Improvement Division • Ensure that all service providers incorporate the learning from any evaluation and quality improvement audits • Work with the team from the Quality Improvement Division in a number of residential centres in the non-statutory sector. <p>4. Development of a National Volunteer Advocacy Programme in Adult Disability Residential Settings</p> <p>The HSE will work in partnership with key internal and external stakeholders, families and service users to develop and implement a Volunteer Advocacy Programme similar to the model being developed for older people drawing on experience of other models of advocacy currently in use by Disability Groups. We will support the development of service user / family councils that will concern themselves with the welfare of all residents' and will seek to protect residents' rights and to enable them to participate in matters that affect their daily lives. These councils will be independently chaired and will empower service users and their families and will focus on quality development based on service user needs.</p> <p><i>Cork & Kerry CHO will work with all service providers to ensure that effective advocacy arrangements are in place in all residential centres.</i></p> <p>5. Assurance review (McCoy Review)</p> <p>A full assurance review has been commissioned of all of the Units in the Aras Attracta facility under the independent chairmanship of Dr Kevin McCoy, assisted by 3 experts within the field and independent of the HSE. In addition to specific plans for each unit in Aras Attracta, the output from the Review Team will help to inform a system –wide programme of improvement and assurance for all of the residential centres for people with intellectual disabilities nationwide.</p> <p><i>Cork and Kerry CHO will work with all services to implement the recommendations of McCoy Review when available.</i></p> <p>6. National Summits</p> <p>A series of summits will be held in March, June & September 2015. These summits, building on the December 2014 summit, will focus on improving "Client Safety, Dignity, Respect & Culture Change". Each summit will include input from the McCoy Review as well as updates on progress on each of the initiatives</p> <p>Develop Quality Improvement initiatives in Adult Disability Residential</p>	<p>Q1-Q2</p> <p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q1-Q4</p>

Disability Services

Priority Area	Action 2015 – Disability Services	End Q
	<p>Settings focusing on supporting implementation of the national Task Force priorities and current reviews being undertaken. These initiatives will focus on supporting and working with Disability services to identify solutions to the findings of the reviews being undertaken and implementation of the Task Force priorities. The Quality Improvement Division will work with Disability Services to progress this work.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><i>Cork & Kerry CHO will:</i></p> <ul style="list-style-type: none"> • <i>Ensure that the key personnel within the local disability services participate in these summits</i> • <i>Measures will be established to ensure that appropriate actions are implemented at local level.</i> </div>	Q1-Q4
Day services for school leavers, people leaving rehabilitative training and all recipients of day services.	<ul style="list-style-type: none"> • Expand the implementation of <i>New Directions</i> which will embed an approach of individualised supports for current users of HSE funded adult day services. <ul style="list-style-type: none"> • Develop CHO implementation structure with standardised Terms of Reference. <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><i>Cork & Kerry CHO will:</i></p> <ul style="list-style-type: none"> • <i>Develop a CHO implementation structure with standardised Terms of Reference building on the current process in the sub-groups of the Consultative Fora in Cork & Kerry.</i> • <i>Work with service providers to incorporate New Directions into the model of service for school leavers in 2015.</i> </div>	Q4 Q4
	<ul style="list-style-type: none"> • Complete the ratification of the new standards governing <i>New Directions</i>. <ul style="list-style-type: none"> ◦ Complete the process of analysis of the consultation submission to finalise the draft interim standards. ◦ Standards ratified by the HSE. 	Q1 Q1
	<ul style="list-style-type: none"> • Develop a process to implement and monitor the new standards. <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <ul style="list-style-type: none"> • <i>Cork & Kerry CHO will implement these new standards.</i> </div>	Q2 Q2
	<ul style="list-style-type: none"> • Complete benchmarking exercise with all services to support the development of individual agency implementation plans for <i>New Directions</i>. <ul style="list-style-type: none"> ◦ Revise the benchmarking tool following the piloting process. ◦ Arrange for dissemination of finalised tool to all service provider agencies. 	Q2 Q2

Disability Services

Priority Area	Action 2015 – Disability Services	End Q
	<ul style="list-style-type: none"> Cork & Kerry CHO will arrange completion of benchmarking exercise with all service providers 	Q4
	<ul style="list-style-type: none"> Develop a list of sites demonstrating examples of good practices and arrange for a process of shared learning to support service provider implementation planning. <ul style="list-style-type: none"> Benchmarking tool will collate examples of good practices. Arranging a learning event. 	Q2 Q4
	<p>Provide additional day services to benefit approximately 1,400 young people who are due to leave school and Rehabilitative Training Programmes in 2015. Ensure that this service responds in line with the principles of <i>New Directions</i>. (€12m FYC and 100 WTE with €6m in 2015).</p> <ul style="list-style-type: none"> Establish a national process to support local coordinators to ensure a consistent approach is taken in responding to need. <ul style="list-style-type: none"> Identify all individuals who require a day service in 2015 by January 1st and scope the extent of supports on an individualised basis. Identify capacity to deliver supports from within existing services by March 1st. Complete mapping of support needs and resources available to meet these needs from within services by April 1st. CHOs will report on additional resources required according to policy-appropriate principles in <i>New Directions</i> by May 1st. Disability Social Care will communicate the allocation of resources to CHOs for onward communication to Agencies by 31st May. Families will be informed of service provision no later than the 30th of June. 	Q1 Q1 Q1 Q2 Q2 Q2 Q2
	<p><i>Cork & Kerry CHO will:</i></p> <ul style="list-style-type: none"> Provide additional day services to benefit approximately '220' people leaving school or RT training.. Request the agencies to identify the 2015 cohort of known service users. Identify any capacity limitations, physical infrastructure or staffing Establish any gaps that would hinder the process Work with the agencies to complete plans that would rectify the identified shortage 	Q1 Q2 Q2 Q2
	<ul style="list-style-type: none"> Service Improvement Team will: <ul style="list-style-type: none"> Establish guidelines in relation to the national validation & costing process to validate <u>the list of school leavers</u> and RT exits requiring services and the extent of services required. Work with local coordinators to ensure a consistent approach & an appropriate and equitable response to need. Establish guidelines in relation to the national validation & costing process on the identification & quantification of <u>available capacity</u> to respond to school leavers and RT exits within current resources. Establish guidelines in relation to the national validation & costing process to establish the requirement for <u>additional resources</u>. 	Q1 Q1 Q1 Q1 Q1

Disability Services

Priority Area	Action 2015 – Disability Services	End Q
	Cork & Kerry CHO will work with the Service Improvement Teams to facilitate these processes.	
Therapy Services for children (0-18s)	<ul style="list-style-type: none"> Oversee national implementation of Progressing Disability Services for Children and Young People with completion and roll out of remaining Local Implementation Plans and continued service development towards a child and family centred practice model with the involvement of stakeholders. This is supported by new staff appointments to reconfigured children's disability network teams and by utilising innovative approaches, involving public, voluntary and private providers to achieve targeted reductions in team waiting lists including Assessment of Need under the Disability Act. (€6m FYC and 120 WTE with €4m in 2015). 	Q4
	<p>Cork & Kerry CHO will implement the following identified national actions:</p> <ul style="list-style-type: none"> North Lee/South Lee will fully reconfigure their services into seven Children's Disability Network Teams (CDNTs). North Cork will fully reconfigure their services into two CDNTs. West Cork and Kerry will consolidate implementation of the programme across their eight CDNTs and increase Individualised Family support Plans (IFSPs) up to 90% (W.Cork) and 50% (Kerry) of children receiving services. 	Q2 Q4 Q4
	<p>In addition the Cork Area will:</p> <ul style="list-style-type: none"> Complete the appointment of Team Managers Progress the Team Reassignment process for staff working in this area Progress the reassignment of staff by finalising the arrangements for specialist services including the ASD service, preschool services, Care Assistants and Administration, etc Conclude accommodation arrangements Complete transition arrangements from the existing services to the new Teams Provide training and induction for Team Members Commence remaining areas of model of service, in particular ASD service Identify and plan to address any service gaps, e.g. Dietitians 	Q2 - Q3
	<ul style="list-style-type: none"> Each CHO to ensure 100% compliance with the Disability Act 2005. 	Q4
Therapy Services for children (0-18s)	<p>Cork & Kerry CHO will:</p> <ul style="list-style-type: none"> Recruit liaison officers and assessment officers to ensure capacity to implement the plan to progress towards 100% compliance with the Disability Act Review the local administration and referral processes for assessment of need Engage with the Team Managers of Children's Disability Network Teams (CDNTs) to commence a review of clinical processes on the assessment of need 	Q1 Q1 Q4

Disability Services

Priority Area	Action 2015 – Disability Services	End Q
	<i>Progressing Disability Services for Children and Young People</i>	
	• Finalise and commence implementation of Specialist Services Report	Q1- Q4
	• Review programme implementation at Local Implementation Group /Governance Group level to ensure CHO compliance with national 0-18 policy	Q1- Q3
	• Identify interim solutions to manage information within teams comprising multi-agency staff.	Q1
	• Complete options appraisal of information management systems for multidisciplinary teams, including multiagency staff members using different systems.	Q2
	• Finalise and implement National Access Policy across disability network teams.	Q2
	• Develop partnership working with CAMHS to underpin the key principle of child and family centred practice.	Q3
	• Commence implementation of <i>Outcomes for Children and their Families Framework, an Outcomes Focused Performance Management and Accountability Framework for Early Intervention and School Age Services</i> with demonstration sites in the Midwest, Midlands, West Cork and Cavan Monaghan.	Q2
	• Evaluate key findings from the demonstration sites to inform phased implementation across all Children's Disability Network Teams.	Q4
	• Develop national guidance on Interagency Agreement for multi-agency children's disability network teams.	Q3
	• Collaborate with HIQA on Interim Draft Standards for Early Intervention Teams and School Age Teams & commence implementation	Q3 – Q4
Emergency Places	• The Service Improvement team (SIT) will develop guidelines on the management and organisation of the placement of emergency cases with private providers. These guidelines will be communicated and implemented across nine CHO's through the CHO governance network.	Q3 Q4
	• Planning of service provision in respect of emergency places and changing needs will be enhanced and each CHO will develop a plan to respond to emergency cases- Capacity to respond to residential and respite emergencies will be identified and managed on a geographical basis in consultation with service providers, using governance arrangement structures and taking cognisance of residential regulations and disability policy on congregated settings.	Q3
	• Each CHO is required identify the capacity to respond to residential and respite emergencies identified and manage these on a geographical basis in consultation with service providers, using governance arrangement structures and taking cognisance of residential regulations	Q1

Disability Services

Priority Area	Action 2015 – Disability Services	End Q
	<p>and disability policy on congregated settings.</p> <ul style="list-style-type: none"> o A procurement framework will be implemented for the procurement of services including residential places from Private For profit organisations. A 10% savings on 2014 expenditure levels will be targeted and measured in 2015. 	Q1
	<p>Cork & Kerry CHO will:</p> <ul style="list-style-type: none"> • Put in place a standardised process for prioritising responses to individual emergency cases within available resources. • Work with service providers to maximise capacity of services to respond to emergency requirements. 	Q1 Q1
Value for Money and Policy Review of Disability Services in Ireland	Person-centred Model of Services and Supports – VFM Working Group 1	
	Strategic Planning: Establish process to identify and assess the health and social needs of people with disability over the next 5-10 years and determine the capacity of existing and reconfigured services to respond to these needs.	
	Evaluation of Demonstration Projects - The process will evaluate demonstration projects, service models and evaluate and report on good practice which will give effect to the implementation of the future model of person centred care on a sustainable basis.	
	<ul style="list-style-type: none"> • Develop a methodology to conduct a national forecast of future need within the disability sector. <ul style="list-style-type: none"> o Identify the required range of data being sought. o Report on the volume and nature of future service needs. 	Q3
		Q1
		Q3
	<ul style="list-style-type: none"> • Develop evaluation tool to assess best practice delivery sites across day & residential service – phase 1. <ul style="list-style-type: none"> o Implement evaluation tool across best practice sites day & residential services - phase 2. o Assess potential for scaling programmes around individualised supports across a wider range of services in the sector 	Q3
		Q4
		Q3
	Oversight and support around implementation of 2015 initiatives– VFM Working Group 2	
Oversee the national implementation of Time to Move on from Congregated Settings, New Directions and Progressing Disability Services for Children and Young People (0-18s). Provide support and guidance to the delivery system with the associated significant change management requirements included.		
A Time to Move on from Congregated Settings		
<ul style="list-style-type: none"> • Set target with regard to numbers for individuals exiting congregated settings – 150 plus: <ul style="list-style-type: none"> o Cork & Kerry CHO Area – 40 		
	Q4	

Disability Services

Priority Area	Action 2015 – Disability Services	End Q
Value for Money and Policy Review of Disability Services in Ireland	<p>Cork & Kerry CHO will</p> <ul style="list-style-type: none"> o Establish an implementation structure with standardised Terms of Reference in line with national governance structures building on the work of the existing sub-committees of the Consultative Fora. o Move '40' individuals from congregated settings. o Establish a closure date for admissions to each individual congregated setting in their area. 	Q2
		Q4
		Q3
	<ul style="list-style-type: none"> • Carry out future housing need assessment for people with a disability 2015 – 2020 	Q1
	<p>Cork & Kerry CHO will oversee the completion of a housing need assessment by relevant service providers in line with the national template and guidelines.</p>	
	<ul style="list-style-type: none"> • Each CHO area to link in with the structures and fora set up with the appropriate local authorities in relation to housing for people with a disability and contribute to both current planning and future planning of social housing needs for people with a disability including those transitioning from institutions. 	
	<ul style="list-style-type: none"> • Review, finalise and roll-out the "Time to Move on" Implementation framework to support services in de-congregation and the development of community inclusive services. 	Q3
	<p>Cork & Kerry CHO will:</p> <ul style="list-style-type: none"> • Ensure that each service provider develops a plan in respect of the transition of those in congregated settings to community living for the period 2015 – 2019. • Support '40' service users within the Cork and Kerry CHO to transition to community placements in 2015 by: <ul style="list-style-type: none"> o Completing transition plans for individual service users. o Identifying appropriate accommodation for service users. o Completing the transition of service users • Work with COPE Foundation to progress the plan to transfer clients from Grove House to community settings. • Work with Rehab Care to progress the plan to transfer clients from Cluain Fhionnain to community settings. • Work with the following services to prepare service users to move from the following centres: <ul style="list-style-type: none"> • St Raphael's Centre • Cheshire • Brothers of Charity Services • COPE Foundation 	Q4
	Q4	
	Q2	
People with Disabilities and Community Involvement:- VFM		

Disability Services

Priority Area	Action 2015 – Disability Services	End Q
	<i>Working Group 3</i>	
	Build on existing national and local consultative processes to develop a Participation Framework which meets the changing needs of service users and has the intent of enabling persons with disabilities, carers, families and the wider community to have a meaningful role and voice in service design and delivery.	
	<ul style="list-style-type: none"> Establish a reference group to devise a national participation framework for service users with a disability. 	Q1
	<ul style="list-style-type: none"> Design a process of engagement that will inform, educate & gather feedback in relation to the design of a participation framework. 	Q2
	<ul style="list-style-type: none"> Develop a plan for national consultation and engagement with relevant stakeholders. 	Q4
	<i>Quality and Standards: VFM Working Group 4</i>	
	Enhance the quality and safety of services for people with a disability and improve their service experience by putting in place a Quality Framework and Outcomes Measurement Framework.	
	<ul style="list-style-type: none"> Research and evaluate existing national & international quality frameworks. 	Q4
	<ul style="list-style-type: none"> Design quality framework for disability services and associated self audit tools. 	Q4
	<i>Management and Information Systems: VFM Working Group 5</i>	
	<ul style="list-style-type: none"> Determine business and information requirements for disability services which will be enabled by IT systems including desired outcomes. 	Q2
	<ul style="list-style-type: none"> Develop and implement a web based system which will act as a single point of information and advice on disability services for service users, their families and the community. 	Q4
	<ul style="list-style-type: none"> Review the methodology for setting key performance indication targets in Disability Services. 	Q4
	<ul style="list-style-type: none"> Further develop the output focused performance indicator set building on recommendations in the KPI Development Phase 1. 	Q4
	<ul style="list-style-type: none"> <i>Liaise with the relevant HSE Divisions who are leading on the following:</i> <ul style="list-style-type: none"> introduction of a unique identifier to support the move towards person-centred service delivery. development and implementation of financial coding systems so as to support the move to client-level costing and <i>Money Follows the Person</i>, together with greater accountability and transparency. 	Q1-Q4
	<i>Governance and Service Arrangements: VFM Working Group 6</i>	
	Support maximisation of efficiencies and further development of enhanced governance and accountability throughout disability services, using service arrangements to embed implementation of the change programme linked to funding provided.	
	<ul style="list-style-type: none"> Oversee the implementation of new service arrangement 2015 in the disability sector 	Q4
	<ul style="list-style-type: none"> Develop national governance approach to multi-site agencies. 	Q4
	<ul style="list-style-type: none"> Further develop IT based system to provide real time information regarding service delivery against Service Arrangements. 	Q4

Disability Services

Priority Area	Action 2015 – Disability Services	End Q
	<ul style="list-style-type: none"> Develop an options appraisal approach for implementation of efficiencies within the Disability Sector. 	Q3
	Service Improvements Teams (SIT) Process	
	Build national capability to support evidence based decision making: linking funding provided, to activity and outputs, cost, quality and outcomes.	
Service Improvement	<ul style="list-style-type: none"> The Service Improvement Team will, in phase 1, complete a Baseline Analysis/ Report for the large five S38 Disability Providers (who have a combined funding value circa €0.5bn which accounts for nearly 50% of the voluntary sector disability provision). The large organisations in Cork and Kerry are: <ul style="list-style-type: none"> St. John Of Gods Brothers of Charity Cope <p>The Service Improvement Team in phase 2 will complete a Baseline Analysis / Report for the large five Disability Providers</p>	Q1 Q3
	<ul style="list-style-type: none"> The Baseline Analysis Reports will provide the following: <ul style="list-style-type: none"> A national capability to support evidence based decision making linking funding provided to activity and outputs, cost, quality and outcomes. Definite findings & recommendations will be based on factual analysis and evidential based on a common understanding of Service Level Arrangement (SLA), Haddington Road Agreement (HRA), Integrated Management Report (IMR), Employment Monitoring Report (EMR), Annual Financial Statements (AFS) data for decision making by the Social Care Management Team. A baseline position for VFM Policy Review Working Groups. Establish a process with providers to ensure that resources are used to the best effect within services and that sustainable models of services are implemented to meet the changing and emerging needs of people with a disability in line with the VFM and policy review. Build business models to support service improvement. Support the Disability Sector in the reform programme and to move from traditional models of service to more person centred services. Work with Agencies and national regulatory bodies to ensure services are safe and appropriate according to standards and regulations. Engagement with the Disability Umbrella organisations. Review models of best practice and demonstration projects in the context of the service improvement process. Support for systemic service improvement and change across the ID delivery arms. 	Q1
	<ul style="list-style-type: none"> The SIT will establish task orientated work streams that will have specific expertise, drawn from an expression of interest process, 	Q1

Disability Services

Priority Area	Action 2015 – Disability Services	End Q
	across the statutory and voluntary sector. The SIT will build core and extend specific task teams with national capability from within the existing Disability and shared services resources in Finance and HR, as well as service expertise to support service improvement.	
	<ul style="list-style-type: none"> • Initial Task Groups / work streams are as follows : <ul style="list-style-type: none"> ○ Task Group 1. Residential Staffing: The work of the group will support the development of person centred models of care in residential centres or within the community. Developing best practice approaches to the use of staff resource in implementing quality services and outcomes for users. On the residential side focused / Staff Ratios / Skill Mix, this group will focus & report its findings & recommendations on staffing models for residential services. It will be benchmarked on both “peer” & international “ norms & best practice around staff ratios and skill mix. <p>The SIT will work with the services in current settings and in the context of significant reconfiguration of service, for example the transition from congregated settings to community based service delivery. The SITD task team will review the benefit of enablers under Haddington Road and other national agreements and possible realisable benefits around; rosters, skill mix, internships, absentee management. An output will be a toolkit for staffing, management and change.</p>	Q2
	<ul style="list-style-type: none"> ○ Task Group 2. Resource Allocation: In conjunction with the National Disability Authority (NDA) & based on recent NDA research / work around assessment tools, the Service Improvement Team Disability (SITD) will develop a resource allocation tool to assess how current resource is mapped to service need and user presentation. This group will make findings and recommendations as to how a resource tool / model could be employed in the wider system to allocate resource to service needs. The SITD will work with the NDA to establish banded unit costs across a variety of services in varying settings according to traditional and current policy appropriate approaches and considering factors including medical complexities, behaviours that challenge and mobility issues. 	Q2
	<ul style="list-style-type: none"> • <i>Cork & Kerry CHO will work with service providers in Cork and Kerry CHO on identified deficits and to agree action plans.</i> 	Q2
Efficiency Measures	<i>The social care division will implement efficiency measures in 2015, focused on</i>	
	<ul style="list-style-type: none"> • Pay costs – integrated managed reductions in cost and whole time equivalents associated with direct, agency and overtime. 	
	<ul style="list-style-type: none"> • Non Pay costs – through delivering procurement savings and reductions in back office overhead and other efficiency measures. <ul style="list-style-type: none"> ○ In conjunction with the non statutory sector a plan to deliver 	Q2

Disability Services

Priority Area	Action 2015 – Disability Services	End Q
	<ul style="list-style-type: none"> ○ savings in respect of centralised procurement options will be put in place. ○ A national plan will be put in place. 	Q2
	<div style="border: 1px solid black; padding: 5px;"> <p>Cork & Kerry CHO will:</p> <ul style="list-style-type: none"> ○ Develop a plan to effect a targeted reduction in the cost of agency and overtime. ○ Achieve targeted procurement savings in line with the national plan. </div>	Q2
		Q2
	<ul style="list-style-type: none"> • Promoting merging & partnering of service providers where appropriate, within agreed timeframes and in line with national guidelines, leading to reduced management needs and sharing of resources 	Q3
	<ul style="list-style-type: none"> • Streamline administration across geographic areas so as to minimise duplication of administrative effort by service providers, facilitate local service delivery planning and management & maximise service user choice 	Q3
Healthy Ireland	<p>Work with providers to ensure that models of care and service delivery incorporates the strategic priorities set out in Healthy Ireland.</p> <ul style="list-style-type: none"> • Each CHO plan for <i>Healthy Ireland</i> will incorporate the needs of people with disabilities. 	Q4
Children First	<ul style="list-style-type: none"> • Work with the HSE <i>Children First</i> Oversight Group to develop a HSE Child Protection Policy, a training strategy and a communication strategy. 	Q4
	<ul style="list-style-type: none"> - Oversee the development of a Disability Child Protection and Welfare Policy. 	Q1
	<div style="border: 1px solid black; padding: 5px;"> <p>Cork & Kerry CHO will:</p> <ul style="list-style-type: none"> ○ Establish a Children First Implementation Committee in which all Divisions will participate. ○ Appoint a designated Liaison Person at CHO level. ○ Implement HSE reporting structures for reporting child protection and welfare concerns to the Child and Family Agency as agreed by Tusla and all Divisions. ○ Amend contracts and service level agreements to include the requirement to comply with Children First and to furnish confirmation of compliance with Children First across all Divisions. ○ Ensure that training is delivered in Children First for all Primary Care staff including GP's in collaboration with Tusla. </div>	Q1 – Q4
Neuro Rehabilitation	<ul style="list-style-type: none"> • Commence planning for the implementation of the Neuro Rehabilitation Strategy at CHO level. 	Q1
Open Disclosure	<ul style="list-style-type: none"> • Implement the Open Disclosure policy. 	Q2

Disability Services

Priority Area	Action 2015 – Disability Services	End Q
Quality and Service User Involvement	<p><i>Cork & Kerry CHO will:</i></p> <ul style="list-style-type: none"> ○ Continue to strengthen the process so that the HSE safety incident management policy is fully implemented within their CHO Area. ○ Ensure that a structure is in place to ensure full compliance with the management of complaints and where appropriate gives feedback to staff on compliments received. ○ Ensure that all learning from the complaints process is disseminated throughout the system. 	Q2
	<ul style="list-style-type: none"> • In the context of Service User need the disability programme with liaise with the Integrated Care Programme where appropriate to develop a holistic approach to service provision for people with disabilities. 	Q2
	<ul style="list-style-type: none"> • Develop a robust structure to enhance the delivery of quality and safe services through collaboration with the Quality Improvement Division and HIQA. 	Q1
	<ul style="list-style-type: none"> - Develop governance and assurance processes. 	
	<ul style="list-style-type: none"> - Analyse quality and safety information to identify and action where programmes of improvement are required. 	
	<ul style="list-style-type: none"> - Identify demonstration of good practice and share this learning across the system through periodic quality improvement summits. 	
	<ul style="list-style-type: none"> - Further dissemination of information provided at learning summits. 	Q1
	<ul style="list-style-type: none"> • <i>Cork & Kerry CHO will continue work underway to ensure that all funded services are registered with HIQA under the Residential Standards for People with Disabilities.</i> 	
Emergency Planning	<ul style="list-style-type: none"> • Develop, maintain and exercise Major Emergency plans in each service and for each service site and ensure coordination of planning and response arrangements with other Divisions at national and local level. 	Q1-Q4
Vulnerable Deaf Adults	<ul style="list-style-type: none"> • Examine the residential needs of vulnerable deaf adults, in cooperation with other Directorates as required. 	Q1-Q4
Respite Services	<ul style="list-style-type: none"> • Continue to explore methods of community respite care as an alternative to centre based respite care, including advancing the Host Family Support Model. 	Q1-Q4
	<p><i>HSE Disability Services will continue to engage with TUSLA to ensure that there is a co-ordinated and collaborative approach to the management of cases that cross both services.</i></p>	Q1-Q4

Disability Services

Dormant Accounts - Persons with a Disability Fund		End Q
	<ul style="list-style-type: none"> • Four measures will be supported in the Persons with a Disability Fund at a total estimate of €1.7m. These measures have been developed taking into consideration disability priorities and the need to encourage innovation in service delivery having regard to the implementation of the VFM and HIQA regulations. <ul style="list-style-type: none"> - Local area co-ordination initiatives - €0.5m - Advancing best practice in meeting HIQA Disability Standards; €.5m of which €0.25m is in respect of minor capital works - Health-related supports to assist young people with disabilities and autism to make the transition from second level education to further education, training, employment - €0.35m - Person-centred innovations in the delivery of non-centre based respite services- €0.35m 	Q1-Q4
	<ul style="list-style-type: none"> • The HSE including Social Care Division will work with Pobal and also with and on behalf of the Department of Health in developing criteria for selection of projects and administering the Disability Fund. 	Q1-Q4

Service for Older People - Balanced Scorecard

SERVICES FOR OLDER PEOPLE			
Quality and Safety		Access	
Immunisations and Vaccines <ul style="list-style-type: none"> % uptake of flu vaccine for > 65s 	75%	Home Care Packages <ul style="list-style-type: none"> Total no. of persons in receipt of a HCP Intensive HCPs – no. in receipt of an Intensive HCP at a point in time (capacity) 	1,470 190 * (nationally)
Elder Abuse <ul style="list-style-type: none"> % of active cases reviewed within six month timeframe 	90%	Home Help Hours <ul style="list-style-type: none"> No. of home help hours provided for all care groups (excluding provision of hours from HCPs) 	2.272m
Serious Reportable Events <ul style="list-style-type: none"> % compliance with the HSE Safety Incident Management Policy for Serious Reportable Event 	100%	Nursing Homes Support Scheme (NHSS) <ul style="list-style-type: none"> No. of people being funded under NHSS in long-term residential care during the reporting month 	22,361 (nationally)
Reportable Events <ul style="list-style-type: none"> % of events being reported within 30 days of occurrence to designated officer 	95%	Public Beds <ul style="list-style-type: none"> No. of NHSS Beds in Public Long Stay Units 	1,051
Governance for Quality and Safety <ul style="list-style-type: none"> Quality and Safety committees across all Divisions at Divisional, Hospital Group and Community Healthcare Organisation 	100%		
Complaints <ul style="list-style-type: none"> % of complaints investigated within 30 working days of being acknowledged by the complaints officer 	75%		
Healthcare worker vaccination <ul style="list-style-type: none"> % of health care workers who have received one dose of seasonal Flu vaccine in the 2014-2015 influenza season (long-term care facilities in the community) 	40%		
Quality Improvement Audits <ul style="list-style-type: none"> Number of audits completed 	20		
Finance – targets still under discussion		Human Resources – targets still under discussion	
Variance against Budget <ul style="list-style-type: none"> Pay - Direct / Agency / Overtime (M) (≤0%) Non-pay (M) (≤0%) Income (M) (≤0%) 		Culture and Staff Engagement <ul style="list-style-type: none"> Performance Measures under Development 	
New Service Developments (budget, drawdown and application) <ul style="list-style-type: none"> Programme for Government (M) Prioritised initiatives (M) 		Human Resources Management	
Savings <ul style="list-style-type: none"> Procurement Agency Other 		Absence <ul style="list-style-type: none"> % and cost of absence rates by staff category (M) (3.5%) 	
Service Arrangements/ Annual Compliance Statement (reported from first Quarter) <ul style="list-style-type: none"> % and amount of the monetary value of Service Arrangements signed (M) (100%) % and number of Service Arrangements signed (M) % and number of Annual Compliance Statements signed (M) 		Staffing levels and Costs <ul style="list-style-type: none"> Variance from HSE workforce ceiling (within approved funding levels) (M) (≤0%) Variance from end 2014, current month, change Cost of agency 2014, 2015 and % change Cost of overtime 2014, 2015 and % change Turnover rate and stability index New development posts filled 	
Capital <ul style="list-style-type: none"> Planned capital expenditure against actual (Q) 		Compliance with European Working Time Directive (EWTD) <ul style="list-style-type: none"> < average 48 hour working week (M) 30 minute breaks (M) 11 hour daily rest (M) Weekly / fortnightly rest (M) 	
		Learning and Development <ul style="list-style-type: none"> Performance Measures under Development 	
		Workforce Plan and Action Plan <ul style="list-style-type: none"> Performance Measures under Development 	

* IHCPs to be allocated on Money Follows the Patient basis

Disability Services - Balanced Scorecard

DISABILITY SERVICES			
Quality and Safety		Access	
Disability Act <ul style="list-style-type: none"> % of assessments completed within the timelines as provided for in the regulations 	100%	0-18s Programme <ul style="list-style-type: none"> Proportion of Local Implementation Groups which have local implementation plans for progressing disability services for children and young people 	24 of 24 (100%)
Quality <ul style="list-style-type: none"> 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, CARF or PQASSO 	100%	Personal Assistant (PA) Hours <ul style="list-style-type: none"> No. of Personal Assistant (PA) hours delivered to adults with a physical and/or sensory disability 	115,468
Congregated Settings <ul style="list-style-type: none"> Facilitate the movement of people from congregated to community settings 	150	Home Support Hours <ul style="list-style-type: none"> No. of Home Support Hours delivered to people with a disability 	188,271
Serious Reportable Events <ul style="list-style-type: none"> % compliance with the HSE Safety Incident Management Policy for Serious Reportable Event 	100%	Respite Services** <ul style="list-style-type: none"> No. of overnights (with or without day respite) accessed by people with a disability 	28,380
Reportable Events <ul style="list-style-type: none"> % of events being reported within 30 days of occurrence to designated officer 	95%	Day Services <ul style="list-style-type: none"> % of school leavers and RT graduates who have received a placement which meets their needs 	100%
Governance for Quality and Safety <ul style="list-style-type: none"> Quality and Safety committees across all Divisions at Divisional, Hospital Group and Community Healthcare Organisation 	100%		
Complaints <ul style="list-style-type: none"> % of complaints investigated within 30 working days of being acknowledged by the complaints officer 	75%		
Healthcare worker vaccination <ul style="list-style-type: none"> % of health care workers who have received one dose of seasonal Flu vaccine in the 2014-2015 influenza season (long-term care facilities in the community) 	40%		
Quality Improvement Audits <ul style="list-style-type: none"> Number of audits completed 	20		
Finance – targets still under discussion		Human Resources – targets still under discussion	
Variance against Budget <ul style="list-style-type: none"> Pay - Direct / Agency / Overtime (M) (≤0%) Non-pay (M) (≤0%) Income (M) (≤0%) 		Culture and Staff Engagement <ul style="list-style-type: none"> Performance Measures under Development 	
New Service Developments (budget, drawdown and application) <ul style="list-style-type: none"> Programme for Government (M) Prioritised initiatives (M) 		Human Resources Management	
Savings <ul style="list-style-type: none"> Procurement Agency Other 		Absence <ul style="list-style-type: none"> % and cost of absence rates by staff category (M) (3.5%) 	
Service Arrangements/ Annual Compliance Statement (reported from first Quarter) <ul style="list-style-type: none"> % and amount of the monetary value of Service Arrangements signed (M) (100%) % and number of Service Arrangements signed (M) % and number of Annual Compliance Statements signed (M) 		Staffing levels and Costs <ul style="list-style-type: none"> Variance from HSE workforce ceiling (within approved funding levels) (M) (≤0%) Variance from end 2014, current month, change Cost of agency 2014, 2015 and % change Cost of overtime 2014, 2015 and % change Turnover rate and stability index New development posts filled 	
Capital <ul style="list-style-type: none"> Planned capital expenditure against actual (Q) 		Compliance with European Working Time Directive (EWTD) <ul style="list-style-type: none"> < average 48 hour working week (M) 30 minute breaks (M) 11 hour daily rest (M) Weekly / fortnightly rest (M) 	
		Learning and Development <ul style="list-style-type: none"> Performance Measures under Development 	
		Workforce Plan and Action Plan <ul style="list-style-type: none"> Performance Measures under Development 	

Mental Health Services

Area Description

The Cork & Kerry Community Healthcare Organisation has a total population of 664,534 and is one of the largest extended catchment areas in the country. It has a relatively young population and it is predicted that the population (over 65), in line with the national trends, will significantly increase over the coming years. There are relatively high levels of deprivation interspersed with areas of relative affluence. The extended catchment area model requires a seamless and integrated approach to service delivery with access barriers removed. There is a prison service within the Area. A regional CAMHS 20 bed inpatient facility (Eist Linn) is located in Cork. Cork & Kerry Community Healthcare Organisation currently has 10 CAMHS teams.

Population	
664,534	Divided into 13 geographical sectors, varying in population size from 26,000 to 80,000 (Larger geographical areas divided in two for operational purposes). All teams are aligned to PCT's & networks

Service Description

The Cork & Kerry Mental Health Service provides specialist assessment, care and treatment for people of all ages, with approximately 1,315 staff from a range of disciplines working as part of generic and specialists teams. This multidisciplinary service model provides a range of skilled interventions to support service users in their personal recovery journey. This significant investment in recent years has greatly enhanced the existing teams and affords service users access to a wide range of therapeutic supports.

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

Mental Health Services

Mental Health Services – Cork & Kerry CHO – Key Priorities and Actions 2015	End Qtr
Complete the reconfiguration programme for Cork Mental Health Services with the closure of the remaining 21 acute beds (17 St. Stephen's Campus (subject to appropriate alternative acute provision having being established). Finalise the change programme with Kerry Mental Health Services with the completion of the refurbishment works in the Acute Unit, Kerry General Hospital (Acute beds will further reduce to '34' in line with Vision for Change).	Q2
Develop & consolidate the reconfigured General Adult CMHTs taking account of local populations and/or specialist services requirements, ongoing roll-out of Team Co-ordinators and progress team working project.	Q2 – 3
Review and reconfigure the CAMHS Teams taking account of local populations and/or specialist services requirements.	Q3
Continue to develop Service User engagement across the whole service Develop Consumer Panels. Roll out the Advancing Recovery Ireland Project (pilot West Cork). Consolidate and develop links with all current community initiatives. Support the national development & rollout of Peer Support Workers in a number of CMHTs when national guidance emerges	Q1 – 4
Continue to implement the Clinical Care Programmes to ensure that service delivery is in line with best practice Staff to continue to participate in agreed training programmes and implement protocols in line with the relevant CCP framework	Multi-annual
Review locations and suitable premises to facilitate staff to work as an effective team creating and facilitating the required partnership environment for successful reconfiguration.	Ongoing
The Cork & Kerry MHS will actively engage in the implementation of the new CHO structures. This will include both realignment at community mental health (Adult & CAMHS) / primary care team level and at CHO/MH super catchment area level.	Q2
Implement the recommendations as per the CAMH Service Improvement Project & CAMH Service Unit Improvement Project	Ongoing
Enhance interaction & localized initiatives with Drug & Alcohol Services – D&A staff are being trained by MH staff in DBT skills and techniques to enhance effectiveness of initiatives and will continue to roll out other joint initiatives with MHS	Q1 – 4
Enhance and improve the current physical infrastructure at St. Michael's Acute Unit, Mercy University Hospital, complete the refurbishment of the Acute Unit in Kerry General Hospital & review the needs of acute in-patient facility in Bantry in the context of BGH Capital Plan	Q2 – 3
Develop clear linkages with the Networks & PCT's across the CHO	Q2 – 3
Commission the new 40 bed Replacement Unit in Killarney	Q4
Define policies on admission, discharge and management in line with best practice.	Q1-4
CHO wide access to residential placements – Assist Assertive flow & prevent delayed discharges	Q4
Transfer existing services from CUH to new purpose built Acute In-patient Facility	Q1
Implement standardized rosters in Cork MHS	Q3
Develop & consolidate MHID Services in Cork & Kerry CHO, establish a working group re models of care/pathways/policies & procedures. Complete the recruitment of the MHID Consultant and Team in Kerry	Q3
Enhance services in the following teams in Cork & Kerry: <ul style="list-style-type: none"> • Liaison Adult & Child Adolescent Mental Health Services • Home Based Treatment Team • Homeless • Mental Health Intellectual Disability • Psychiatry of Old Age Team 	Q4

Mental Health Services – 2015 Actions

Cork & Kerry CHO priority actions outlined above derive from the National M.H. Division Service Plan and associated actions. In addition to these actions Cork & Kerry CHO will contribute to the national actions outlined below as appropriate to the local service.

Strategic Priority			
Ensure that the views of service users, family members and carers are central to the design and delivery of mental health Services			
Objective	Actions 2015	Measure of Performance	Target / Expected Activity 2015
Build capacity of service users, families and carers to influence the design and delivery of Mental Health Services	<p>Establish evidence based best practice which enables service users, family members and carers, to participate effectively in Mental Health Services</p> <ul style="list-style-type: none"> <i>The Community Work Department in Kerry will commence work with the newly appointed Team Co-Ordinators to develop Consumer Panels.</i> <i>Develop localised user groups in Cork through the Community Worker assigned to liaise with 3 Team Co-Ordinators.</i> 	<p>Evidence base established and made available to Reference Group and National Management Team</p> <p><i>User groups per CMHRT target 3 for 2015</i></p>	<p>Q4</p> <p>Q4</p> <p>Q3</p>
	<p>Identify training interventions and support structures informed by the evidence</p> <p><i>Cork & Kerry CHO in partnership with M.H. Ireland continue with the UCC Programme Certificate in M.H. in the Community.</i></p>	<p>Training interventions identified and training plan developed</p> <p><i>Training for service users & carers</i></p>	<p>Q3</p>
Develop mechanisms, including consultation and feedback mechanisms, for the participation of service users, families and carers in the decision making processes of Mental Health Services at local and national level	<p>Reference Group to recommend appropriate consultant and feedback mechanisms</p> <p>Cork & Kerry CHO will:</p> <ul style="list-style-type: none"> <i>Continue to develop Service User engagement across the whole service.</i> <i>Develop Consumer Panels.</i> <i>Roll out the Advancing Recovery Ireland Project.</i> <i>Consolidate and develop links with all current community initiatives.</i> <i>West Cork is assigned as an ARI pilot project. Training on recovery models will be rolled out for both staff and service users. A community event highlighting positive mental health and reducing stigma will be held in the 2nd quarter. The open dialogue model will be rolled out in this team</i> <i>Teams in Cork/Kerry to have 'Enhancing the Team' training delivered to assist with the roll-out of additional ARI projects with the teams.</i> 	<p>Consultation and feedback mechanisms proposed and submitted to Management Team</p>	<p>Q3</p> <p>Q3</p>
	<p>Reference Group to develop guidance on the role and appointment of service user representative on AMHTs</p> <p>Service user, family and carer representative in place on the AMHMTs based on the recommendations of the Reference Group</p>	<p>Guidance developed and submitted to the Office of SUE for consideration and disseminated</p> <p>50% of Area Mental Health Management Team have service user representative appointed and 50% under development</p>	<p>Q3</p>

Mental Health Services – 2015 Actions

Objective	Actions 2015	Measure of Performance	Target / Expected Activity 2015
	<p data-bbox="359 857 847 927">Cork & Kerry CHO will continue to work with the service user representative on the Cork and Kerry Management Teams</p> <p data-bbox="359 976 847 1070">Reference Group to identify the options and made recommendations to the MHD on the process for the remuneration and expenses reimbursement for service users, families and carers for their engagement in their local MHS</p> <p data-bbox="359 1137 847 1187">Fully establish the Office of SUE as an integral component of the MHD</p> <p data-bbox="359 1232 847 1281">Include the learning from Listening events held in 2014 in the service design and improvement Divisional work programme</p> <p data-bbox="359 1393 847 1464">Define the role and function of the Peer Support Working in local MHS and develop and approve an implementation plan for the introduction of Peer Support Workers mental health services</p> <ul data-bbox="359 1473 847 1545" style="list-style-type: none"> • <i>Cork & Kerry CHO will support the national development & rollout of Peer Support Workers in a number of CMHT's when national guidance emerges</i> 	<p data-bbox="869 999 1286 1115">Options appraisal complete and preferred option identified Process developed and submitted to HSE corporate governance for consideration with a view to implementation</p> <p data-bbox="869 1160 1086 1187">Integrated as part of Division</p> <p data-bbox="869 1249 1209 1299">Learning applied in model of care and service improvement work-streams</p> <p data-bbox="869 1411 1281 1482">Role defined and guidance developed for MHD. Implementation Plan developed and approved. Selected services have access to Peer Support Worker</p>	<p data-bbox="1308 999 1334 1025">Q1</p> <p data-bbox="1308 1043 1334 1070">Q3</p> <p data-bbox="1308 1160 1334 1187">Q1</p> <p data-bbox="1308 1249 1382 1276">On-going</p> <p data-bbox="1308 1411 1334 1438">Q1</p> <p data-bbox="1308 1442 1334 1469">Q3</p> <p data-bbox="1308 1473 1334 1500">Q4</p>

Mental Health Services – 2015 Actions

Strategic Priority				
Design integrated, evidence based and recovery focussed mental health services				
Objective	Actions 2015	Measure of Performance	Target / Expected Activity 2015	
Identify and prioritise models of care including required Standard Operating Procedures, arising from the agreed Integrated Care Pathways developed at the end of 2014	Map existing weekend cover and extend to provide for identified patients within the mental health service 11am – 7pm Sat and Sun	2 sites in place per CHO by end 2015	Q3	
	<div style="border: 1px solid black; padding: 5px;"> Cork & Kerry CHO will maintain weekend cover currently in place in Cork & Kerry (HBTT, ED, Crisis Intervention Nurses & CMHNs) </div>			
	Build capacity in ED for 24/7 contact and Response	Extend Liaison / Self Harm capacity in 10 EDs	Q4	
	<div style="border: 1px solid black; padding: 5px;"> Cork & Kerry CHO will: <ul style="list-style-type: none"> • Complete recruitment of Consultant in Liaison Psychiatry MUH/CUH • Complete recruitment of Consultant in Liaison Psychiatry and Team in KGH • Complete recruitment of CAMHS Consultant Liaison and Team in Cork Acute Hospitals </div>			
	Develop a Model of Care of MHID together with SOP.	Model of Care completed SOP Agreed	Q3	
	<div style="border: 1px solid black; padding: 5px;"> Cork & Kerry CHO will: <ul style="list-style-type: none"> • Complete the recruitment of MHID Team in Kerry • Establish a MHID working group to develop policies and procedures and a Model of Care to address the Mental Health needs of persons with Intellectual Disability in a consistent manner across Cork & Kerry. </div>			
	Agree data-set for reporting MHID activity.	Data-set agreed to show service access and throughput	Q4	
Develop a SOP for the new General Adult Liaison Services funded in 2013 and 2014. Design and agree the General Adult liaison activity dataset for reporting	Dataset agreed to show service access	Q2		
Design and agree the POA Liaison activity dataset for reporting, including timely response to referrals from acute hospitals	Dataset agreed to show service access	Q2		
Develop a detailed business case in conjunction with CAWT for Mental Health Services within the Border areas as part of the European Cross-Border funding application process	Application process completed	Q3		
Establish the existing 3 Clinical Care Programmes for Mental Health	Appoint 3 Clinical Leads funded in 2014	Clinical Leads in Place	Q1	
	Appoint implementation support per CHO with capacity to manage 5 Clinical Programmes	Implementation supports in place	Q2	

Mental Health Services – 2015 Actions

Objective	Actions 2015	Measure of Performance	Target / Expected Activity 2015
	<p>Implement Self Harm Clinical Programmes</p> <p style="border: 1px solid black; padding: 2px;"><i>Cork & Kerry CHO will continue with Self Harm C.C.P. in Cork & Kerry</i></p> <p>Implement Early Intervention in Psychosis Clinical Programme</p> <ul style="list-style-type: none"> • Individual Placement Support (IPS) implemented <p style="border: 1px solid black; padding: 2px;"><i>Cork & Kerry CHO will continue with Early Intervention in Psychosis CCP in Cork & Kerry, commence implementation of the national guidelines on agreement</i></p> <p>Implement Eating Disorders Clinical Programme</p> <p style="border: 1px solid black; padding: 2px;"><i>Cork & Kerry will implement programme with Consultant input and CNS post in place.</i></p>	<p>Recruit outstanding 11.5 CNS posts</p> <p>Programme approved Recruit OT Assistants x 2 per CHO</p> <p>Programme approved</p> <p>Implement programme in each CHO with Consultant input and CNS posts in place</p>	<p>Q4</p> <p>Q1 – Q4</p> <p>Q1 Q3</p> <p>Q2</p> <p>Q4</p>
Design and establish two additional Clinical Programmes	Design and establish two additional Clinical Programmes informed by emerging models of care	Identify two additional programmes Establish Working Groups with Clinical Leads	Q2 Q4
Develop initiatives to address physical health needs of those with severe and enduring mental illness	<p>Develop initiatives across Health and Wellbeing, Primary Care and the ICGP to address the physical health needs of those with severe and enduring mental illness</p> <p style="border: 1px solid black; padding: 2px;"><i>Cork & Kerry CHO will establish a residential review group to undertake an evaluation of the physical health needs of individuals & determine future placements with an initial focus on 'Perrott House'.</i></p>	<p>Identify Initiatives Establish initiatives</p> <p><i>All patients reviewed</i></p>	<p>Q1 Q3</p> <p>Q2</p>
Develop and agree processes for Integrated working	<p>Develop and agree processes for integrated working within the mental health service sub-specialities, and with the other Divisions and TUSLA</p> <p style="border: 1px solid black; padding: 2px;"><i>Cork & Kerry CHO will:</i></p> <ul style="list-style-type: none"> • <i>Work to enhance collaborative working initiatives where involvement of TUSLA, Mental Health Services, Primary Care and Social Care Services are required to address individual identified need.</i> 	<p>Improved communications across divisions improving delivery to service users</p> <p>Establishment of Integrated Working Group</p> <p>Intra Divisional communications strategy agreed</p>	<p>Q3</p> <p>Q4</p> <p>Q4</p> <p>Q1 – Q4</p>

Mental Health Services – 2015 Actions

Objective	Actions 2015	Measure of Performance	Target / Expected Activity 2015
	<ul style="list-style-type: none"> Enhance interaction and localised initiatives with Drug and Alcohol services. Drug and Alcohol staff are being trained by Mental Health staff in DBT and Techniques to enhance effectiveness of initiatives and will continue to rollout other joint initiatives with Mental Health Services. <p>In partnership with Genio, continue project improving integration in four Areas between community mental health teams and supported employment services at local level in order to support identified individuals with severe mental health difficulties to return to paid employment</p>	Individualised Placement Support established in 4 Areas	Q4

Strategic Priority			
Deliver timely, clinically effective and standardised safe mental health services in adherence to statutory requirements			
Objective	Actions 2015	Measure of Performance	Target / Expected Activity 2015
Ensure coterminous clinical and managerial governance within mental health services in the context of the new CHO's and Hospital Groups	<p>The MHD will actively engage in the implementation of the new Hospital Group and CHO structures. This will be achieved by actively engaging with and supporting AMHMT's and CHO's during the transition phase.</p> <p><i>The Cork & Kerry CHO will implement the CHO structures. This will include realignment of Community Mental Health (Adult & CAMHS) with Primary Care Networks and also realignment at CHO/MHS Super Catchment Area Level.</i></p>	<p>Realignment at community mental health / primary care team level and at CHO/MH super catchment area level</p> <p><i>New structure is implemented. Primary Care and CMHTs aligned.</i></p>	<p>Q4</p> <p>Q4 Q4</p>
Meet agreed KPI's in relation to timely access for service users to all mental health services. Implement programmes to improve quality and safety of mental health services	<p>Monitor and evaluate adherence through agreed performance framework and existing monthly performance assurance meetings with each AMHMT</p> <p><i>Cork & Kerry CHO will establish a process with CMHTs and CAMHS to review performance against targets and agreed KPIs and put in place and implement measures to deliver improvement where required.</i></p>	Balance Scorecard in place	<p>Ongoing</p> <p>Q1 – Q4</p>

Mental Health Services – 2015 Actions

Objective	Actions 2015	Measure of Performance	Target / Expected Activity 2015
	<p>Lead a national safety programme / collaborative which will aim to reduce avoidable harm in mental health services with an initial focus on acute inpatient care and post discharge period. This initiative will be run in collaboration with HSE Quality Improvement Division (QID)</p>	<p>Number of services who have implemented defined interventions through Improvement Programme Collaborative</p>	<p>Q4</p>
	<p>Initiate national quality improvement programme for Integrated Care Planning</p>	<p>Project initiated Q1</p>	<p>Q1</p>
	<p>Scope out and initiate a quality improvement programme for Medication Management and Safety in mental health Services</p>	<p>Project initiated Q2</p>	<p>Q2</p>
	<p>Cork & Kerry CHO will <i>continue to complete ligature audits annually in all acute facilities</i></p>	<p>Audits completed</p>	<p>Q3</p>
	<p>Support implementation for the National Standards for the Prevention and Control of Healthcare Associated Infections in mental health services with a particular focus on antimicrobial stewardship and implementation guidelines on Clostridium difficile in mental health long term care facilities</p>	<p>Services compliant with relevant infection control standards and guidance</p>	<p>Q4</p>
	<p>Cork & Kerry CHO will:</p> <ul style="list-style-type: none"> • Continue training of staff in the national PCHAI standards. • Progress the development / recruitment and training of an Infection Control Nurse for Cork MHS. 	<p>Progress recruitment Training completed</p>	<p>Q4 Q4</p>
	<p>Implementation of Children First in line with HSE national plan.</p>	<p>National Dependency</p>	<p>Ongoing</p>
	<p>Cork & Kerry CHO will:</p> <ul style="list-style-type: none"> ○ Establish a Children First Implementation Committee in which all Divisions will participate. ○ Appoint a designated Liaison Person at CHO level. ○ Implement HSE reporting structures for reporting child protection and 		<p>Q1 Q2 Q2</p>

Mental Health Services – 2015 Actions

Objective	Actions 2015	Measure of Performance	Target / Expected Activity 2015
	<p><i>welfare concerns to the Child and Family Agency as agreed by Tusla and all Divisions.</i></p> <ul style="list-style-type: none"> ○ <i>Amend contracts and service level agreements to include the requirement to comply with Children First and to furnish confirmation of compliance with Children First across all Divisions.</i> ○ <i>Ensure that training is delivered in Children First for all Primary Care staff including GP's in collaboration with Tusla.</i> 		<p>Q2</p> <p>Q2 – Q4</p>
<p>Implementation of the HSE national standardised processes for incident reporting, management and investigation</p>	<p>Implement the HSE Policy and Guidelines for the management of serious incidents which includes reporting and investigation of sudden unexplained deaths (SUDs) and Serious Reportable Events (SREs)</p> <p>Cork & Kerry CHO will:</p> <ul style="list-style-type: none"> • <i>Arrange for 20 MHS Staff members to be trained in S.I. Investigation training.</i> • <i>Engage with the national team to evaluate the effectiveness of the current guidelines on serious incident investigations which have been completed.</i> <p>Implement safety recommendations in a timely and cost effective manner within the division</p> <p>Develop and implement a mechanism for sharing organisational learning from incident investigations</p> <p>Cork & Kerry will :</p> <ul style="list-style-type: none"> • <i>Continue with existing mechanisms whereby each S.I. investigation / findings & recommendations are discussed at the MHS Management meetings and disseminated through disciplines / teams.</i> • <i>Recruit Risk Adviser to assist in risk identification, management and mitigation and in the review and learning from safety incidents.</i> 	<p>All SIs reported, investigated in-line with policy. Investigation completed in required timeframe</p> <p>Training to be completed and database of investigators formed</p> <p>75% recommendations implemented</p> <p>Number of Learning notices issued</p> <p>Learning from reviews optimised.</p>	<p>Ongoing</p> <p>Q2</p>

Mental Health Services – 2015 Actions

Objective	Actions 2015	Measure of Performance	Target / Expected Activity 2015
	<p>Support implementation of National Adverse Events Management System (NAEMS) across mental health services in-line with HSE implementation plan</p> <p>Implement HSE Open Disclosure policy across all mental health services</p> <p>Work in collaboration with the Social Care Division to implement the national policy on Safeguarding Vulnerable Persons at Risk of Abuse. Awareness and training in this policy will be a feature of its implementation in 2015</p>	<p>% service using NAEMS (national dependency)</p> <p>Number of staff attending national training programme</p> <p>Number of staff attending training programme</p>	
Quality and Service Users Safety – Assurance and Verification	<p>Develop the Mental Health Quality Profile in conjunction with QPS Division which will include identification of quality and safety performance indicators for mental health services</p> <p>Develop and Implement a process for monitoring and evaluating compliance with national and HSE Standards</p>	<p>Profile developed and in use</p> <p>Process in place</p>	<p>Q3</p> <p>Q4</p>
Agree and implement guidelines for the management of aggression and violence in the mental health services and linked to performance assurance.	<p>The MHD will disseminate and ensure compliance with Policy on Management of Work Relation Aggression & Violence (LSS/2014/1).</p> <p><i>Cork & Kerry CHO will continue to roll-out & audit PMAV training in all areas of Cork & Kerry – in-house trainers in place</i></p>	<p>MWRA&V Policy is fully implemented at AMHMT level</p> <p>Ongoing</p>	Q4
Deliver key service improvement projects commenced in 2014 during 2015 and into early 2016	<p>MHID Continue development of Adult and CAMHS Teams</p> <p><i>Cork & Kerry CHO will complete the recruitment of an Adult MHID in Kerry</i></p> <p>Homeless with Mental Illness Extend specialist service for homeless mentally ill in Dublin and other cities</p> <p><i>Cork & Kerry CHO will complete the recruitment of a Consultant Psychiatrist for Homeless Services 7 Team in Cork</i></p> <p>CAMHS:</p> <ul style="list-style-type: none"> CAMHS under direct management of AMHMTs <p><i>Cork & Kerry CHO will review and</i></p>	<p>50% in place across the country</p> <p>Completion of recruitment.</p> <p>Additional posts in place</p> <p>Consultant recruited</p> <p>All CAMHS services reporting to ECD structure</p>	<p>Q4</p> <p>Q4</p> <p>Q3</p> <p>Q4</p> <p>Q1</p> <p>Q3</p>

Mental Health Services – 2015 Actions

Objective	Actions 2015	Measure of Performance	Target / Expected Activity 2015
	<p style="border: 1px solid black; padding: 2px;"><i>reconfigure the CAMHS Teams taking account of local populations and / or specialist services requirements including Children Disability Network Teams.</i></p> <p>Each CAMHS' In-Patient Unit working to the agreed SOP. SOP devised, agreed and implemented.</p> <p style="border: 1px solid black; padding: 2px;">Cork & Kerry CHO will work with staff in Eist Linn to maximise access to beds for children requiring inpatient treatment for acute mental illness.</p> <p>Agreed on-call roster will be in place for Under 18s</p> <p>Elimination of admissions of under 16s and reductions in the numbers of under 17s to Adults Units</p> <p style="border: 1px solid black; padding: 2px;"><i>Cork & Kerry CHO will:</i></p> <ul style="list-style-type: none"> • <i>In circumstances whereby admissions of 16/17 year olds to adult settings is required in the young persons best interest, ensure that there are robust processes in place to secure a more appropriate placement as quickly as possible.</i> • <i>Continue endeavors to recruit the second Consultant Psychiatrist for the regional in-patient unit to restore Eist Linn to its full capacity</i> <p>All 16 and 17 year olds requiring Mental Health assessment and treatment will be seen by CAMHS</p> <p>Develop a seed CAMHS community based forensic mental health team</p>	<p>All 16 and 17 year olds will be seen by CAMHS</p> <p>Roster in place</p> <p>Process to minimise admissions of children to adult units including robust reporting mechanism in place</p> <p>Admissions to Adults Units minimised.</p> <p>16/17 year olds seen by CAMHS</p> <p>Team in place</p>	<p>Q2</p> <p>Q1 – Q4</p> <p>Q3</p> <p>Q2</p> <p>Q1 – Q4</p> <p>Q3</p> <p>Q4</p>

Mental Health Services – 2015 Actions

Objective	Actions 2015	Measure of Performance	Target / Expected Activity 2015
	<p>Plan for interim National Paediatric Hospital CAMHS Inpatient Unit including development of collaborative training programme between MH and Childrens Hospital Group</p> <p>Assess the options for an Eating Disorder Inpatient Service for CAMHs</p> <p>Develop integrated approach to meeting needs of families where patients experience mental health difficulties</p> <div data-bbox="483 1070 826 1200" style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p><i>Cork & Kerry CHO will implement the recommendations as per the CAMH Service Improvement Project and CAMH Service Unit Improvement Project</i></p> </div> <p><u>Mental Health in Primary Care</u></p> <p>Contribute to the maintenance of JIGSAW services nationally</p> <div data-bbox="483 1458 826 1588" style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p><i>Cork & Kerry CHO will continue to progress & develop JIGSAW services in Kerry & enhance existing young services in Cork – Secad</i></p> </div> <p>Review and improve access to psychotherapy and psychotherapeutic interventions</p> <p>Consolidate CIPC service and review progress to ensure delivering to service capacity</p> <div data-bbox="483 1823 826 1904" style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p><i>Cork & Kerry CHO will continue to consolidate and progress this service in Cork & Kerry re policies & procedures re</i></p> </div>	<p>Plan agreed</p> <p>Plan agreed</p> <p>Evaluation of Crosslinks Programme</p> <p>Development of plan to progress in other Areas</p> <p>JIGSAW services maintained as resources</p> <p>Review completed and plan in place to improve access</p> <p>CIPC service delivered to capacity</p>	<p>Q3</p> <p>Q2</p> <p>Q4</p> <p>Q2 – Q4</p> <p>Q1 – Q4</p> <p>Q2</p> <p>Q4</p> <p>Q4</p>

Mental Health Services – 2015 Actions

Objective	Actions 2015	Measure of Performance	Target / Expected Activity 2015
	<p><i>referral/pathways etc</i></p> <p>Adult Mental Health Services:</p> <ul style="list-style-type: none"> Team Coordinators will be in place consistent with guidance <p><i>Cork & Kerry CHO will:</i></p> <ul style="list-style-type: none"> Finalise assignment of Team Co-ordinators in Kerry Ensure consistent implementation of role across all Teams in line with National guidelines. <p>Review of current team population and reconfigure to 50,000 consistent with CHO structures</p> <p><i>Cork & Kerry CHO will actively engage in the implementation of the new CHO structures. This will include both realignment at community mental health (Adult & CAMHS) / primary care team level and at CHO/MH super catchment area level</i></p> <p>Continued roll-out of Enhancing Teamwork programme to Community Mental Health Teams and Area Management</p> <p><i>Cork & Kerry CHO will continue to rollout this training to teams.</i></p> <p>Forensic Mental Health:</p> <ul style="list-style-type: none"> Develop more secure therapeutic environments for those who meet the criteria for section 21.2 of the Mental Health Act. 	<p>Each Adult CMHT will have a co-ordinator in place</p> <p><i>All Team Co-ordinators in place</i></p> <p>Consistent SOPs implemented</p> <p>Each CHO will have reconfiguration complete</p> <p><i>Primary Care Networks and CMHTs aligned.</i></p> <p>50% of General Adult CMHTs will have completed Enhancing Teamwork</p> <p><i>50% of General Adult CMHTs will have completed Enhancing Teamwork in Cork & Kerry</i></p> <p>Opening of additional 10 bed unit in NFMHS funded in 2014</p>	<p>Q2</p> <p>Q3</p> <p>Q4</p> <p>Q4</p> <p>Q4</p> <p>Q4</p> <p>Q4</p> <p>Q4</p> <p>Q3</p>

Mental Health Services – 2015 Actions

Objective	Actions 2015	Measure of Performance	Target / Expected Activity 2015
	<p>New Prison In-reach Service to be designed and established between Midlands and Castlereagh prisons</p> <p>Review of current Pathways to optimize engagement between NFMHS and Community Mental Health Services</p> <p>ARI</p> <p>External evaluation of 7 pilot sites</p> <p>Completed strategy document based on evaluation of 7 pilot sites</p> <p>Subject to evaluation, identification of further sites including their commencement</p>	<p>Service funded in 2014 fully operational</p> <p>Current pathways reviewed</p> <p>Evaluation Completed</p> <p>Strategy document completed</p> <p>Further sites agreed as appropriate</p>	<p>Q2</p> <p>Q2</p> <p>Q1</p> <p>Q2</p> <p>Q4</p>
Provision of assisted admission service to ensure full and adequate coverage to meet statutory obligations	Complete tender process for External Assisted Admissions Process	Tendering process completed and service provider in place	Q1
Collaborate with the Health and Wellbeing Division in their development of the Mental Health Division Major Emergency Plan	Work with the Health and Wellbeing Division in their development, maintenance and exercising of Major Emergency plans in each service and for each service site and ensuring coordination of planning and response arrangements with other Divisions at national and local level	Plan developed in collaboration with Mental Health Division	Q4

Strategic Priority

Promote the mental health of our population in collaboration with other services and agencies including reducing loss of life by suicide

Objective	Actions 2015	Measure of Performance	Target / Expected Activity 2015
Develop integrated health promotion teams and programmes based on existing resources at Area level in collaboration with Primary Care, Health and Wellbeing and voluntary partners in the context of Healthy Ireland	Liaise with Health & Wellbeing re CHO based mapping of existing HP staff	Mapping completed	Q3
	Liaise with MHI & other agencies re CHO based mapping of existing HSE funded partner agencies	Mapping completed	Q3
	Develop a cross-divisional approach to	Approach developed	Q2

Mental Health Services – 2015 Actions

Objective	Actions 2015	Measure of Performance	Target / Expected Activity 2015
	<p>mental health promotion at CHO level</p> <p>Enhance capacity of primary care networks & acute hospitals to promote and protect mental health through the provision of Continuous Professional Development to all staff and provision of relevant mental health promotion training to undergraduates commencing with medical & nursing grades.</p> <p>Delivery of health promotion programmes aimed at supporting the wellbeing of MH services staff</p> <p>Support implementation of national guidelines on mental health and suicide prevention for school setting</p> <p>Consolidation and evaluation of SCAN project across CHOs</p>	<p>CPD training for staff developed</p> <p>MH promotion undergraduate training developed</p> <p>Training developed and provided to staff</p> <p>Guidelines developed</p> <p>Evaluation completed</p>	<p>Q2</p> <p>Q2</p> <p>Ongoing</p> <p>Q3</p> <p>Q4</p>
Implement Tobacco Free Campus Policy	<p>Implement Tobacco Free Campus Policy in all mental health approved centres and implement in 25% of community residences</p> <p><i>Cork & Kerry CHO will work with the Service Users to achieve tobacco free approved centres</i></p>	<p>100% of Approved Centres Tobacco Free, 25% of community residences</p> <p>20% staff of approved centres trained in BIT</p> <p>10% of residential staff trained in BIT</p>	<p>Q1 and Q3</p> <p>Q1 – Q4</p>
Progress mental health actions in partnership with social inclusion arising from the All Ireland Traveller Health Study and the Substance Misuse Strategy	<p>Provide support for development of Mental Health service response to Traveller Community in collaboration with voluntary sector</p>	<p>Plan developed</p> <p>Dedicated support in place</p>	<p>Q1</p> <p>Q2</p>
To agree and develop implementation structures for new Strategic Framework	<p>Completion of publication of New Strategic Framework and reconfigure NOSP to deliver on new Strategy</p>	<p>Strategic Framework published and implementation structure developed to include 9 CHO plans</p>	<p>Q1</p>

Mental Health Services – 2015 Actions

Objective	Actions 2015	Measure of Performance	Target / Expected Activity 2015
for Suicide Prevention so as to deliver on the national HSE commitments within framework	Develop and progress a national and regional suicide prevention planning, implementation and monitoring system		Q3
	Deliver national training programme on suicide prevention across HSE Divisions to include to CHO Network Staff – commencing with 18 Networks, government departments and community based organizations	Training Strategy developed and delivery commenced	Q2
	Develop national research strategy focused on monitoring and evaluating new national strategic Framework	Evaluation and Monitoring system developed	Q2
	Implement targeted public media campaigns linked to framework to include 'little things campaign'	Campaigns implemented	Q3
	Develop national standards for suicide prevention services funded under new framework	Standards and accreditation system developed	Q2
	Build capacity at Primary Care level through increasing access to psycho therapeutic interventions	Increased access	Q4
	Deliver targeted Suicide Prevention programmes within priority population groups	Targeted programmes in place	Q4
	Implement plan aimed at reducing suicide rates among service users integrated with work of MHD on QPS	Complete national audit of Ligature points in all acute units	Reference Quality & Service User Safety for relation Actions and Measures
Rolling Work Plan to be agreed to improve anti-ligature environment in acute units in collaboration with HSE Estates			
Continue programme of education for mental health services staff on suicide prevention			

Mental Health Services – 2015 Actions

Strategic Priority			
	Improve systems, protocols for crisis management, discharge planning, and follow-up by General Adult MH for service users		

Strategic Priority			
Enable the provision of mental health services by highly trained and engaged staff and fit for purpose infrastructure			
Objective	Actions 2015	Measure of Performance	Target / Expected Activity 2015
To ensure the availability of a highly trained workforce to deliver Mental Health Services (MHS)	Develop a Funded Workforce Plan and Workforce Development Strategy for Mental Health informed by relevant service models <ul style="list-style-type: none"> • Succession Plan for management of natural attrition while maintaining a safe level of service • Building on work done in 2014 in establishment of Recruitment Optimisation Group to improve recruitment and retention of staff accounting for specific geographic or service specialty requirements • Ensure future required capacity and capability to meet the service needs 	Finalised staff mapping to services	Q1
		Agreed staffing levels for all service specialities	Q2
		Replacement strategy in place	Q2
		Optimised processes for recruitment and retention of staff	Q1 – Q4
		Engagement with third level providers for new entrants and training strategies in place for existing staff	Q2 – Q4
Develop and implement a process to maximise the allocation of resources on an equitable basis aligned to population and deprivation	Develop a Comparative Resource Model (Staff and finance). <ul style="list-style-type: none"> • Agree and implement revised 2015 budget allocations per CHO based on the current staff mapping • Devolve Service Budgets to Mental Health Team Level • Allocation process developed to take into account known deprivation factors 	National framework for governance of devolved budgets in place	Q2
		Each MHT/Service unit will have an individual cost centre	Q4
		Target budgets accounting for deprivation under development	
Systems and infrastructure in place	<ul style="list-style-type: none"> • Develop, implement and review Performance Management 	Balance Scorecard in Place	Q3

Mental Health Services – 2015 Actions

Objective	Actions 2015	Measure of Performance	Target / Expected Activity 2015
to support service delivery, performance management and decision-making	<p>Framework in-line with required accountability</p> <ul style="list-style-type: none"> • Engage with Human Resources in relation to a performance management system for the staff of the Division • Build on the work of the existing Data Design and Optimization group to enhance performance indicators and outcome measures • Establish Project Management Office to support delivery of MHD work programme 	<p>PMS in operation</p> <p>Enhanced PI suite agreed for 2016</p> <p>PMO established with resources supporting programmes and projects</p>	<p>Q2</p> <p>Q4</p> <p>Q1 – Q4</p>
A framework to develop the ICT Infrastructure to support the planning, management and delivery of mental health services is defined and a phased multi-annual plan to address the deficits is in place (end 2016)	<ul style="list-style-type: none"> • Implement on a phased basis the ICT hardware, software and bandwidth capacity deficits identified through specific projects below and/or demand-led requirements <p><u>Interim Data Solution System</u></p> <ul style="list-style-type: none"> • Review report from 2014 Proof of Concept (due Dec 2014) and recommend next steps for implementation on the Interim National Data Solution Project • Implement phased National Roll-out per above <p><u>E-Rostering System</u></p> <ul style="list-style-type: none"> • Complete specification of requirements and select system from current national framework • Implementation Plan in place <p><u>National Mental Health Information System Project</u></p> <ul style="list-style-type: none"> • Develop Business Case for submission to CMOD • Develop Project Plan • Develop Specification of requirements 	<p>ICT Directorate supported response to advancing use of desktop and/or systems responses</p> <p>Recommendation in place</p> <p>Project Plan developed and implementation commenced</p> <p>Business Case approved by CMOD Tender issued System selected 1st phase of implementation started</p> <p>Business Case approved by CMOD</p> <p>Project plan in place</p> <p>Request for Tender completed</p>	<p>Q1 – Q4</p> <p>End Q1</p> <p>Q2 – Q4</p> <p>Q1</p> <p>Q1</p> <p>Q3</p> <p>Q4</p> <p>Q2</p> <p>Q2</p> <p>Q4</p>

Mental Health Services – 2015 Actions

Objective	Actions 2015	Measure of Performance	Target / Expected Activity 2015
	Implement system for the Counselling in Primary Care Service	Implementation started	Q2
Services and staff operation from modern and fit for purpose facilities with required equipment	<ul style="list-style-type: none"> Complete prioritized assessment of current physical infrastructure <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p>Cork & Kerry CHO will:</p> <ul style="list-style-type: none"> Open new Acute Inpatient Unit in CUH. Commission a new '40' bedded nursing unit in Killarney. Complete refurbishment of acute inpatient unit in Mercy University Hospital. Work with HSE Estates to prepare outlining plan for additional infrastructural priorities. </div> <ul style="list-style-type: none"> Ensure minor capital is targeted at QPS priorities Engage with other Divisions to maximize developments benefiting mental health e.g. Primary Care, Estates 	<p>Assessment completed</p> <p>QPS infrastructure deficits identified and addressed</p> <p>MHD continued participation in monthly Capital Steering Committee</p>	<p>Q2</p> <p>Q4</p> <p>Q1</p> <p>Q4</p> <p>Q3</p> <p>Q2</p>
Staff engaged and actively participation in service design	<ul style="list-style-type: none"> Ensure staff consulted and/or participating in service design and improvement initiatives 	Staff participating	Ongoing

Mental Health Services

Mental Health Services - Performance Indicator Suite

The table below represents the key performance indicators as provided in the National Service Plan 2015 Mental Health section.

Performance Indicator	Expected Activity / Target 2015	Performance Indicator	Expected Activity / Target 2015
Adult Mental Health Services % of accepted referrals / re-referrals offered first appointment within 12 weeks / 3 months by General Adult Community Mental Health Teams	> 90%	Child and Adolescent Community Mental Health Services 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.	95%
% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks / 3 months by General Adult Community Mental Health Teams	> 75%	% of accepted referrals / re-referrals offered first appointment within 12 weeks / 3 months by Child and Adolescent Community Mental Health Teams	> 78%
% of accepted referrals / re-referrals offered first appointment within 12 weeks / 3 months by Psychiatry of Old Age Community Mental Health Teams	> 99%	% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks / 3 months by Child and Adolescent Community Mental Health Teams	> 72%
% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks / 3 months by Psychiatry of Old Age Community Mental Health Teams	> 95%	Serious Reportable Events % compliance with the HSE Safety Incident Management Policy for Serious Reportable Events	See above

Health & Wellbeing

Introduction:

Improving the health and wellbeing of Ireland's population is a Government priority and is one of four pillars of healthcare reform outlined in *Future Health – A Strategic Framework for Reform of the Health Services 2012 – 2015*. The Health and Wellbeing pillar of healthcare reform signals a shift in policy, service design and practice away from simply treating sick people to keeping people healthy. Within the HSE, the Health and Wellbeing Division is responsible for driving and coordinating the health service response to this agenda. Our work is focussed on helping people to stay healthy and well, reducing health inequalities and protecting people from threats to their health and wellbeing.

The imperative and associated challenges of implementing these kinds of healthcare reforms are well recognised nationally and internationally. The drive to ensure our healthcare system is adapting to emerging patterns of health and social care need is critical. Ireland's population is increasing and is ageing rapidly. People are living longer but the prevalence of chronic conditions is increasing. As a result, evidence will continue to emerge demonstrating increased pressure and demand on healthcare services in addition to a growing expectation among citizens for high quality, timely and effective services.

Successfully addressing modifiable lifestyle behaviours is becoming an increasingly important consideration for many countries. For example, the social, financial and clinical consequences of rising levels of obesity are only beginning to be fully understood. Identifying successful mechanisms to address the broader determinants of health and unequal patterns in health outcomes in the population has equally become a focus. In Ireland, Government has responded to these trends and pressures by publishing a framework for a whole-of-government, whole-of-society approach to improving the health of the population, *Healthy Ireland - A Framework for Improved Health and Wellbeing 2013 – 2025 (Healthy Ireland)*. In the health service, we are responding to this agenda by embedding health and wellbeing objectives throughout our reform agenda.

Governance Arrangements

The Health and Wellbeing Division is comprised of the following services / functions:

- Environmental Health
- National Screening Services
- Public Health (incl. Health Protection Surveillance Centre & National Immunisation Office)
- Health Promotion and Improvement (incl. the Crisis Pregnancy Programme & Sexual Health)
- Emergency Management
- Knowledge Management (incorporating Health Intelligence)
- Local Health and Wellbeing functions (including Child Health)

Whilst the vast majority of the Health and Wellbeing budget is expended through its own service line, it is responsible for a number of priority areas to which the Community Healthcare Organisations accounts to it for.

Priorities 2015

Whilst much of the day to day work of Health and Wellbeing is discrete, the national division is driving a collaborative effort across the health services and in partnership with Community Healthcare Organisations to:

- Ensure health system implementation of Healthy Ireland goals
- Reduce levels of chronic disease by addressing modifiable lifestyle risk factors
- Enhance and improve service delivery models for the health of the population
- Protect the population from threats to their health and wellbeing
- Create and better support cross-sectoral partnerships for improved health outcomes.

The publication of Healthy Ireland was a major milestone in the future provision of health and social care in Ireland and provides the structure to enable major change in the development, implementation and delivery of health and social care for service users now and for future generations. Healthy Ireland sets out a whole-of-government, cross-sectoral approach to addressing the challenges posed by population growth, together with the demands being placed on health services resulting from an increase in the incidence of chronic illness.

The commitments set out in the Health and Wellbeing Operational Plan for 2015 reflect this approach. In 2015 we will build on the work undertaken to date and develop an implementation plan for Healthy Ireland for the CHO, in line with the National Plan for the health services which will be finalised in Q1 2015. The appointment of a Head of Health and Wellbeing to the senior management team of each CHO will be central to this development.

Partnership

This plan recognises that the realisation of *Healthy Ireland's* vision depends on the participation of many sections of society. Identifying and involving partners in shared efforts to improve health and wellbeing is central to this. A number of initiatives being undertaken in 2015 have significant dependencies with other actors both within and outside the health services. Within the HSE, work is delivered in partnership with Acute and Primary Care services, Social Care and Mental Health and with and through community and voluntary partners, sports partnerships, philanthropic organisations and universities amongst others.

Outside the Health Service, developments such as the establishment and consolidation of the Local Community Development Committees (LCDC) offer further opportunities to position the improvement of Ireland's health and wellbeing at the centre of a coherent and integrated approach to community development and the built environment. In 2015, we will continue to build and augment these partnerships.

Health and Wellbeing Priorities and Actions 2015

Key Health & Wellbeing National Service Plan (NSP) Priorities with NSP and Operational Plan Actions to Deliver in 2015

Priority Area	Actions 2015	Measure of Performance	Target / Expected Activity 2015	Completion Date
Implementation of Healthy Ireland	Develop a site specific Implementation Plan for Healthy Ireland	Development of Plan	Plan developed	Q4
	Provide Healthy Ireland input to the work of Local Community Development Committees (LCDC), in line with national direction	Proportion of established LCDC supported on Healthy Ireland	All established LCDC supported on Healthy Ireland	Q2
	Reducing Health Inequalities: Support the development of standardised local health profiles to inform needs assessments and commissioning	Number of profiles at county and primary care network level produced	1 per county	Q4
	<p><i>Cork & Kerry CHO will:</i></p> <ul style="list-style-type: none"> <i>Commence the development of an implementation plan for Healthy Ireland across the CHO.</i> <i>A Healthy Ireland Steering Group will be established.</i> <i>Co-ordinate the input of Healthy Ireland to the LCDCs in Cork & Kerry.</i> <i>Support the development of standardised local health profiles to inform needs assessments and commissioning.</i> 			

Priority Area	Actions 2015	Measure of Performance	Target / Expected Activity 2015	Completion Date
Reform Delivery	Develop and support the role of Head of Health and Wellbeing within the CHO	% of CHOs with a Head of Health and Wellbeing in place	100%	Q4
	Support the alignment of Crisis Management Team membership in accordance with new structures <i>Cork & Kerry CHO will support the implementation of the reform delivery programme in 2015.</i>	Updated agreed CMT membership	Updated agreed CMT membership	Q2
Integrated Care Programmes	Support the development of a Framework for Brief Intervention Behaviour Change Methods	Draft Framework supported	Framework completed	Q4
	Support the development of a National Framework for self care in consultation with Clinical Programmes, other HSE divisions and Service Users	Development of Self Care Model supported	Self Care Model Developed	Q4
	Support the development of a generic pathway for the major cardiovascular, respiratory diseases and diabetes in conjunction with Clinical Programmes including Chronic Disease Prevention	Development of generic pathway supported	Generic pathway developed	Q4
	Breastcheck: Deliver subsequent round screening in line with available resources	No. of women screened	140,000 women screened (nationally)	Q4
Population Based Screening Programmes (Health and Wellbeing actions)	Breastcheck Age Extension: Pre-implementation phase Q1-Q3 with commencement in Q4. Anticipate that 500 women will be screened in 2015	No. of women in relevant cohort invited to screening	1,000 Invited & 500 screened (nationally)	Q4
	Cervical Check: Deliver subsequent round screening in line with available resources	No. of women screened in a Primary Care Setting	271,000 women screened (nationally)	Q4
	Cervical Check: Develop and introduce improved management plans for groups of women using HPV test technology to improve early detection and facilitate early return to routine screening	Achievement of Cytology Turn Around Times Planning completed by end of Q1 Implementation completed by end Q2 and operational by Q3	95% < 10 working days Operational by Q3.	Q3
	Diabetic Retina Screen: Commence annual screening round for eligible cohort within available resources	Number screened	78,300 screened (nationally)	Q4
	Bowelscreen: Complete first round of screening for current eligible age range of 60-69 by end 2015	Number invited for screening % participation (i.e. % of those requesting a FIT kit who return it for testing) >90%	200,000 invited (nationally) % of invitees requesting kit who return it for testing > 90%	Q4

Health and Wellbeing

Priority Area	Actions 2015	Measure of Performance	Target / Expected Activity 2015	Completion Date
Child Health and Wellbeing	<i>Cork Kerry CHO will continue to support and implement the population based screening programmes.</i>			
	Further the implementation of Child Health priorities (earlier intervention and prevention) in line with relevant national policies such as <i>Better Outcomes Brighter Futures</i> and in partnership with key stakeholders	% uptake of 7-9 months Developmental Screening (for children at 10 months) % of newborn babies visited within 72 hours of hospital discharge	95% 97%	Q4
	Support the development of a cohesive, integrated child health and well-being service for 0 to 2s and their families which supports and builds capacity to achieve sustainable systemic change	Support the development of a common data set for Child Health Profiles Extent of work undertaken on the following work streams: System Development supported Ready for Baby (pre-conception to 3 months) Ready for Toddler (6months to end of 2s) Ready for the Work (Human Capital Development)	Data set developed Progress on workstreams	Ongoing
	Screening and Development: Support the development of a Framework for the Model of Child Health Screening and Development in partnership with the Primary Care Division and commence implementation on a phased basis.	Agreement on model Development of Framework supported Commencement of Implementation	Model agreed Framework developed Implementation commenced	Q1 Q2
	Immunisation: Implement recommendations from the review of models of delivery and governance of immunisation services	Support the development of Action Plan with key stakeholders such as Health and Wellbeing, Primary Care, DoH and DCYA	Action Plan agreed	Q1

Priority Area	Actions 2015	Measure of Performance	Target / Expected Activity 2015	Completion Date
	<p>Immunisation: Improve national immunisation uptake rates in partnership with Primary Care</p> <p>Immunisation: Support changes to Primary Childhood Immunisation (PCI) Programme (meningococcal C vaccine) and Schools Immunisation Programme (HPV and adolescent meningococcal C booster vaccine)</p> <p>Child Health Information System: Support the next stage of implementation of a National Child Health and Immunisation IT System by specifying the model and the system requirements, subject to CMOD approval</p> <p>Breastfeeding: Support the development and phased implementation of an action plan for breastfeeding 2015-2020.</p>	<p>PCI uptake rates at 12 and 24 months – 6:1, PCV, MMR, Hib, MenC</p> <p>School vaccine uptake rates, 4:1 + MMR, HPV, Tdap</p> <p>Changes to schedule supported</p> <p>Implementation supported</p> <p>Action Plan developed Agreement of deliverables across the division for 2016</p>	<p>95%</p> <p>95%</p> <p>80% (HPV)</p> <p>Changes implemented</p> <p>Implementation supported</p> <p>Action plan developed</p> <p>National KPI – Breastfeeding % rates at first PHN visit & at 3 months</p>	<p>Q4</p> <p>Q4</p> <p>Q2</p> <p>Q4</p> <p>Q2</p>
	<p>Breastfeeding: Implement the updated infant feeding policy for maternity and neonatal services and develop process for evaluation</p>	<p>Updating of infant feeding policy</p> <p>Agree process of evaluation</p>	<p>Updated infant feeding policy implemented by maternity services. Evaluation process agreed</p>	<p>Q4</p>
	<p>Health Promoting Schools: Support and promote the implementation of the Health Promoting Schools model in Primary and Post-Primary Schools, and other educational settings</p>	<p>Percentage of Schools implementing the Health Promoting School model and process. Maintain existing participation (465 schools) and recruit additional 78 (2%)</p>	<p>14% of Primary and Post Primary Schools</p>	<p>Ongoing</p>
	<p>Healthy Schools: Support the develop of a five year action plan in partnership with DES and DOH so that by 2020 all schools will participate in the <i>Healthy Ireland</i> agenda</p>	<p>Development of action plan supported</p>	<p>5 year action plan in place</p>	<p>Q4</p>

Priority Area	Actions 2015	Measure of Performance	Target / Expected Activity 2015	Completion Date
	<p>Cork & Kerry CHO will:</p> <p><i>Continue the implementation of Child Health priorities (earlier intervention and prevention) in 2015.</i></p> <p><i>Support the development of a cohesive, integrated child health and well-being service for 0 to 2s and their families which supports and builds capacity to achieve sustainable systemic change</i></p> <p><i>Support the phased implementation of the Model of Child Health Screening.</i></p> <p><i>Support the development and phased implementation of the action plan for breastfeeding 2015-2020 in collaboration with the Primary Care Teams.</i></p> <p><i>Implement the updated infant feeding policy for maternity and neonatal services.</i></p>			
Public and Environmental Health, Safety, Surveillance and Protection	Improve influenza uptake rate amongst persons aged 65 and over	% uptake of the influenza vaccine amongst persons aged 65+	75%	Q2
Emergency Management	Support the development of an External Plan for all newly designated Seveso sites within the specified timeframe and review, update and exercise plans due for review in 2015	All Seveso External Plans to conform with legislation	100%	Q4
	Support the approval of a Medical Plan for events that require a Licence as per HSE Guidance and requirement for Large Crowd Events	Compliance with SI 600 section 189 (2001)	100%	Q4
	Complete a standard Major Emergency Plan (MEP) template	Template completed	Template completed	Q4
	Support the development of a National HSE Emerging Viral threats plan	Completion of working draft	Working draft completed	Q4
	Support the implementation of HSE procedures for response to chemical, biological, radiological and nuclear events	Completion of working draft	Working draft completed	Q4

Health and Wellbeing

Priority Area	Actions 2015	Measure of Performance	Target / Expected Activity 2015	Completion Date
Tobacco Control & the Implementation of Tobacco Free Ireland	Support the continued roll out of the Tobacco Free Campus Policy in Primary Care, Mental Health, Disability and Social Care (Older Persons and Disability) and Tusla sites	% of new and existing sites with tobacco free campus policy implemented in Primary Care, Mental Health, Social Care, Tusla	100% Primary Care; 100% Mental Health Approved Centres; 25% Mental Health Residential Services; 20% Older Persons residential services; 25% disability Residential services; 20% Tusla Residential services	Q4
	Build capacity among frontline healthcare workers to screen and support smokers to quit	Number of frontline healthcare staff trained in Brief Intervention for Smoking Cessation	1,500 staff trained (national figure)	Q4
	Offer intensive smoking cessation support to smokers through specialist services and the national QUIT team	Number of smokers who received intensive cessation support from a cessation counsellor % of QUIT team referrals entering Intensive Cessation Support Service Number of smokers on a cessation programme who were quit at 1 month	9,000 (national figure) 12.5% 2,450 (national figure)	Q4
	Cork & Kerry CHO will continue to implement the Tobacco Control Framework to meet emerging targets.			
Alcohol Misuse & Enforcement	Support the implementation of the National Substance Misuse Strategy including the further development of a co-ordinated approach to prevention and education interventions in alcohol between all stakeholders including third level institutions	Development of a national accreditation system supported	Accreditation system in place in number of third level colleges	Q4

Priority Area	Actions 2015	Measure of Performance	Target / Expected Activity 2015	Completion Date
Healthy Eating & Physical Activity	Support pilot community mobilisation alcohol initiatives with five Drug and Alcohol Task Forces through grant agreement with Alcohol forum	Number of local alcohol action plans developed	5 action plans developed	Q4
	Support the implementation of the Growth Monitoring Pilots and associated community based W82GO model for overweight and stage one obese children. Implement priority recommendations from the forthcoming National Physical Activity Plan (NPAP) including: Support for increased levels of physical activity in the community through the further roll out of Park Runs and the GAA Healthy Clubs Project Capacity building among frontline healthcare workers to promote physical activity among service users	Pilot supported	Pilot supported	Q2
Sexual Health	Cork & Kerry CHO will support the ongoing roll out of the W28GO model in North and South Lee in Cork City.	Number of additional Park Runs launched, number of people trained	Increase in the number of runs 30% increase in uptake on PA e-learning module (nationally)	Q4 Q4
	Support the development of an implementation plan and prioritisation of actions in preparation for the forthcoming Sexual Health Strategy Support the development of a knowledge transfer and dissemination plan and progress implementation of a priority recommended actions from the 'Sexual Health and Sexuality Education Needs Assessment of Young People In Care in Ireland' research programme	Establishment of Cross-Divisional Implementation Group	Cross-Divisional Implementation Group in place	Q2
Communications	Work in partnership with the Communications Division to progress social marketing and communications campaigns on: Quitting Smoking, Breastfeeding, Sexual Health and Crisis Pregnancy, Screening Services, Immunisation and Child Health, Wellbeing	Development of plan supported	Development of plan supported	Q4
		Implementation of campaigns	Campaigns implemented and evaluated	Ongoing

Priority Area	Actions 2015	Measure of Performance	Target / Expected Activity 2015	Completion Date
Mental Health and Wellbeing	Support the development of new integrated social marketing and communications programmes on Dementia, Alcohol and Physical Activity and Obesity to support positive health behaviour change in the population	No. of campaigns developed & implemented	3	Q3 (Physical Activity) Q4 (Others)
	Support the development of national guidance to support best practice in Wellbeing and Mental Health Promotion in the health service, other statutory, community and voluntary sectors	Review of evidence, current practice and guidelines developed	Guidelines developed and disseminated in collaboration with mental health	Q4
Quality and Patient Safety	Promote and improve mental health and wellbeing by undertaking a range of interventions in partnership with other Divisions and stakeholders including the implementation of relevant recommendations from the new Strategic Framework for Suicide Prevention	Agreement on interventions and priorities based on new Framework	Interventions agreed and prioritised	Q3 Ongoing
	<i>In 2015 Cork & Kerry CHO will continue to implement the following initiatives "Your Good Self", "Cork Beats Stress" and "Infant Mental Health" lead by Primary Care.</i>			
	Improve influenza vaccine uptake rates amongst staff in frontline settings (acute and long term care facilities in the community).	% uptake	40%	Ongoing

The Public Health Microbiology Laboratory

- The Public Health Microbiology Laboratory has set the following quality objectives for 2015:
- To maintain our accreditation status to ISO17025:2005 for our existing scope of activities.
- To validate and implement newly published international standard methods in-house, while simultaneously streamlining our existing testing parameters, and standardising result designation, in line with all 7 official food microbiology laboratories within the Food Safety Laboratory Service.
- To progress the development of a molecular testing service, facilitating a more rapid, sensitive, and state-of-the-art platform from which to provide our testing services.

Balanced Scorecard Health and Wellbeing

Quality and Safety	Access
<p>Client experience and complaints</p> <ul style="list-style-type: none"> ♦ % of complaints investigated within 30 working days of being acknowledged by the complaints officer (75%) <p>Serious Reportable Events</p> <ul style="list-style-type: none"> ♦ % compliance with the HSE Safety Incident Management Policy for Serious Reportable Event (full compliance) <p>Quality improvement</p> <ul style="list-style-type: none"> ♦ % of health care workers who have received one dose of seasonal Flu vaccine in the 2014-2015 influenza season (acute hospitals and long term care facilities in the community) (A) (40%) ♦ Ensure all relevant sub-divisions / business units within Health and Wellbeing have appropriate governance structures in place to address quality and safety issues (Q) <p>Environmental Health</p> <ul style="list-style-type: none"> ♦ No. of planned, and planned surveillance inspections of food businesses (Q) (33,000) 	<p>Child Health</p> <ul style="list-style-type: none"> ♦ % of children reaching 10 months within the reporting period who have had their child development health screening on time before reaching 10 months of age (M) (95%) ♦ % newborn babies visited by a PHN within 72 hours of hospital discharge (Q) (97%) ♦ % children aged 12 months who have received 3 doses Diphtheria (D3), Pertussis (P3), Tetanus (T3) vaccine Haemophilus influenzae type b (Hib3) Polio (Polio3) hepatitis B (HepB3) (6 in 1) (Q) 95% <p>Screening</p> <ul style="list-style-type: none"> ♦ BreastCheck - No. of women screened (no. of women aged 50-64 who have had a mammogram) (M) (140,000) ♦ CervicalCheck - No. of women screened (no. of unique women who have had one or more smear tests in a primary care setting) (M) (271,000) ♦ Diabetic RetinaScreen- No. of clients screened (no. of individuals known to the programme aged 12+ with diabetes who have been screened) (M) (78,300) <p>Tobacco Control</p> <ul style="list-style-type: none"> ♦ No. of smokers who received intensive cessation support from a cessation counsellor
Finance	Human Resources
<p>Budget Management including savings</p> <p>Net Expenditure variance from plan (budget) – YTD and Projected to year end (M)</p> <ul style="list-style-type: none"> ♦ Pay - Direct / Agency / Overtime ♦ Non-pay (including procurement savings) ♦ Income <p>Service Arrangements/ Annual Compliance Statement</p> <ul style="list-style-type: none"> ♦ % number and amount of the monetary value of Service Arrangements signed (M) ♦ % and number of Annual Compliance Statements signed (Annual, reported in June) <p>Capital</p> <ul style="list-style-type: none"> ♦ Capital expenditure measured against expenditure profile (Q) <p>Key Result Areas – Governance and Compliance (Development focus in 2015)</p> <p>Internal Audit (Q)</p> <ul style="list-style-type: none"> ♦ No of recommendations implemented, against total number of recommendations (Q) <p>Relevant to Controls Assurance Review output (Quarterly – Development area - from end quarter 2)</p> <ul style="list-style-type: none"> ♦ Areas under consideration include: Tax, Procurement , Payroll controls including payroll arrangements and Cash handling 	<p>Human Resources Management</p> <p>Absence</p> <ul style="list-style-type: none"> ♦ % and cost of absence rates by staff category (M) (3.5%) <p>Staffing levels and Costs</p> <ul style="list-style-type: none"> ♦ Variance from HSE workforce ceiling (within approved funding levels) (M) (≤0%) ♦ Turnover rate and stability index ♦ New development posts filled <p>Key Result Areas – for development in 2015</p> <ul style="list-style-type: none"> ♦ Work force and action plan ♦ Culture and Staff engagement ♦ Learning and development

Palliative Care

Palliative care is an approach that improves the quality of life of patients and families facing the challenges associated with life-limiting illness.

This is achieved through the prevention and relief of suffering through early identification, high quality assessment and management of pain, along with other physical, psychosocial and spiritual problems. Historically adult palliative care has, for the most part, been associated with patients diagnosed with cancer; however, ongoing service provision must ensure equity of access for patients with non-malignant and chronic illness such as neurodegenerative, cardiovascular and respiratory disease. In recent years, the scope of palliative care has broadened so that palliative care is now provided earlier in the course of a patient's illness as appropriate.

Services are organised to follow the patient journey and to provide care in the place of the individual's need and choice. In Cork Kerry CHO this includes the community or where children and adults live and call home, the specialist palliative care unit, community and acute hospitals. Embedding palliative care within the reform of the health services including the Hospital Groups and Community Health Organisations will ensure that services become increasingly responsive and accessible.

The strategic direction for palliative care services comes from a number of national documents including:

- *Report of the National Advisory Committee on Palliative Care* (2001, DoH)
- *Palliative Care Services – Five Year Medium Term Development Framework* (2009, HSE)
- *Palliative Care For Children With Life-Limiting Conditions In Ireland - A National Policy* (2010, DoH)

The HSE's National Clinical Programme for Palliative Care also provides clear direction on service development and improvement.

Key Messages from NSP and key messages from Cork / Kerry CHO

The HSE, through a stakeholder representative working group, will carry out a review of existing national strategic and policy documents and develop a new framework which will provide a direction for palliative care services into the future.

As well as continuing to address the gaps in service provision in 2015 the HSE, through the National Clinical Programme for Palliative Care, will place a particular focus on the implementation of a range of quality initiatives. These will help to improve the delivery of palliative care across all settings.

Cork / Kerry CHO endeavour to:

- > Ensure effective and timely access to palliative care services
- > Ensure integrated palliative care structures are in place
- > Ensure quality improvement in adult palliative care services

Operational Service Delivery

Introduction

In Cork / Kerry CHO palliative care services are delivered in a number of care settings using a multi-disciplinary approach to identify and address the needs of each individual person and their family.

Level of service provision in 2015

- The specialist inpatient unit at Marymount University Hospital and Hospice has 44 palliative care beds providing an accessible inpatient service to persons in Cork and Kerry
- The specialist palliative care service in the community has 4 teams in Cork and 2 teams in Kerry providing a service to persons with malignant and non malignant conditions in their place of care.
- Specialist palliative day care is provided at Marymount University Hospital and Hospice and Tralee General Hospital
- Specialist Palliative Care services are available in all the Acute Hospitals in Cork and Kerry
- Up to 35 Palliative Care Support Beds are located in 20 locations across Cork and Kerry providing care predominantly in community units closer to home.
- A Children's Outreach Nursing service is available in the Cork Kerry Community Health Organisation.

Palliative Care

Key Palliative Care National Service Plan (NSP) Priorities with NSP and Operational Plan Actions to Deliver in 2015

Key Priority	Action	Target
Ensure effective and timely access to palliative care services	Meet the deficit in national policy recommendations in specialist palliative care within the community.	Q3-Q4
	<i>Cork & Kerry CHO will expand palliative care services to community through employment of one additional CNS</i>	Q3 – Q4
	Extend the service provided by the Children's Outreach Nursing service.	
	Cork & Kerry CHO will provide a pain intervention clinic in Marymount Hospice, Cork for palliative care patients with complex or severe pain.	Q1
	<i>Cork & Kerry CHO will Support the progression of the Satellite Palliative Care Unit at Kerry General Hospital for completion in Q4</i>	Q4
	Ensure patients with non-malignant conditions have equal access to services through progressing the implementation of <i>Specialist Palliative Care Eligibility Criteria</i>	Q4
	Develop a new palliative care framework which will provide a direction for palliative care services into the future.	Q1-Q4
Ensure integrated palliative care structures are in place	Establish a national network for Specialist Palliative Care Providers	Q1
	Establish effective linkages with developing Hospital Groups.	Q1-Q4
	Support the work-streams of the Integrated Care Programmes for Older Persons, Chronic Disease and others as required.	Q1-Q4
	Support implementation of Role Delineation Framework in order to ensure seamless transfer of patients between settings and levels of care	Q1-Q4
	<i>Cork & Kerry CHO will work with specialist palliative care providers to support designated centres for older people so that individuals can remain in their preferred place of care throughout the life course, including end of life.</i>	Q1-Q4
	Appoint a part-time National Coordinator for Children's Palliative Care in partnership with the Children's Hospital Group and the Irish Hospice Foundation.	Q1
	Progress the integration of children's palliative care within the development of the new children's hospital.	Q1-Q4
Ensure quality improvement in palliative care services – Adult Services	<p>Cork & Kerry CHO will:</p> <ul style="list-style-type: none"> ○ Ensure compliance with HIQA recommendations on management of HCAI. ○ Ensure local robust management systems are in place to address medication errors. ○ Ensure timely reporting of Serious Reportable Events with subsequent analysis and investigation. ○ Progress the implementation of the recommendations from the first National Palliative Care Support Beds Review. ○ Support the National Clinical Programme and the National Operation Office for Palliative Care to progress the implementation of the Palliative Care Competence Framework. 	Q1-Q4

Palliative Care - Balanced Scorecard

Quality and Safety	Access
<p>Patient experience and complaints</p> <ul style="list-style-type: none"> Measurement system for patient experience in place (TBD) % of complaints investigated within 30 working days of being acknowledged by the complaints officer (75%) <p>Serious Reportable Events % compliance with the HSE Safety Incident Management Policy for Serious Reportable Event (100%)</p> <p>Reportable Events (Incidents)</p> <ul style="list-style-type: none"> % of events being reported within 30 days of occurrence to designated officer (95%) <p>Medication Management</p> <ul style="list-style-type: none"> % of medication errors reported (as measured through the State Claims Agency) (TBD) <p>National Standards for Better Safer Healthcare</p> <ul style="list-style-type: none"> % of specialist palliative care inpatient units that have completed their self assessment using the <i>Specialist Palliative Care Quality Assessment and Improvement Workbooks (National Standards for Better Safer Healthcare)</i> (100%) <p>Paediatric Services - Parent Held Record</p> <ul style="list-style-type: none"> % of families provided with the Parent Held Record 'Our Story' (100%) 	<p>Community Home Care</p> <ul style="list-style-type: none"> % of patients provided with a service in their place of residence within 7 days of referral (M) (95%) No. of patients in receipt of specialist palliative care in the community (M) (3,248) <p>Inpatient waiting times</p> <ul style="list-style-type: none"> % of patients admitted within 7 days of referral (M) (98%) <p>Day Care</p> <ul style="list-style-type: none"> No. of patients in receipt of specialist palliative day care services (during the reporting month) (M) (349) <p>Paediatric Services</p> <ul style="list-style-type: none"> No. of children in care of the Children's Outreach Nursing service in the year (M) 320
Finance	Human Resources
<p>Budget Management including savings</p> <p>Net Expenditure variance from plan (budget) – YTD and Projected to year end (M)</p> <ul style="list-style-type: none"> Pay - Direct / Agency / Overtime Non-pay (including procurement savings) Income Acute Hospital private charges income and receipts <p>Service Arrangements/ Annual Compliance Statement</p> <ul style="list-style-type: none"> % of number and amount of the monetary value of Service Arrangements signed (M) % and number of Annual Compliance Statements signed (Annual, reported in June) <p>Key Result Areas – Governance and Compliance (Development focus in 2015)</p> <p>Internal Audit (Q)</p> <ul style="list-style-type: none"> No of recommendations implemented, against total number of recommendations (Q) <p>Relevant to Controls Assurance Review output (Quarterly – Development area - from end quarter 2)</p> <ul style="list-style-type: none"> Areas under consideration include: Tax, Procurement , Payroll controls including payroll arrangements and Cash handling 	<p>Human Resources Management</p> <p>Absence</p> <ul style="list-style-type: none"> % and cost of absence rates by staff category (M) (3.5%) <p>Staffing levels and Costs</p> <ul style="list-style-type: none"> Variance from HSE workforce ceiling (within approved funding levels) (M) (≤0%) Turnover rate and stability index New development posts filled <p>Key Result Areas – for development in 2015</p> <ul style="list-style-type: none"> Work force and action plan Culture and Staff engagement Learning and development

Appendix 1 Primary Care 2015 Capital Programme

Facility	Project details	Project Completion	Fully Operational	Additional Beds	Replacement Beds	Capital Cost €m	
						2015	Total
PRIMARY CARE DIVISION							
Area 1							
Ballyshannon, Co. Donegal	Primary Care Centre – refurbishment and upgrade of former convent and school	Q3 2015	Q4 2015	0	0	3.80	7.85
Area 3							
Limerick City - (Market 1 and 2 - Garryowen)	Primary Care Centre, by lease agreement	Q4 2015	Q1 2016	0	0	0.00	0.00
Borrisokane, Co. Tipperary	Extension of primary care facility	Q4 2015	Q1 2016	0	0	0.38	0.40
Area 4							
Charleville, Co Cork	Primary Care Centre, by lease agreement (includes a mental health primary care centre)	Q3 2015	Q4 2015	0	0	0.00	0.00
St. Finbarr's Hospital, Cork	Audiology services – ground floor, block 2.	Q4 2015	Q4 2015	0	0	0.80	1.50
Area 5							
Gorey (site 3), Co Wexford	Primary Care Centre by lease agreement	Q4 2015	Q4 2015	0	0	0.00	0.00
Area 6							
Deansgrange, Dublin	Primary Care Centre, by lease agreement	Q4 2015	Q4 2015	0	0	0.00	0.00
Wicklow Town	Primary Care Centre, by lease agreement (includes a mental health primary care centre)	Q4 2014	Q1 2015	0	0	0.00	0.00
Area 7							
Rathangan / Monasterevin, Co. Kildare	Primary Care Centre, by lease agreement	Q3 2015	Q3 2015	0	0	0.00	0.00
Tus Nua, Kildare town	Primary Care Centre, by lease agreement	Q4 2015	Q1 2016	0	0	0.00	0.00
Blessington, Wicklow	Primary Care Centre, by lease agreement	Q4 2015	Q1 2016	0	0	0.00	0.00
Meath Hospital, Dublin	Demolition of a number of derelict buildings in the Meath Hospital campus, making safe the remaining structures; refurbishment of a number of buildings (City Lodge and Doctor's Residence) to accommodate services currently in rented accommodation	Q4 2014	Q1 2015	0	0	0.50	4.48
Area 8							
Kells, Co. Meath	Primary Care Centre by lease agreement	Q3 2015	Q4 2015	0	0	0.00	0.00
St. Fintan's Hospital Portlaoise. Co. Laois	St. Fintan's administration accommodation for therapy services (top floor)	Q2 2015	Q4 2015	0	0	3.00	4.00
Area 9							
Corduff, Dublin	Primary Care Centre to be developed on HSE owned site	Q4 2015	Q1 2016	0	0	5.89	7.76
Navan Road, Dublin	Primary Care Centre by lease agreement	Q1 2015	Q2 2015	0	0	0.00	0.00

Appendix 2 Primary Care Division 2015 Metrics/PIs

Appendix 2 (b) Community Health Organisation View 2015 Targets

The metrics/PIs highlighted in **yellow background** are those reflected in the 2015 National Service Plan

Primary Care													
Service Area	New/ Existing KPI	Data Timing	National Projected Outturn 2014	Targets Expected Activity 2015									
				Area 1 Cavan/ Monaghan, Donegal, Sligo/Leitrim	Area 2 Galway, Mayo, Roscommon	Area 3 Clare, Limerick, N. Tipp. / E Limerick	Area 4 Kerry, N. Cork, N. Lee, S. Lee, W. Cork	Area 5 Carlow/ Kilkenny, S. Tipp., Waterford, Wexford	Area 6 Dublin S.E., Dun Laoghaire, Wicklow	Area 7 Dublin S. City, Dublin S.W., Dublin W., Kildare/W. Wicklow	Area 8 Laois/Offaly, Longford/ Westmeath, Louth, Meath	Area 9 Dublin N., Dublin N. Central, Dublin NW	National Target / Expected Activity
Primary Care Teams													
No. of PCTs	Existing	M	326	42	46	41	79	55	40	64	65	53	485
Community Intervention Teams													
Community Intervention Teams			543	0	0	83	516	92	120	67	0	287	1,165
Activity:			8,564	0	0	1,060	582	1,001	759	8,790	0	5,536	17,728
Admission Avoidance (includes OPAT)			3,147	0	228	733	515	365	168	1,002	0	1,112	4,123
Hospital Avoidance	Existing	M	2,240	0	0	565	604	51	69	0	0	1,621	2,910
Early discharge (includes OPAT)			14,494	0	228	2,441	2,217	1,509	1,116	9,859*	0	8,556*	25,926
Other Total													
Community Intervention Teams by Referral Source:			9,522	0	228	1,345	689	565	516	9,079	0	6,487	18,909
ED / Hospital wards / Units			2,921	0	0	347	486	738	456	325	0	1,589	3,941
GP Referral	Existing	M	982	0	0	548	402	0	0	175	0	155	1,280
Community Referral			1,069	0	0	201	640	206	144	280	0	325	1,796
OPAT Referral			14,494	0	0	2,441	2,217	1,509	1,116	9,859	0	8,556	25,926
Diabetes Service													
No. of existing primary care diabetes initiatives aligned to the nationally agreed model of care	Existing	Q	0	2	1	1	1	-	1	1	1	2	10
GP Activity													
No. of contacts	Existing	M	959,455										959,455

Appendix 2 Primary Care Division 2015 Metrics/PIs

Primary Care														
Service Area	New/ Existing KPI	Data Timing	National Projected Outturn 2014	Targets Expected Activity 2015										National Target / Expected Activity
				Area 1 Cavan/ Monaghan, Donegal, Sligo/Leitrim	Area 2 Galway, Mayo, Roscommon	Area 3 Clare, Limerick, N. Tipp. / E Limerick	Area 4 Kerry, N. Cork, N. Lee, S. Lee, W. Cork	Area 5 Carlow/ Kilkenny, S. Tipp., Waterford, Wexford	Area 6 Dublin S.E., Dun Laoghaire, Wicklow	Area 7 Dublin S. City, Dublin S.W., Dublin W., Kildare/W. Wicklow	Area 8 Laos Offaly, Longford/ Westmeath, Louth, Meath	Area 9 Dublin N., Dublin N. Central, Dublin NW		
with GP Out of Hours**														
Tobacco Control														
% all new primary care centres to open tobacco free	Existing	Q	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
% of existing health centres to be tobacco free	Existing	Q	70%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Physiotherapy services														
No. of patient referrals	Existing	M	184,596	24,498	21,376	16,556	26,522	23,336	10,614	18,926	27,288	15,480	184,596	
No. of patients seen for a first time Assessment	Existing	M	159,260	20,200	16,312	13,012	26,412	20,096	8,650	17,784	22,946	13,848	159,260	
No. of patients treated in the reporting month (monthly target)	Existing	M	34,993	4,606	3,938	2,575	5,646	4,289	1,962	3,929	5,293	2,755	34,993	
No. of face to face contacts / visits	Existing	M	770,878	113,232	87,798	58,392	114,348	94,630	44,266	79,710	117,952	60,550	770,878	
% of referrals seen for assessment within 12 weeks	New	M	New 2015	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	
Occupational Therapy services														
No. of patient referrals	Existing	M	85,030	11,394	6,876	6,756	8,984	9,992	5,970	11,852	13,894	9,312	85,030	
No. of new patients seen for first assessment	Existing	M	83,004	9,944	5,408	6,192	9,620	10,678	6,500	12,658	11,954	10,050	83,004	
No. of patients treated (direct and indirect) (monthly target)	Existing	M	19,811	2,836	2,463	1,207	2,074	1,998	1,293	2,770	3,060	2,110	19,811	
% of referrals seen for assessment within 12 weeks	New	M	New 2015	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	
Orthodontic services														
No. of patients receiving active treatment at the end of the reporting period	Existing	Q	20,041										21,050	
% of referrals seen for assessment within 6 months	New	Q	New 2015										75%	
% on waiting list for assessment less than or equal to 12 months	Existing	Q	98%										100%	

Appendix 2 Primary Care Division 2015 Metrics/Pis

Primary Care														
Service Area	New/ Existing KPI	Data Timing	National Projected Outturn 2014	Targets Expected Activity 2015									National Target / Expected Activity	
				Area 1 Cavan/ Monaghan, Donegal, Sligo/Leitrim	Area 2 Galway, Mayo, Roscommon	Area 3 Clare, Limerick, N. Tipp./ E Limerick	Area 4 Kerry, N. Cork, N. Lee, S. Lee, W. Cork	Area 5 Carlow/ Kilkenny, S. Tipp., Waterford, Wexford	Area 6 Dublin S.E., Dun Laoghaire, Wicklow	Area 7 Dublin S. City, Dublin S.W., Dublin W., Kildare/W. Wicklow	Area 8 Laos Offaly, Longford/ Westmeath, Louth, Meath	Area 9 Dublin N., Dublin N. Central, Dublin NW		
% of patients on the treatment waiting list less than 2 years	Existing	Q	62%											75%
% of patients on treatment waiting list less than 4 years (grade 4 and 5)	Existing	Q	95%											95%
No. of patients on the assessment waiting list at the end of the reporting period	Existing	Q	6,165											6,165
No. of patients on the treatment waiting list – grade 4 – at the end of the reporting period	Existing	Q	9,444											9,444
No. of patients on the treatment waiting list – grade 5 – at the end of the reporting period	Existing	Q	7,562											7,562
Reduce the proportion of patients on the treatment waiting list longer than 4 years (grade 4 and 5)			<5.3%											<5%
Oral Health														
No. of new patients attending for Scheduled Assessment	Existing	M	Not available											Not available
No. of new patients attending for Unscheduled Assessment	Existing	M	Not available											Not available
% of new patients needing further care who commenced treatment within 3 months of assessment	Existing	M	Not available											Not available
% of new patients whose treatment is completed within 9 months of assessment	Existing	M	Not available											Not available
No. of new patients attending for unscheduled	Existing	M	Not available											Not available

Appendix 2 Primary Care Division 2015 Metrics/PIs

Primary Care													
Service Area	New/ Existing KPI	Data Timing	National Projected Outturn 2014	Targets Expected Activity 2015									National Target / Expected Activity
				Area 1 Cavan/ Monaghan, Donegal, Sligo/Leitrim	Area 2 Galway, Mayo, Roscommon	Area 3 Clare, Limerick, N. Tipp./ E Limerick	Area 4 Kerry, N. Cork, N. Lee, S. Lee, W. Cork	Area 5 Carlow/ Kilkenny, S. Tipp., Waterford, Wexford	Area 6 Dublin S.E., Dun Laoghaire, Wicklow	Area 7 Dublin S. City, Dublin S.W., Dublin W., Kildare/W. Wicklow	Area 8 Laos Offaly, Longford/ Westmeath, Louth, Meath	Area 9 Dublin N., Dublin N. Central, Dublin NW	
care who are prescribed an antibiotic													
No. of new patients on antibiotics who receive a return appointment within 10 working days	Existing	M	Not available										Not available
Healthcare Associated Infections: Medication Management													
Consumption of antibiotics in community settings (defined daily doses per 1,000 inhabitants per day)			22.9										< 21.7
Psychology services													
No. of patient referrals	New	M	New PI	-	-	-	-	-	-	-	-	-	New 2015
Existing patients seen in the month	New	M	New PI	-	-	-	-	-	-	-	-	-	Baseline to be established 2015
New patients seen in the month	New	M	New PI	-	-	-	-	-	-	-	-	-	Baseline to be established 2015
Longest waiting time for service	New	M	New PI	-	-	-	-	-	-	-	-	-	Baseline to be established 2015
Podiatry Services													
No. of patient referrals	New	M	New PI	-	-	-	-	-	-	-	-	-	New 2015
Existing patients seen in the month	New	M	New PI	-	-	-	-	-	-	-	-	-	Baseline to be established 2015
New patients seen in the month	New	M	New PI	-	-	-	-	-	-	-	-	-	Baseline to be established 2015
Longest waiting time for service	New	M	New PI	-	-	-	-	-	-	-	-	-	Baseline to be established 2015
Ophthalmology services													
No. of patient referrals	New	M	New PI	-	-	-	-	-	-	-	-	-	New 2015
Existing patients seen in the month	New	M	New PI	-	-	-	-	-	-	-	-	-	Baseline to be established 2015
New patients seen in the month	New	M	New PI	-	-	-	-	-	-	-	-	-	Baseline to be established 2015

Appendix 2 Primary Care Division 2015 Metrics/PIs

Primary Care														
Service Area	New/ Existing KPI	Data Timing	National Projected Outturn 2014	Targets Expected Activity 2015									National Target / Expected Activity	
				Area 1 Cavan/ Monaghan, Donegal, Sligo/Leitrim	Area 2 Galway, Mayo, Roscommon	Area 3 Clare, Limerick, N. Tipp./ E Limerick	Area 4 Kerry, N. Cork, N. Lee, S. Lee, W. Cork	Area 5 Carlow/ Kilkenny, S. Tipp., Waterford, Wexford	Area 6 Dublin S.E., Dun Laoghaire, Wicklow	Area 7 Dublin S. City, Dublin S.W., Dublin W., Kildare/W. Wicklow	Area 8 Laois/Offaly, Longford/ Westmeath, Louth, Meath	Area 9 Dublin N., Dublin N. Central, Dublin NW		
Longest waiting time for service	New	M	New PI	-	-	-	-	-	-	-	-	-	-	Baseline to be established 2015
Audiology services														
No. of patient referrals	New	M	New PI	-	-	-	-	-	-	-	-	-	-	New 2015
Existing patients seen in the month	New	M	New PI	-	-	-	-	-	-	-	-	-	-	Baseline to be established 2015
New patients seen in the month	New	M	New PI	-	-	-	-	-	-	-	-	-	-	Baseline to be established 2015
Longest waiting time for service	New	M	New PI	-	-	-	-	-	-	-	-	-	-	Baseline to be established 2015
Dietetics services														
No. of patient referrals	New	M	New PI	-	-	-	-	-	-	-	-	-	-	New 2015
Existing patients seen in the month	New	M	New PI	-	-	-	-	-	-	-	-	-	-	Baseline to be established 2015
New patients seen in the month	New	M	New PI	-	-	-	-	-	-	-	-	-	-	Baseline to be established 2015
Longest waiting time for service	New	M	New PI	-	-	-	-	-	-	-	-	-	-	Baseline to be established 2015
Nursing services														
No. of patient referrals	New	M	New PI	-	-	-	-	-	-	-	-	-	-	New 2015
Existing patients seen in the month	New	M	In test phase	-	-	-	-	-	-	-	-	-	-	Baseline to be established 2015
New patients seen in the month	New	M	In test phase	-	-	-	-	-	-	-	-	-	-	Baseline to be established 2015
Longest waiting time for service	New	M	In test phase	-	-	-	-	-	-	-	-	-	-	Baseline to be established 2015
System Wide KPIs														
Complaints														
% of complaints investigated within 30 working days of being acknowledged by the complaints officer	Existing	Q	69%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%

Appendix 2 Primary Care Division 2015 Metrics/Pis

Primary Care															
Service Area	New/ Existing KPI	Data Timing	National Projected Outturn 2014	Targets Expected Activity 2015									National Target / Expected Activity		
				Area 1 Cavan/ Monaghan, Donegal, Sligo/Leitrim	Area 2 Galway, Mayo, Roscommon	Area 3 Clare, Limerick, N. Tipp. / E Limerick	Area 4 Kerry, N. Cork, N. Lee, S. Lee, W. Cork	Area 5 Carlow/ Kilkenny, S. Tipp., Waterford, Wexford	Area 6 Dublin S.E., Dun Laoghaire, Wicklow	Area 7 Dublin S. City, Dublin S.W., Dublin W., Kildare/W. Wicklow	Area 8 Laois Offaly, Longford/ Westmeath, Louth, Meath	Area 9 Dublin N., Dublin N. Central, Dublin NW			
Serious Reportable Events															
% compliance with the HSE Safety Incident Management Policy for Serious Reportable Events	New	-	New 2015	Full compliance	Full compliance	Full compliance	Full compliance	Full compliance	Full compliance	Full compliance	Full compliance	Full compliance	Full compliance	Full compliance	
Reportable Events (Incidents)															
% of events being reported within 30 days of occurrence to designated officer	New	-	New 2015	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	
Quality and Safety Committees															
Quality and Safety Committees across all Divisions at Divisional, Hospital and community Healthcare Organisation	New	-	New 2015	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Staff Training															
% of staff interacting with patients who have received mandatory Hand Hygiene training in the last 2 years	New	-	New 2015	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
% of staff trained in manual handling				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
% of staff trained in fire handling				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

* CIT data: Area 9 contains full CIT DNE 2015 target and Area 7 contains full CIT DML 2015 target.

** GP Out of Hours contacts: the configuration of GP Out of Hours services are not aligned to CHO view at this time.

Appendix 3 – Social Inclusion KPIs

Social Inclusion													
Service Area	New/Existing KPI	Data Timing	National Projected Outturn 2014	Targets Expected Activity 2015									National Target / Expected Activity
				Area 1 Cavan/Monaghan, Donegal, Sligo/Leitrim	Area 2 Galway, Mayo, Roscommon	Area 3 Clare, Limerick, N. Tipp. / E Limerick	Area 4 Kerry, N. Cork, S. Lee, W. Cork	Area 5 Carlow/Kilkenny, S. Tipp., Waterford, Wexford	Area 6 Dublin S.E., Dun Laoghaire, Wicklow	Area 7 Dublin S. City, Dublin S.W., Dublin W., Kildare/W. Wicklow	Area 8 Laois/Offaly, Longford / Westmeath, Louth, Meath	Area 9 Dublin N., Dublin N. Central, Dublin NW	
Opioid													
Total no. of clients in receipt of opioid substitution treatment (outside prisons)	Existing	M	9,321	74	120	269	361	380	952	3721	543	2,980	9,400
No. of clients in opioid substitution treatment in Clinics	New	M	New PI 2015	0	34	123	279	226	518	2,116	227	1,877	5,400
No. of clients in opioid substitution treatment with level 2 GP's	New	M	New PI 2015	36	0	100	20	0	189	895	175	585	2,000
No. of clients in opioid substitution treatment with level 1 GP's	New	M	New PI 2015	35	71	62	73	143	244	717	143	512	2,000
No. of clients in receipt of opioid substitution treatment (prisons)	Existing	M	490	-	-	-	-	-	-	-	-	-	490
No. of clients transferred from clinics to level 1 GP's	New	M	New PI 2015	3	23	5	47	63	13	60	24	62	300
No. of clients transferred from clinics to level 2 GP's	New	M	New PI 2015	0	0	5	5	0	4	40	1	45	100
No. of clients transferred from level 2 to level 1 GP's	New	M	New PI 2015	8	0	3	5	0	24	37	29	14	120
Total no. of new clients in receipt of opioid substitution treatment (outside prisons)	New	M	New PI 2015	0	16	34	69	68	38	129	44	102	500
Total no. of new clients in receipt of opioid substitution treatment (clinics)	New	M	New PI 2015	0	15	30	67	65	11	108	23	81	400
Total no. of new clients in receipt of opioid substitution treatment (level 2 GP)	New	M	New PI 2015	0	5	0	6	0	24	20	25	20	100
Total no. of new clients in receipt	New	M	New PI	-	-	-	-	-	-	-	-	-	210

Appendix 3 – Social Inclusion KPIs

Social Inclusion													
Service Area	New/ Existing KPI	Data Timing	National Projected Outturn 2014	Targets Expected Activity 2015									National Target / Expected Activity
				Area 1 Cavan/ Monaghan, Donegal, Sligo/Leitrim	Area 2 Galway, Mayo, Roscommon	Area 3 Clare, Limerick, N. Tipp. / E Limerick	Area 4 Kerry, N. Cork, Lee, S. Lee, W. Cork	Area 5 Carlow/ Kilkenny, S. Tipp., Waterford, Wexford	Area 6 Dublin S.E., Dun Laoghaire, Wicklow	Area 7 Dublin S. City, Dublin S.W., Dublin W., Kildare/ W., Wicklow	Area 8 Laos/Offaly, Longford / Westmeath, Louth, Meath	Area 9 Dublin N., Dublin N. Cent. al, Dublin NW	
of opioid substitution treatment (Prisons)			2015										
Number of Pharmacies providing of opioid substitution treatment	New	M	New PI 2015	34	45	44	57	68	61	133	80	108	630
Number of people obtaining opioid substitution treatment from Pharmacies	New	M	New PI 2015	93	122	245	362	423	625	2129	613	1818	6,430
Substance Misuse (All drugs)													
No. of substance misusers who present for treatment	Existing	Q	1,274	181	77	52	311	399	0	2	249	3	1,274
No. substance misusers who present for treatment who receive an assessment within 2 weeks	New	Q	New PI 2015	92	57	41	174	294	0	2	135	2	797
% Substance misusers who present for treatment who receive an assessment within 2 weeks	New	Q	New PI 2015-	100%	100%	100%	100%	100%		100%	100%	100%	100%
No. substance misusers (over 18 years) for whom treatment has commenced following assessment	Existing	Q	1,124	146	64	41	243	384	0	2	242	2	1,124
No. substance misusers (over 18 years) for whom treatment has commenced within one calendar month following assessment	Existing	Q	1,100	145	64	33	243	380	0	2	231	2	1,100
% substance misusers (over 18 years) for whom treatment has commenced within one calendar month following	Existing	Q	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Appendix 3 – Social Inclusion KPIs

Social Inclusion													
Service Area	New/ Existing KPI	Data Timing	National Projected Outturn 2014	Targets Expected Activity 2015									National Target / Expected Activity
				Area 1 Cavan/ Monaghan, Donegal, Sligo/Leitrim	Area 2 Galway, Mayo, Roscommon	Area 3 Clare, Limerick, N. Tipperary/ E Limerick	Area 4 Kerry, N. Cork, S. Lee., W. Cork	Area 5 Carlow/ Kilkenny, S. Tipperary, Waterford, Wexford	Area 6 Dublin S.E., Dun Laoghaire, Wicklow	Area 7 Dublin S. City, Dublin S.W., Dublin W., Kildare/ W. Wicklow	Area 8 Laois/Offaly, Longford / Westmeath, Louth, Meath	Area 9 Dublin N., Dublin Central, Dublin NW	
assessment													
No. substance misusers (under 18 years) for whom treatment has commenced following assessment	Existing	Q	32	9	4	0	6	11	0	0	2	0	32
No. substance misusers (under 18 years) for whom treatment has commenced within one week following assessment	Existing	Q	30	8	4	0	5	11	0	0	2	0	30
% substance misusers (under 18 years) for whom treatment has commenced within one week following assessment	Existing	Q	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
% substance misusers (over 18 years) for whom treatment has commenced who have an assigned key worker	New	Q	New PI 2015	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
% substance misusers (over 18 years) for whom treatment has commenced who have a written care plan	New	Q	New PI 2015	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
No. of substance misusers (under 18 years) for whom treatment has commenced	Existing	Q	32	9	4	-	6	11	-	-	2	-	32
% substance misusers (under 18 years) for whom treatment has commenced who have an assigned key worker	New	Q	New PI 2015	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
% substance misusers (under 18 years) for whom treatment has commenced who have a written care plan	New	Q	New PI 2015	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Alcohol													

Appendix 3 – Social Inclusion KPIs

Social Inclusion													
Service Area	New/ Existing KPI	Data Timing	National Projected Outturn 2014	Targets Expected Activity 2015									National Target / Expected Activity
				Area 1 Cavan/ Monaghan, Donegal, Sligo/Leitrim	Area 2 Galway, Mayo, Roscommon	Area 3 Clare, Limerick, N. Tipperary, E. Limerick	Area 4 Kerry, N. Cork, S. Lee, Lee/W. Cork	Area 5 Carlow/ Kilkenny, S. Tipperary, Waterford, Wexford	Area 6 Dublin S.E., Dun Laoghaire, Wicklow	Area 7 Dublin S. City, Dublin S.W., Dublin W., Kildare/ W. Wicklow	Area 8 Laois/Offaly, Longford / Westmeath, Louth, Meath	Area 9 Dublin N., Dublin N. Central, Dublin NW	
No. problem alcohol misusers who present for treatment	New	Q	New PI 2015	137	9	4	181	230	0	2	134	2	699
No. problem alcohol users who present for treatment who receive an assessment within 2 weeks	New	Q	New PI 2015	68	9	3	98	171	0	2	62	1	414
% problem alcohol users who present for treatment who receive an assessment within 2 weeks	New	Q	New PI 2015	100%	100%	100%	100%		100%	100%	100%	100%	100%
No. problem alcohol users (over 18 years) for whom treatment has commenced following assessment	New	Q	New PI 2015	116	7	3	148	227	0	2	131	2	636
Number of problem alcohol users (over 18 years) for whom treatment has commenced within one calendar month following assessment	New	Q	New PI 2015	116	7	3	148	227	0	2	130	2	635
% of problem alcohol users (over 18 years) for whom treatment has commenced within one calendar month following assessment	New	Q	New PI 2015	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
No. of problem alcohol users (under 18 years) for whom treatment has commenced following assessment	New	Q	New PI 2015	2	-	-	1	2	-	-	-	-	5
Number of problem alcohol users (under 18 years) for whom treatment has commenced within one week following assessment	New	Q	New PI 2015	2	-	-	1	2	-	-	-	-	5

Appendix 3 – Social Inclusion KPIs

Social Inclusion													
Service Area	New/ Existing KPI	Data Timing	National Projected Outcome 2014	Targets Expected Activity 2015									National Target / Expected Activity
				Area 1 Cavan/ Monaghan, Donegal, Sligo/Leitrim	Area 2 Galway, Mayo, Roscommon	Area 3 Clare, Limerick, N. Tipperary, E. Limerick	Area 4 Kerry, N. Cork, S. Lee., W. Cork	Area 5 Carlow/ Kilkenny, S. Tipperary, Waterford, Wexford	Area 6 Dublin S.E., Dun Laoghaire, Wicklow	Area 7 Dublin S. City, Dublin S.W., Dublin W., Kildare/ W. Wicklow	Area 8 Laois/Offaly, Longford / Westmeath, Louth, Meath	Area 9 Dublin N., Dublin N. Central, Dublin NW	
% of problem alcohol users (under 18 years) for whom treatment has commenced within one week following assessment	New	Q	New PI 2015	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
% of problem alcohol users (over 18 years) for whom treatment has commenced who have an assigned key worker	New	Q	New PI 2015	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
% of problem alcohol users (over 18 years) for whom treatment has commenced who have a written care plan	New	Q	New PI 2015	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
% of problem alcohol users (under 18 years) for whom treatment has commenced who have an assigned key worker	New	Q	New PI 2015	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
% of problem alcohol users (under 18 years) for whom treatment has commenced who have a written care plan	New	Q	New PI 2015	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
No. of tier 1 and tier 2 staff trained in SAOR Screening and Brief Intervention for problem alcohol and substance use	New	Q	New PI 2015	30	30	20	100	30	-	40	30	20	300
Needle Exchange													
No. of pharmacies recruited to provide needle exchange programme	Existing	M	129	12	40	10	16	24	0	0	27	0	129
No. of unique individuals attending pharmacy needle	Existing	M	1,253	19	112	271	356	184	0	0	258	0	1,200

Appendix 3 – Social Inclusion KPIs

Social Inclusion													
Service Area	New/Existing KPI	Data Timing	National Projected Outturn 2014	Targets Expected Activity 2015									National Target / Expected Activity
				Area 1 Cavan/Monaghan, Donegal, Sligo/Leitrim	Area 2 Galway, Mayo, Roscommon	Area 3 Clare, Limerick, N. Tipp. / E Limerick	Area 4 Kerry, N. Cork, S. Lee, W. Cork	Area 5 Carlow/Kilkenny, S. Tipp., Waterford, Wexford	Area 6 Dublin S.E., Dun Laoghaire, Wicklow	Area 7 Dublin S. City, Dublin S.W., Dublin W., Kildare/W. Wicklow	Area 8 Laois/Offaly, Longford / Westmeath, Louth, Meath	Area 9 Dublin N., Dublin N. Central, Dublin NW	
exchange													
No. of pharmacy needle exchange packs provided	Existing	M	3,303	48	234	554	1,007	834	0	0	523	0	3,200
Average no. of needle/syringe packs per person	Existing	M	16	17	19	13	28	21	0	0	13	0	15
No. of % of needle/syringe packs returned	Existing	M	981 30%	32 67%	72 (31%)	210 (38%)	287 (29%)	200 (24%)	0	0	129 (25%)	0	930 30%
Homeless													
No of service users admitted to homeless emergency accommodation/hostels during the quarter	Existing	Q											
No. and % of individual service users admitted to homeless emergency accommodation/hostels who have medical cards	Existing	Q	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%
No. of service users admitted during the quarter who did not have a valid medical card on admission and who are assisted by hostel staff to acquire a medical card during the quarter	New	Q	New PI 2015	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
% of service users admitted to homeless emergency accommodation/facilities whose health needs have been assessed as part of a holistic needs assessment (HNA) within 2 weeks of admission	Existing	Q	80%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
% of service users admitted to homeless emergency accommodation hostel/facilities whose health needs have been assessed and who	Existing	Q	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%

Appendix 3 – Social Inclusion KPIs

Social Inclusion													
Service Area	New/Existing KPI	Data Timing	National Projected Outturn 2014	Targets Expected Activity 2015									National Target / Expected Activity
				Area 1 Cavan/Monaghan, Donegal, Sligo/Leitrim	Area 2 Galway, Mayo, Roscommon	Area 3 Clare, Limerick, N. Tipp. / E Limerick	Area 4 Kerry, N. Cork, S. Lee, W. Cork	Area 5 Carlow/Kilkenny, S. Tipp., Waterford, Wexford	Area 6 Dublin S.E., Dun Laoghaire, Wicklow	Area 7 Dublin S. City, Dublin S.W., Dublin W., Kildare/W. Wicklow	Area 8 Laois/Offaly, Longford / Westmeath, Louth, Meath	Area 9 Dublin N., Dublin N. Central, Dublin NW	
are being supported to manager their physical/general health and addiction issues as part of their care/support plan													
Traveller Health													
Number of people who received awareness raising and information on type 2 diabetes and cardiovascular health	New	Q	New PI 2015	245	695	350	320	395	130	475	585	275	3,470 20% of the population in each Traveller Health Unit
Number of people who received awareness and participated in positive mental health initiatives	New	Q	New PI 2015	245	695	350	320	395	130	475	585	275	3,470 20% of the population in each Traveller Health Unit
Health (Amendment) Act – Services to persons with state acquired Hepatitis C													
No. patients offered assessment of need	New	Q	New PI 2015	70	130	115	190	165	125	260	155	230	1,440
No. of patients who were reviewed	New	Q	New PI 2015	50	70	65	100	90	70	185	65	125	820

Note: Where CHO/Areas actual out-turn is less than 10 this data will not be published to protect anonymity.

Appendix 4: Social Care - Key Performance Indicators

In line with commitments made in the National Service Plan and the Social Care Governance & Accountability Framework, an expanded range of activity measures have been included in this Operational Plan. The inclusion of this data reflects the outcome of a significant programme of work that has been ongoing, particularly within the disability sector in relation to the introduction of a wider range of measures. These measures not only reflect the activity associated with the services provided, but also the changing models of service within the sector, an example of this is the area of respite when more day respite is being provided. A key learning in 2015 will be the setting of activity targets, during the course of the year, on a CHO basis, linking funding, activity and outcomes. A number of these are new PI's in 2015 and there will be a requirement for a level of data validation to be carried out.

SERVICES FOR OLDER PEOPLE			
Service Area	New/ Existing KPI	Data Timing	Targets / Expected Activity 2015
			CHO Area 4 Kerry North Cork North Lee South Lee West Cork
Total no. of persons in receipt of a HCP (Monthly target) <i>*National Target includes 600 HCPs from DDI - to be allocated on Money Follow the Patient basis</i>			
	Existing	M	1,470*
No. of new HCP clients, annually (Expected Activity) <i>*National Target includes 600 new HCPs from DDI to be allocated on Money Follow the Patient basis</i>			
	Existing	M	670*
Number in receipt of an Intensive HCP at a point in time (capacity)			
	Existing	M	<i>IHCPs to be allocated on Money Follow the Patient (MTPF) basis</i>
Number of new Intensive HCPs, annually			
	New 2015	M	<i>IHCPs to be allocated on MTPF basis</i>
Home Help Hours			
No. of home help hours provided for all care groups (excluding provision of hours from HCPs)			
	Existing	M	2.272m
No. of people in receipt of home help hours (excluding provision of hours from HCPs) (Monthly target)			
	Existing	M	8,970
NHSS			
No. of people funded under NHSS in long term residential care at end of reporting month			
	Existing	M	
% of clients with NHSS who are in receipt of Ancillary State Support			
	Existing	M	10%
% of clients who have CSARs processed within 6 weeks			
	Existing	M	95%
Subvention			
No. in receipt of subvention			
	Existing	M	29
Public Beds			
No. of NHSS Beds in Public Long Stay Units			
	Existing	M	1,051
No. of Short Stay Beds in Public Long Stay Units			
	Existing	M	324
Average length of Stay for NHSS clients in Public, Private and Saver Long Stay Units			
	Existing	M	3.2yrs
% of population over 65 years in NHSS funded Beds (based on 2011 Census figures)			
	Existing	M	4%
Elder Abuse			
No. of new referrals by region			
	Existing	M	483
% No. of new referrals broken down by abuse type:			
i). Physical			
	Existing	M	12%
ii). Psychological			
	Existing	M	28%
iii). Financial			
	Existing	M	20%
iv). Neglect			
	Existing	M	17%
No. of active cases			
	Existing	M	
% of active cases reviewed within six month timeframe			
	Existing	M	90%
Immunisations and Vaccines			
% uptake of flu vaccine for >65s			
	New 2015	A-Q3	75%
System Wide KPIs			
Service Arrangements / Annual Compliance Statement			
% and amount of monetary value of Service Arrangements signed			
	New 2015	M	New 2015
% and number of Service Arrangements signed			
	New 2015	M	New 2015

Appendix 4: Social Care - Key Performance Indicators

SERVICES FOR OLDER PEOPLE			
Service Area	New/ Existing KPI	Data Timing	Targets / Expected Activity 2015
			CHO Area 4 Kerry North Cork North Lee South Lee West Cork
% and number of Annual Compliance Statements signed	New 2015	M	New 2015
Complaints			
% of complaints investigated within 30 working days of being acknowledged by the complaints officer	New 2015	M	75%
Serious Reportable Events			
% of Serious Reportable Events being notified within 24 hours to a designated officer	New 2015	M	New 2015
% of mandatory investigations commenced within 48 hours of event occurrence	New 2015	M	New 2015
% of mandatory investigations completed within 4 months of notification of event occurrence	New 2015	M	New 2015
% compliance with the HSE Safety Incident Management Policy for Serious Reportable Events	New 2015	M	New 2015
Reportable Events			
% of Events being notified within 24 hours to a designated officer	New 2015	M	New 2015
System Wide - Quality and Safety			
Pressure Ulcer Incidence			
The Nursing and Midwifery Division will lead, in partnership with the Quality Improvement Division, the development of a performance indicator on 'pressure ulcer incidence' with the aim of reporting by Q3 2015.	New 2015	Q3	New 2015
Falls Prevention			
The Quality Improvement Division will lead, in partnership with the Nursing and Midwifery Division, the development of a performance indicator on 'falls prevention with the aim of reporting by Q3 2015.	New 2015	Q3	New 2015
Quality and Safety			
Service User Engagement	New 2015	A	All Divisions, Hospital Groups and Community Healthcare Organisations to have a plan in place on how they will implement their approach to patient/service user partnership and engagement.
Quality and Safety Committees	New 2015	A	Quality and Safety Committees across all Divisions at Divisional, Hospital Group and Community Healthcare Organisation

Appendix 4: Social Care - Key Performance Indicators

DISABILITY SERVICES			
Service Area	New/ Existing KPI	Data Timing	CHO Area 4 Kerry North Cork North Lee South Lee West Cork
Disability Act			
No. of requests for assessments received	Existing	Q	1,096
% of assessments commenced within the timelines as provided for in the regulations	Existing	Q	100%
% of assessments completed within the timelines as provided for in the regulations	Existing	Q	100%
% of service statements completed within the timelines as provided for in the regulations	Existing	Q	100%
0 - 18s Programme			
Proportion of Local Implementation Groups which have Local Implementation Plans for progressing disability services for children and young people	Existing	Q	100%
Proportion of established Children's Disability Network Teams having current individualised plans for each child	Existing	Q	100%
Day Services			
No. of work / work-like activity WTE places provided for people with ID and / or autism	Existing	BA	316
No. of people with ID and / or autism in receipt of work / work-like activity services	Existing	BA	910
No. of work/work-like activity WTE 30 hour places provided for people with a physical and / or sensory disability	Existing	BA	4
No. of people with a physical and / or sensory disability in receipt of work / work-like activity services	Existing	BA	13
No. of people with ID and / or autism in receipt of Other Day Services (excl. RT and work / work-like activities) (Adult)	Existing	BA	2,112
No. of people with a physical and / or sensory disability in receipt of Other Day Services (excl. RT and work / work-like activities) (Adult)	Existing	BA	305
Rehabilitative Training (RT)			
No. of Rehabilitative Training places provided (all disabilities)	Existing	M	
No. of people (all disabilities) in receipt of Rehabilitative Training	Existing	M	394
% of school leavers and RT graduates who have received a placement which fully meets their needs	Existing	BA	100%
Residential Services			
No. of people with ID and / or autism in receipt of residential services	Existing	Q	1,152
No. of people with a physical and / or sensory disability in receipt of residential services	Existing	Q	49
Respite Services (ID and / or Autism)			
No. of new referrals accepted for people with ID and / or autism for respite services	New 2015	Q	New 2015
No. of new people with ID and / or autism who commenced respite services	New 2015	Q	New 2015
No. of existing people with ID and / or autism in receipt of respite services	New 2015	Q	New 2015
No. of people with ID and / or autism formally discharged from respite services	New 2015	Q	New 2015
No. of people with ID and / or autism in receipt of respite services	Existing	Q	659
*No. of overnights (with or without day respite) accessed by people with ID and / or autism	Existing	Q	24,946
No. of day only respite sessions accessed by people with ID and / or autism	New 2015	Q	New 2015
No. of people with ID and / or autism who are in receipt of more than 30 overnights continuous respite	New 2015	Q	New 2015
Respite Services (Physical & Sensory)			
No. of new referrals accepted for people with a physical and / or sensory disability for respite services	New 2015	Q	New 2015
No. of new people with a physical and / or sensory disability who commenced respite services	New 2015	Q	New 2015
No. of existing people with a physical and / or sensory disability in receipt of respite services	New 2015	Q	New 2015
No. of people with a physical and / or sensory disability formally discharged from respite services	New 2015	Q	New 2015
No. of people with a physical and / or sensory disability in receipt of respite services	Existing	Q	113
*No. of overnights (with or without day respite) accessed by people with a physical and / or sensory disability	Existing	Q	3,434
No. of day only respite sessions accessed by people with a physical and / or sensory disability	New 2015	Q	New 2015
No. of people with a physical and / or sensory disability who are in receipt of more than 30	New 2015	Q	New 2015

Appendix 4: Social Care - Key Performance Indicators

DISABILITY SERVICES			
Service Area	New/ Existing KPI	Data Timing	CHO Area 4 Kerry North Cork North Lee South Lee West Cork
overnights continuous respite			
Personal Assistant (PA) Service			
No. of new referrals accepted for adults with a physical and / or sensory disability for a PA service	New 2015	Q	New 2015
No. of new adults with a physical and / or sensory disability who commenced a PA service	New 2015	Q	New 2015
No. of existing adults with a physical and / or sensory disability in receipt of a PA service	New 2015	Q	New 2015
No. of adults with a physical and / or sensory disability formally discharged from a PA Services	New 2015	Q	New 2015
No. of adults with a physical and / or sensory disability in receipt of a PA service	Existing	Q	389
Number of PA Service hours delivered to adults with a physical and / or sensory disability	Existing	Q	115,468
No. of adults with a physical and / or sensory disability in receipt of 1 - 5 6 - 10 11 - 20 21 - 40 41 - 60 60+ PA hours per week	New 2015	BA	New 2015
Home Support Service (ID and / or Autism)			
No. of new referrals accepted for people with ID and / or autism for home support services	New 2015	Q	New 2015
No. of new people with ID and / or autism who commenced a home support service	New 2015	Q	New 2015
No. of existing people with ID and / or autism in receipt of home support services	New 2015	Q	New 2015
No. of people with ID and / or autism formally discharged from home support services	New 2015	Q	New 2015
No. of people with ID and / or autism in receipt of home support services	Existing	Q	369
**No. of Home Support Service Hours delivered to people with ID and / or autism	Existing	Q	66,466
No. of people with ID and / or autism in receipt of 1 - 5 6 - 10 11 - 20 21 - 40 41 - 60 60+ Home Support hours per week	New 2015	BA	New 2015
Home Support Service (Physical and / or Sensory)			
No. of new referrals accepted for people with a physical and / or sensory disability for home support services	New 2015	Q	New 2015
No. of new people with a physical and / or sensory disability who commenced a home support service	New 2015	Q	New 2015
No. of existing people with a physical and / or sensory disability in receipt of home support services	New 2015	Q	New 2015
No. of people with a physical and / or sensory disability formally discharged from home support services	New 2015	Q	New 2015
No. of people with a physical and / or sensory disability in receipt of home support services	Existing	Q	357
**No. of Home Support Service Hours delivered to people with a physical and / or sensory disability	Existing	Q	121,805
No. of people with a physical and / or sensory disability in receipt of 1 - 5 6 - 10 11 - 20 21 - 40 41 - 60 60+ Home Support hours per week	New 2015	BA	New 2015
Congregated Settings			
Facilitate the movement of people from congregated to community settings	Existing	Q	40
Quality			
In respect of agencies in receipt of €3m or more in public funding, the % which employ an internationally recognised quality improvement methodology such as EFQM, CQL or CARF	Existing	BA	100%

Appendix 4: Social Care - Key Performance Indicators

DISABILITY SERVICES			
Service Area	New/ Existing KPI	Data Timing	CHO Area 4 Kerry North Cork North Lee South Lee West Cork
System Wide KPIs			
Service Arrangements / Annual Compliance Statement			
% and amount of monetary value of Service Arrangements signed	New 2015	M	New 2015
% and number of Service Arrangements signed	New 2015	M	New 2015
% and number of Annual Compliance Statements signed	New 2015	M	New 2015
Complaints			
% of complaints investigated within 30 working days of being acknowledged by the complaints officer	New 2015	M	New 2015
Serious Reportable Events			
% of Serious Reportable Events being notified within 24 hours to a designated officer	New 2015	M	New 2015
% of mandatory investigations commenced within 48 hours of event occurrence	New 2015	M	New 2015
% of mandatory investigations completed within 4 months of notification of event occurrence	New 2015	M	New 2015
% compliance with the HSE Safety Incident Management Policy for Serious Reportable Events	New 2015	M	New 2015
Reportable Events			
% of Reportable Events being notified within 24 hours to a designated officer	New 2015	M	New 2015
Quality and Safety			
Service User Engagement	New 2015	A	New 2015
Quality and Safety Committees	New 2015	A	New 2015

Appendix 5: Service Arrangement Funding

Social Care Service Arrangement Funding Summary

Summary	Care Group	CHO Area 4 - Kerry - North Cork - North Lee - South Lee - West Cork €
Section 38 SAs	Disability Services	98633698
Section 38 SAs	Older People Services	0
Total Social Care - Section 38 SAs		98,633,698
Section 39 SAs	Disability Services	54,665,182
Section 39 SAs	Older People Services	10,805,140
Total Social Care - Section 39 SAs		65,470,322
For Profit SAs	Disability Services	1791470
For Profit SAs	Older People Services	9,736,900
Total Social Care - For Profit SAs		11,528,370
Section 39 GA	Disability Services	239,735
Section 39 GA	Older People Services	3,971,092
Total Social Care - Section 39 GA		4,210,827
Out of State SAs	Disability Services	75000
Out of State SAs	Older People Services	0
Total Social Care - Out of State SAs		75,000
Total Social Care Service Arrangement Funding		179,918,217

Notes:

- Information is taken from the SPG On-line system (Service Provider Governance) as at 20th November 2014. Funding may be subject to variation.
- Funding and Agencies have been aligned to the new CHO Areas as appropriate, however there may be further variations in this alignment once the configuration is agreed.
- Where there was no natural alignment to a CHO Area, funding has been identified as “national”.

Disability Services

Disability Services – Total Funding	CHO Area 4 - Kerry - North Cork - North Lee - South Lee - West Cork €
Section 38 Service Arrangements	98,633,698
Section 39 Service Arrangements	54,665,182
For Profit Service Arrangements	1,791,470
Section 39 Grant Aid	239,735
Out of State Service Arrangements	75,000
Total Disability Service Arrangements Funding	155,405,085

Notes:

- Information is taken from the SPG On-line system (Service Provider Governance) as at 20th November 2014. Funding may be subject to variation.
- Funding and Agencies have been aligned to the new CHO Areas as appropriate, however there may be further variations in this alignment once the configuration is agreed.
- Where there was no natural alignment to a CHO Area, funding has been identified as “national”.

Appendix 5: Service Arrangement Funding

Section 38 Service Arrangements

Parent Agency	CHO Area 4 - Kerry - North Cork - North Lee - South Lee - West Cork €
St. John of God Hospitaller Services	14,510,986
COPE Foundation	46,083,340
Brothers of Charity Southern Services	38,039,372
Section 38 Service Arrangements Funding Total	98,633,698

Notes:

- Information is taken from the SPG On-line system (Service Provider Governance) as at 20th November 2014. Funding may be subject to variation.
- Funding and Agencies have been aligned to the new CHO Areas as appropriate, however there may be further variations in this alignment once the configuration is agreed.
- Where there was no natural alignment to a CHO Area, funding has been identified as “national”.

Section 39 Service Arrangements - Agencies in receipt of funding in excess of €5m

Parent Agency	CHO Area 4 - Kerry - North Cork - North Lee - South Lee - West Cork €
Rehabcare	1,665,431
Enable Ireland	7,203,254
I.W.A. Limited	3,832,402
The Cheshire Foundation in Ireland	3,216,265
National Learning Network Limited	2,532,434
St. Joseph's Foundation	8,389,333
Camphill Communities of Ireland	318,554
Peter Bradley Foundation Limited	757,840
Kerry Parents & Friends Association	8,056,796
National Council for the Blind of Ireland (NCBI)	784,620
CoAction West Cork	6,193,320
Section 39 Service Arrangements Funding (> €5m) Total	42,950,249

Notes:

- Information is taken from the SPG On-line system (Service Provider Governance) as at 20th November 2014. Funding may be subject to variation.
- Funding and Agencies have been aligned to the new CHO Areas as appropriate, however there may be further variations in this alignment once the configuration is agreed.
- Where there was no natural alignment to a CHO Area, funding has been identified as “national”.

Agencies in receipt of funding in excess of €100k

Section 39 Service Arrangement Agencies	
Parent Agency	CHO Area 4 - Kerry - North Cork - North Lee - South Lee - West Cork €
DeafHear	473,376
Cork Association for Autism	3,679,640
MS Ireland (Multiple Sclerosis Society of Ire.)	198,467
Headway (Ireland) Ltd – The National Association for Acquired Brain Injury	954,197
L'Arche Ireland	1,438,942

Appendix 5: Service Arrangement Funding

Section 39 Service Arrangement Agencies	
Parent Agency	CHO Area 4 - Kerry - North Cork - North Lee - South Lee - West Cork €
St. Vincent's Centre	1,489,428
Centre for Independent Living (CIL) – Cork	1,368,978
Muscular Dystrophy Ireland	94,851
Doorway to Life Ltd (Abode Hostel and Day Centre)	1,003,844
Spina Bifida Hydrocephalus Ireland (SBHI)	41,800
Brainwave – The Irish Epilepsy Association	139,914
Irish Guidedogs for the Blind	740,572
Jack & Jill Children's Foundation	30,463
National Association of Housing for Visually Impaired	20,000
Post Polio Support Group Ireland	40,461
Section 39 Service Arrangements Funding Total	11,714,933
For Profit Service Arrangement Agencies	
Talbot Group	171,973
Nua Healthcare Services	188,795
Resilience Healthcare Ltd	1,368,891
For Profit Service Arrangements Funding Total	1,729,659
Total Agencies in receipt of >€100k / <€5m Funding	13,444,592

Notes:

- Information is taken from the SPG On-line system (Service Provider Governance) as at 20th November 2014. Funding may be subject to variation, and additional Agencies may be in receipt of €100K or above once 2014 arrangements are finalised.
- Funding and Agencies have been aligned to the new CHO Areas as appropriate, however there may be further variations in this alignment once the configuration is agreed.
- Where there was no natural alignment to a CHO Area, funding has been identified as “national”.

Older People Services

Older People Services – Total Funding	CHO Area 4 - Kerry - North Cork - North Lee - South Lee - West Cork €
Section 38 Service Arrangements	0
Section 39 Service Arrangements	10,805,140
For Profit Service Arrangements	9,736,900
Section 39 Grant Aid	3,971,092
Out of State Service Arrangements	0
Total Services for Older People Service Arrangements Funding	24,513,132

Notes:

- Information is taken from the SPG On-line system (Service Provider Governance) as at 20th November 2014. Funding may be subject to variation.
- Funding and Agencies have been aligned to the new CHO Areas as appropriate, however there may be further variations in this alignment once the configuration is agreed.
- Where there was no natural alignment to a CHO Area, funding has been identified as “national”.

Appendix 5: Service Arrangement Funding

Agencies in receipt of funding in excess of €100k

Parent Agency	CHO Area 4 - Kerry - North Cork - North Lee - South Lee West Cork €
Section 39 Service Arrangements Agencies	
Alzheimer Society of Ireland	1,496,454
The Carers Association	120,000
St. Luke's Home	2,759,002
Marymount University Hospital and Hospice Limited	2,324,711
Nazareth House - Cork	1,568,222
CareBright	18,302
Cobh Hospital	779,161
Respond	138,258
Rathmore Day Care Centre (St. Josephs Day Care Centre)	408,781
Dromcollogher & District Respite Care Centre Ltd	1,000
Castleisland Day Care Centre	331,420
Westgate Foundation	315,724
Killorglin Day Care Centre	299,919
Society of St. Vincent de Paul	10,300
Baile Mhuire Ltd	233,886
Section 39 Service Arrangements Funding Total	10,805,140
Section 39 Grant Aid Agencies	
Kilgarvan Day Care Centre	241,526
Dingle Day Care Centre (Gairdin Mhuire) / West Kerry Care of the Aged	229,028
Baile an Aoire - Good Shepherd Sisters	206,247
SHARE (Students Harness Aid for the Relief of the Elderly)	192,425
O'Connell Court Ltd (Housing Association)	166,102
Turners Cross Day Care Centre	159,584
Charleville Care Project Ltd	157,092
West Cork Carers Support Group	130,000
Muintir na Tire Co Ltd	40,253
West Kerry Care of the Aged	109,500
Section 39 Grant Aid Funding Total	1,631,757
Comfort Keepers (Elder Homecare Ltd)	540,626
CareChoice Ltd	1,444,081
Janara Senior Care Ltd	911,870
St. Joseph's Nursing Home - Killorglin	843,838
Bon Secours Health System Ltd	783,377
B & D Healthcare Company Ltd	629,182
CPL Resources PLC	292,676
Brookfield Care Services Ltd	453,893
FRS Homecare	13,000
Cramers Court Retirement & Nursing Home	444,498
Bishops court Residential Care Ltd	280,867
JRP Care Ltd	266,928
IRE Communications Ltd	254,728
Haven Bay Care Centre Ltd	252,538
Riverside Nursing Home	251,321
Ballincurrig Care Centre Ltd	236,428
Glendonagh Nursing Homes Ltd	220,035
Our Lady of Fatima Nursing Home	161,299
CHO Area 4 - Kerry - North Cork - North Lee - South Lee West Cork €	
Norwood Grange Nursing Home	159,556
Kerry Senior Care Ltd	134,288
Douglas Nursing & Retirement Home	124,401
Youghal & District Nursing Home	123,232
Alicia Comiskey Homesupport Ltd	113,482
Cuil Didin Nursing & Residential Care Facility	109,250
For Profit - Service Arrangements Funding Total	9,045,394
Services for Older People - Service Arrangements Funding Total	21,482,291

Notes:

- Information is taken from the SPG On-line system (Service Provider Governance) as at 20th November 2014. Funding may be subject to variation, and additional Agencies may be in receipt of €100K or above once 2014 arrangements are finalised.
- Funding and Agencies have been aligned to the new CHO Areas as appropriate, however there may be further variations in this alignment once the configuration is agreed.
- Where there was no natural alignment to a CHO Area, funding has been identified as "national"

Appendix 6: Public Long Stay Residential Care - Older People

CHO Area	LHO Area	Name of unit	No. of Beds at 31 st December 2015	
			NHSS	Short Stay
CHO Area 4	North Cork	Kanturk Community Hospital	30	10
	North Cork	St Joseph's Community Hospital, Millstreet	20	6
	North Cork	St Patrick's Community Hospital, Fermoy	54	18
	North Cork Total		104	34
	North Lee	Cois Abhainn	25	7
	North Lee	Youghal Community Hospital	30	8
	North Lee	Macroom Community Hospital	33	5
	North Lee	Midleton Community Hospital	46	7
	North Lee	Heather House	50	
	North Lee Total		184	27
	South Lee	Bandon Community Hospital	16	7
	South Lee	Kinsale Community Hospital	28	12
	South Lee	St Finbarrs Hospital	89	76
	South Lee	Ballincollig CNU	80	20
	South Lee	Farranlee CNU	85	
	South Lee Total		298	115
	West Cork	Bantry General Hospital	17	7
	West Cork	Clonakilty Community Hospital	122	15
	West Cork	Skibbereen Community Hospital	27	13
	West Cork	Dunmanway Community Hospital	19	4
	West Cork	Schull Community Hospital	16	5
	West Cork	Castletownbere Community Hospital	20	11
	West Cork Total		221	55
	Kerry	Caherciveen Community Hospital	28	5
	Kerry	Kenmare Community Hospital	15	19
	Kerry	Listowel Community Hospital	24	16
	Kerry	Killarney Community Hospital	92	41
Kerry	West Kerry Community Hospital	42	12	
Kerry	Tralee Community Nursing Unit	43		
Kerry Total		244	93	
CHO AREA 4 TOTAL		1,051	324	

Appendix 7: Mental Health Services Key Performance Indicator Suite (KPIs)

The table below represents the key performance indicators as provided in the National Service Plan 2015 Mental Health section.

Performance Indicator	Expected Activity / Target 2015	Performance Indicator	Expected Activity / Target 2015
Adult Mental Health Services		Child and Adolescent Community Mental Health Services	
% of accepted referrals / re-referrals offered first appointment within 12 weeks / 3 months by General Adult Community Mental Health Teams	> 90%	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.	95%
% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks / 3 months by General Adult Community Mental Health Teams	> 75%	% of accepted referrals / re-referrals offered first appointment within 12 weeks / 3 months by Child and Adolescent Community Mental Health Teams	> 78%
% of accepted referrals / re-referrals offered first appointment within 12 weeks / 3 months by Psychiatry of Old Age Community Mental Health Teams	> 99%	% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks / 3 months by Child and Adolescent Community Mental Health Teams	> 72%
% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks / 3 months by Psychiatry of Old Age Community Mental Health Teams	> 95%	Serious Reportable Events	See above
		% compliance with the HSE Safety Incident Management Policy for Serious Reportable Events	

Appendix 8: Mental Health Service Capital Projects

This appendix outlines capital projects that were completed in 2013/2014 but not operational, projects due to be completed and operational in 2015 and also projects due to be completed in 2015 but not operational until 2016

Facility	Project details	Project Completion	Fully Operational	Additional Beds	Replacement Beds	Capital Cost €m		2015 Implications	
						2015	Total	WT E	Rev Costs €m
MENTAL HEALTH DIVISION									
Dublin Mid-Leinster									
Cherry Orchard, Dublin	22-bed child and adolescent residential unit (Linn Dara)	Q3 2015	Q4 2015	16	8	6.89	11.80	0	0
Clonskeagh, Dublin	Development of an acute day hospital in St. Brock's on the Clonskeagh Hospital campus	Q4 2015	Q1 2016	0	0	0.35	0.65	0	0
Crumlin, Dublin	Interim primary care centre and community mental health day hospital	Q1 2015	Q2 2015	0	0	0.52	3.12	0	0
Bru Chaoimhin, Dublin	Refurbishment of Unit 4 to accommodate adult day mental health services	Q3 2015	Q4 2015	0	0	0.50	0.85	0	0
St. Fintan's, Portlaoise, Co. Laois	Alvernia House refurbishment to accommodate Child and Adolescent Mental Health unit, primary care centre expansion, Irish Wheelchair Association and other disability service facilities	Q2 2015	Phased in 2015	0	0	3.00	4.00	0	0
Dublin North East									
Our Lady of Lourdes Hospital, Drogheda, Co. Louth	New acute mental health unit	Q1 2015	Q2 2015	0	45	1.49	12.60	0	0
St. Ita's Hospital, Portrane, Co. Dublin	Stabilisation work to listed building, including repairs to roofs, windows, parapet walls and heating systems (*will not impact on operational status)	Q4 2015	*N/A	0	0	0.10	1.15	0	0
South									
Cork University Hospital	50 bed acute inpatient unit	Q4 2014	Q1 2015	0	50	0.30	15.39	10	0.6
Kerry General Hospital, Tralee, Co. Kerry	Upgrade and extension to the acute mental health unit to include a 4 bed closed observation unit	Q4 2014	Q1 2015	0	4	0.00	2.00	0	0
Killarney, Co. Kerry	Provision of a new 40 bed unit	Q3 2015	Q4 2015	0	40	8.35	13.00	0	0
West									
Community Mental Health Unit, Donegal	Refurbishment of Rowanfield House to provide a community mental health unit for the area	Q4 2014	Q1 2015	0	0	0.12	1.98	0	0
Limerick University Hospital	Completion of refurbishment works in Unit 5B, mental health acute inpatient unit	Q4 2014	Q1 2015	0	0	1.09	8.70	0	0
Loughrea, Co. Galway	Refurbishment of a section of a recently vacated St. Brendan's Community Hospital to provide accommodation for the community mental health team	Q4 2015	Q4 2015	0	0	0.45	0.50	0	0
Ballinasloe, Co. Galway	Reconfiguration of ground floor of the admissions building (POL project)	Q3 2015	Q4 2015	0	16	0.90	1.25	0	0
Ballinasloe, Co. Galway	Provision of a high support hostel accommodation	Q4 2015	Q4 2015	0	8	0.45	0.50	0	0
Gort Glas, Ennis, Co. Clare	Refurbishment of Gort Glas to provide a mental health day centre	Q2 2015	Q3 2015	0	0	0.75	0.80	0	0
Nazareth House, Sligo	Nazareth House refurbishment to	Q1 2015	Q1 2015	0	0	0.90	0.90	0	0

Appendix 9 - Health & Wellbeing – Key Performance Indicator Suite

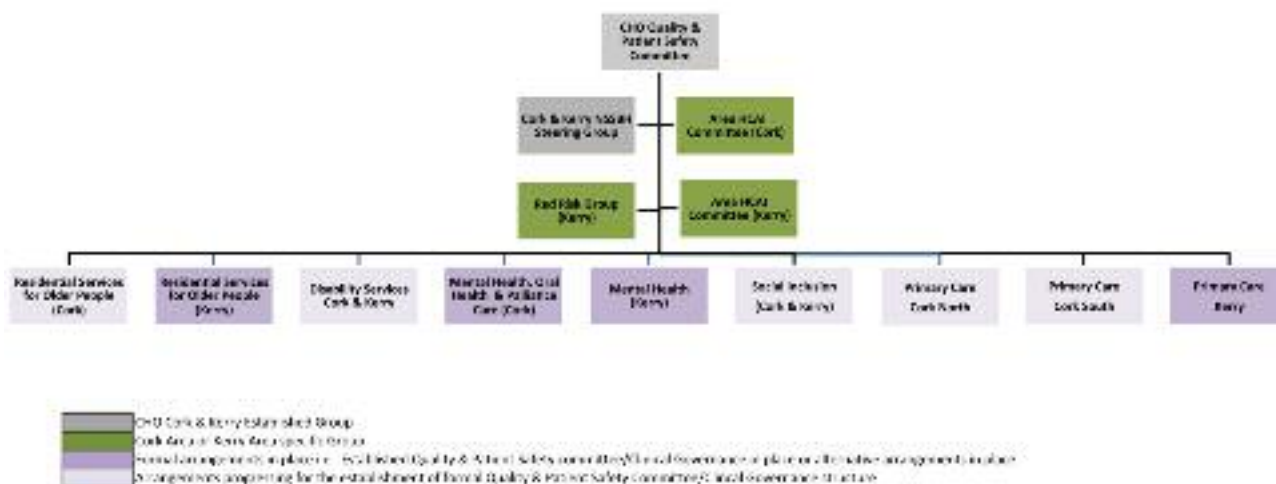
Health and Wellbeing			
Indicator	NSP 2014 Expected Activity / Target	Projected Outturn 2014	Expected Activity / Target 2015
Immunisations and Vaccines			
% children aged 12 months who have received 3 doses Diphtheria (D3), Pertussis (P3), Tetanus (T3) vaccine Haemophilus influenzae type b (Hib3) Polio (Polio3) hepatitis B (HepB3) (6 in 1)	95%	92%	95%
% children at 12 months of age who have received two doses of the Pneumococcal Conjugate vaccine (PCV ₂)	95%	92%	95%
% children at 12 months of age who have received 2 doses of the Meningococcal group C vaccine (MenC ₂)	95%	92%	95%
% children aged 24 months who have received 3 doses Diphtheria (D ₃), Pertussis (P ₃), Tetanus (T ₃) vaccine, Haemophilus influenzae type b (Hib ₃), Polio (Polio ₃), hepatitis B (HepB ₃) (6 in 1)	95%	95%	95%
% children aged 24 months who have received 3 doses Meningococcal C (MenC3) vaccine	95%	88%	95%
% children aged 24 months who have received 1 dose Haemophilus influenzae type B (Hib) vaccine	95%	91%	95%
% children aged 24 months who have received 3 doses Pneumococcal Conjugate (PCV ₃) vaccine	95%	91%	95%
% children aged 24 months who have received the Measles, Mumps, Rubella (MMR) vaccine	95%	93%	95%
% children aged 4-5 years who have received 1 dose 4-in-1 vaccine (Diphtheria, Tetanus, Polio, Pertussis)	95%		95%
% children aged 4-5 years who have received 1 dose Measles, Mumps, Rubella (MMR) vaccine	95%		95%
% children aged 11-14 years who have received 1 dose Tetanus, low dose Diphtheria, Acellular Pertussis (Tdap) vaccine	95%		95%
% of first year girls who have received third dose of HPV Vaccine	80%	84%	80%
% of health care workers who have received one dose of seasonal Flu vaccine in the 2014-2015 influenza season (acute hospitals and long term care facilities in the community)	40%	Acute care 24% Long term care 23%	40%
% uptake in Flu vaccine for > 65s	New PI 2015	New PI 2015	75%
Child Health			
% of newborns who have had newborn bloodspot screening (NBS)	100%		100%
% newborn babies visited by a PHN within 72 hours of hospital discharge	100%	97%	97%
% of children reaching 10 months within the reporting period who have had their child development health screening on time before reaching 10 months of age	95%	92%	95%
% of babies breastfed (exclusively and not exclusively) at first and 3 month PHN visits	New PI 2015	New PI 2015	56% (first PHN visit) 38% (3 month visit)
BreastCheck			
No. of women screened (no. of women aged 50-64 who have had a mammogram)	140,000	140,000	140,000

Appendix 9 - Health & Wellbeing - Key Performance Indicator Suite

Health and Wellbeing			
Indicator	NSP 2014 Expected Activity / Target	Projected Outturn 2014	Expected Activity / Target 2015
CervicalCheck No. of women screened (no. of unique women who have had one or more smear tests in a primary care setting)	New PI 2015	New PI 2015	271,000
BowelScreen No. of clients invited (no. of first invitations sent to individuals in the eligible age range 60-69 known to the programme)	New PI 2015	New PI 2015	200,000
Diabetic RetinaScreen No. of clients screened (no. of individuals known to the programme aged 12+ with diabetes who have been screened)	New PI 2015	New PI 2015	78,300
Public Health No. of outbreaks and outbreak cases of infectious disease (ID) notified under the national ID reporting schedule	614		
Tobacco No. and % of Primary Care Centres/Health Centres with Tobacco Free campus policy implemented	70%	70%	70%
No. of Smokers on cessation programmes who were quit at one month	2,450	2,080	2,450
No. of smokers who received intensive cessation support from a cessation counsellor	9,000	9,000	9,000
% of new facilities opening smoke free in Primary Care, Mental Health and Social Care	New PI 2015	New PI 2015	100%
No. of sales to minors test purchases carried out	480	480	480
No. of frontline healthcare staff trained in brief intervention smoking cessation	1,350	1,350	1,500
Environmental Health – Food Safety No. of planned, and planned surveillance inspections of food businesses	33,000	33,000	33,000
Environmental Health – Sunbeds No. of inspections of establishments	New PI 2015	New PI 2015	400

Appendix 10: Cork & Kerry CHO Quality & Patient Safety Structures

Cork & Kerry CHO Quality & Patient Safety Structures



**Cork and Kerry
Community Healthcare Organisation**

www.hse.ie