



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

CHO 6 Plan

South East Dublin, East Wicklow and Dun Laoghaire

2017



Building a Better Health Service

CARE COMPASSION TRUST LEARNING



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



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



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



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



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

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Introduction

Introduction

Community Health Organisation (CHO) 6 continues to provide a wide range of community-based health and social care services to the population of South Dublin, Dun Laoghaire and East Wicklow, in line with Government policy as articulated in Future Health (2012), and the national Community Healthcare Organisation report (Healy, 2014).

The CHO's remit covers a hugely varied area from Baggot Street in the city centre of Dublin to Carnew in South Wicklow. The population

of this area amounts to 398,000 and continues to expand; it is expected to grow by 1.2% in 2017, and to increase by 6.6% by 2021 (Planning for Health Trends and Priorities to Inform Health Service Planning, HSE 2016).

A key priority for 2017, in addition to resourcing a safe level of service, is to strengthen management and governance arrangements at levels throughout the organisation; in the CHO 6 management team, in the establishment of teams with specific governance remits such as Quality and Patient Safety, and in the monitoring and delivery of service level agreements with our partner service providers. These developments are vital for the CHO to continue to implement the Government's reform programme while ensuring high quality, safe and effective health and social care services. The HSE's Accountability Framework continues to provide us with a major opportunity to oversee the enhanced delivery of services through our many and varied third party providers.

This 2017 operational plan sets out our priorities and objectives for CHO 6 over the coming year. Central to all our activity are our values of Care, Compassion, Trust and Learning, and these are in turn underpinned by five key corporate goals:

1. Promoting health
2. Providing fair access to safe, high quality services at all levels
3. Fostering a culture of honesty, compassion, transparency and accountability
4. Engaging our workforce to be the best it can be
5. Managing resources effectively

This plan also reflects the HSE's priorities which are outlined in the National Service Plan 2017 (NSP, 2017) and the four Divisional plans including Health and Wellbeing, Primary Care, Social Care, and Mental Health. All of our planned actions are in line with national policy, legislation, regulation and guidance. While the plan is structured to reflect activity by Division, a key focus for the management team is to ensure integrated, coherent and efficient implementation of national objectives at local level while at all times maximising synergies and innovation across Divisions.

	2017 NSP Budget €m	2016 Closing Budget €m
Health and Wellbeing	0.00	0.00
Primary Care	78.11	77.65
Mental Health	56.89	53.45
Social Care	288.20	285.10
Other	423.20	416.21
Full details of the 2017 budget are available in Table F1		

During the course of 2017 we will continue to implement key national strategies including the Healthy Ireland Framework (2013), Connecting for Life (2016) and Healthy Ireland in the Health Services: National Implementation Plan (2015–2017), focusing in particular on four clear strategic priorities:

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

A significant challenge for CHO 6 will continue to be implementing the reorganisation and development of Primary Care services, including the establishment of a new delivery structure in the form of eight Community Healthcare Networks (CHNs) across the CHO, each covering approximately 50,000 population per network. The new structure will necessitate new relationships with statutory and non-statutory partners, and will require integration of Primary Care teams (PCTs) within the CHNs to support service users, to build strong safe care pathways, and to ensure that the needs of the populations living within the CHNs are met.

As in previous years a further key feature of our efforts throughout 2017 will be ongoing work to strengthen links with the Ireland East Hospital Group and its major sites at St. Vincent’s University Hospital, St. Michael’s Hospital, and St. Columcille’s Hospital, as well as the National Maternity Hospital. This activity will seek to develop and maintain Integrated Care Programmes targeting patient flow, older people, prevention and management of chronic disease, children’s health and maternity care.

CHO 6 continues to operate within challenging financial and resource constraints, and the coming year is unlikely to bring any significant changes to this environment. However the ongoing commitment and dedication of staff in the HSE and in partner agencies provide this Community Health Organisation with a tremendous resource and this allows our 2017 Service Plan to be ambitious and far-reaching.

Risks to the Delivery of the CHO 6 Operational Plan

This plan is dependent on many factors for effective delivery, but the main risks include:

- Insufficient resources in key areas where there is potential for volatile changes in service user numbers or needs, or where year-on-year increase in demand (e.g. due to demographics) has not been matched by provision of additional resource.
- Challenges in recruiting and retaining staff in certain areas with the required skills or experience, particularly clinical staff, and the potential impact on filling vacancies caused by delays in the recruitment process.
- A comparative shortage of staff in administrative posts in CHO 6 has the potential to impact adversely on implementation of some key activities such as the development of enhanced governance of Service Agreements and monitoring, provision of Healthcare Acquired Infection capacity and the implementation of Quality & Patient Safety initiatives.
- The lack of provision of accounting and financial management capacity with just 2.0 WTE, while a slight improvement on 2016, is significantly less than other CHOs and presents CHO 6 with a major challenge in relation to implementation of the range of enhanced financial management and monitoring requirements on the CHO during 2017.
- A similar situation in respect of Human Resources capacity will place strain on the CHO in relation to recruitment, workforce monitoring and support for HR initiatives during 2017.

- Continued provision of service in some facilities across the CHO which are obsolete, in a poor state of repair or where there are identified risks associated with staff and visitor safety.

CHO Priorities for 2017

Health and Wellbeing

- Accelerate implementation of Healthy Ireland in the Health Services Implementation Plan 2015 – 2017
- Reduce levels of chronic disease and improve the health and wellbeing of the population
- Protecting the population from threats to their Health and Wellbeing
- Create and strengthen cross-sectoral partnerships for improved health outcomes and to address health inequalities

Primary Care, Social Inclusion and Palliative Care

- Strengthen accountability and compliance across all services.
- Primary Care: Improve safety, access and responsiveness of primary care services and review contractor arrangements.
- Palliative Care: Improve access, quality and efficiency of **palliative care** services.
- Social Inclusion:
 - Improve health outcomes for people experiencing or at risk of **homelessness**, particularly those with complex and multiple needs.
 - Improve health outcomes for people with **addiction** issues.
 - Improve services for **vulnerable groups** including, refugees, asylum seekers, Traveller and Roma communities.
- Strengthen accountability and compliance across all services.

Mental Health

Our vision for mental health services is to support the population to achieve their optimal mental health through five strategic multi annual priorities. These will continue to be delivered through the following specific 2017 priorities that build capacity for sustained service improvement and mental health reform.

- Work towards implementing the Reference Group recommendations towards enhanced service user and carer engagement by establishing Service User Forums in CHO6.
- Initiate the *Connecting for Life* Action Plan, including the establishment of implementation structures and delivery of associated actions in CHO6.
- Improve early intervention and youth mental health, including embedding of Jigsaw sites and development of primary care based therapeutic responses for Under 18s in collaboration with Jigsaw and other community & voluntary Groups.
- Increase Community Mental Health Service capacity across all specialties by undertaking a review on skill mix across CHO6 Mental Health Services.
- Increase services to meet the needs of those with severe and enduring mental illness with complex presentations. The appointment of a Rehabilitation Consultant in 2017 will provide guidance on the development of services within CHO6.

- Continue to support the development of specialist clinical responses through the Mental Health Clinical Programmes.
- Increase safety of mental health services, including improved regulatory compliance and incident management by recruitment of Quality & Patient Safety Advisor who will contribute to the development of relevant QPS Structures across CHO6 Mental Health Services.
- Strengthen governance arrangements through the HSEs Accountability Framework to improve performance and effective use of human, financial and infrastructural resources. The appointment of a Head of Service and General Manager for CHO6 Mental Health Services will strengthen governance and accountability by developing frameworks to ensure improved performance and effectiveness in the use of human, financial and infrastructural resources.

Social Care

Disability Services

Transforming Lives

- Progress implementation of *Transforming Lives* - the programme for implementing the *Value for Money and Policy Review of Disability Services in Ireland* which reports through the national steering group

Time to Move On from Congregated settings

- Support transition of individuals from congregated settings in line with Time to Move on from Congregated settings.

New Directions

- Provide day service supports for 89 young people leaving school or graduating from rehabilitative training programmes
- Reconfigure day services including school leavers and rehabilitation training in line with New Directions

Progressing Disability Services for Children and Young People (0–18) Programme

- Further implement the Progressing Disability Services and Young People (0-18) Programme
- Reconfigure 0–18s disability services into children's disability network teams

Enhance governance for Service Arrangements.

- Ensure the implementation of governance arrangements for Service Agreements in 2017 as per national requirements.

Services for Older People

Provide older people with appropriate supports following an acute hospital episode focusing on delayed discharges

- Continue to provide dedicated home care supports to acute hospitals as part of the 2016 / 2017 winter initiative to end of February 2017
- Prioritise transition care resources to support acute hospital discharge

- Maintain maximum of four week waiting time for funding for the Nursing Homes Support Scheme (NHSS).

Single Assessment Tool (SAT)

- Optimise the use of SAT in influencing service delivery and planning for older people

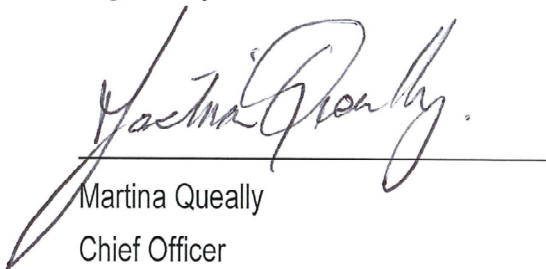
Safeguarding Vulnerable Persons at Risk of Abuse

- Achieve training and awareness-raising target.
- Co-operate with and contribute to the review of policy.
- Set up a CHO Safeguarding Committee

Conclusion

This plan sets out the anticipated outcomes for CHO 6 at a crucial time for the organisation, and for community health and care services in general. The plan will guide CHO 6 activities over a year when significant changes and enhancements will take place within this CHO's structure, and when the demands on all CHOs will increase significantly. The many and varied commitments in the plan can only be implemented with the support and active participation of CHO staff, those in partner agencies and with continued collaboration and support of partner agencies and the HSE's national structures and National Divisions, and CHO 6 will do its utmost to ensure that this takes place in a positive and enabling manner.

Signed by CHO Chief Officer



Martina Queally
Chief Officer

Community Health Organisation Area 6

February 2017

Building a Better Health Service

Introduction

The health service is on a journey of improvement and change and many of its priorities are set out throughout this Plan. **Building a Better Health Service** sets out strategic approaches being developed within CHO 6 to better meet the needs of people who use our services. In 2017 we will continue to implement the strategic priority areas set out below.

Demographic Trends

National demographic trends across Ireland present Community Health Organisations with significant challenges. In terms of age, the expected increase in the aged 65 years and older and 85 years and older population in Ireland will result in an increase in age dependency from 18.1(2012) to 21.2 (2017) and 24.3 (2022), with a corresponding increased demand for services. In 2017, there will be almost 30,000 carers aged 65 or older. The 75+ year old age group is the fastest growing group providing informal care. This group is at the greatest risk of developing health problems. Therefore, greater support will be required.

The increase in the number and proportion of the older population has implications on the demand for other services too. For example, Census 2011 reports that 13% of the population report at least one disability and one in 10 adults of working age report a disability. Demand is increasing on residential and respite places as 49% of the current population of service users in residential services over the age of 35 are presenting with moderate, severe and profound disability compared to 38% in 1996 or 28.5% in 1974. Since the incidence of disability increases with age, in order to respond to the projected increase in the number of people living with a disability in conjunction with the age profile and increased life expectancy of those with a disability, it is necessary for a more affordable and sustainable model of services to be put in place.

Based on Census data and other data summarised in the HSE's Planning for Health document, which predicts that the overall population in the CHO 6 area will increase from 398,700 in 2016 to 403,300 in 2017, a year-on-year increase of 4,600 or 1.2% and the highest rate of population increase among all the CHOs. This is against a national predicted increase across Ireland of 0.7% for the same 12-month period. In relation to the population changes expected over the next 5 years, CHO 6's position appears significantly more challenging with a likely increase of 7.6% to 433,900, substantially the highest rate of population expansion across the 9 CHOs.

As Ireland's population continues to grow, the relative rate of growth among each age group varies considerably and this is a key driver for health service demand. While CHO 6 faces proportionate increases in numbers of children in its population compared to other CHOs, the higher level of growth in adults of working age (aged 18-64) and – especially – in older adults (aged 65 plus) will impact on CHO 6 to a greater extent than almost all other CHOs.

Health Challenges

CHOs face varying challenges, and have varied resources to meet the needs of their populations. CHO 6 has the lowest level of funds per capita among all CHOs and yet – as outlined above – the challenges it

faces in order to meet the changing needs of its population are very significant. An increase in the complexity of need reflected in the dependency ratios and case mix of older people in acute hospital transition requires more specific rehabilitation services, reablement programmes, home care services and day care services to maintain older people to live well and as independently as possible in their own homes and communities. The provision of appropriate home care and other community based services can serve to prevent unnecessary admissions to acute facilities and delay long stay care admission. As discussed above, longer lifespans and the impact of this on the demand for respite and residential support present very significant challenges to social care services both provided by and funded by CHO 6. As part of a service model of integrated care, it is important that complex care is identified, case managed and supported through access to diagnostics and specialist services with an IT based approach to care planning.

As a consequence of these challenges, CHO 6 will require to explore opportunities to implement quality, productivity and efficiency measures in the coming year, as well as maintaining momentum with established programmes to deliver health and social care more effectively to an increasing population with ever-higher levels (and complexity) of need.

Quality

The primary concern for all services within CHO 6 is to design and deliver higher quality and safer services for all patients, clients and staff.

The provision of services must be achieved within the resources available, which presents both opportunities and challenges across the area. It is accepted that quality and patient safety is the responsibility of all staff, from frontline to senior management level, and we will support service providers by ensuring the overall burden of regulation and standards is managed in a coherent fashion.

The HIQA designed *National Standards for Safer Better Healthcare* (2014) – as well as those of other key regulatory bodies such as the Mental Health Commission – outline to the public what can be expected from their healthcare services, while also outlining to service providers what is expected of them. Our commitment to implementing these standards will ensure improvements for service users by creating a common understanding of what makes a good, safe health service. Improving quality and delivering safe services is implicit and embedded in the delivery of all our services.

Priorities for 2017

- The development of a strong system of integrated corporate and clinical governance.
- Provide Support to service providers and funded agencies to improve quality and patient safety.
- Promote integrated risk management as everyday practice across all services to improve quality and patient safety
- Ensure that adverse incidents and near misses that occur are reported utilising the National Incident Management System, NIMS, and investigated in line with national policies and ensure that learning is shared.
- Monitor and analyse data to provide intelligent performance management information to support the quality improvement process, learning and future projects.
- Further Support implementation of the *National Standards for Safer Better Healthcare*.
- Put in place a governance structure for the prevention, control, and management of healthcare-associated infections and improve antimicrobial stewardship.

- Ensure national and international standards and recommended policies / guidelines developed by HSE, the National Clinical Effectiveness Committee and other regulatory bodies are implemented.
- Co-operate with other quality and safety staff at a national level and within other regions to improve and enhance existing quality and patient safety programmes and to deliver on the national priorities.

Quality and Safety Clinical Governance Development:

- Ensure regional clinical governance structures are working effectively.
- Provide support to the development of strong corporate and clinical governance arrangement structures at the pilot site.
- Provide oversight to ensure that the CHO and divisions areas have Service Level Agreements (SA) incorporate QPS plans.
- Review governance arrangement in place in relation to the development and implementation of quality policies, procedures, protocols and guidelines (PPPG).

Performance Management:

- Provide monthly quality and patient safety performance reports to management to inform decision making.

Support the Implementation of the *National Standards for Safer Better Healthcare* within Primary Care:

- Work with Primary Care division to continue with self assessment and implementation of quality improvement plans.

Audit:

- Support National Clinical Audit programmes within the CHO and support the implementation of any recommendations.
- Circulate audit reports and monitor health care audits implementation

Integrated Risk Management:

- Strengthen the capacity and effectiveness of risk registers through an agreed framework for governance of risk registers.
- Ensure that Risk Registers are in place in all areas in the CHO and that systems for incident management are consistent with HSE policy.
- Ensure that serious incidents that occur are reported and escalated as required and investigated and that learning is derived from such incidents.
- Implement the HSE Integrated Risk Management Policy with particular focus on risk management, incident and complaints management.
- Standardise regional risk structure and processes, together with ICT support and quality assurance.

Capacity Building, within QPS structure:

- Ensure all available positions within QPS will be filled and work allocation and adequate support to the divisions can be provided
- Develop capacity within the Regional QPS office to support and quality assure incident management work to include training.

Within the CHO:

- Continue to develop and implement a training regime that will ensure that incidents that occur are reported and investigated to ensure that all learning is gained from the incidents in order to prevent recurrence.
- Develop a system to share learning from quality initiatives.
- Work with national QPS to provide an integrated training and education programme to staff across the region.
- Focus and support the further role out of NIMS module to the point of incident occurrence at primary care sites.

Reduction in healthcare associated infections and improvements in antimicrobial stewardship:

- Further develop the Regional HCAI Committee that will act as an advisory group on the prevention and control of HCAI and antimicrobial resistance, and improvement in antimicrobial stewardship.
- The collation and review of regional HCAI and AMR surveillance data, and reports from the Areas in relation to compliance with National infection control standards.
- To provide assurance in relation to the management of HCAI and AMR and where gaps in assurance are identified to communicate these to the relevant Head of Service and CHO Quality and Patient Safety Committee.

All staff will endeavour to

- Improve hand hygiene
- Achieve compliance with hand hygiene targets
- Co-operate with and implement national initiatives developed to ensure appropriate use of antimicrobials.
- Support the implementation of the national prevalence study of infection and antibiotic use in long term care.
- Prevent medical device related infections (such as IV lines and urinary catheters); comply with care bundles (peripheral line, urinary catheter).

Safeguarding

The national safeguarding policy *Safeguarding Vulnerable Persons at Risk of Abuse* – National Policy and Procedures supports CHO 6's commitment to promoting the welfare of vulnerable adults and safeguarding vulnerable adults from abuse. The policy applies to all statutory and publicly funded non-statutory service providers working with CHO 6. It outlines the importance of a number of key principles in supporting vulnerable adults to maximise their independence and safeguard them from abuse. These include; the promotion of human rights, a person-centred approach to care, a support for advocacy, respect for confidentiality, empowerment of individuals, and a collaborative ethos.

The policy and the operation functions are now well established across CHO 6 services. Key ongoing activities in 2017 include the further enhanced development of safeguarding and protection teams in each part of CHO 6, the implementation of a practice handbook, rollout of the newly developed training strategy and implementation at a local level of the wider strategic work of the national safeguarding committee.

Quality and Safety Structures

Governance for Quality is an integral component of management arrangements and involves having the necessary structures, processes, standards and oversight in place to ensure that safe, person centred and effective services are delivered.

A CHO 6 Quality and Safety Committee provides oversight of all quality and safety monitoring and improvement in the CHO. With enhanced staffing resources expected during 2017, a key priority is to ensure the provision of appropriate quality and patient safety structures and processes, ensure appropriate monitoring and accountability and provide assurance and support to optimise service user safety.

As part of this governance and monitoring function, CHO 6 will be required to collect and report on metrics pertaining to the establishment of quality and safety structures and processes. This will enable analysis of quality and safety structures and provide assurance in relation to the provision of process and outcome measurements. The metrics provide relevant, accurate and timely data on quality and safety of care and the monitoring of services from a performance assurance perspective.

Ongoing monitoring and analysis of serious incidents to include serious reportable events will be maintained in 2017 with a focus on compliance with National Policy in the context of reporting rates, investigation and analysis. The CHO will provide assurance that learning from investigation outcomes and recommendations is shared within the system appropriately including Section 38 and 39 providers.

The monitoring of risk register compliance across CHO 6 will continue in 2017.

Improving the health and wellbeing of the population

A key objective for Community Health Organisations is improving the health and wellbeing of their populations and in CHO 6 this includes the implementation of a wide range of activities to be included in the CHO's first Healthy Ireland Implementation Plan. Under the umbrella of this broad-ranging plan are initiatives to improve awareness and understanding of health and wellbeing, reduce the incidence and impact of chronic health conditions on CHO 6's population and protect them from threats to their health. Much of this work can only be achieved through the development of effective, multi-sectoral collaborations, since so many of the determinants of poor health are not directly within the control of the CHO. Although CHO 6 is already well-connected to local and national partnerships through service provision, the new Health Ireland plan will require a much broader approach and a shift towards more preventive activities.

Health Service Improvement

Health services are provided across the CHO 6 area in high-density urban centres and smaller local communities. It is essential that these services are organised in a way that ensures they are capable of responding to the needs of these communities. The Programme for Health Service Improvement will be key to enabling a more integrated care delivery model. CHO 6 will participate in this programme, ensuring appropriately trained programme management staff, expert specialist support and direct project management support for the health service improvement programme of work. This is aligned with the change management programme for both national and service divisions and the national functions under the National Centre Transformation Programme and supported by interconnected development

programmes within HR, eHealth, finance, communications, HBS and quality and safety services, all of which will be linked with by key CHO 6 staff.

Developing a performing and accountable health service

We will continue to focus on improving the performance of our services and our accountability for those services in relation to *Access to services*, the *Quality and Safety* of those services, doing this within the financial resources available and by effectively harnessing the efforts of our workforce.

In 2017, we will:

- Implement the HSE's Performance and Accountability Framework 2017, including strengthened processes for escalation, support to and intervention in underperforming service areas
- Measure and report on performance against the key performance indicators (KPIs) set out in the NSP as part of the monthly performance reporting cycle
- Continue to implement the HSE's Governance Framework with funded section 38 and section 39 agencies working with CHO 6
- Develop data gathering, reporting processes and systems to support CHO 6 compliance with the Performance and Accountability Framework.

Finance

Context

The Budget positions for 2017 are further broken down in the table below as follows:

Table f1 – Budgetary Summary 2016/2017

Division	Caregroup	2017 NSP Budget	2016 Closing Budget	Movement	% Movement
		€m	€m	€m	€m
Primary Care	Primary Care & Multi Caregroup Services	55.63	55.80	-0.17	-0.3%
	Social Inclusion Services	2.56	2.72	-0.16	-6.4%
	Palliative Care	0.77	0.43	0.34	43.6%
S/T Primary Care net of DLS		58.96	58.96	0.00	0.0%
Demand Led Schemes (DLS)		19.15	18.69	0.46	2.4%
Primary Care Total		78.11	77.65	0.46	0.6%
Mental Health		56.89	53.45	3.44	6.0%
Soc Care	Older Persons	62.10	59.60	2.51	4.0%
	Disabilities	226.10	225.51	0.59	0.3%
Soc Care Total		288.20	285.10	3.09	1.1%
CHO6 Total		423.20	416.21	6.99	1.7%

The Budgetary increase of €6.99m, equates to 1.7% of the brought forward Budget from 2016.

When taking account of the overall financial position at the end of 2016, CHO6 had a closing shortfall of €4.58m (€1.78m net of Once-Offs).

CHO Budget tables

Primary Care Division

CHO 6	2017 Pay Budget	2017 Non-Pay Budget	2017 Gross Budget	2017 Income	2017 Net Budget
Primary Care	39.62	15.00	54.62	(4.51)	50.10
Social Inclusion	0.67	1.89	2.56	(0.00)	2.56
Palliative Care	0.38	0.39	0.77	(0.00)	0.77
Core Services	40.67	17.27	57.95	(4.52)	53.43
Local DLS	0.00	19.15	19.15	0.00	19.15
Total	40.67	36.42	77.10	(4.52)	72.58
Dublin Dental					
Primary Care	5.20	1.63	6.83	(1.30)	5.53
Social Inclusion	0.00	0.00	0.00	0.00	0.00
Palliative Care	0.00	0.00	0.00	0.00	0.00
Core Services	5.20	1.63	6.83	(1.30)	5.53
Local DLS	0.00	0.00	0.00	0.00	0.00
Total	5.20	1.63	6.83	(1.30)	5.53
Total CHO 6 (Incl. Dublin Dental)					
Primary Care	44.83	16.63	61.45	(5.82)	55.64
Social Inclusion	0.67	1.89	2.56	(0.00)	2.56
Palliative Care	0.38	0.39	0.77	(0.00)	0.77
Core Services	45.88	18.90	64.78	(5.82)	58.96
Local DLS	0.00	19.15	19.15	0.00	19.15
Total	45.88	38.06	83.93	(5.82)	78.11

Financial Risks

CHO6 will work to manage within its overall allocation of €423.20m. All matters are currently under consideration to ensure that the service is delivered within Budget, including a review of service priorities in order to ensure key performance measures are achieved.

This will include an examination of pay spend within the Paybill management framework – see next heading – and by identifying areas of non-pay spend for cost reduction. The enhancement of existing income stream will also be looked at in detail.

Further measures under consideration to support delivery of a balanced service plan:

Primary Care Division

- In Year growth consideration of ceasing reliance on Agency to deliver services within a number of setting including PHN services, Social Inclusion services, Occupational Therapy, Psychology and Administrative functions
- Review employment of newly qualified PHNs to deliver services traditionally delivered by RGNs;
- enhancement of income streams through further investment in services, particularly in Births, Deaths & Marriages

Mental Health Division

- In Year growth further review of purchase of beds with a number of organisations. Will result in a full year saving of approximately €167k per bed vacated
- Enhanced collection of income from MH clients; and,
- Review of high degree of reliance on agency staffing in some locations.

Social Care Division – Older Persons

- In year growth maximisation of bed usage in our S38 Agencies;
- Improvement in control over comparatively higher levels of absences and associated reliance on agency replacement in certain community residences;
- Targeted reduction in cost of care; and,
- Improved/quicker access to NHSS to ensure maximisation of income through optimal placement of patients into funded beds.

Social Care Division – Disabilities

- Improved monitoring of S38/S39 organisations to ensure delivery of care to vulnerable individuals, within agreed funding levels;
- Agency and Cost Reduction Measures: in respect of agency reduction targets a key area of focus is on areas where slippage was experienced on delivering on the target in 2016. Detailed financial & service work plans, including the PNS, identifying the specific milestones and actions to deliver on these cost reduction measures will be finalised at service delivery unit level to support the implementation of these initiatives;
- A Residential Care – Executive Management Committee is being established to in CHO 6, led by the Head of Social Care to provide robust and effective management of the existing residential base and in respect of the management of emergency places. It is planned that this will lead to better use of scarce resources in defining the level of service required by individuals, and facilitating access to funding for such services through a nationally managed and prioritised model;
- Increased focus on providing service through Homecare models, with a resultant decrease in the average cost of caring for service users; and,
- Better ongoing review process with regard to existing clients, including appropriateness of current provision and associated funding.

Notwithstanding the above potential cost reduction considerations, CHO6 will inevitably be vulnerable to further demands from the population in line with an increasing population, and with most of that increase in the over 65 category (see introduction). CSO figures suggest that CHO6's population increased between 2015 and 2016 by 1.1% (National average, 0.7%) and specifically in relation to over 65's by 3.5% (National average, 3.2%).

In addition, some services are recognised as being at a disadvantage in resource terms when compared to peer CHOs.

CHO6 does not underestimate the financial challenge associated with balancing its resources with demand and will work collaboratively with each Division to deliver on its service commitments.

Pay Bill Management

The Pay & Numbers strategy (P&NS) underpins the delivery of paybill within allocation.

It involves a thorough examination of Pay spend under each of the headings Agency, Overtime and Payroll. Managers are expected to manage Budgets on a month by month basis in a planned manner to achieve breakeven positions. The key components are as follows:

- Pay Cost Pressures;
- Developments;
- Agency Conversion;
- Cost Containment;
- Other; and,
- In Year growth

Workforce

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

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

Over the last three years, work has been on-going to develop a robust strategic intent for HR across the wider health system to ensure there is one unified and consistent HR function, embracing statutory and voluntary providers, that will ensure HR has an operating model that is fit for purpose and aligned to the services and evolving new structures. This will ensure that the organisation and the workforce has the ability, flexibility, adaptability and responsiveness to meet the changing needs of the service while at the same time ensuring a consistent experience of HR services is delivered throughout the health system.

The Health Service Executive People Strategy identifies eight people management priorities and the operational plan for the CHO details actions under these eight priorities:

1. Leadership and Culture

CHO 6 will undertake the following actions to improve effective leadership at all levels within our CHO:

- Undertake a Level 4/5 Leadership Development Programme for the Management Team and their direct reports, in partnership with the National HR LED Team.
- Plan and deliver a Project Management Programme, to underpin the series of service improvements required to implement the operational structures for CHO6, balancing national priorities with local needs.
- Roll out the Level 3, “unlocking leadership potential” – leadership talent management development programme, when it is finalised and available from the National Leadership, Education and Development office by November, 2017.

2. Staff Engagement

CHO 6 will undertake the following actions to ensure that employees have a strong sense of connection to their service, take personal responsibility for achieving better outcomes and support team colleagues to deliver results:

- Develop an action plan to implement the recommendations from the staff survey by Q1 2017.
- Implement a positive, more robust mechanism to improve efficiency locally in respect of managing complaints and investigations within the specified timelines. Delays in managing such activity can have an immediate and long lasting effect on staff engagement levels, not just for the individuals concerned, but for their colleagues and their service units.

- Undertake a Management Admin Review, which will enable positive dialogue around future job design and opportunities for managers and their teams to shape the future workforce in this category. This exercise should be completed by Q2 2017
- In partnership with the Staff Health & Well Being Unit and the Head of Health & Well Being, support staff in managing their own health and well being, with a particular focus on the management of absenteeism and supports available to staff and managers. This will be completed by Q3 2017.

3. Learning and Development

CHO 6 will undertake the following actions to promote a learning culture that prioritises development to ensure staff are equipped to confidently deliver, problem solve and innovate safer, better healthcare:

- Funding permitting, the re-introduction of a suite of Leadership & Development options for new managers, would be a positive intervention, in CHO6, where staff recruitment and retention issues are particularly acute.
- Invest in a Mentor's Training Programme and introduce protected time for Coaches and Mentors, as part of their daily work schedule, where practicable.
- CHO6 will be working in partnership with the National Lead for Performance Achievement as a pilot site for Performance Achievement Implementation and review, it is planned that one positive outcome from this intervention will be the opportunity to provide a high level learning needs analysis for service managers.
- Particular focus will be placed on providing briefings and training in the area of Trust in Care and Dignity at Work-Q2 2017.

4. Workforce Planning

CHO6 will undertake the following actions to progress a comprehensive workforce plan in place based on current and predicted service needs, evidence informed clinical care pathways and staff deployment:

- Reconfigure all existing CHO6 staff into the new Heads of Services and Heads of Functions structure, subject to any discussions arising at national level.
- A key priority for CHO6 is the implementation and development of the sub-structure under the Heads of Service and Function to achieve maximum staff efficiency and effectiveness, talent managing new teams incorporating the optimisation of available resources.
- Improved Paybill Management Systems will be introduced in 2017 within CHO6, which will facilitate a far higher degree of forecasting capability, supporting the "Pay & Numbers Strategy" initiative and ultimately ensuring the resources are in place to meet future staff and service requirements.
- Working with national initiatives such as Mental Health Workforce Planning

5. Evidence and Knowledge

CHO6 will undertake the following actions to ensure that work practices and client pathways are evidence informed and decision making is based on real time and reliable data:

- One element of the Project Management Programme, will ensure the capturing of existing knowledge skills and attributes (KSAs) of experienced staff within the CHO6 region, whilst building on the various levels of experience from newer recruits to shape the strategic agenda for the new region, Q1 2017.

- In partnership with HR Payroll Systems Analytics within HBS, it is planned to introduce a comprehensive HR Dashboard/activity reporting system, which that timely relevant and accurate data, will be at the disposal of local service management and the National offices, working off consistent information and agreed monitoring criteria. Q2 2017.

6. Performance

CHO6 will undertake the following actions to ensure that staff and teams are clear about roles, relationships, reporting and professional responsibilities so that they can channel their energy and maximise performance to meet organisational targets:

- Following the reconfiguration of staff to the Heads of Service and functions, each staff member will receive clarity on the role, professional responsibilities, reporting relationship and fit within the CHO by March 2017.
- Two pilot sites will be identified and agreed to implement and roll-out the revised and redesigned performance management system by June 2017.
- It is planned to undertake a Lean Six Sigma approach to the re-configuration of services, following the participation of a key number of service managers in a development programme.
- Particular focus will be put on areas where absence rates are highest in Q1/Q2.

7. Partnering

CHO6 will undertake the following actions to effectively develop and support partnership with staff, service managers and other relevant stakeholders:

- CHO6 has a very high ratio of staff in the Section 38 category compared to all other CHO Regions, it is critical that the effective implementation the new Governance Framework is based on a positive model of partnering, agreed understanding and clear lines of accountability in 2017
- The Head of HR will meet with the HR Managers in the key voluntary organisations to identify potential projects that can be progressed in partnership by June 2017.

8. Human Resource Professional Services

CHO 6 will undertake the following actions to design HR services that create value, enhance people capacity to deliver CHO priorities:

- Working with National HR the development of the HR Delivery Model for the wider health system, will bring clarity in terms of the CHO HR core responsibilities. Working relationships and responsibilities for services such as Leaderships, Education and Development and Employee Relations (who now report nationally) must be signed off and communicated to all relevant stakeholders by April 2017.
- A comprehensive and mutually understood SLA between HBS and the CHOs for all HR related services, must be signed off and communicated in the first quarter of 2017.
- A priority for HR in 2017 will be the further professionalisation of HR through the routes of Excellence Through People and CIPD membership.

Service Delivery

Cross cutting priorities

A multi-year system-wide approach

These system-wide priorities will be delivered across the organisation.

Promote health and wellbeing as part of everything we do

- Implement the *Healthy Ireland in the Health Service Implementation Plan 2015–2017*
- Implement actions in support of national policy priority programmes for tobacco, alcohol, healthy eating active living, healthy childhood, sexual health, positive ageing and wellbeing and mental health
- Progress implementation of Making Every Contact Count
- Implement *Connecting for Life*
- Increase support for staff health and wellbeing.

Quality, safety and service improvement

- Implement integrated care programmes, with an emphasis on chronic disease and frail elderly
- Implement priorities of the national clinical programmes
- Implement the National Safety Programme initiatives including those for HCAI and medication safety
- Implement the HSE's Framework for Improving Quality
- Measure and respond to service user experience including complaints
- Carry out patient experience surveys and implement findings.

- Continue to implement open disclosure and assisted decision-making processes
- Implement *Safeguarding Vulnerable Persons at Risk of Abuse – National Policy and Procedures*
- Report serious reportable events and other safety incidents and undertake appropriate reviews or investigations of serious incidents
- Implement programmes of clinical audit
- Implement National Clinical Effectiveness Guidelines
- Continue to implement the *National Standards for Safer Better Healthcare*
- Carry out the Programme for Health Service Improvement
- Put *Children First* legislation into action
- Implement *eHealth Ireland* programmes.
- Prepare for the implementation of the Assisted Decision Making Legislation

Finance, governance and compliance

- Implement the HSE's Performance and Accountability Framework
- Comply with governance arrangements for the non-statutory sector
- Implement and monitor internal and external audit recommendations
- Progress the new finance operating model and further embed activity based funding
- Implement the Protected Disclosures legislation
- Put in place standards / guidelines to ensure reputational and communications stewardship.

Workforce

- Implement the 2017 priorities of the *People Strategy*
- Implement the Pay and Numbers Strategy 2017
- Carry out a staff survey and use findings
- Progress the use of appropriate skill mix across the health service

Health and Wellbeing

Introduction

Improving the health and wellbeing of the population is a key aspect of public policy and a cornerstone of the health reform programme. The implementation of *Healthy Ireland: A Framework for Improved Health and Wellbeing 2013-2025* is key to this improvement. Building on significant progress made to date, 2017 will see the further implementation and delivery of this work within the health services.

	2017 CHO6 Budget €m	2016 Closing Budget €m
Health and Wellbeing	0.00	0.00
Full details of the 2017 budget are available in Table F1		

Priorities for 2017

- Accelerate implementation of the *Healthy Ireland Framework* through *Healthy Ireland in the Health Services Implementation Plan 2015 – 2017*
- Reduce levels of chronic disease and improve the health and wellbeing of the population
- Protect the population from threats to their health and wellbeing
- Create and strengthen cross-sectoral partnerships for improved health outcomes and address health inequalities

Implementing Priorities 2017

Priority Actions	Q
Accelerate implementation of the <i>Healthy Ireland Framework</i> through the <i>Healthy Ireland in the Health Services Implementation Plan 2015 – 2017</i>	
CHO 6 will develop a Healthy Ireland Implementation Plan for the CHO area	Q3
CHO 6 will implement an agreed governance structure to support and enhance organisation-wide response to improving staff health and wellbeing	Q2
CHO 6 will commence implementation of Making Every Contact Count (MECC) on a phased basis with support of the National MECC implementation team in line with National MECC Framework by: <ul style="list-style-type: none"> (a) Training cohort of CHO6 staff and rolling out training package across CHO6. (b) Commencing rollout of MECC training once service provider has been appointed 	Q2-4
CHO 6 will implement Self Management Support Framework across CHO6 by <ul style="list-style-type: none"> (a) appointing a CHO 6 Self Management Support co-ordinator (b) Commencing CHO 6 implementation of the SMS framework (c) Developing signposting to and directories of local community and voluntary resources to support SMS; and (d) (d) through establishment of peer support across voluntary and community partners in CHO 6 	Q4

Priority Actions	Q
Reduce levels of chronic disease and improve the health and wellbeing of the population	
Support the development and implementation of relevant national clinical guidelines and audits (asthma, chronic obstructive pulmonary disease, diabetes, HCAI, under-nutrition, hepatitis C screening, smoking cessation).	Q1-4
CHO 6 will implement the HSE Tobacco Free Campus Policy in 50% of approved and residential mental health sites and 100% of residential disability services (HSE, Section 38&39), and will strengthen monitoring and compliance in all services.	Q1-4
CHO 6 will launch the QUIT programme, raise awareness among staff and refer patients/clients to Quit and other appropriate smoking cessation services	Q1-4
CHO 6 will train 108 staff to screen and support smokers to quit	Q1-4
Implement and support key initial actions under the A Healthy Weight for Ireland: Obesity Policy and Action Plan 2016–2025 and National Physical Activity Plan for Ireland through the Healthy Eating Active Living Programme including the appointment of a clinical lead in obesity and the embedding of a framework for the prevention of childhood obesity	Q1-4
CHO 6 Community Nutrition and Dietetic Service (CNDS) will continue to deliver 6 week weight management programmes (PHEW – Programme for Healthy Eating and Weight Management), promote the new National Healthy Eating Guidelines and Food Pyramid, and participate in the coordination and delivery of community based cookery programmes (Healthy Food Made Easy (HFME) and Cool Dudes)	Q1-4
CHO 6 will attain 52% of Public Health Nurses trained in the Nutrition Reference Pack for infants aged 0-12 months	Q4
Wicklow PHN Service will roll out weaning classes in Bray and Greystones. PHN Weaning clinic service will be expanded to the establishment of a second weaning clinic in Dublin South.	Q4
Further establishment of new PHN Lactation Consultant (.5 wte) set up in line with 2016 National Breastfeeding Policy to promote and support breastfeeding.	Q1–4
PHN Postnatal Depression Screening Services for all new mothers to be provided, with referral to GP or other services as required	Q1–4
CHO 6 Psychology Service will support the health and wellbeing promotion of new mothers, through prioritising referrals for mothers in post natal distress, and to the population in general by expanding group interventions, and setting up parent and general psychology advice drop in clinics.	Q1-4
CHO 6 Community Nutrition and Dietetic Service will support the Nurture Programme with health professional training on the Nutrition Reference Pack for Infants (0-12months).	Q1-4
CHO 6 Community Medical Service and Nursing Service are committed to the roll out of the Nurture Programme. Implementation of the National Healthy Childhood Programme and Nurture Programme will be supported through national working group membership, roll-out of CAREpals training for staff in residential and daycare services for older people.	Q1-4
CHO 6 will implement the 3-year alcohol plan incorporating recommendations from the Steering Group Report on the <i>National Substance Misuse Strategy (2012)</i> and the <i>Public Health Alcohol Bill (2015)</i>	Q1-4
CHO 6 Occupational Therapy Service will promote physical activity levels through the implementation of dementia friendly services in the Community	Q1-4

Priority Actions	Q
CHO 6 Occupational Therapy Service will establish a care pathway for persons with dementia.	Q1-4
CHO 6 will support the building of a network of local and national partnerships under the Dementia UnderStandTogether campaign to increase awareness and create compassionate inclusive communities for people with dementia and their carers	Q3-4
Bray PHN Service working in Partnership with St. Columcille's Hospital Loughlinstown to support Alzheimer's Café which supports clients and families.	Q1-4
Establishment of PHN Child and Family Health Needs Assessment Framework.	Q1-4
CHO 6 Occupational Therapy Service will deliver the Occupation Based Chronic Disease Self Management Programme (Optimal Programme) (Q2 commence)	Q2-4
Under Chronic Disease Management and MECC, CHO 6 Physiotherapy will provide brief interventions on tobacco cessation, weight management and physical activity in musculo-skeletal clinics.	Q1-4
Protect the population from threats to health and wellbeing	
CHO 6 will implement local recommendations from the Immunisation Review of models of delivery and governance of immunisation services	Q1-4
PHN Service will continue to support the uptake of primary immunisations, in particular the rollout of the rotavirus and MenB programme.	Q1-4
Improve uptake rates for the School Immunisation Programmes (SIP) with a particular focus on HPV vaccine	
CHO 6 PHN Service will continue to support the HPV programme by utilising nurse vaccinators operating under medical protocols.	Q1-4
CHO 6 will improve immunisation uptake rates across the CHO population	Q1-4
CHO 6 will develop and implement a flu plan to improve influenza vaccine uptake rates amongst staff in frontline settings and among persons aged 65 and over	Q1-4
Promote the BowelScreen Programme among the population of the CHO in the relevant age group (60 to 69 yrs) in collaboration with the National Screening Service	Q1-4
Promote the BreastCheck Programme among female staff who are new to the BreastCheck age cohort (i.e. female staff in the 50 to 52 yrs age group) in collaboration with the National Screening Service	Q1-4
Create and strengthen cross-sectoral partnerships for improved health outcomes and address health inequalities	
CHO 6 Senior Managers will continue to participate on the three Local Community Development Committees in order to ensure that the health and wellbeing priorities are mainstreamed as part of the LCDC agenda.	Q1-4
Improve co-ordination and input to multi-agency partnerships / committees to ensure joined up approaches to public health priorities (CYPSCs; Healthy Cities; Age-Friendly etc)	Q1-4
Strengthen governance arrangements and capacity in areas of risk and organisational development	
CHO 6 will implement agreed action plan for HCAIs in line with guidelines, new governance structures and available resources	Q2

Primary Care

Introduction

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

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

Primary care services include primary care teams (PCTs) and general practice, reimbursement schemes, social inclusion and palliative care services.

	2017 CHO6 Budget €m	2016 Closing Budget €m
Primary Care	55.63	55.80
PCRS	0.00	0.00
Local Demand-Led Schemes	19.15	18.69
Social Inclusion	2.56	2.72
Palliative Care	0.77	0.43
Full details of the 2017 budget are available in Table F1		

Priorities for 2017

Improve quality, safety, access and responsiveness of primary care services to support the decisive shift of services to primary care

- Deliver integrated care programmes for chronic disease prevention and management in primary care
- Strengthen and expand Community Intervention Team (CIT) / Outpatient Parenteral Antimicrobial Therapy (OPAT) services
- Consolidate the provision of ultrasound and minor surgery services in primary care sites and expand provision of direct access to x-ray services within existing resources
- Strengthen governance arrangements to support packages of care for children discharged from hospital with complex medical conditions to funded levels
- Implement the recommendations of the GP Out of Hours, Primary Care Eye Services and Island Services Reviews
- Improve waiting times for therapy services by implementing a revised model of care for children's speech and language therapy services and psychology services and develop new models for physiotherapy, occupational therapy and lymphodema services
- Implement the mental health and primary care initiative to enhance counselling services with a focus on enhanced counselling interventions for children and adolescents
- Improve access to children's oral health services and improve access to orthodontic services for children

Improve access, quality and efficiency of palliative care services

- Increase the specialist palliative care bed numbers in CHO 6
- Implement the model of care for adult palliative care services

- Implement a standardised approach to the provision of children’s palliative care in the community.

Improve health outcomes for the most vulnerable in society including those with addiction issues, the homeless, refugees, asylum seekers, Traveller and Roma communities

Addiction services (delivered in CHO 6 area by CHO 7)

- Improve access to addiction treatment services for adults and children, with a particular focus on services for the under 18s
- Implement the recommendations of the *National Drugs Rehabilitation Framework*
- Establish a pilot supervised injecting facility in Dublin
- Expand access to naloxone to approximately 15 new clients

Homeless services (delivered in CHO 6 area by CHO 7)

- Improve health outcomes for people experiencing or at risk of homelessness, particularly those with addiction and mental health needs, by providing key worker, case management, general practitioner (GP) and nursing services
- Implement the health actions set out in *Rebuilding Ireland, Action Plan for Housing and Homelessness*, on a phased basis, in order to provide the most appropriate primary care and mental health services to those in homeless services and improve their ability to sustain a normal tenancy.

Traveller, refugees, asylum seeker and Roma communities

- Deliver targeted programmes to support Travellers to manage chronic conditions such as diabetes, asthma and cardiovascular disease
- Expand primary care health screening and primary care services for refugees, asylum seekers and Roma communities.

Domestic, sexual and gender-based violence

- Implement health related actions in line with *National Strategy on Domestic, Sexual and Gender-based Violence 2016–2021*.

Strengthen accountability and compliance across all services and review contractor arrangements

- Strengthen accountability within primary care and ensure compliance with service and probity arrangements and internal and external audit findings
- Progress and implement policy and value for money projects for community demand-led schemes in relation to aids and appliances, respiratory products, orthotics, prosthetics and specialised footwear, incontinence wear, urinary, ostomy and bowel care, nutrition, bandages and dressings
- Engage with the GP representatives and other stakeholders to develop appropriate contractual arrangements

Implementing Priorities 2017

Priority Actions	Target Q
Strengthen accountability and compliance across all services and review contractor arrangements	
Strengthen the Primary Care Accountability Framework	Q1-4
Ensure compliance with service arrangements and internal audit findings	Q2-4
Standardise business processes across primary care services (audiology, ophthalmology, physiotherapy, occupational therapy, speech & language therapy, nursing)	Q1-4
Initiate performance achievement system for line managers in Primary Care Service	Q3
Improve quality, safety, access and responsiveness of primary care services to support the decisive shift of services to primary care	
<p>Deliver integrated care programmes for chronic disease prevention and management in primary care.</p> <p>Progress the implementation of the chronic disease integrated care projects utilising the 2016 approved post for diabetes:</p> <p>CHO 6 – Senior Podiatrist (1), Senior Dietitian (2) and Integrated Nurse Specialist (1).</p>	Q2
Continue the Diabetes Demonstrator Project in collaboration with GP Practices and SVUH/SCH	Q1 – Q4
<p>Further expansion and development of the Clinical Nurse Specialist post in respiratory care as part of 2016 CHO 6 Demonstrator Project for Respiratory Integrated Care in collaboration with area GP practices and St Michaels Hospital.</p> <p>Establish DPHN Dublin South and CHO Governance Group for Integrated Chronic Disease Management, including development of a Pulmonary Rehabilitation Programme.</p> <p>DPHN Dublin South and Physiotherapy Manager Wicklow. CNSp will commence Registered Nurse Prescriber training Q 4 to further enhance the service delivered to clients with chronic respiratory disease.</p>	Q1 – Q4
Deliver the Occupation Based Chronic Disease Self Management Programme (Optimal Programme)	Q4
Implement dementia friendly services in the Community in order to meet demand from increased numbers in the community with dementia.	Q1-4
Establish a care pathway for persons with dementia.	Q1-4
Strengthen governance and reporting of CIT Services and ensure shared learning in relation to best practice (CIT Wicklow)	Q1-4
Support packages of care for children discharged from hospital with complex medical	Q4

Priority Actions	Target Q
conditions to approved and funded levels.	
Establish CHO 6 Standard Operating Procedures in respect of the ordering of Aids and Appliances	Q4
Carry out monthly audit of Primary Care Standard Operating Procedures, including development of a template for monthly monitoring in relation to clinic paperwork and procedures.	Q1 – Q4
Develop primary care action plan for service user engagement in planning and reviewing Primary Care services in 2017	Q3
Improve waiting times for therapy services by implementing a revised model of care for children's speech and language therapy services and psychology services and develop new models for physiotherapy, occupational therapy and lymphodema services	
Work with Service Improvement Team in the Primary Care Division to improve waiting times for therapy services in Wicklow 1. Implement Group Physiotherapy Services 2. Introduce and evaluate "text messaging" for patient follow-up appointments with the aim of reducing capacity loss arising from non-attendance. 3. Continue to improve the information available on the HSE website.	Q1-4
Enhance specialist multi-disciplinary interventions and increase group therapy programmes, peer support and secondary prevention programmes based on international best practice guidelines in collaboration with HSE Regional Stroke Rehabilitation Team, Baggot Street Hospital	Q1 – Q4
Prioritise psychology referrals for mothers in post natal distress and palliative patients, children and adults and develop further group interventions	Q1-4
Develop an advice clinic for adults and older persons (Dublin South Psychology Service) and implement a stress management programme in collaboration with local GAA club Kilmacud Crokes	Q1
Implement and monitor speech & language therapy initiative to reduce waiting times for assessment and treatment for children aged between 0 and 18 years	Q1-4
Review and consider the possibility of extending the specialised seating assessment clinic in the community.	Q1-4
Develop a manual based on the 2016 interagency pilot project "The Sleep Programme; a Resource for Working with Young People around Sleep" (Wicklow Psychology Service)	Q1
Expand a model of service delivery for psychology whereby services will develop and enhance guided self help, stepped care, advice clinic and lower intensity group interventions	Q1-4

Priority Actions	Target Q
Implement the recommendations of the GP Out of Hours and Primary Care Eye Services	
Under the National Policy on School Vision Screening, CHO 6 PHN Service will further enhance referral process to Ophthalmology Services. In support of this work, the service has moved to Logmar screening and developed a school screening team.	Q1 – Q4
Support the development of the Primary Care Eye Services, for preschool and school age cohort (Community Medical Service)	Q1-4
Review the provision of out-of-hours services across CHO 6 in order to improve accessibility and consistency of provision	Q1-4
Improve access to children’s oral health and orthodontic services	
Endeavour to attain the existing levels of access to children’s oral health services and implement the waiting list initiative for children’s orthodontic services	Q1-Q4
Review any identified unmet needs to private schools in dental service and notify parents appropriately communication campaign aimed at parents in respect of dental services available in the CHO.	Q1 – Q4
Social Inclusion	
Improve access to addiction services – delivered by CHO 7	
Improve access to addiction treatment services for adults and children, with a focus on services for the under 18s	Q1-4
Expand access to naloxone to approximately 15 new clients	Q3
Roll out the National Drugs Rehabilitation Framework to all HSE services, statutory bodies and community and voluntary sector	Q1-4
Improve health outcomes for vulnerable groups	
Continue to review the health needs of asylum seekers, programme refugees and migrants particularly targeting recently arrived programme refugees.	Q1-4
Provide a Psychology Support Drop in Clinic to Travellers in Bray	Q1-4
Parenting Support Champions (Psychology team) will develop a specific parenting group in conjunction with Wicklow Travellers Group, integrated with existing behaviour support groups.	Q1-4
Continue to support both Wicklow and Southside Traveller groups to improve the health outcomes for the target population	Q1-4
Implement health related actions in line with National Strategy on Domestic, Sexual and Gender based Violence	Q1-4

Priority Actions	Target Q
Support the implementation of the Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) Practice Policy	Q1-4
Deliver an education programme to Wicklow Travellers Primary Healthcare Project, covering a range of topics aimed specifically at mothers and children.	Q1-4
Participate in Stepped Model of care project for homeless people between Primary/Mental Health Care and Specialist Care (primary care domain to secondary care and vice versa)	Q1-4
Palliative Care	
Improve access, quality and efficiency of palliative care services	
Commence the implementation of the model of care for adult palliative care services.	Q4
Implement a standardised approach to the provision of children's palliative care in the community	Q4
Continue to implement the approved clinical guidelines on the management of palliative care patients, Specialist Home Care Team, Wicklow	Q1-4
Support the development of national standards, protocols and pathways to ensure a standardised approach to the provision of children's palliative care in the community	Q4
Participate on the development of a guideline on <i>Care of the Dying Adult in the Last Days of Life</i> for use in non-specialist services.	Q1-4
Support the implantation of the patient charter for palliative care.	Q4
Support the implementation, on a phased basis, the 10 recommendations from the <i>Palliative Care Support Beds Review</i>	Q1-4
Quality & Safety	
Support the roll out of the HSE Framework for Improving Quality in our Health Service	Q1-Q4
Develop primary care action plan for increased compliance with HIQA standards for Safer Better Health Care.	Q1-Q4
Support the implementation of national safety programmes such as pressure ulcers to zero collaborative and falls prevention.	Q1-Q4
Continue the primary care quality and patient safety committee	Q1
Support the implementation of the Risk Management Policy 2016 particularly focussing on the development of the quality and risk management team for CHO 6. CHO 6 will seek to recruit 1 Quality and Patient Safety advisor for Primary care who will contribute to the development of the quality and risk structures in the CHO	Q1-Q4
Continue to conduct patient experience surveys using the revised primary care patient	Q3-Q4

Priority Actions	Target Q
experience survey tool.	
Support the implementation Children First initiative in CHO 6	Q4
Primary Care Contracting	
Reimburse contractors efficiently in line with health policy, regulations and within SLAs governing administration of health schemes	Q1-4
Process 95% of completed Medical / GP Visit Card applications within 15 days	Q1-4
Process 90% of medical card applications error free	Q1-4

Mental Health

Introduction

Mental Health Services in CHO6, Dublin South East Wicklow, are provided to a population of 426,000 via a comprehensive General Adult Service, Psychiatry of Old Age Service and Mental Health Intellectual Disability. Child and Adolescent Mental Health Services are provided by St. John of God Lucena Service. Mental Health Inpatient Services are provided at the Elm Mount Unit, St. Vincent's University Hospital Dublin and Newcastle Hospital, Wicklow.

In line with Vision for Change and the National Service Plan, Mental Health Services in Dublin South East Wicklow will continue to provide high quality mental health services to ensure optimal mental health for the population it serves.

Dublin South East Wicklow Mental Health Service delivers in line with *Vision for Change*, progressive, evidence based services which are patient-centred, and community based. The Service will work throughout 2017 to prioritise outstanding actions in *Vision for Change*. The plans for mental health services are also aligned with the corporate goals of HSE. The additional resources that have been allocated as a result of ring-fenced budgets over the last number of years have been of significant benefit in Dublin South East Wicklow in allowing service developments in the areas of Community Mental Health Teams and Psychiatry of Old Age.

Priorities for 2017

The following are the key priorities in relation to mental health services in Dublin South East Wicklow for 2017.

- Work towards implementing the Reference Group recommendations towards enhanced service user and carer engagement by establishing Service User Forums in CHO6.
- Initiate the *Connecting for Life* Action Plan, including the establishment of implementation structures and delivery of associated actions in CHO6.
- Improve early intervention and youth mental health, including embedding of Jigsaw sites and development of primary care based therapeutic responses for Under 18s in collaboration with Jigsaw and other community & voluntary Groups.
- Increase Community Mental Health Service capacity across all specialties by undertaking a review on skill mix across CHO6 Mental Health Services.
- Increase services to meet the needs of those with severe and enduring mental illness with complex presentations. The appointment of a Rehabilitation Consultant in 2017 will provide guidance on the development of services within CHO6.
- Continue to support the development of specialist clinical responses through the Mental Health Clinical Programmes.
- Increase safety of mental health services, including improved regulatory compliance and incident management by recruitment of Quality & Patient Safety Advisor who will contribute to the development of relevant QPS Structures across CHO6 Mental Health Services.

	2017 CHO6 Budget €m	2016 Closing Budget €m
Mental Health	56.89	53.45
Full details of the 2017 budget are available in Table F1		

- Strengthen governance arrangements through the HSEs Accountability Framework to improve performance and effective use of human, financial and infrastructural resources. The appointment of a Head of Service and General Manager for CHO6 Mental Health Services will strengthen governance and accountability by developing frameworks to ensure improved performance and effectiveness in the use of human, financial and infrastructural resources.

The specific actions in respect of these priorities are detailed below.

Implementing Priorities 2017

Priority Actions	Q
Promote the mental health of the population in collaboration with other services and agencies	
CHO 6 will implement the relevant actions in the CHO 6 Mental Health Strategy 2016-20 to promote positive mental health across the CHO population.	Q1-4
CHO6 welcomes the study by the ICGP and the Mental Health Division looking at developing and assessing a protocol at primary care level to monitor and manage the physical health problems of patients with enduring mental illness (PHEMI Study). GP practices in South Dublin (Cluain Mhuire catchment area) have been included in the study. It is anticipated that the study will provide a framework for managing physical health care outcomes in this patient group.	Q1-4
CHO6 will work to improve Early Intervention and Youth Mental Health by working to establish early intervention Jigsaw services as accessible and flexible services throughout the area. CHO6 will continue to support the establishment of Jigsaw services in Co. Wicklow and Dublin City and will continue to participate on the Jigsaw Advisory Group for the Dublin City Project.	Q1-4
Promote the prevention of loss of life by suicide	
CHO 6 will initiate the Connecting for Life CHO 6 Action Plan, including establishment of implementation of structures and delivery of associated actions in line with the Connecting for Life: Ireland National Strategy to Reduce Suicide 2015-2020	Q1-4
CHO 6 will implement, integrate and promote the national communications 'Little Things' campaign as a good practice initiative and a resource to statutory and non-statutory agencies, community and voluntary groups	Q1-4
CHO 6 deliver up to date information on all local mental health services and how to access them for the general population and priority groups, and make available online through yourmentalhealth.ie	Q1-4
CHO 6 will support national organisations in the monitoring and engagement of local media in relation to death by suicide, mental health awareness and supports	Q1-4
CHO 6 will develop networks of ASIST trained individuals in local communities to support effective community responses	Q1-4
CHO 6 will develop a CHO 6 Suicide Prevention Training Plan for community based training building on the NOSP Review of Training	Q1-4

Priority Actions	Q
CHO 6 will work to embed ARI support and to ensure a recovery focus in all mental health teams and services, through the recruitment of a Rehabilitation Team.	Q2-3
In alignment with the NOSP National Training plan, CHO6 will deliver Safe TALK, ASIST and Understanding Self-Harm, Loss and Bereavement through Suicide training programmes prioritising service providers, particularly those who come into regular contact with people who are vulnerable to suicide and present with self harm.	Q1-4
CHO6 will support the continued roll out of youth mental health programmes, such as “The Introduction to Youth Mental Health” and “Mind Your Mental Health”.	Q1-4
CHO6 will continue to support the “Woodlands for Health Programme” in East Wicklow and Dun Laoghaire.	Q1-4
CHO6 will assess the potential to enhance bereavement support services and establish a Family Bereavement Liaison Service in the area.	Q3
CHO6 will develop resources to provide signposting to families in the immediate aftermath of a suspected suicide death upon request.	Q3
Deliver timely, clinically effective and standardised safe mental health services in adherence to statutory requirements	
CHO6 will engage with the National Clinical Lead for MHID during 2017 in order to plan for consistency of approach in relation to the development of MHID Services for Children and Adults.	Q1-4
CHO 6 will work to enhance the Eating Disorders Service by planning to develop an OPD facility on the Clonskeagh Campus away from acute hospital setting consistent with national model of care.	Q1-4
Continue implementation of Family Based Therapy (FBT) together with formation of supervision groups	Q1-4
Continue implementation of Enhanced Cognitive Behavioural Therapy (CBTE) and engage with monthly supervision provided nationally	Q1-4
CHO6 will recruit a Lead NCHD across all Mental Health Services in line with National Requirements.	Q2
CHO 6 will appoint 2 previously funded Dieticians by the end of Q2 to support service users to achieve a healthy lifestyle.	Q 2
CHO 6 will review the Detect model operating in the CHO to ensure that it is operating effectively and in line with the objectives of the clinical care programme. Cluain Mhuire services will be requested to undertake this work as part of their Service Level Agreement for 2017, and individual placement support workers will be appointed if resources allow.	Q4
CHO 6 will implement the new CAMHS Standard Operating Procedures, working in line with the national agreement on CAMHS	Q1 – 4

Priority Actions	Q
CHO 6 will continue to develop the assessment and management of patients presenting to ED's following self-harm (in line with the Assessment and Management of Self Harm Presentations in Emergency Department SOP) by growing the Liaison Service in SVUH and working to ensure that CAMHS consultants are available on an on-call / out of hours basis aligned to nationally agreed models of care.	Q1 – 4
CHO 6 will seek to recruit 2 Quality and Patient Safety Advisors in Mental Health Services, and contribute to the development of the Quality & Risk Structures in the CHO to ensure that there is an appropriate level of regulatory compliance and incident management.	Q 3
Establish a Hub team to implement the Early Intervention in Psychosis programme	Q4
Continue implementation of Behavioural Family Therapy (BFT) including engaging with supervision structure in line with SOP and returning monthly data	Q1 – 4
Commence implementation of Individual Placement Support (IPS)	Q3
Ensure that the views of service users, family members and carers are central to the design and delivery of mental health services	
CHO 6 will employ an Area Lead for Service User Engagement in Q1 2017 to lead on the development of Service User and Family engagement forums across the CHO.	Q1
CHO 6 will establish Service User and Family engagement forums across the CHO with forums set up in 3 areas by Q4 2017.	Q4
Enable the provision of mental health services by highly trained and engaged staff and fit for purpose infrastructure	
CHO 6 will strengthen governance arrangements through the HSEs Accountability Framework to improve performance and effective use of human, financial and infrastructural resources, by putting supporting frameworks in place to ensure improved performance and effective use of human, financial and infrastructural resources.	Q1–4
CHO 6 will reconfigure team structures to align more closely with the new Community Health Networks to be established across the area	Q3-4
CHO 6 will develop the capacity of management teams through personal professional development initiatives and provision of support	Q1-4
CHO 6 will promote opportunities for staff to rotate and/or seek opportunities to gain knowledge and/or experience outside their core roles and responsibilities. Promote skill set matching with anticipated future roles to support professional development and training requirements for individual managers and staff	Q2-4

Social Care

Introduction

This section includes priorities, background and context for Disability Services and Services for Older Persons.

Management of these services will be unified under one Head of Social Care in early 2017 in accordance with national structures and the overarching Community Healthcare Organisation strategy.

Social care services are focused on:

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

	2017 CHO6 Budget €m	2016 Closing Budget €m
Disability Service	226.10	225.51
NHSS	0.00	0.00
Older Persons Services	62.10	59.60
Home Care and Transitional Care	0.00	0.00
Total Available Funding – Social Care	288.20	285.10
Full details of the 2017 budget are available in Table F1		

Priorities and priority actions 2017 across all Social Care services in CHO 6

Safeguarding Vulnerable Persons at Risk of Abuse

- Advance implementation of training programme for awareness for designated officers and frontline staff
- Achieve training and awareness-raising target of 17,000 people
- Implement plan to ensure outcome of review of policy
- Analyse national database of safeguarding concerns to inform practice development and assurance of policy alignment
- Finalise policy review
- Establish a national independent review panel for disability services.
- Provide nine additional Professionally Qualified Social Workers to support the increasing workload of the Safeguarding teams.

Assisted Decision-Making

- Establish team to oversee the implementation of the *Assisted Decision-Making (Capacity) Act 2015*.

HCAIs and AMR

- Implement an agreed action plan for HCAIs and AMR in line with new governance structures and available resources.

Implementing Priorities 2017 – Social Care

Priority Actions	Q
Children First	
Ensure that 95% of HSE/HSE funded staff working in children and adult services will complete the eLearning Children First module	Q4
Review self assessed Children First Compliance Checklists of HSE and HSE funded services and their action plans and timelines for achieving compliance where relevant	Q1-Q4
Assisted Decision Making	
Involvement in needs assessment in Q1 2017	Q1-Q3
Safeguarding	
Achieve training and awareness target of 1,755	Q1-Q4

Disability Services

Priorities for 2017

- Continue to implement the recommendations of *Transforming Lives* the programme for implementing the Value for Money and Policy Review of Disability Services in Ireland.
- Implementation of a Time to Move on from Congregated Settings with a particular focus on the agreed priority sites
- Reconfigure day services including school leavers and rehabilitative training in line with New Directions
- Complete the Progressing Disability Services and Young People (0-18) Programme with the full establishment of 7 Disability Network Teams, aligned to CHO 6
- Commence implementation of *Outcomes for Children and their Families, an Outcomes Focused Performance Management and Accountability Framework for Children's Disability Network Teams*
- Enhance governance for Service Arrangements. This will include ongoing development of mechanisms for the management of emergency placements across all CHOs and service providers and the development of a bespoke online case management system for disability residential providers as well as the operation of a "Residential Executive Management Committee" in each CHO with overall responsibility for the management and oversight of the existing residential base as well as emergency placements
- Each CHO – including CHO 6 – will have in place a comprehensive implementation plan which consolidates the priority actions required under a range of key service improvements as follows:
 - *A Time to Move on from Congregated Settings*
 - Maximise reconfiguration of existing resource towards community based person centred model of service
 - Implement 6 Step Programme and Quality Improvement Team initiatives to improve HIQA Compliance
 - Transfer learning from the McCoy Review to secure system wide change
 - Involvement of Volunteer/Advocacy & Family Forums.
- In 2017, the CHO will deliver social care supports and services to people with a disability across the spectrum of day, residential and home support provision. The financial resources made available to the CHO as part of the HSEs 2017 National Service Plan is focussed on specific and targeted provision which is set out in the tables detailing agreed priority actions. Specifically, each CHO will maintain existing levels of services in line with financial resources available whilst noting specific developments relating to emergency and home respite support services as well as day/ rehabilitative training interventions. The CHO is cognisant that the demand for disability supports and services is growing in a significant way and will ensure throughout 2017 effective monitoring of the impact in this area as part of ongoing planning processes with the National Social Care Division in respect of the 2018 estimates process.

Implementing Priorities 2017 – Disability Services

Priority Actions	Q
Transforming Lives Operational Implementation	
Oversee the development /review of action plans by each service to support targeted 2017 activity .This will identify how service providers will transition residents from congregated settings into the community in line with policy and determine how key actions and milestones will be achieved in 2017 -2018	Q1
Complete the implementation plans, commenced in 2016 setting out the road map for transition to community living with specific milestones for 2017 and 2018. The implementation plans will identify how service providers will transition residents from congregated settings into the community in line with policy and determine how key actions and milestones will be achieved in 2017 – 2018.	Q1-Q4
Work with the residents who are to transition in 2017 to ensure transition plans reflect individual's will and preference for a good life	Q1-4
Ensure all services have developed specific local communication plans in line with Time to Move on from Congregated settings guidance documents	Q2
Engage in the service Reform Fund process	Q1-4
CHO 6 will implement the transition of 1 person from St Margaret's Donnybrook and 3 people from Carmona (as advised by the National Social Care Division) into a community based model of person-centred support, and promote A Time to Move On from Congregated settings with service providers	Q1-4
National and Local Consultative Forum	
Establish a local consultative forum consistent with the terms of reference nationally circulated which will link with the National Consultative Forum as part of an overall consultative process for the disability sector. Each local consultative forum will have a number of sub groups: <ul style="list-style-type: none"> - <i>Time to Move on from Congregated Settings</i> - New Directions - Progressing disability services for children and young people (LIG's already in place but need to be connected to overall disability services) - Service user engagement - Safeguarding 	Q1 - Q4
New Directions – programme for School Leavers and RT Graduates 2017	
CHO 6 will implement New Directions by working to attend to the needs of school leavers and those exiting RT service (25-RT; 64 -school leavers; 89 total)	Q3
Provide by mid February 2017 updated data regarding all individuals requiring a HSE funded day service in 2017	Q1
Identify the capacity available from within current resources to meet the needs of school leavers and those graduating from RT in 2017	Q1
Advise on the accommodation requirements for new day service entrants 2017	Q1

Priority Actions	Q
Complete the Profiling exercise for each individual by end of January 2017	Q1
Each CHO will be informed of the resource being allocated to meet the needs of School Leavers by the end of March 2017 and CHO 6 will prepare and deliver appropriate service responses with the provider sector during April and May 2017 so that families can be communicated with before the end of May 2017	Q1-Q2
Provide detailed information regarding the final agreed allocation of new funding to all service providers	Q3
Provide final data reports regarding the commencement of school leavers in services	Q4
Participate in the validation of the school leaver funding process for 2016 and 2017	Q1-Q4
New Directions – Policy Implementation 2017	
Participate in the piloting and review of the self assessment tool to support the implementation of the Interim Standards within existing resources	Q2
Commence use of the self assessment tool to support the implementation of the Interim Standards within existing resources	Q4
Complete a training needs analysis to develop a schedule for person centred planning training in line with identified priorities	Q4
Participate in the work required to ensure that accurate data is collated in regard to the total cohort currently in receipt of day services	Q1-Q4
CHO 6 will participate in work to develop RT programmes focused on the transition of young people from school to HSE funded services	Q3
Comprehensive Employment Strategy	
Continue to support the implementation of the recommendations attributed to the HSE in the Comprehensive Employment Strategy	Q1-Q4
Progressing Disability Services and Young People (0-18s) Programme	
Reconfigure 0–18s disability services into children’s disability network teams <ul style="list-style-type: none"> • Dublin South/South East will seek to reconfigure its services into 4 x 0-18 teams • Wicklow will seek to reconfigure its services into 2/3 x 0-18 teams 	Q1-4
CHO 6 will implement Progressing Disabilities for children 0-18 years with HSE funded agencies to deliver a fair, equitable and timely access for children to services	Q1-4
CHO 6 will implement care models to facilitate integrated care between primary care and disability services on an ongoing basis	Q1-4
CHO 6 will participate in the development of appropriate ICT processes and systems to support the PD model of care & to facilitate the integrated model of care for children services between primary care and disability network teams	Q1-4
CHO 6 will work to implement the report of the Inter-Departmental Group on Supporting Access to Early Childhood Care and Education Programme for Children with a Disability, (AIM - Access and	Q1-4

Priority Actions	Q
Inclusion Model) with the provision of appropriate resources and monitor responsiveness of services to meeting the needs of AIM	
CHO 6 will implement the National Policy on Access to Services for Children with a Disability or Developmental Delay in collaboration with Primary Care with children's disability network teams as they are established	Q1-4
Roll out of the HSE MIS as an interim solution for Children's Disability Network Teams who currently do not have IT systems	Q1-4
Disability Act	
CHO 6 will seek to achieve full compliance in completion of assessment of need within the timescales set out in the Disability Act	Q1-4
Emergency Places and Supports Provided to People with a Disability	
Have in place a "residential executive management committees" that will have the overarching responsibility of managing and co-ordinating residential placements and supports (including emergency placements) within CHO 6. These management committees will be led by the CHO Head of Social Care on behalf of the Chief Officer and will include senior management participation by funded relevant section 38 and 39 residential providers.	Q1-4
Enhance governance for service arrangements	
Build capacity to respond innovatively to existing and changing levels of support requirements	Q1-4
CHO 6 will seek to complete all service arrangements by 28th February 2017	Q1
CHO 6 will seek to complete all Grant Aid agreements by 28th February 2017	Q1
CHO 6 will embed effective governance and accountability in place in respect of section 38 and section 39 agencies	Q1-4
CHO 6 will work with agencies to complete their Service Level Arrangements and Grant Aid Agreements for 2017 in accordance with national timescales (Part 2 Schedules – to commence the implementation plan for the completion of SLA's when the documentation is available to system).	Q1
CHO 6 will seek assurance from funded agencies that the action plans developed in response to non compliance to HIQA standards will be submitted to this CHO for review prior to submission to HIQA	Q1-4
CHO 6 will seek assurance from funded agencies that relevant national policies are adopted and implemented i.e. Protection of Vulnerable Adult Policy, service user and family engagement, identification of training needs for staff, management of adverse events and risk management	Q1-4
Service Improvement Team	
Develop in collaboration with National Social Care Division and provider partners a <i>Resource Allocation and Cost Model</i> that will involve a deeper analysis of the cost base in the sector	Q1-4
Enhance governance for Quality & Safety	

Priority Actions	Q
Establish Residents Councils / Family Forums / Service User Panels or equivalent in Social Care	Q4
CHO 6 will ensure that the following committees are established and fully operational: <ul style="list-style-type: none"> • Quality & Safety Committee • HCAI or Infection Control Committee • Drugs and Therapeutic Committee • Health & Safety Committee 	Q1
Report monthly on the Social Care Quality and Safety Dashboard	Q1
CHO 6 will review and analyse incidents (numbers, types, trends)	Each Q
Review trends in the submission of HIQA notification forms submitted by HSE provided services	Q1–4
CHO 6 will have a process in place to ensure the recommendations of any serious investigations are implemented, and learning shared to include SRE's/Serious Incident Investigations	Each Q
CHO 6 will review and analyse complaints (numbers, types, trends)	Each Q
CHO 6 will have an active integrated Social Care Risk Register in place	Each Q
Review and Monitor the % of compliance with outcomes of designated centres following HIQA inspections	Q1 –Q4
CHO 6 will nominate appropriate person to hold one workshop for Person in Charge (PIC)/Persons Participating in Management (PPIM's)	Q2
Further to the workshop the positive learning will be disseminated across the sector in the CHO	Q3

Services for Older People

Introduction

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

The Chief Officer is committed to reforming our services in order to continue to develop high quality services which will meet the assessed needs of the individual, and which will deliver appropriate value for money to ensure assistance to the greatest possible number of individuals within the limited resources available to the older persons function within Community Health Organisation 6. This includes reviewing existing models of service provision and associated resourcing in order to develop potential models of care delivery which may offer alternatives to care in the home or indeed to full residential care. The organisation will continue to support the provision of Intensive Home Care support packages and consider individualised care solutions where these are appropriate, sustainable, and are proven to meet the needs of our clients and their families.

The older persons services function will continue to avail and pursue all available elements of the initiatives announced in the 2016 Service Plan and reinforced within the 2017 Service Plan for the benefit of the older persons population, including:

- Nursing Home Support Scheme;
- Short Stay Beds;
- Transitional Care Beds;
- Home Care and Community Support Services;
- Development of an Integrated Model of Care for Older People.

Priorities for 2017

- Ensure older people are provided with the appropriate supports following an acute hospital episode by maintaining of focus on the reduction of Delayed Discharges in acute hospital
- Influence service delivery and planning for Older Person's Strategy through reviewing and optimising options in relation to Single Assessment Tool (SAT) roll out across home care and residential services for older people.
- Strengthen accountability and compliance across all services and review contractor arrangements
- Promote the health and wellbeing of older persons facilitating them to stay active and well for as long as possible
- Improve access to home care and home help services throughout CHO 6
- Improve the quality and accessibility of residential care settings
- Deliver an Integrated Care Programme for Older Persons
- Enhance patient/stakeholder involvement
- Strengthen accountability and improve service response
- Encourage and support all staff working in Older Person's Care services to maximise their potential in delivering the best possible services within the resources available to CHO 6.

Implementing Priorities 2017

Priority Actions	Q
Maintain focus on the reduction of Delayed Discharges in acute hospitals	
Provide older people with appropriate supports following an acute hospital episode	Q1-4
CHO 6 will develop strategic and collaborative working alliances with our colleagues in the Local Authorities and Community Sector as part of the Positive Ageing Strategy and Healthy Ireland in the Health Services Implementation Plan	Q1-4
Prioritise transitional care resources to support acute hospital discharge	Q1-4
Facilitate relevant services in order to implement winter planning actions, to ensure appropriate focus on delayed discharges within the acute care sector	
Nursing Homes Support Scheme	
CHO6 will work with the national office for Services for Older People and the NHSS National Co-ordinating Unit in progressing the implementation of the outstanding recommendations of the NHSS Review.	Q1-4
Maintain maximum of four week waiting time for funding for the Nursing Homes Support Scheme (NHSS)	Q1-4
Improve Access to clear information for the public, in relation to the scheme	Q1-Q4
CHO6 will partake and be supportive of establishing regional Nursing Homes Support Offices to improve efficiency and responsiveness in regard to the NHSS application process	Q1-Q4
Access to home care and home help services throughout CHO 6	
CHO 6 will ensure the uniform implementation of the HSE's 2016 Tender Programme to support equity of access to home care/personal supports through the CHO	Q1
CHO 6 will deliver HCPS to 1,725 individuals and their families by year end through the provision of home care services in partnership with the voluntary and for profit care sectors	Q1-4
CHO 6 will provide support through the provision of home help services to over 2,900 individuals per week in 2017, amounting to a total of at least 455,000 hours per annum	Q1-4
CHO 6 will implement the Home Care Improvement Plan, including the nomination of a CHO 6 lead and the setting up of implementation groups and pilot projects in line with the national plan	Q1-4
Transitional Care	
CHO 6 will enhance transition of older persons across community, voluntary and acute sectors by revising protocols, improving communications and establishing collaborative workstreams with all sectors	Q1-4

Priority Actions	Q
CHO 6 will place particular focus on the continued usage of Transitional Care and enhanced Home Supports including Home Care Packages, Equipping and improved processes under the Nursing Home Support Scheme.	Q1-4
Single Assessment Tool (SAT)	
CHO 6 will collaborate with the National Social Care Division to commence and progress the implementation of SAT	Q1-Q4
Public Residential Care Services	
CHO 6 will review short-stay beds in residential care settings, implement the National Standards of Care for Older Persons in Ireland and deliver quality improvements programmes around pressure ulcers and falls	Q2-4
CHO 6 will implement residential care opportunities as part of Boarding Out scheme and to support alternative options for residential care	Q3-4
CHO 6 will assure access to 386 long-stay residential care beds in the Voluntary and Statutory sector(s) under the Nursing Home Support Scheme in 2017. CHO 6 will work closely with each Provider and the Health Information and Quality Authority to ensure development programmes for a number of these services does not significantly impact upon capacity in 2017.	Q3-4
CHO 6 will assure appropriate access to 164 short stay beds public and voluntary care units in accordance with the presenting needs of the acute and community sectors.	Q3-4
CHO 6 will ensure appropriate monitoring systems are in place to allow effective allocation of short and long stay beds as above	Q1-4
Implement a reduction of reliance on agency staffing and to provide for a sustainable workforce into the future	Q1-Q2
National Dementia Strategy	
Deliver a dementia specific educational programme for Primary Care Teams and GP's as part of the Primary Care Education, Pathways and Research in Dementia (PREPARED) Project (joint approach with Primary Care)	Q3
As part of the National Dementia Strategy CHO 6 will map services for people with dementia and their carers and develop further learning from key projects such as the Living Well With Dementia Project in South Dublin	Q1-2
CHO 6 will work closely with Genio and the National Social Care Division in the evaluation and further development of Dementia specific support initiatives commenced in 2016.	Q1-4
CHO 6 will maximise capacity within the existing 15 day care settings across the public and voluntary care sectors to ensure services are available to those most in need. Review and	Q1-4

Priority Actions	Q
support day care provision further, particularly in rural areas	
CHO 6 will develop further day care and befriending services for those persons suffering with Dementia, particularly where sole carers require continued support and encouragement to maintain their loved ones at home	Q1-4
Support the development of integrated working to deliver personalised home care packages for people with dementia CHO 6	Q1-4
Support the implementation of the National Dementia Understand Together Campaign across the CHO area .	Q1-4
Promote the health and wellbeing of older persons facilitating them to stay active and well for as long as possible	
CHO 6 will develop strategic and collaborative working alliances with our colleagues in the Local Authorities and Community Sector as part of the Positive Ageing Strategy and Healthy Ireland in the Health Services Implementation Plan	Q1-4
CHO 6 will implement the HSE Tobacco Free Campus Policy particularly in sites incorporating residential services for the Elderly	Q3-4
Keeping Older People Well	
Progress the implementation of Healthy Ireland in the Health Services National Implementation Plan 2015-2017 and the Positive Ageing Strategy	Q1-4
Continue to provide day care services and other community supports either directly or in partnership with voluntary organisations so as to ensure that older people are provided with the necessary supports to remain active and participate in their local communities	Q1-4
Continue to develop an integrated care pathway for falls prevention and bone health in each CHO taking the learning from the original pilot sites	Q1-4
National Carers Strategy	
CHO 6 will implement the <i>Carers Strategy</i> – through leading a multi-divisional group to progress the implementation of the <i>National Carers Strategy, Recognised, Supported, Empowered</i> . Test the Carers Need Assessment Tool for implementation in 2017	Q1-4
Enhance patient involvement and accountability of services for older persons	
CHO 6 will enhance patient/stakeholder involvement by developing advocacy services, service user groups in residential settings, and implementing audit recommendations relating to engagement	Q2
Ensure that all service users and their families are aware of the role of the Confidential Recipient	Q1-4

Priority Actions	Q
Service Arrangements	
Ensure completion of SLAs –Part 1 and 2 Schedules for services commissioned by service for older people within nationally agreed timelines	Q1
All SLAs to be completed by Chief Officer by February 28 th 2017	Q1
Quality & Safety	
Establish Residents Councils / Family Forums / Service User Panels or equivalent in Social Care	Q4
Quality & Safety Committees are in place within CHO 6	Q1
CHO 6 will ensure that the following committees are established and fully operational: <ul style="list-style-type: none"> • Quality & Safety Committee • HCAI or Infection Control Committee • Drugs and Therapeutic Committee • Health & Safety Committee 	Q1
Each CHO will report monthly on the Social Care Quality and Safety Dashboard	Q1
CHO 6 will further develop quality and risk procedures in line with the HSE's Quality & Risk Policy in order to implement systematic review of complaints, feedback to complainants and to ensure that learning from complaints inform service improvement initiatives	Q1-4
CHO 6 will further enhance the Quality & Safety structure in Older Persons Service Directorate, participate in HCAI and Drugs & Therapeutics Committees and establish a Safeguarding Council	Q2
CHO 6 will fully participate in the continued implementation and evaluation of the National Safeguarding Policy and will ensure an active focus on the continued programme of training and support in awareness and operation of the existing policy, including the establishment of a safeguarding committee	Q1-4
Monitor % of compliance with outcomes of HSE designated centres following HIQA inspections by CHO	Q1-Q4
Safe Care & Support	
Review and analyse incidents (numbers, types, trends)	Each Q
Have a process in place to ensure the recommendations of any serious investigations are implemented, and learning shared to include SRE's/serious incident investigations	Each Q
Review and analyse complaints (numbers, types, trends)	Each Q
Have an active integrated Social Care Risk Register in place	Each Q

Priority Actions	Q
Open Disclosure	
Provide assurance that the <i>Open Disclosure Policy</i> is in place and demonstrate implementation by having a named open disclosure lead per CHO	Q1
Person Centred Care & Support	
CHO 6 will conduct annual service user experience surveys amongst representative samples of the social care service user population	Q4
Effective Care & Support	
Have a system to review the trends from the collation of HIQA Notification Forms submitted by HSE provided-services	Q1-Q4
Emergency Planning	
All Older Persons residential units and other HSE older person services must have in place: <ul style="list-style-type: none"> • Emergency plans • Evacuation Plans • Severe Weather Warning Plans • CHO Emergency Plan 	Q1 –Q2
All HSE funded older person services must have in place as appropriate: <ul style="list-style-type: none"> • Emergency plans • Evacuation Plans • Severe Weather Warning Plans 	Q1 –Q2
Implement an integrated care model for older persons throughout CHO 6	
CHO 6 will develop existing community public health nursing liaison services and acute care interfaces to support improved discharge and care planning for older persons	Q1-2
CHO 6 will implement the Integrated Care Programme for Older Persons (ICPOP) to augment primary and secondary care services for older people in the community, including establishment of local integrated care teams and project workstreams	Q1
CHO 6 will recruit 5.0 WTE; Consultant Geriatrician and multidisciplinary team in conjunction with St. Vincent's University Hospital to support development of enhancing care pathways for older persons	Q1
CHO 6 will work with the National Clinical and Integrated Care Programme and with partner Pioneer Sites to ensure sharded learning and continuous evaluation of the Integrated Care Pilot site (with SVUH) in CHO 6.	Q2-4
Encourage and support all staff working in Older Person's Care services to maximise their potential in delivering the best possible services within the resources available to CHO 6	
CHO 6 will develop the capacity of management teams through personal professional development initiatives and provision of support	Q1-4

Priority Actions	Q
CHO 6 will develop staff engagement structures as part of the CHO reform process, implement proposals regarding the matching of staffing levels and skill-mix to care needs requirements across all public residential care services	Q2-4
CHO 6 will promote opportunities for staff to rotate and/or seek opportunities to gain knowledge and/or experience outside their core roles and responsibilities. Promote skill set matching with anticipated future roles to support professional development and training requirements for individual managers and staff	Q2-4
Maintain effective budgetary control, governance and resource management in services for older persons across CHO 6	
CHO 6 will implement the Paybill Management and Control Framework; enhance linkages with the Acute Care Sector to enable joint working and timely responses to matters such as Delayed Discharges and reporting requirements under Winter Planning Initiative 2016/2017	Q1-4
Service Improvement	
CHO 6 will will participate in service improvement initiatives both within residential and home based care services in co-operation with the National Social Care Division	Q1-4
CHO 6 will work closely with the Health Information and Quality Authority to ensure a continue process of service improvement within all Designated centres in CHO 6.	Q1-4
CHO 6 will work closely with the Quality and Patient Safety Division (HSE) in further assuring service improvement initiatives and will focus particularly on learning through complaints and listening workshops (facilitated by Q&PSD) to inform these initiatives.	Q1-4

2017 Balance Scorecard - Quality and Access Indicators of Performance

System Wide - National

Quality and Safety	Access
<p>All Divisions</p> <ul style="list-style-type: none"> Serious reportable events (SREs): investigations completed within 120 days Complaints investigated within 30 working days <p>Health and Wellbeing</p> <ul style="list-style-type: none"> Environmental Health: food inspections <p>Community Healthcare</p> <p>Primary Care services</p> <ul style="list-style-type: none"> Community Intervention Teams Child Health <p>Mental Health services</p> <ul style="list-style-type: none"> CAMHs: admission of children to CAMHs inpatient units CAMHs: bed days used <p>Social Care services</p> <ul style="list-style-type: none"> Safeguarding and screening HIQA inspection compliance <p>National Ambulance Service</p> <ul style="list-style-type: none"> ECHO and DELTA: allocation of resource within 90 seconds ROSC <p>Acute Hospitals</p> <ul style="list-style-type: none"> HCAI rates: Staph. Aureus and C. Difficile ED experience: patients who leave before completion of treatment Urgent colonoscopy: within four weeks Patient Safety: NEWS, iMEWS and Maternity Safety Statements Readmission rates: surgical, medical Surgery: timely treatment of hip fracture LOS: surgical, medical Cancer: radiotherapy commencement of treatment \leq 15 working days 	<p>Health and Wellbeing</p> <ul style="list-style-type: none"> Screening (breast, bowel, cervical and diabetic retina): uptake <p>Community Healthcare</p> <p>Primary Care services</p> <ul style="list-style-type: none"> Medical card: turnaround within 15 days Therapy waiting lists: access within 52 weeks Palliative services: inpatient and community services Substance misuse: commencement of treatment for under and over 18 years of age. <p>Mental Health services</p> <ul style="list-style-type: none"> CAMHs: access to first appointment with 12 months Adult mental health: time to first seen Psychiatry of old age: time to first seen <p>Social Care: Services for Older People</p> <ul style="list-style-type: none"> Home care services NHSS: no. of persons funded Delayed discharges <p>Social Care: Disability Services</p> <ul style="list-style-type: none"> Disability service: 0-18 years Disability Act compliance Congregated settings Supports in the community: PA hours and home support <p>National Ambulance Service</p> <ul style="list-style-type: none"> Response times (ECHO and DELTA) <p>Acute Hospitals</p> <ul style="list-style-type: none"> Routine colonoscopy: within 13 weeks Elective laparoscopic cholecystectomy Emergency department patient experience time - PET Waiting times for procedures Delayed discharges Cancer: urgent breast cancer referrals seen within two weeks Lung cancer referrals seen within 10 working days Prostate cancer referrals seen within 20 working days <p>National Ambulance Service and Acute Hospitals</p> <ul style="list-style-type: none"> Ambulance: timely clearance from hospitals

Finance, Governance and Compliance	Workforce
All Divisions <ul style="list-style-type: none"> ▪ Pay and non-pay control ▪ Income management ▪ Service arrangements ▪ Audit recommendations (internal and external) ▪ Reputational governance and communications stewardship 	All Divisions <ul style="list-style-type: none"> ▪ Staffing Levels ▪ Absence Acute Hospitals / Mental Health services <ul style="list-style-type: none"> ▪ EWTD shifts: < 24 hour ▪ EWTD: < 48 hour working week

Health and Wellbeing

Health and Wellbeing				
Indicator	Reporting Frequency	NSP 2016 Target	Projected Outturn 2016	NSP 2017 Target
National Screening Service				
BreastCheck				
% BreastCheck screening uptake rate	Q	> 70%	70%	> 70%
% women offered hospital admission for treatment within three weeks of diagnosis of breast cancer	Bi-annual	> 90%	93.1%	> 90%
CervicalCheck				
% eligible women with at least one satisfactory CervicalCheck screening in a five year period	Q	> 80%	78.9%	> 80%
BowelScreen				
% of client uptake rate in the BowelScreen programme	Q	> 45%	40%	> 45%
Diabetic RetinaScreen				
% Diabetic RetinaScreen uptake rate	Q	> 56%	56%	> 56%
Tobacco				
% of smokers on cessation programmes who were quit at one month	Q	45%	49%	45%
Immunisation				
% of healthcare workers who have received seasonal flu vaccine in the 2016-2017 influenza season (acute hospitals)	A	40%	22.5%	40%
% of healthcare workers who have received seasonal flu vaccine in the 2016-2017 influenza season (long term care facilities in the community)	A	40%	26.6%	40%
% uptake in flu vaccine for those aged 65 and older with a medical card or GP visit card	A	75%	55.4%	75%
% children aged 24 months who have received three doses of the 6-in-1 vaccine	Q	95%	94.9%	95%
% children aged 24 months who have received the measles, mumps, rubella (MMR) vaccine	Q	95%	92.7%	95%
% of first year girls who have received two doses of HPV vaccine	A	85%	70%	85%

Primary Care, Social Inclusion, Palliative Care and PCRS Quality and Access Indicators of Performance

Quality and Safety	Expected Activity/ Target 2017	Access	Expected Activity/ Target 2017
Primary Care		Primary Care	
Healthcare Associated Infections: Medication Management		GP Activity (national)	
<ul style="list-style-type: none"> Consumption of antibiotics in community settings (defined daily doses per 1,000 population) 	<21.7	<ul style="list-style-type: none"> Number of contacts with GP out of hours service 	1,055,388
Community Intervention Teams (CITs) – Number of referrals	1,242	Nursing	100%
<ul style="list-style-type: none"> Admission avoidance (includes OPAT) 	76	<ul style="list-style-type: none"> % of new patients accepted onto the caseload and seen within 12 weeks 	
<ul style="list-style-type: none"> Hospital avoidance 	1,008	Physiotherapy	81%
<ul style="list-style-type: none"> Early discharge (includes OPAT) 	158	<ul style="list-style-type: none"> % of new patients seen for assessment within 12 weeks 	
<ul style="list-style-type: none"> Unscheduled referrals from community sources 	0	<ul style="list-style-type: none"> % on waiting list for assessment ≤ 52 weeks 	98%
Health Amendment Act: Services to persons with State Acquired Hepatitis C	50	Occupational Therapy	
<ul style="list-style-type: none"> Number of Health Amendment Act cardholders reviewed 		<ul style="list-style-type: none"> % of new service users seen for assessment within 12 weeks 	72%
Primary Care Reimbursement Service	91%	<ul style="list-style-type: none"> % on waiting list for assessment ≤ 52 weeks 	92%
Medical Cards		Speech and Language Therapy	
<ul style="list-style-type: none"> % of medical card/GP visit card applications, assigned for medical officer review, processed within five days 	95%	<ul style="list-style-type: none"> % on waiting list for assessment ≤ 52 weeks 	100%
<ul style="list-style-type: none"> % of medical card/GP visit card applications which are accurately processed from a financial perspective by National Medical Card Unit staff 		<ul style="list-style-type: none"> % on waiting list for treatment ≤ 52 weeks 	100%
Social Inclusion		Podiatry	
Homeless Services	8	<ul style="list-style-type: none"> % on waiting list for treatment ≤ 12 weeks 	44%
<ul style="list-style-type: none"> Number and % of service users admitted to homeless emergency accommodation hostels/facilities whose health needs have been assessed within two weeks of admission 	85%	<ul style="list-style-type: none"> % on waiting list for treatment ≤ 52 weeks 	88%
Traveller Health	130	Ophthalmology	
<ul style="list-style-type: none"> Number of people who received health information on type 2 diabetes and cardiovascular health 		<ul style="list-style-type: none"> % on waiting list for treatment ≤ 12 weeks 	50%
Palliative Care		<ul style="list-style-type: none"> % on waiting list for treatment ≤ 52 weeks 	95%
Inpatient Palliative Care Services	90%	Dietetics	
<ul style="list-style-type: none"> % of patients triaged within one working day of referral (inpatient unit) 	90%	<ul style="list-style-type: none"> % on waiting list for treatment ≤ 12 weeks 	48%
<ul style="list-style-type: none"> % of patients with a multidisciplinary care plan documented within five working days of initial assessment (inpatient unit) 		<ul style="list-style-type: none"> % on waiting list for treatment ≤ 52 weeks 	96%
Community Palliative Care Services	90%	Psychology	
<ul style="list-style-type: none"> % of patients triaged within one working 		<ul style="list-style-type: none"> % on waiting list for treatment ≤ 12 weeks 	60%
		<ul style="list-style-type: none"> % on waiting list for treatment ≤ 52 weeks 	100%
		Oral Health	
		<ul style="list-style-type: none"> % of new patients who commenced treatment within three months of assessment 	88%
		Orthodontics	
		<ul style="list-style-type: none"> % of referrals seen for assessment within six months 	75%
		<ul style="list-style-type: none"> Reduce the proportion of patients on the treatment waiting list waiting longer than four years (grades 4 and 5) 	<5%
		Primary Care Reimbursement Service	
		Medical Cards (National)	
		<ul style="list-style-type: none"> % of completed medical card/GP visit card applications processed within 15 days 	96%

Quality and Safety	Expected Activity/ Target 2017	Access	Expected Activity/ Target 2017
day of referral (community)		<ul style="list-style-type: none"> Number of persons covered by medical cards as at 31st December Number of persons covered by GP visit cards as at 31st December <p>Social Inclusion</p> <p>Substance Misuse</p> <ul style="list-style-type: none"> % of substance misusers (over 18 years) for whom treatment has commenced within one calendar month following assessment % of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment <p>Opioid Substitution</p> <ul style="list-style-type: none"> Number of clients in receipt of opioid substitution treatment (outside prisons) Average waiting time from referral to assessment for opioid substitution treatment Average waiting time from opioid substitution assessment to exit from waiting list or treatment commenced <p>Needle Exchange</p> <ul style="list-style-type: none"> Number of unique individuals attending pharmacy needle exchange <p>Palliative Care</p> <p>Inpatient Palliative Care Services</p> <ul style="list-style-type: none"> Access to specialist inpatient bed within seven days Number accessing specialist inpatient bed within seven days <p>Community Palliative Care Services</p> <ul style="list-style-type: none"> Access to specialist palliative care services in the community provided within seven days (normal place of residence) Number of patients who received treatment in their normal place of residence <p>Children's Palliative Care Services</p> <ul style="list-style-type: none"> Number of children in the care of the children's outreach nurse No. of children in the care of the specialist paediatric palliative care team in an acute hospital setting (during the reporting month) 	<p>1,672,654</p> <p>528,593</p> <p>100%</p> <p>100%</p> <p>991</p> <p>4 days</p> <p>28 days</p> <p>0</p> <p>98%</p> <p>152</p> <p>95%</p> <p>260</p> <p>15</p> <p>0</p>
Child Health			
<ul style="list-style-type: none"> % of children reaching 10 months within the reporting period who have had child development health screening on time or before reaching 10 months of age 	95%		
<ul style="list-style-type: none"> % of newborn babies visited by a PHN within 72 hours of discharge from maternity services % of babies breastfed (exclusively and not 	98%		

Quality and Safety	Expected Activity/ Target 2017	Access	Expected Activity/ Target 2017
<ul style="list-style-type: none"> exclusively) at first PHN visit % of babies breastfed (exclusively and not exclusively) at three month PHN visit 	58%		
<ul style="list-style-type: none"> % of babies breastfed (exclusively and not exclusively) at three month PHN visit 	40%		
System Wide Immunisation <ul style="list-style-type: none"> % uptake in flu vaccine for those aged 65 and older with a medical card or GP visit card % children aged 24 months who have received 3 doses of the 6-in-1 vaccine % children aged 24 months who have received the measles, mumps, rubella (MMR) vaccine % of first year girls who have received two doses of HPV vaccine 	75%		
<ul style="list-style-type: none"> % uptake in flu vaccine for those aged 65 and older with a medical card or GP visit card 	95%		
<ul style="list-style-type: none"> % children aged 24 months who have received 3 doses of the 6-in-1 vaccine 	95%		
<ul style="list-style-type: none"> % children aged 24 months who have received the measles, mumps, rubella (MMR) vaccine 	85%		
<ul style="list-style-type: none"> % of first year girls who have received two doses of HPV vaccine 			
System Wide Serious Reportable Events (SREs) <ul style="list-style-type: none"> % of serious reportable events being notified within 24 hours to the senior accountable officer % of investigations completed within 120 days of the notification of the event to the senior accountable officer 	Target	System Wide Health and Safety <ul style="list-style-type: none"> No. of calls that were received by the National Health and Safety Helpdesk 	Target
<ul style="list-style-type: none"> % of serious reportable events being notified within 24 hours to the senior accountable officer 	99%		10% increase
<ul style="list-style-type: none"> % of investigations completed within 120 days of the notification of the event to the senior accountable officer 	90%	Service User Experience - Complaints <ul style="list-style-type: none"> % of complaints investigated within 30 working days of being acknowledged by the complaints officer 	75%
Safety Incident Reporting <ul style="list-style-type: none"> % of safety incidents being entered onto NIMS within 30 days of occurrence by CHO Extreme and major safety incidents as a % of all incidents reported as occurring % of claims received by the State Claims Agency that were not reported previously as an incident 	90%		
	Actual to be reported in 2017		
<ul style="list-style-type: none"> % of claims received by the State Claims Agency that were not reported previously as an incident 	40%		
Internal Audit <ul style="list-style-type: none"> % of internal audit recommendations implemented within 6 months of the report being received % of internal audit recommendations implemented, against total number of recommendations, within 12 months of report being received 	75%		
<ul style="list-style-type: none"> % of internal audit recommendations implemented, against total number of recommendations, within 12 months of report being received 	95%		
Service Arrangements/Annual Compliance Statement <ul style="list-style-type: none"> % of number of service arrangements signed % of the monetary value of service arrangements signed % annual compliance statements signed 	100%		
	100%		
	100%		
	100%		
Finance		Workforce	
Budget Management		Absence	

Quality and Safety	Expected Activity/ Target 2017	Access	Expected Activity/ Target 2017
<ul style="list-style-type: none"> ▪ Net expenditure: variance from plan ▪ Pay: Direct / Agency / Overtime 	<p style="text-align: center;">≤0.1%</p>	<ul style="list-style-type: none"> ▪ % absence rates by staff category 	<p style="text-align: center;">≤3.5%</p>
<p>Capital</p> <ul style="list-style-type: none"> ▪ Capital expenditure versus expenditure profile 	<p style="text-align: center;">100%</p>	<p>Staffing Levels and Costs</p> <ul style="list-style-type: none"> ▪ % adherence to funded staffing thresholds 	<p style="text-align: center;">>99.5%</p>

Mental Health Quality and Access Indicators of Performance

Quality and Safety	Access
<p>All Divisions</p> <ul style="list-style-type: none"> ▪ Serious reportable events (SREs): investigations completed within 120 days ▪ Complaints investigated within 30 working days <p>Mental Health Services</p> <ul style="list-style-type: none"> ▪ CAMHs: admission of children to CAMHs inpatient units ▪ CAMHs: bed days used 	<p>Health and Wellbeing</p> <ul style="list-style-type: none"> ▪ Screening (breast, bowel, cervical and diabetic retina): uptake <p>Mental Health Services</p> <ul style="list-style-type: none"> ▪ CAMHs: access to first appointment with 12 months ▪ Adult mental health: time to first seen ▪ Psychiatry of old age: time to first seen
Finance, Governance and Compliance	Workforce
<p>All Divisions</p> <ul style="list-style-type: none"> ▪ Pay and non-pay control ▪ Income management ▪ Service arrangements ▪ Audit recommendations (internal and external) ▪ Reputational governance and communications stewardship 	<p>All Divisions</p> <ul style="list-style-type: none"> ▪ Staffing Levels ▪ Absence <p>Acute Hospitals / Mental Health services</p> <ul style="list-style-type: none"> ▪ EWTD shifts: < 24 hour ▪ EWTD: < 48 hour working week

System-Wide				
Indicator	Reporting Frequency	NSP 2016 Target	Projected Outturn 2016	NSP 2017 Target
Budget Management including savings				
Net expenditure variance from plan (within budget)				
Pay	M	≤ 0.33%	To be reported in Annual Financial Statements 2016	≤ 0.1%
Non-pay	M	≤ 0.33%		≤ 0.1%
Income	M	≤ 0.33%		≤ 0.1%
Capital				
Capital expenditure versus expenditure profile	Q	100%	100%	100%
Audit				
% of internal audit recommendations implemented within 6 months of the report being received	Q	75%	75%	75%
% of internal audit recommendations implemented, against total no. of recommendations, within 12 months of report being received	Q	95%	95%	95%
Service Arrangements / Annual Compliance Statement				
% of number of service arrangements signed	M	100%	100%	100%
% of the monetary value of service arrangements signed	M	100%	100%	100%
% annual compliance statements signed	A	100%	100%	100%
Workforce				
% absence rates by staff category	M	≤ 3.5%	4.3%	≤ 3.5%
% adherence to funded staffing thresholds	M	> 99.5%	> 99.5%	> 99.5%
EWTD				
< 24 hour shift (acute and mental health)	M	100%	97%	100%
< 48 hour working week (acute and mental health)	M	95%	82%	95%

System-Wide				
Indicator	Reporting Frequency	NSP 2016 Target	Projected Outturn 2016	NSP 2017 Target
Health and Safety No. of calls that were received by the National Health and Safety Helpdesk	Q	15% increase	15%	10% increase
Service User Experience % of complaints investigated within 30 working days of being acknowledged by the complaints officer	Q	75%	75%	75%
Serious Reportable Events % of serious reportable events being notified within 24 hours to the senior accountable officer	M	99%	40%	99%
% of investigations completed within 120 days of the notification of the event to the senior accountable officer	M	90%	0%	90%
Safety Incident Reporting % of safety incidents being entered onto NIMS within 30 days of occurrence by Hospital Group / CHO	Q	90%	50%	90%
Extreme and major safety incidents as a % of all incidents reported as occurring	Q	New PI 2017	New PI 2017	Actual results to be reported in 2017
% of claims received by State Claims Agency that were not reported previously as an accident	A	New PI 2016	55%	40%

Social Care Quality and Access Indicators of Performance

Disability Services

Quality and Safety	Access
<p>All Divisions</p> <ul style="list-style-type: none"> ▪ Serious reportable events (SREs): investigations completed within 120 days ▪ Complaints investigated within 30 working days ▪ Safeguarding and screening <ul style="list-style-type: none"> - 100% of CHO Heads of Social Care who can evidence implementation of the HSE's Safeguarding Vulnerable Persons at Risk of Abuse policy throughout the CHO as set out in Section 4 of the policy - 100% of CHO Heads of Social Care that have established CHO wide organisational arrangements required by the HSE's <i>Safeguarding Vulnerable Persons at Risk of Abuse</i> policy throughout the CHO as set out in Section 9.2 of the policy - 100% of preliminary screenings for adults with an outcome of reasonable grounds for concern that are submitted to the safeguarding and protection teams accompanied by an interim safeguarding plan <ul style="list-style-type: none"> - Adults aged 65 and over - Adults under 65 years ▪ HIQA inspection compliance <ul style="list-style-type: none"> - 80% compliance with inspected outcomes following HIQA inspection of disability residential units 	<ul style="list-style-type: none"> ▪ Disability service: 0-18 years <ul style="list-style-type: none"> - 100% of Children's Disability Network Teams established ▪ <i>Disability Act</i> compliance <ul style="list-style-type: none"> - 100% of assessments completed within the timelines provided for in the regulations ▪ Congregated settings <ul style="list-style-type: none"> - Facilitate the movement of 223 people from congregated to community settings ▪ Supports in the community: PA hours and home support <ul style="list-style-type: none"> - 1.4m PA service hours delivered to adults with a physical and/or sensory disability - 2,357 adults with a physical and/or sensory disability in receipt of a PA service - 2.75m home support hours delivered to persons with a disability - 7,447 people with a disability in receipt of home support services (ID/autism and physical and sensory disability)
Finance	Human Resources
<p>All Divisions</p> <ul style="list-style-type: none"> ▪ Pay and non-pay control ▪ Income management ▪ Service arrangements ▪ Audit recommendations (internal and external) ▪ Reputational governance and communications stewardship 	<p>All Divisions</p> <ul style="list-style-type: none"> ▪ Staffing Levels ▪ Absence

Services for Older People¹

Quality and Safety	Access
<p>All Divisions</p> <ul style="list-style-type: none"> ▪ Serious reportable events (SREs): investigations completed within 120 days ▪ Complaints investigated within 30 working days ▪ Safeguarding and screening <ul style="list-style-type: none"> - 100% of CHO Heads of Social Care who can evidence implementation of the HSE's Safeguarding Vulnerable Persons at Risk of Abuse policy throughout the CHO as set out in Section 4 of the policy - 100% of CHO Heads of Social Care that have established CHO wide organisational arrangements required by the HSE's <i>Safeguarding Vulnerable Persons at Risk of Abuse</i> policy throughout the CHO as set out in Section 9.2 of the policy - 100% of preliminary screenings for adults with an outcome of reasonable grounds for concern that are submitted to the safeguarding and protection teams accompanied by an interim safeguarding plan <ul style="list-style-type: none"> - Adults aged 65 and over - Adults under 65 years ▪ HIQA inspection compliance ▪ 80% compliance with inspected outcomes following HIQA inspection of disability residential units 	<ul style="list-style-type: none"> ▪ Home Care Services for Older People <ul style="list-style-type: none"> - 16,750 people in receipt of a HCP/DDI HCP (Monthly target) including delayed discharge initiative HCPs - 10,570,000 home help hours provided for all care groups (excluding provision of hours from HCPs) - 49,000 people in receipt of home help hours (excluding provision of hours from HCPs) (Monthly target) ▪ NHSS: <ul style="list-style-type: none"> - 23,603 people funded under NHSS in long term residential care at year end - 5,088 NHSS beds in public long stay units - 1,918 short stay beds in public long stay units - 2.9 years average length of stay for NHSS clients in public, private and saver long stay units ▪ Delayed discharges <ul style="list-style-type: none"> - 152 average weekly transitional care beds available to acute hospitals - 15 additional weekly transitional care beds winter plan (October 16 – February 17) - 7,200 people in acute hospitals approved for transitional care to move to alternative care settings
Finance, Governance and Compliance	Workforce
<p>All Divisions</p> <ul style="list-style-type: none"> ▪ Pay and non-pay control ▪ Income management ▪ Service arrangements ▪ Audit recommendations (internal and external) ▪ Reputational governance and communications stewardship 	<p>All Divisions</p> <ul style="list-style-type: none"> ▪ Staffing Levels ▪ Absence

¹ These are national figures

Appendix 1:

CHO 6 Financial Tables

Service Arrangement Funding²

Primary Care

Primary Care Division	2017 Pay Budget	2017 Non-Pay Budget	2017 Gross Budget	Income	2017 Net Budget
CHO 6					
Primary Care	39.62	15.00	54.62	(4.51)	50.10
Social Inclusion	0.67	1.89	2.56	(0.00)	2.56
Palliative Care	0.38	0.39	0.77	(0.00)	0.77
Core Services	40.67	17.27	57.95	(4.52)	53.43
Local DLS	0.00	19.15	19.15	0.00	19.15
Total	40.67	36.42	77.10	(4.52)	72.58
Dublin Dental					
Primary Care	5.20	1.63	6.83	(1.30)	5.53
Social Inclusion	0.00	0.00	0.00	0.00	0.00
Palliative Care	0.00	0.00	0.00	0.00	0.00
Core Services	5.20	1.63	6.83	(1.30)	5.53
Local DLS	0.00	0.00	0.00	0.00	0.00
Total	5.20	1.63	6.83	(1.30)	5.53
Total CHO 6 (Incl. Dublin Dental)					
Primary Care	44.83	16.63	61.45	(5.82)	55.64
Social Inclusion	0.67	1.89	2.56	(0.00)	2.56
Palliative Care	0.38	0.39	0.77	(0.00)	0.77
Core Services	45.88	18.90	64.78	(5.82)	58.96
Local DLS	0.00	19.15	19.15	0.00	19.15
Total	45.88	38.06	83.93	(5.82)	78.11

² Note:

Information is taken from the SPG On-line system (Service Provider Governance) as at 26th October 2016. Funding may be subject to variation, and additional Agencies may be in receipt of €100K or above once 2016 arrangements are finalised.

Disability Services

Summary	Care Group	Disability funding €	CHO Area 6 €
			- Dublin S.E. -Dun Laoghaire -Wicklow
S38 – SA	Disability	723,276,230	74,830,229
S39 – SA	Disability	428,048,401	59,994,102
S39 – GA	Disability	5,653,847	363,368
Total S39	Disability	433,702,248	60,357,470
Total Voluntary	Disability	1,156,978,477	135,187,699
For Profit – SA	Disability	68,051,117	4,239,841
Out of State – SA	Disability	8,230,736	0
Total Commercial	Disability	76,281,853	4,239,841
Total All	Disability	1,233,260,330	139,427,540

Section 38 Service Arrangements

Parent agency	Disability Funding €	CHO Area 6 €
		- Dublin S.E. -Dun Laoghaire -Wicklow
Saint John of God Community Services Limited	109,853,353	21,175,276
National Rehabilitation Hospital	27,500,000	27,500,000
Sunbeam House Services	22,416,952	22,416,952
KARE	16,284,355	35,400
The Children's Sunshine Home	4,002,601	3,702,601
Total All	180,057,261	74,830,229

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

Parent agency	Disability Funding €	CHO Area 6 €
		- Dublin S.E. -Dun Laoghaire -Wicklow
Rehabcare	44,098,844	8,557,903
Enable Ireland	35,709,903	12,557,988
I.W.A. Limited	29,588,489	1,829,075
The Cheshire Foundation in Ireland	23,935,810	7,184,580
National Learning Network Limited	14,631,040	1,025,284
Camphill Communities of Ireland	10,802,117	805,501
Peter Bradley Foundation Limited	10,271,127	2,288,943
St. Catherine's Association Ltd	7,789,594	6,019,686
Gheel Autism Services	7,331,173	4,099,266
NCBI Services	6,499,935	104,844
Autism Spectrum Disorder Initiatives Limited	5,576,093	4,673,404
Section 39 Service Arrangements Funding (> €5m) Total	196,234,125	49,146,474

Agencies in receipt of funding in excess of €1m

Parent agency	Disability Funding €	CHO Area 6 €
		- Dublin S.E. -Dun Laoghaire -Wicklow
Rehabcare	44,098,844	8,557,903
Enable Ireland	35,709,903	12,557,988
I.W.A. Limited	29,588,489	1,829,075
The Cheshire Foundation in Ireland	23,935,810	7,184,580
National Learning Network Limited	14,631,040	1,025,284
Camphill Communities of Ireland	10,802,117	805,501
Peter Bradley Foundation Limited	10,271,127	2,288,943
St. Catherine's Association Ltd	7,789,594	6,019,686
Gheel Autism Services	7,331,173	4,099,266
NCBI Services	6,499,935	104,844
Autism Spectrum Disorder Initiatives Limited	5,576,093	4,673,404
The National Association for the Deaf	3,822,609	180,588

Parent agency	Disability Funding €	CHO Area 6 €
		- Dublin S.E. -Dun Laoghaire -Wicklow
Catholic Institute for Deaf People (CIDP)	3,812,753	1,193,409
St. Mary's Centre (Telford) Ltd	3,231,752	3,231,752
Headway (Ireland) Ltd - The National Association for Acquired Brain Injury	2,607,621	136,728
Anne Sullivan Foundation for Deaf/Blind	2,564,694	1,279,882
St. Margaret's Centre	2,377,268	2,377,268
Muscular Dystrophy Ireland	1,139,285	19,584
Section 39 Service Arrangements Funding over €1m	215,790,107	57,565,685
Nua Healthcare Services	18,404,265	3,106,741
Talbot Group	12,822,543	628,355
Simplicitas Ltd (UK)	2,050,976	120,000
For Profit Service Arrangements Funding above €1m	33,277,784	3,855,096
Out of State Service Arrangements Funding over€1m	5,976,126	0

Services for Older People

Older Persons Services – Total Funding	Older Persons Total €	CHO Area 6 €
		- Dublin S.E. -Dun Laoghaire -Wicklow
S38 – SA	54,095,282	30,101,000
S39 – SA	97,717,581	12,777,198
S39 – GA	15,811,541	742,461
Total S39	113,529,122	13,519,659
Total Voluntary	167,624,404	43,620,659
For Profit – SA	65,491,433	4,747,538
Out of State – SA	88,000	0
Total Commercial	65,579,433	4,747,538
Total All	233,203,837	48,368,197

Agencies in receipt of Funding in excess of €1m

Parent agency	Older Persons Total €	CHO Area 6 €
		- Dublin S.E. -Dun Laoghaire - Wicklow
Royal Hospital Donnybrook	17,563,000	17,563,000
Leopardstown Park Hospital	12,538,000	12,538,000
Section 38 Service Arrangements Funding Total	30,101,000	30,101,000
Alzheimer Society of Ireland	10,736,161	2,712,894
Family Carers Ireland	5,291,726	96,926
Rehabcare	2,163,932	2,163,932
Caritas Convalescent Centre Ltd	2,047,000	2,047,000
Wicklow Community Services Limited	1,185,019	1,185,019
Greystones Home Help Services Ltd	1,134,205	1,134,205
The Arklow Home Help Service Limited	1,053,363	1,053,363
Section 39 Service Arrangements Funding Over €1m	23,611,406	10,393,339
Elder Home Care Limited	12,617,237	1,200,000
All In Care Limited	3,081,315	25
Castle Homecare Limited	1,000,000	1,000,000
For Profit – SAs Funding €1m	16,698,552	2,200,025

Appendix 2

Workforce Information

CHO 6 – National Workforce Numbers by Staff Category (inc Section 38)

	Medical/ Dental	Nursing	H&S Care Prof.	Mgt/ Admin	General Support Staff	Patient & Client Care	Overall Total Sept 2016
Mental Health	54.15	241.66	107.98	59.02	50.83	45.11	558.75
Primary Care	130.99	190.63	168.61	209.67	32.08	81.43	813.41
Social Care	31.22	695.48	773.31	272.03	233.83	974.93	2,980.80
Overall Total	216.36	1,127.77	1,049.90	540.72	316.74	1,101.47	4,352.96

CHO 6 – HSE / Section 38 Agencies Workforce Numbers

	Medical/ Dental	Nursing	H&S Care Prof.	Mgt/ Admin	General Support Staff	Patient & Client Care	Overall Total Sept 2016
Mental Health	17.91	185.65	27.50	22.18	40.54	43.28	337.06
Primary Care	117.79	185.51	166.61	181.82	19.33	53.79	724.85
Social Care	6.55	188.77	59.21	29.38	44.08	201.51	529.50
Health Service Executive	142.25	559.93	253.32	233.38	103.95	298.58	1,591.41
Mental Health	36.24	56.01	80.48	36.84	10.29	1.83	221.69
Primary Care	13.20	5.12	2.00	27.85	12.75	27.64	88.56
Social Care	24.67	506.71	714.10	242.65	189.75	773.42	2,451.30
Voluntary Agencies (Non-Acute)	74.11	567.84	796.58	307.34	212.79	802.89	2,761.55
Overall Total	216.36	1,127.77	1,049.90	540.72	316.74	1,101.47	4,352.96

Primary Care Division Workforce Position: Staff Category Information

CHO 6 – Primary Care	Medical/ Dental	Nursing	Health & Social Care Professionals	Management/ Admin	General Support Staff	Patient & Client Care	WTE Sep 16	% Total
HSE	118	186	167	182	19	54	725	7.00%
Section 38	13	5	2	28	13	28	89	0.90%
Total CHO 6	131	191	169	210	32	81	813	7.80%

Social Care Division Workforce Position: Staff Category Information

HSE / Section 38	CHO 6	HSE	Section 38
Medical / Dental	32	7	25
Nursing	695	189	506
Health and Social Care	773	59	714
Management / Admin	272	29	243
General Support Staff	234	44	190
Patient and Client Care	975	202	773
WTE Sept 2016	2,981	530	2451
% Total	11.2%		

Appendix 3

Performance Indicator Suites

System Wide – Full Metrics/KPI Suite

System-Wide				
Indicator	Reporting Frequency	NSP 2016 Target	Projected Outturn 2016	NSP 2017 Target
Budget Management including savings				
Net expenditure variance from plan (within budget)	M	≤ 0.33%	To be reported in Annual Financial Statements 2016	≤ 0.1%
Pay				
Non-pay	M	≤ 0.33%		≤ 0.1%
Income	M	≤ 0.33%		≤ 0.1%
Capital				
Capital expenditure versus expenditure profile	Q	100%	100%	100%
Audit				
% of internal audit recommendations implemented within 6 months of the report being received	Q	75%	75%	75%
% of internal audit recommendations implemented, against total no. of recommendations, within 12 months of report being received	Q	95%	95%	95%
Service Arrangements / Annual Compliance Statement				
% of number of service arrangements signed	M	100%	100%	100%
% of the monetary value of service arrangements signed	M	100%	100%	100%
% annual compliance statements signed	A	100%	100%	100%
Workforce				
% absence rates by staff category	M	≤ 3.5%	4.3%	≤ 3.5%
% adherence to funded staffing thresholds	M	> 99.5%	> 99.5%	> 99.5%
EWTD				
< 24 hour shift (acute and mental health)	M	100%	97%	100%
< 48 hour working week (acute and mental health)	M	95%	82%	95%
Health and Safety				
No. of calls that were received by the National Health and Safety Helpdesk	Q	15% increase	15%	10% increase
Service User Experience				
% of complaints investigated within 30 working days of being acknowledged by the complaints officer	Q	75%	75%	75%
Serious Reportable Events				
% of serious reportable events being notified within 24 hours to the senior accountable officer	M	99%	40%	99%
% of investigations completed within 120 days of the notification of the event to the senior accountable officer	M	90%	0%	90%
Safety Incident Reporting				
% of safety incidents being entered onto NIMS within 30 days of occurrence by Hospital Group / CHO	Q	90%	50%	90%

System-Wide				
Indicator	Reporting Frequency	NSP 2016 Target	Projected Outturn 2016	NSP 2017 Target
Extreme and major safety incidents as a % of all incidents reported as occurring	Q	New PI 2017	New PI 2017	Actual results to be reported in 2017
% of claims received by State Claims Agency that were not reported previously as an accident	A	New PI 2016	55%	40%

Health and Wellbeing

	Key Performance Indicators Service Planning 2017	NSP/DOP	Reported at National / CHO / HG Level	Reporting Frequency	Expected Activity / Target 2017 CHO 6
	Metric Titles				
Tobacco	No. of smokers who received intensive cessation support from a cessation counsellor	NSP	CHO/National Quitline	M	840
	No. of frontline staff trained in brief intervention smoking cessation	NSP	CHO	M	108
	% of smokers on cessation programmes who were quit at one month	NSP	National	Q 1 qtr in arrears	45%
HP&I - Healthy Eating Active Living	No. of 5k Parkruns completed by the general public in community settings	DOP	CHO	M	54,885
	No. of unique runners completing a 5k parkrun in the month	DOP	CHO	M	31,191
	No. of unique new first time runners completing a 5k parkrun in the month	DOP	CHO	M	8,469
	No. of people who have completed a structured patient education programme for diabetes	NSP	CHO	M	182
	% of PHNs trained by dieticians in the Nutrition Reference Pack for Infants 0-12 months	DOP	CHO	Q	52
	No. of people attending a structured community based healthy cooking programme	DOP	CHO	M	800
	% of preschools participating in Smart Start	DOP	CHO	Q	20%
	% of primary schools trained to participate in the after schools activity programme - Be Active	DOP	CHO	Q	25%
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)	DOP	CHO	Q 1 qtr in arrears	95%

% children at 12 months of age who have received two doses of the Pneumococcal Conjugate vaccine (PCV2)	DOP	CHO	Q 1 qtr in arrears	95%
% children at 12 months of age who have received 1 dose of the Meningococcal group C vaccine (MenC2)	DOP	CHO	Q 1 qtr in arrears	95%
% children aged 24 months who have received 3 doses Diphtheria (D3), Pertussis (P3), Tetanus (T3) vaccine, Haemophilus influenzae type b (Hib3), Polio (Polio3), hepatitis B (HepB3)(6 in 1)	NSP	CHO	Q 1 qtr in arrears	95%
% children aged 24 months who have received 3 doses Meningococcal C (MenC3) vaccine	DOP	CHO	Q 1 qtr in arrears	95%
% children aged 24 months who have received 1 dose Haemophilus influenzae type B (Hib) vaccine	DOP	CHO	Q 1 qtr in arrears	95%
% children aged 24 months who have received 3 doses Pneumococcal Conjugate (PCV3) vaccine	DOP	CHO	Q 1 qtr in arrears	95%
% children aged 24 months who have received the Measles, Mumps, Rubella (MMR) vaccine	NSP	CHO	Q 1 qtr in arrears	95%
% children in junior infants who have received 1 dose 4-in-1 vaccine (Diphtheria, Tetanus, Polio, Pertussis)	DOP	CHO	A	95%
% children in junior infants who have received 1 dose Measles, Mumps, Rubella (MMR) vaccine	DOP	CHO	A	95%
% first year students who have received 1 dose Tetanus, low dose Diphtheria, Acellular Pertussis (Tdap) vaccine	DOP	CHO	A	95%
% of first year girls who have received two doses of HPV Vaccine	NSP	CHO	A	85%
% of first year students who have received one dose meningococcal C (MenC) vaccine	DOP	CHO	A	95%
% of health care workers who have received seasonal Flu vaccine in the current* influenza season (acute hospitals)	NSP	CHO	A	40%
% of health care workers who have received seasonal Flu vaccine in the current* influenza season (long term care facilities in the community)	NSP	CHO	A	40%
% uptake in Flu vaccine for those aged 65 and older with a medical card or GP visit card	NSP	CHO	A	75%

*The current influenza season is Sept '16 to Apr '17

Primary Care

Key Performance Indicators Service Planning 2017				2016	2016	2017		2017 Expected Activity / Target
KPI Title	NSP/ DOP	KPI Type Access/ Quality /Access Activity	Report Frequ- ency	2016 National Target / Expecte d Activity	2016 Project ed outturn	2017 National Target / Expecte d Activity	Report ed at Nation al/ CHO / HG	CHO 6
Community Intervention Teams (No. of referrals)				24,202	27,033	32,861		1,242
Admission Avoidance (includes OPAT)	NSP	Quality	M	914	949	1,187	CHO	76
Hospital Avoidance	NSP	Quality	M	12,932	17,555	21,629	CHO	1,008
Early discharge (includes OPAT)	NSP	Quality	M	6,360	5,240	6,072	CHO	158
Unscheduled referrals from community sources	NSP	Quality	M	3,996	3,289	3,972	CHO	0
Outpatient Parenteral Antimicrobial Therapy (OPAT) Re-admission rate %	DOP	Access /Activity	M	≤5%	2.3%	≤5%	HG	≤5%
Community Intervention Teams Activity (by referral source)				24,202	27,033	32,861	CHO	1,242
ED / Hospital wards / Units	DOP	Access /Activity	M	13,956	18,042	21,966	CHO	688
GP Referral	DOP	Access /Activity	M	6,386	5,619	7,003	CHO	466
Community Referral	DOP	Access /Activity	M	2,226	1,896	2,212	CHO	0
OPAT Referral	DOP	Access /Activity	M	1,634	1,476	1,680	CHO	88
GP Out of Hours								
No. of contacts with GP Out of Hours Service	NSP	Access /Activity	M	964,770	1,053,996	1,055,388	Nationa l	
Physiotherapy								
No. of patient referrals	DOP	Activity	M	193,677	197,592	197,592	CHO	13,044
No. of patients seen for a first time assessment	DOP	Activity	M	160,017	163,596	163,596	CHO	11,568
No. of patients treated in the reporting month (monthly target)	DOP	Activity	M	36,430	37,477	37,477	CHO	2,420
No. of face to face contacts/visits	DOP	Activity	M	775,864	756,000	756,000	CHO	50,244
Total no. of physiotherapy patients on the assessment waiting list at the end of the reporting period	DOP	Access	M	28,527	30,454	30,454	CHO	1,378
No. of physiotherapy patients on the assessment waiting list at the end of the reporting period 0 - ≤ 12 weeks	DOP	Access	M	No target	20,282	No target	CHO	No target
No. of physiotherapy patients on the assessment waiting list at the end of the reporting period >12 weeks - ≤ 26 weeks	DOP	Access	M	No target	6,437	No target	CHO	No target
No. of physiotherapy patients on the assessment waiting list at the end of the reporting period >26 weeks but ≤ 39 weeks	DOP	Access	M	No target	2,118	No target	CHO	No target
No. of physiotherapy patients on the assessment waiting list at the end of the reporting period >39 weeks but ≤ 52 weeks	DOP	Access	M	No target	993	No target	CHO	No target

Key Performance Indicators Service Planning 2017				2016	2016	2017		2017 Expected Activity / Target
KPI Title	NSP/ DOP	KPI Type Access/ Quality /Access Activity	Report Frequency	2016 National Target / Expected Activity	2016 Projected outturn	2017 National Target / Expected Activity	Reported at National/ CHO / HG	CHO 6
No. of physiotherapy patients on the assessment waiting list at the end of the reporting period > 52 weeks	DOP	Access	M	No target	624	No target	CHO	No target
% of new physiotherapy patients seen for assessment within 12 weeks	NSP	Access	M	70%	81%	81%	CHO	81%
% of physiotherapy patients on waiting list for assessment ≤ 26 weeks	DOP	Access	M	90%	88%	88%	CHO	88%
% of physiotherapy patients on waiting list for assessment ≤ 39 weeks	DOP	Access	M	95%	95%	95%	CHO	95%
% of physiotherapy patients on waiting list for assessment ≤ to 52 weeks	NSP	Access	M	100%	98%	98%	CHO	98%
Occupational Therapy								
No. of service user referrals	DOP	Activity	M	89,989	93,264	93,264	CHO	6,732
No. of new service users seen for a first assessment	DOP	Activity	M	86,499	87,888	90,605	CHO	6,780
No. of service users treated (direct and indirect) monthly target	DOP	Activity	M	20,291	20,675	20,675	CHO	1,464
Total no. of occupational therapy service users on the assessment waiting list at the end of the reporting period	DOP	Access	M	19,932	25,874	25,874	CHO	1,523
No. of occupational therapy service users on the assessment waiting list at the end of the reporting period 0 - ≤ 12 weeks	DOP	Access	M	No target	9,074	No target	CHO	No target
No. of occupational therapy service users on the assessment waiting list at the end of the reporting period >12 weeks - ≤ 26 weeks	DOP	Access	M	No target	6,249	No target	CHO	No target
No. of occupational therapy service users on the assessment waiting list at the end of the reporting period >26 weeks but ≤ 39 weeks	DOP	Access	M	No target	3,506	No target	CHO	No target
No. of occupational therapy service users on the assessment waiting list at the end of the reporting period >39 weeks but ≤ 52 weeks	DOP	Access	M	No target	2,385	No target	CHO	No target
No. of occupational therapy service users on the assessment waiting list at the end of the reporting period > 52 weeks	DOP	Access	M	No target	4,660	No target	CHO	No target
% of new occupational therapy service users seen for assessment within 12 weeks	NSP	Access	M	70%	72%	72%	CHO	72%
% of occupational therapy service users on waiting list for assessment ≤ 26 weeks	DOP	Access	M	80%	59%	59%	CHO	59%
% of occupational therapy service users on waiting list for assessment ≤ 39 weeks	DOP	Access	M	95%	73%	73%	CHO	73%
% of occupational therapy service users on waiting list for assessment ≤ to 52 weeks	NSP	Access	M	100%	82%	92%	CHO	92%
Primary Care – Speech and Language Therapy								
No. of patient referrals	DOP	Activity	M	50,863	52,584	52,584	CHO	3,036
Existing patients seen in the month	DOP	Activity	M	New 2016	16,958	16,958	CHO	944
New patients seen for initial assessment	DOP	Activity	M	41,083	44,040	44,040	CHO	1,860

Key Performance Indicators Service Planning 2017				2016	2016	2017		2017 Expected Activity / Target
KPI Title	NSP/ DOP	KPI Type Access/ Quality /Access Activity	Report Frequ- ency	2016 National Target / Expecte d Activity	2016 Project ed outturn	2017 National Target / Expecte d Activity	Report ed at Nation al/ CHO / HG	CHO 6
Total no. of speech and language patients waiting initial assessment at end of the reporting period	DOP	Access	M	13,050	14,164	14,164	CHO	578
Total no. of speech and language patients waiting initial therapy at end of the reporting period	DOP	Access	M	8,279	8,823	8,823	CHO	372
% of speech and language therapy patients on waiting list for assessment ≤ to 52 weeks	NSP	Access	M	100%	97%	100%	CHO	100%
% of speech and language therapy patients on waiting list for treatment ≤ to 52 weeks	NSP	Access	M	100%	85%	100%	CHO	100%
Primary Care – Speech and Language Therapy Service Improvement Initiative								
New patients seen for initial assessment	DOP	Activity	M	New 2017	New 2017	17,646	CHO	600
No. of speech and language therapy initial therapy appointments	DOP	Access	M	New 2017	New 2017	43,201	CHO	2,240
No. of speech and language therapy further therapy appointments	DOP	Access	M	New 2017	New 2017	39,316	CHO	910
Primary Care – Podiatry								
No. of patient referrals	DOP	Activity	M	11,589	11,148	11,148	CHO	No direct service
Existing patients seen in the month	DOP	Activity	M	5,210	5,454	5,454	CHO	No direct service
New patients seen	DOP	Activity	M	8,887	9,192	9,504	CHO	No direct service
Total no. of podiatry patients on the treatment waiting list at the end of the reporting period	DOP	Access	M	3,186	2,699	2,699	CHO	No direct service
No. of podiatry patients on the treatment waiting list at the end of the reporting period 0 - ≤ 12 weeks	DOP	Access	M	No target	1,194	No target	CHO	No direct service
No. of podiatry patients on the treatment waiting list at the end of the reporting period >12 weeks - ≤ 26 weeks	DOP	Access	M	No target	481	No target	CHO	No direct service
No. of podiatry patients on the treatment waiting list at the end of the reporting period >26 weeks but ≤ 39 weeks	DOP	Access	M	No target	244	No target	CHO	No direct service
No. of podiatry patients on the treatment waiting list at the end of the reporting period >39 weeks but ≤ 52 weeks	DOP	Access	M	No target	190	No target	CHO	No direct service
No. of podiatry patients on the treatment waiting list at the end of the reporting period > 52 weeks	DOP	Access	M	No target	590	No target	CHO	No direct service
% of podiatry patients on waiting list for treatment ≤ 12 weeks	NSP	Access	M	75%	44%	44%	CHO	No direct service
% of podiatry patients on waiting list for treatment ≤ 26 weeks	DOP	Access	M	90%	62%	62%	CHO	No direct service
% of podiatry patients on waiting list for treatment ≤ 39 weeks	DOP	Access	M	95%	71%	71%	CHO	No direct service
% of podiatry patients on waiting list for treatment ≤ to 52 weeks	NSP	Access	M	100%	78%	88%	CHO	No direct service

Key Performance Indicators Service Planning 2017				2016	2016	2017		2017 Expected Activity / Target
KPI Title	NSP/ DOP	KPI Type Access/ Quality /Access Activity	Report Frequ- ency	2016 National Target / Expecte d Activity	2016 Project ed outturn	2017 National Target / Expecte d Activity	Report ed at Nation al/ CHO / HG	CHO 6
No of patients with diabetic active foot disease treated in the reporting month	DOP	Quality	M	133	140	166	CHO	1
No. of treatment contacts for diabetic active foot disease in the reporting month	DOP	Access /Activity	M	532	561	667	CHO	5
Primary Care – Ophthalmology								
No. of patient referrals	DOP	Activity	M	26,913	28,452	28,452	CHO	792
Existing patients seen in the month	DOP	Activity	M	4,910	5,281	5,281	CHO	156
New patients seen	DOP	Activity	M	16,524	23,616	33,779	CHO	1,204
Total no. of ophthalmology patients on the treatment waiting list at the end of the reporting period	DOP	Access	M	14,267	16,090	16,090	CHO	1,064
No. of ophthalmology patients on the treatment waiting list at the end of the reporting period 0 - ≤ 12 weeks	DOP	Access	M	No target	4,550	No target	CHO	No target
No. of ophthalmology patients on the treatment waiting list at the end of the reporting period >12 weeks - ≤ 26 weeks	DOP	Access	M	No target	3,117	No target	CHO	No target
No. of ophthalmology patients on the treatment waiting list at the end of the reporting period >26 weeks but ≤ 39 weeks	DOP	Access	M	No target	2,095	No target	CHO	No target
No. of ophthalmology patients on the treatment waiting list at the end of the reporting period >39 weeks but ≤ 52 weeks	DOP	Access	M	No target	1,670	No target	CHO	No target
No. of ophthalmology patients on the treatment waiting list at the end of the reporting period > 52 weeks	DOP	Access	M	No target	4,658	No target	CHO	No target
% of ophthalmology patients on waiting list for treatment ≤ 12 weeks	NSP	Access	M	60%	28%	50%	CHO	50%
% of ophthalmology patients on waiting list for treatment ≤ 26 weeks	DOP	Access	M	80%	48%	58%	CHO	58%
% of ophthalmology patients on waiting list for treatment ≤ 39 weeks	DOP	Access	M	90%	61%	61%	CHO	61%
% of ophthalmology patients on waiting list for treatment ≤ 52 weeks	NSP	Access	M	100%	71%	81%	CHO	81%
Primary Care – Audiology								
No. of patient referrals	DOP	Activity	M	18,317	22,620	22,620	CHO	Service included in CHO9
Existing patients seen in the month	DOP	Activity	M	2,850	2,740	2,740	CHO	Service included in CHO9
New patients seen	DOP	Activity	M	16,459	15,108	23,954	CHO	Service included in CHO9
Total no. of audiology patients on the treatment waiting list at the end of the reporting period	DOP	Access	M	13,870	14,650	14,650	CHO	Service included in CHO9
No. of audiology patients on the treatment waiting list at the end of the reporting period 0 - ≤ 12 weeks	DOP	Access	M	No target	5,956	No target	CHO	Service included in CHO9

Key Performance Indicators Service Planning 2017				2016	2016	2017		2017 Expected Activity / Target
KPI Title	NSP/ DOP	KPI Type Access/ Quality /Access Activity	Report Frequ- ency	2016 National Target / Expecte d Activity	2016 Project ed outturn	2017 National Target / Expecte d Activity	Report ed at Nation al/ CHO / HG	CHO 6
No. of audiology patients on the treatment waiting list at the end of the reporting period >12 weeks - ≤ 26 weeks	DOP	Access	M	No target	3,352	No target	CHO	Service included in CHO9
No. of audiology patients on the treatment waiting list at the end of the reporting period >26 weeks but ≤ 39 weeks	DOP	Access	M	No target	1,856	No target	CHO	Service included in CHO9
No. of audiology patients on the treatment waiting list at the end of the reporting period >39 weeks but ≤ 52 weeks	DOP	Access	M	No target	1,340	No target	CHO	Service included in CHO9
No. of audiology patients on the treatment waiting list at the end of the reporting period > 52 weeks	DOP	Access	M	No target	2,146	No target	CHO	Service included in CHO9
% of audiology patients on waiting list for treatment ≤ 12 weeks	NSP	Access	M	60%	41%	50%	CHO	Service included in CHO9
% of audiology patients on waiting list for treatment ≤ 26 weeks	DOP	Access	M	80%	64%	64%	CHO	Service included in CHO9
% of audiology patients on waiting list for treatment ≤ 39 weeks	DOP	Access	M	90%	76%	76%	CHO	Service included in CHO9
% of audiology patients on waiting list for treatment ≤ to 52 weeks	NSP	Access	M	100%	85%	95%	CHO	Service included in CHO9
Primary Care – Dietetics								
No. of patient referrals	DOP	Activity	M	27,858	31,884	31,884	CHO	2,460
Existing patients seen in the month	DOP	Activity	M	5,209	3,480	3,480	CHO	289
New patients seen	DOP	Activity	M	21,707	22,548	23,457	CHO	2,076
Total no. of dietetics patients on the treatment waiting list at the end of the reporting period	DOP	Access	M	5,479	8,843	8,843	CHO	291
No. of dietetics patients on the treatment waiting list at the end of the reporting period 0 - ≤ 12 weeks	DOP	Access	M	No target	4,255	No target	CHO	No target
No. of dietetics patients on the treatment waiting list at the end of the reporting period >12 weeks - ≤ 26 weeks	DOP	Access	M	No target	1,921	No target	CHO	No target
No. of dietetics patients on the treatment waiting list at the end of the reporting period >26 weeks but ≤ 39 weeks	DOP	Access	M	No target	912	No target	CHO	No target
No. of dietetics patients on the treatment waiting list at the end of the reporting period >39 weeks but ≤ 52 weeks	DOP	Access	M	No target	536	No target	CHO	No target
No. of dietetics patients on the treatment waiting list at the end of the reporting period > 52 weeks	DOP	Access	M	No target	1,219	No target	CHO	No target
% of dietetics patients on waiting list for treatment ≤ 12 weeks	NSP	Access	M	70%	48%	48%	CHO	48%
% of dietetics patients on waiting list for treatment ≤ 26 weeks	DOP	Access	M	85%	70%	70%	CHO	70%
% of dietetics patients on waiting list for treatment ≤ 39 weeks	DOP	Access	M	95%	80%	80%	CHO	80%
% of dietetics patients on waiting list for treatment ≤ to 52 weeks	NSP	Access	M	100%	86%	96%	CHO	96%

Key Performance Indicators Service Planning 2017				2016	2016	2017		2017 Expected Activity / Target
KPI Title	NSP/ DOP	KPI Type Access/ Quality /Access Activity	Report Frequency	2016 National Target / Expected Activity	2016 Projected outturn	2017 National Target / Expected Activity	Reported at National/ CHO / HG	CHO 6
Primary Care – Psychology								
No. of patient referrals	DOP	Activity	M	12,261	13,212	13,212	CHO	1,212
Existing patients seen in the month	DOP	Activity	M	2,626	2,312	2,312	CHO	168
New patients seen	DOP	Activity	M	9,367	10,152	10,152	CHO	1,164
Total no. of psychology patients on the treatment waiting list at the end of the reporting period	DOP	Access	M	6,028	7,068	7,068	CHO	371
No. of psychology patients on the treatment waiting list at the end of the reporting period 0 - ≤ 12 weeks	DOP	Access	M	No target	1,979	No target	CHO	No target
No. of psychology patients on the treatment waiting list at the end of the reporting period >12 weeks - ≤ 26 weeks	DOP	Access	M	No target	1,584	No target	CHO	No target
No. of psychology patients on the treatment waiting list at the end of the reporting period >26 weeks but ≤ 39 weeks	DOP	Access	M	No target	1,026	No target	CHO	No target
No. of psychology patients on the treatment waiting list at the end of the reporting period >39 weeks but ≤ 52 weeks	DOP	Access	M	No target	694	No target	CHO	No target
No. of psychology patients on the treatment waiting list at the end of the reporting period > 52 weeks	DOP	Access	M	No target	1,785	No target	CHO	No target
% of psychology patients on waiting list for treatment ≤ 12 weeks	NSP	Access	M	60%	28%	60%	CHO	60%
% of psychology patients on waiting list for treatment ≤ 26 weeks	DOP	Access	M	80%	50%	80%	CHO	80%
% of psychology patients on waiting list for treatment ≤ 39 weeks	DOP	Access	M	90%	65%	90%	CHO	90%
% of psychology patients on waiting list for treatment ≤ to 52 weeks	NSP	Access	M	100%	75%	100%	CHO	100%
Primary Care – Nursing								
No. of patient referrals	DOP	Activity	M	159,694	135,384 Data Gap	135,384 Data Gaps	CHO	3,108 Data Gaps
Existing patients seen in the month	DOP	Activity	M	64,660	46,293 Data Gap	64,660 Data Gaps	CHO	1,482 Data Gaps
New patients seen	DOP	Activity	M	123,024	110,784 Data Gap	123,024 Data Gaps	CHO	5,948 Data Gaps
% of new patients accepted onto the caseload and seen within 12 weeks	NSP	Access	M	New 2017	New 2017	100%	CHO	100%
Child Health								
% of children reaching 10 months within the reporting period who have had child development health screening on time or before reaching 10 months of age	NSP	Quality	M	95%	94%	95%	CHO	95%
% of newborn babies visited by a PHN within 72 hours of discharge from maternity services	NSP	Quality	Q	97%	98%	98%	CHO	98%

Key Performance Indicators Service Planning 2017				2016	2016	2017		2017 Expected Activity / Target
KPI Title	NSP/DOP	KPI Type Access/Quality/Access Activity	Report Frequency	2016 National Target / Expected Activity	2016 Projected outcome	2017 National Target / Expected Activity	Reported at National/CHO/HG	CHO 6
% of babies breastfed (exclusively and not exclusively) at first PHN visit	NSP	Quality	Q	56%	57%	58%	CHO	58%
% of babies breastfed (exclusively and not exclusively) at three month PHN visit	NSP	Quality	Q	38%	38%	40%	CHO	40%
Oral Health Primary Dental Care								
No. of new patients attending for scheduled assessment	DOP	Access/Activity	M	Unavailable	47,904 Data Gap	Unavailable	CHO	Unavailable
No. of new patients attending for unscheduled assessment	DOP	Access/Activity	M	Unavailable	25,476 Data Gap	Unavailable	CHO	Unavailable
% of new patients who commenced treatment within three months of assessment	NSP	Access	M	80%	88% Data Gap	88%	CHO	88%
Orthodontics								
No. of patients receiving active treatment at the end of the reporting period	DOP	Access	Q	16,887	18,404	18,404	National / former region	
% of referrals seen for assessment within 6 months	NSP	Access	Q	75%	60%	75%	National / former region	
% of orthodontic patients on the waiting list for assessment ≤ 12 months	DOP	Access	Q	100%	99%	100%	National / former region	
% of orthodontic patients on the treatment waiting list less than two years	DOP	Access	Q	75%	62%	75%	National / former region	
% of orthodontic patients on treatment waiting list less than four years (grades 4 and 5)	DOP	Access	Q	95%	94%	95%	National / former region	
No. of orthodontic patients on the assessment waiting list at the end of the reporting period	DOP	Access	Q	5,966	6,720	6,720	National / former region	
No. of orthodontic patients on the treatment waiting list – grade 4 –at the end of the reporting period	DOP	Access/Activity	Q	9,912	9,741	9,741	National / former region	
No. of orthodontic patients on the treatment waiting list – grade 5 –at the end of the reporting period	DOP	Access/Activity	Q	8,194	8,136	8,136	National / former region	
Reduce the proportion of orthodontic patients on the treatment waiting list waiting longer than 4 years (grades 4 and 5)	NSP	Access	Q	<5%	6%	<5%	National / former region	

Key Performance Indicators Service Planning 2017				2016	2016	2017		2017 Expected Activity / Target
KPI Title	NSP/ DOP	KPI Type Access/ Quality /Access Activity	Report Frequ- ency	2016 National Target / Expecte d Activity	2016 Project ed outturn	2017 National Target / Expecte d Activity	Report ed at Nation al/ CHO / HG	CHO 6
Health Amendment Act - Services to persons with State Acquired Hepatitis C								
No. of Health Amendment Act cardholders who were reviewed	NSP	Quality	Q	798	212	586	Nationa l	50
Healthcare Associated Infections: Medication Management								
Consumption of antibiotics in community settings (defined daily doses per 1,000 population)	NSP	Quality	Q	<21.7	27.6	<21.7	Nationa l	
Tobacco Control								
% of primary care staff to undertake brief intervention training for smoking cessation	DOP	Quality	Q	5%	5%	5%	CHO	5%

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

				2016	2016	2017		2017 Expected Activity / Target
KPI Title	NSP / DOP	KPI Type Access/ Quality /Access Activity	Report Frequ- ency	2016 National Target / Expected Activity	2016 Project ed outturn	2017 National Target / Expected Activity	Report ed at Nationa l / CHO	CHO 6
Substance Misuse								
No. of substance misusers who present for treatment	DOP	Access	Q, 1 Qtr in arrears	6,972	6,760	6,760	CHO	588
No. of substance misusers who present for treatment who receive an assessment within two weeks	DOP	Quality	Q, 1 Qtr in Arrears	4,864	4,748	4,748	CHO	432
% of substance misusers who present for treatment who receive an assessment within two weeks	DOP	Quality	Q, 1 Qtr in Arrears	100%	70%	100%	CHO	100%
No. of substance misusers (over 18 years) for whom treatment has commenced following assessment	DOP	Quality	Q, 1 Qtr in Arrears	5,584	5,932	5,932	CHO	532
No. of substance misusers (over 18 years) for whom treatment has commenced within one calendar month following assessment	DOP	Quality	Q, 1 Qtr in Arrears	5,024	5,304	5,304	CHO	380
% of substance misusers (over 18 years) for whom treatment has commenced within one calendar month following assessment	NSP	Access	Q, 1 Qtr in Arrears	100%	89%	100%	CHO	100%
No. of substance misusers (under 18 years) for whom treatment has commenced following assessment	DOP	Access	Q, 1 Qtr in Arrears	268	348	348	CHO	0
No. of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment	DOP	Access	Q, 1 Qtr in Arrears	260	296	296	CHO	0

				2016	2016	2017		2017 Expected Activity / Target
KPI Title	NSP / DOP	KPI Type Access/ Quality /Access Activity	Report Frequency	2016 National Target / Expected Activity	2016 Project ed outturn	2017 National Target / Expected Activity	Report ed at Nationa l / CHO	CHO 6
% of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment	NSP	Access	Q, 1 Qtr in Arrears	100%	85%	100%	CHO	100%
% of substance misusers (over 18 years) for whom treatment has commenced who have an assigned key worker	DOP	Quality	Q, 1 Qtr in Arrears	100%	74%	100%	CHO	100%
% of substance misusers (over 18 years) for whom treatment has commenced who have a written care plan	DOP	Quality	Q, 1 Qtr in Arrears	100%	87%	100%	CHO	100%
% of substance misusers (under 18 years) for whom treatment has commenced who have an assigned key worker	DOP	Quality	Q, 1 Qtr in Arrears	100%	91%	100%	CHO	100%
% of substance misusers (under 18 years) for whom treatment has commenced who have a written care plan	DOP	Quality	Q, 1 Qtr in Arrears	100%	90%	100%	CHO	100%
Opioid Substitution								
Total no. of clients in receipt of opioid substitution treatment (outside prisons)	NSP	Access	M, 1 Mth in Arrears	9,515	9,560	9,700	CHO	991
No. of clients in opioid substitution treatment in clinics	DOP	Access	M, 1 Mth in Arrears	5,470	5,466	5,084	CHO	477
No. of clients in opioid substitution treatment with level 2 GP's	DOP	Access	M, 1 Mth in Arrears	1,975	2,083	2,108	CHO	340
No. of clients in opioid substitution treatment with level 1 GP's	DOP	Access	M, 1 Mth in Arrears	2,080	2,011	2,508	CHO	174
No. of clients transferred from clinics to level 1 GP's	DOP	Access	M, 1 Mth in Arrears	300	288	300	CHO	27
No. of clients transferred from clinics to level 2 GP's	DOP	Access	M, 1 Mth in Arrears	134	81	140	CHO	15
No. of clients transferred from level 2 to level 1 GP's	DOP	Access	M, 1 Mth in Arrears	119	21	150	CHO	16
Total no. of new clients in receipt of opioid substitution treatment (outside prisons)	DOP	Access	M, 1 Mth in Arrears	617	552	645	CHO	56
Total no. of new clients in receipt of opioid substitution treatment (clinics)	DOP	Access	M, 1 Mth in Arrears	498	449	507	CHO	13
Total no. of new clients in receipt of opioid substitution treatment (level 2 GP)	DOP	Access	M, 1 Mth in Arrears	119	103	138	CHO	43
Average waiting time (days) from referral to assessment for opioid substitution treatment	NSP	Access	M, 1 Mth in Arrears	14 days	4 days	4 days	CHO	4 days
Average waiting time (days) from opioid substitution assessment to exit from waiting list or treatment commenced	NSP	Access	M, 1 Mth in Arrears	28 days	31 days	28 days	CHO	28 days
No. of pharmacies providing opioid substitution treatment	DOP	Access	M, 1 Mth in Arrears	653	654	654	CHO	60

				2016	2016	2017		2017 Expected Activity / Target
KPI Title	NSP / DOP	KPI Type Access/ Quality /Access Activity	Report Frequency	2016 National Target / Expected Activity	2016 Project ed outturn	2017 National Target / Expected Activity	Report ed at Nationa l / CHO	CHO 6
No. of people obtaining opioid substitution treatment from pharmacies	DOP	Access	M, 1 Mth in Arrears	6,463	6,630	6,630	CHO	608
Alcohol Misuse								
No. of problem alcohol users who present for treatment	DOP	Access	Q, 1 Qtr in Arrears	3,540	3,736	3,736	CHO	680
No. of problem alcohol users who present for treatment who receive an assessment within two weeks	DOP	Access	Q, 1 Qtr in Arrears	2,344	1,900	1,900	CHO	336
% of problem alcohol users who present for treatment who receive an assessment within two weeks	DOP	Access	Q, 1 Qtr in Arrears	100%	51%	100%	CHO	100%
No. of problem alcohol users (over 18 years) for whom treatment has commenced following assessment	DOP	Access	Q, 1 Qtr in Arrears	3,228	3,424	3,424	CHO	680
No. of problem alcohol users (over 18 years) for whom treatment has commenced within one calendar month following assessment	DOP	Access	Q, 1 Qtr in Arrears	3,228	2,956	2,956	CHO	348
% of problem alcohol users (over 18 years) for whom treatment has commenced within one calendar month following assessment	DOP	Access	Q, 1 Qtr in Arrears	100%	86%	100%	CHO	100%
No. of problem alcohol users (under 18 years) for whom treatment has commenced following assessment	DOP	Access	Q, 1 Qtr in Arrears	56	36	36	CHO	0
No. of problem alcohol users (under 18 years) for whom treatment has commenced within one week following assessment	DOP	Access	Q, 1 Qtr in Arrears	56	28	28	CHO	0
% of problem alcohol users (under 18 years) for whom treatment has commenced within one week following assessment	DOP	Access	Q, 1Qtr in Arrears	100%	78%	100%	CHO	100%
% of problem alcohol users (over 18 years) for whom treatment has commenced who have an assigned key worker	DOP	Quality	Q, 1 Qtr in Arrears	100%	60%	100%	CHO	100%
% of problem alcohol users (over 18 years) for whom treatment has commenced who have a written care plan	DOP	Quality	Q, 1 Qtr in Arrears	100%	91%	100%	CHO	100%
% of problem alcohol users (under 18 years) for whom treatment has commenced who have an assigned key worker	DOP	Quality	Q, 1 Qtr in Arrears	100%	89%	100%	CHO	100%
% of problem alcohol users (under 18 years) for whom treatment has commenced who have a written care plan	DOP	Quality	Q, 1 Qtr in Arrears	100%	67%	100%	CHO	100%
No. of staff trained in SAOR Screening and Brief Intervention for problem alcohol and substance use	DOP	Quality	Q, 1 Qtr in Arrears	300	397	778	CHO	70
Needle Exchange								
No. of pharmacies recruited to provide Needle Exchange Programme	DOP	Quality	TRI M, 1 Qtr in	119	112	112	CHO	0

				2016	2016	2017		2017 Expected Activity / Target
KPI Title	NSP / DOP	KPI Type Access/ Quality /Access Activity	Report Frequency	2016 National Target / Expected Activity	2016 Project ed outturn	2017 National Target / Expected Activity	Report ed at Nationa l / CHO	CHO 6
			Arrears					
No. of unique individuals attending pharmacy needle exchange	NSP	Access	TRI M, 1 Qtr in Arrears	1,731	1,647	1,647	CHO	0
Total no. of clean needles provided each month	DOP	Access	TRI M, 1 Qtr in Arrears	New 2017	New 2017	23,727	CHO	0
Average no. of clean needles (and accompanying injecting paraphenilia) per unique individual each month	DOP	Quality	TRI M, 1 Qtr in Arrears	New 2017	New 2017	14	CHO	14
No. and % of needle / syringe packs returned	DOP	Quality	TRI M, 1 Qtr in Arrears	1,032 (30%)	863 (22%)	1,166 (30%)	CHO	0
Homeless Services								
No. and % of individual service users admitted to homeless emergency accommodation hostels/ who have medical cards	DOP	Quality	Q	1,108 (75%)	1,093 (73%)	1,121 (75%)	CHO	7 (75%)
No. and % of service users admitted during the quarter who did not have a valid medical card on admission and who were assisted by hostel staff to acquire a medical card during the quarter	DOP	Quality	Q	302 (70%)	218 (54%)	281 (70%)	CHO	2 (70%)
No. and % of service users admitted to homeless emergency accommodation hostels / facilities whose health needs have been assessed within two weeks of admission	NSP	Quality	Q	1,311 (85%)	1,022 (68%)	1,272 (85%)	CHO	8 (85%)
No. and % of service users admitted to homeless emergency accommodation hostels / facilities whose health needs have been assessed and are being supported to manage their physical / general health, mental health and addiction issues as part of their care/support plan	DOP	Quality	Q	80%	1,128 (76%)	1,017 (80%)	CHO	6 (80%)
Traveller Health								
No. of people who received health information on type 2 diabetes and cardiovascular health	NSP	Quality	Q	3,470 20% of the population in each Traveller Health Unit	3,481	3,481	CHO	130
No. of people who received awareness and participated in positive mental health initiatives	DOP	Quality	Q	3,470 20% of the population in each Traveller Health Unit	4,167	3,481	CHO	130

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

Key Performance Indicators Service Planning 2017				2016	2016	2017		2017 Expected Activity / Target
KPI Title	NSP / DOP	KPI Type Access/ Quality /Access Activity	Report Freque ncy	2016 National Target / Expected Activity	2016 Project ed outturn	2017 National Target / Expected Activity	Report ed at Nationa l/ CHO / HG Level	CHO 6 Ireland East HG
Inpatient Palliative Care Services								
Access to specialist inpatient bed within seven days (during the reporting month)	NSP	Access	M	98%	97%	98%	CHO/H G	98%
No. accessing specialist inpatient bed within seven days (during the reporting month)	NSP	Access	M	New 2017	New 2017	3,555	CHO/H G	152
Access to specialist palliative care inpatient bed from eight to 14 days (during the reporting month)	DOP	Access	M	2%	3%	2%	CHO/H G	2%
% patients triaged within one working day of referral (Inpatient Unit)	NSP	Quality	M 2016 Q4 Report ing	90%	90%	90%	CHO/H G	90%
No. of patients in receipt of treatment in specialist palliative care inpatient units (during the reporting month)	DOP	Access /Activity	M	474	466	494	CHO/H G	32
No. of new patients seen or admitted to the specialist palliative care service (monthly cumulative)	DOP	Access /Activity	M	2,877	2,916	3,110	CHO/H G	200
No. of admissions to specialist palliative care inpatient units (monthly cumulative)	DOP	Access /Activity	M	3,310	3,708	3,815	CHO/H G	250
% patients with a multidisciplinary care plan documented within five working days of initial assessment (Inpatient Unit)	NSP	Quality	M 2016 Q4 Report ing	90%	90%	90%	CHO/H G	90%
Community Palliative Care Services								
Access to specialist palliative care services in the community provided within seven days (Normal place of residence) (during the reporting month)	NSP	Access	M	95%	92%	95%	CHO	95%
Access to specialist palliative care services in the community provided to patients in their place of residence within eight to 14 days (Normal place of residence) (during the reporting month)	DOP	Access	M	3%	6%	3%	CHO	3%
Access to specialist palliative care services in the community provided to patients in their place of residence within 15+ days (Normal place of residence) (during the reporting month)	DOP	Access	M	2%	2%	2%	CHO	2%
% patients triaged within one working day of referral (Community)	NSP	Quality	M	New 2017	New 2017	90%	CHO	90%
No. of patients who received treatment in their normal place of residence	NSP	Access /Activity	M	3,309	3,517	3,620	CHO	260

Key Performance Indicators Service Planning 2017				2016	2016	2017		2017 Expected Activity / Target
KPI Title	NSP / DOP	KPI Type Access/ Quality /Access Activity	Report Freque ncy	2016 National Target / Expected Activity	2016 Project ed outturn	2017 National Target / Expected Activity	Report ed at Nationa l / CHO / HG Level	CHO 6 Ireland East HG
No. of new patients seen by specialist palliative care services in their normal place of residence	DOP	Access /Activity	M	9,353	9,864	9,610	CHO	830
Day Care								
No. of patients in receipt of specialist palliative day care services (during the reporting month)	DOP	Access /Activity	M	349	337	355	CHO	40
No. of new patients who received specialist palliative day care services (monthly cumulative)	DOP	Access	M	985	996	1,010	CHO	120
Intermediate Care								
No. of patients in receipt of care in designated palliative care support beds (during the reporting month)	DOP	Access /Activity	M	165	146	176	CHO	13
Children's Palliative Care Services								
No. of children in the care of the children's outreach nurse	NSP	Access /Activity	M	New 2017	New 2017	269	CHO	15
No. of new children in the care of the children's outreach nurse	DOP	Access /Activity	M	New 2017	New 2017	New metric 2017	CHO	To be set in 2017
No. of children in the care of the specialist paediatric palliative care team in an acute hospital setting in the month	NSP	Access /Activity	M	New 2017	New 2017	20	HG	
No. of new children in the care of the specialist paediatric palliative care team in an acute hospital setting	DOP	Access /Activity	M	New 2017	New 2017	63	HG	
Acute Services Palliative Care								
No. of new referrals for inpatient services seen by the specialist palliative care team	DOP	Access /Activity	M	11,224	12,300	12,300	HG	984
Specialist palliative care services provided in the acute setting to new patients and re-referrals within two days	DOP	Access /Activity	M	13,298	13,520	13,520	HG	1,522
Bereavement Services								
No. of family units who received bereavement services	DOP	Access /Activity	M	621	670	671	CHO	16

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

Key Performance Indicators Service Planning 2017				2016	2016	2017		2017 Expected Activity / Target
KPI Title	NSP / DOP	KPI Type Access / Quality /Access Activity	Re por t Fre q uen cy	2016 National Target / Expec ted Activity	2016 Projected outturn	2017 National Target / Expected Activity	Reported at National / CHO	CHO 6
Budget Management including savings								
Net Expenditure variance from plan (within budget) Pay	NSP		M	≤0.33%	2016 Annual Financial Statements	≤0.1%	CHO	≤0.1%
Non-pay	NSP		M	≤0.33%	2016 Annual Financial Statements	≤0.1%	CHO	≤0.1%
Income	NSP		M	≤0.33%	2016 Annual Financial Statements	≤0.33%	CHO	≤0.1%
Capital								
Capital expenditure versus expenditure profile	NSP		Q	100%	100%	100%	CHO	100%
Audit								
% of internal audit recommendations implemented within 6 months of the report being received	NSP		Q	75%	75%	75%	CHO	75%
% of internal audit recommendations implemented, against total number of recommendations, within 12 months of report being received	NSP		Q	95%	95%	95%	CHO	95%
Service Arrangements / Annual Compliance Statement								
% of number of service arrangements signed	NSP		M	100%	100%	100%	CHO	100%
% of the monetary value of service arrangements signed	NSP		M	100%	100%	100%	CHO	100%
% of annual compliance statements signed	NSP		A	100%	100%	100%	CHO	100%
Workforce								
% absence rates by staff category	NSP		M	≤3.5%	4.3%	≤3.5%	CHO	≤3.5%
% adherence to funded staffing thresholds	NSP		M	>99.5%	>99.5%	>99.5%	CHO	>99.5%
Health and Safety								
No. of calls that were received by the National Health and Safety Helpdesk	NSP		Q	15% increase	15%	10% increase		10% increase
Service User Experience-Complaints								
% of complaints investigated within 30 working days of being acknowledged by the complaints officer	NSP		M	75%	75%	75%	CHO	75%
Serious Reportable Events (SREs)								
% of Serious Reportable Events being notified within 24 hours to the senior accountable officer	NSP	Quality	M	99%	40%	99%	CHO	99%

Key Performance Indicators Service Planning 2017				2016	2016	2017		2017 Expected Activity / Target
KPI Title	NSP / DOP	KPI Type Access / Quality /Access Activity	Re por t Fre q uen cy	2016 National Target / Expect ed Activity	2016 Projected outturn	2017 National Target / Expected Activity	Reported at National / CHO	CHO 6
% of investigations completed within 120 days of the notification of the event to the senior accountable officer	NSP	Quality	M	90%	0%	90%	CHO	90%
Safety Incident Reporting								
% of safety incidents being entered onto the National Incident Management System (NIMS) within 30 days of occurrence by CHO	NSP	Quality	Q	90%	50%	90%	CHO	90%
Extreme and major safety incidents as a % of all incidents reported as occurring	NSP	Quality	Q	New PI 2017	New PI 2017	Actual to be reported in 2017	CHO	Actual to be reported in 2017
% of claims received by State Claims Agency that were not reported previously as an incident	NSP	Quality	A	New PI 2016	55%	40%	CHO	40%
Immunisation								
% update in flu vaccine for those aged 65 and older with a medical card or GP visit card	NSP		A	75%	55.4%	75%	CHO	75%
% children aged 24 months who have received 3 doses of the 6-in-1 vaccine	NSP		Q	75%	94.9%	95%	CHO	95%
% children aged 24 months who have received the measles, mumps, rubella (MMR) vaccine	NSP		Q	95%	92.7%	95%	CHO	95%
% of first year girls who have received two doses of HPV vaccine	NSP		A	85%	70%	85%	CHO	85%

Mental Health

Mental Health - KPI Review 2017					
Key Performance Indicators Service Planning 2016	KPI Type Access/ Quality /Access Activity	Report Freq.	KPIs 2017		
			2017 National Target / Expected Activity	Reported at National / CHO / HG Level	CHO6
KPI Title					
% of accepted referrals / re-referrals offered first appointment within 12 weeks / 3 months by General Adult Community Mental Health Team	Quality	M	90%	CHO	90%
% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks / 3 months by General Adult Community Mental Health Team	Quality	M	75%	CHO	75%
%. of new (including re-referred) General Adult Community Mental Health Team cases offered appointment and DNA in the current month	Access /Activity	M	20%	CHO	20%
% of accepted referrals / re-referrals offered first appointment within 12 weeks / 3 months by Psychiatry of Old Age Community Mental Health Teams	Quality	M	98%	CHO	98%
% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks / 3 months by Psychiatry of Old Age Community Mental Health Teams	Quality	M	95%	CHO	95%
%. of new (including re-referred) Old Age Psychiatry Team cases offered appointment and DNA in the current month	Access /Activity	M	3%	CHO	3%
Admissions of children to Child and Adolescent Acute Inpatient Units as a % of the total number of admissions of children to mental health acute inpatient units.	Quality	M	85%	National	N/A
Percentage of Bed days used in HSE Child and Adolescent Acute Inpatient Units as a total of Bed days used by children in mental health acute inpatient units	Quality	M	95%	CHO	95%
% of accepted referrals / re-referrals offered first appointment within 12 weeks / 3 months by Child and Adolescent Community Mental Health Teams	Quality	M	78%	CHO	78%
% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks / 3 months by Child and Adolescent Community Mental Health Teams	Quality	M	72%	CHO	72%
%. of new (including re-referred) child/adolescent referrals offered appointment and DNA in the current month	Access /Activity	M	10%	CHO	10%

Total No. to be seen for a first appointment at the end of each month.	Access /Activity	M	2,599	CHO	414
Total No. to be seen 0-3 months	Access /Activity	M	1,546	CHO	309
Total No. on waiting list for a first appointment waiting > 3 months	Access /Activity	M	1,053	CHO	105
Total No. on waiting list for a first appointment waiting > 12 months	Access /Activity	M	0	CHO	0
No. of admissions to adult acute inpatient units	Access /Activity	Q in arrears	13,140	CHO	1,304
Median length of stay	Access /Activity	Q in arrears	10	CHO	10
Rate of admissions to adult acute inpatient units per 100,000 population in mental health catchment area	Access /Activity	Q in arrears	70.5	CHO	63.8
First admission rates to adult acute units (that is, first ever admission), per 100,000 population in mental health catchment area	Access /Activity	Q in arrears	23.1	CHO	19.1
Acute re-admissions as % of admissions	Access /Activity	Q in arrears	67%	CHO	70%
Inpatient re-admission rates to adult acute units per 100,000 population in mental health catchment area	Access /Activity	Q in arrears	47.6	CHO	44.7
No. of adult acute inpatient beds per 100,000 population in the mental health catchment area	Access /Activity	Q in arrears	21.6	CHO	18.3
No. of adult involuntary admissions	Access /Activity	Q in arrears	2,096	CHO	248
Rate of adult involuntary admissions per 100,000 population in mental health catchment area	Access /Activity	Q in arrears	9.3	CHO	11.1
Number of General Adult Community Mental Health Teams	Access	M	114	CHO	9
Number of referrals (including re-referred) received by General Adult Community Mental Health Teams	Access /Activity	M	44,484	CHO	2,280
Number of Referrals (including re-referred) accepted by General Adult Community Mental Health Teams	Access /Activity	M	42,348	CHO	2,196
No. of new (including re-referred) General Adult Community Mental Health Team cases offered first appointment for the current month (seen and DNA below)	Access /Activity	M	47,316	CHO	2,892

No. of new (including re-referred) General Adult Community Mental Health Team cases seen in the current month	Access /Activity	M	39,396	CHO	2,400
No. of new (including re-referred) General Adult Community Mental Health Team cases offered appointment and DNA in the current month	Access /Activity	M	7,920	CHO	492
% of new (including re-referred) General Adult Community Mental Health Team cases offered appointment and DNA in the current month	Access /Activity	M	20%	CHO	20%
Number of cases closed/discharged by General Adult Community Mental Health Teams	Access /Activity	M	33,876	CHO	1,740
Number of Psychiatry of Old Age Community Mental Health Teams	Access	M	29	CHO	2
Number of referrals (including re-referred) received by Psychiatry of Old Age Mental Health Teams	Access /Activity	M	12,036	CHO	1,128
Number of Referrals (including re-referred) accepted by Psychiatry of Old Age Community Mental Health Teams	Access /Activity	M	11,484	CHO	1,080
No. of new (including re-referred) Old Age Psychiatry Team cases offered first appointment for the current month (seen and DNA below)	Access /Activity	M	11,832	CHO	1,224
No. of new (including re-referred) Old Age Psychiatry Team cases seen in the current month	Access /Activity	M	11,448	CHO	1,188
No. of new (including re-referred) Old Age Psychiatry cases offered appointment and DNA in the current month	Access /Activity	M	384	CHO	36
% of new (including re-referred) Old Age Psychiatry Team cases offered appointment and DNA in the current month	Access /Activity	M	3%	CHO	3%
Number of cases closed/discharged by Old Age Psychiatry Community Mental Health Teams	Access /Activity	M	9,204	CHO	864
No. of child and adolescent Community Mental Health Teams	Access	M	66	CHO	7
No. of child and adolescent Day Hospital Teams	Access	M	4	CHO	1
No. of Paediatric Liaison Teams	Access	M	3	CHO	0
No. of child / adolescent admissions to HSE child and adolescent mental health inpatient units	Access /Activity	M	336	CHO	0
No. of children / adolescents admitted to adult HSE mental health inpatient units	Access /Activity	M	30	National	N/A
i). <16 years	Access /Activity	M	0	National	N/A

ii). <17 years	Access /Activity	M	0	National	N/A
iii). <18 years	Access /Activity	M	30	National	N/A
No. and % of involuntary admissions of children and adolescents	Access /Activity	Annual	15	National	N/A
No. of child / adolescent referrals (including re-referred) received by mental health services	Access /Activity	M	18,984	CHO	2,088
No. of child / adolescent referrals (including re-referred) accepted by mental health services	Access /Activity	M	15,180	CHO	1,680
No. of new (including re-referred) CAMHS Team cases offered first appointment for the current month (seen and DNA below)	Access /Activity	M	15,948	CHO	1,572
No. of new (including re-referred) child/adolescent referrals seen in the current month	Access /Activity	M	14,484	CHO	1,416
No. of new (including re-referred) child/adolescent referrals offered appointment and DNA in the current month	Access /Activity	M	1,464	CHO	156
% of new (including re-referred) child/adolescent referrals offered appointment and DNA in the current month	Access /Activity	M	10%	CHO	10%
No. of cases closed / discharged by CAMHS service	Access /Activity	M	12,168	CHO	1,368
Total No. to be seen for a first appointment by expected wait time at the end of each month.	Access /Activity	M	2,599	CHO	414
i) 0-3 months	Access /Activity	M	1,546	CHO	309
ii). 3-6 months	Access /Activity	M	603	CHO	87
iii). 6-9 months	Access /Activity	M	310	CHO	17
iv). 9-12 months	Access /Activity	M	140	CHO	1
v). > 12 months	Access /Activity	M	0	CHO	0

Social Care

Social Care Performance Indicator Suite

Key Performance Indicators Service Planning 2017		KPIs 2017	
KPI Title	2017 National Target / Expected Activity	CHO6	
Safeguarding % of CHO Heads of Social Care who can evidence implementation of the HSE's <i>Safeguarding Vulnerable Persons at Risk of Abuse</i> policy throughout the CHO as set out in Section 4 of the policy	100%	100%	
% of CHO Heads of Social Care that have established CHO wide organisational arrangements required by the HSE's <i>Safeguarding Vulnerable Persons at Risk of Abuse</i> policy throughout the CHO as set out in Section 9.2 of the policy	100%	100%	
% of preliminary screenings for adults with an outcome of reasonable grounds for concern that are submitted to the safeguarding and protection teams accompanied by an interim safeguarding plan - Adults aged 65 and over - Adults under 65 years	100%	100%	
Total no. of preliminary screenings for adults under 65 years	7,000	395	
Total no. of preliminary screenings for adults aged 65 and over	3,000	273	
No. of staff trained in safeguarding policy	17,000	1,755	

Disability Services

Key Performance Indicators Service Planning 2017		KPIs 2017	
KPI Title	2017 National Target / Expected Activity	CHO6	
Service User Experience % of CHOs who have established a Residents' Council / Family Forum / Service User Panel or equivalent for Disability Services by Q3	100%	100%	
Quality % compliance with inspected outcomes following HIQA inspection of disability residential units	80%	80%	
In respect of agencies in receipt of €3m or more in public funding, the % which employ an internationally recognised quality improvement methodology such as EFQM, CQL or CARF	100%	100%	
In respect of agencies in receipt of €3m or more in public funding, the % which employ an internationally recognised quality improvement methodology such as EFQM, CQL or CARF	100%	100%	
Service Improvement Team Process Deliver on Service Improvement priorities	100%	100%	
Transforming Lives Deliver on VfM Implementation Priorities	100%	100%	
Congregated Settings Facilitate the movement of people from congregated to community settings	223	4	
Disability Act Compliance No. of requests for assessments received	6,234	226	

Key Performance Indicators Service Planning 2017		KPIs 2017	
KPI Title	2017 National Target / Expected Activity	CHO6	
% of assessments commenced within the timelines as provided for in the regulations	100%	100%	
% of assessments completed within the timelines as provided for in the regulations	100%	100%	
Progressing Disability Services for Children and Young People (0-18s) Programme		100%	
% of Children's Disability Network Teams established	100%		
Children's Disability Network Teams		100%	
Proportion of established Children's Disability Network Teams having current individualised plans for all children	100%		
Number of Children's Disability Network Teams established	100% (129/129)	100% (7/7)	
School Leavers		100%	
% of school leavers and rehabilitation training (RT) graduates who have been provided with a placement	100%		
Work/work like activity			
No. of work / work-like activity WTE 30 hour places provided for people with a disability (ID/Autism and Physical and Sensory Disability)	1,605	64	
No. of people with a disability in receipt of work / work-like activity services (ID/Autism and Physical and Sensory Disability)	3,253	176	
Other Day services			
No. of people with a disability in receipt of Other Day Services (excl. RT and work/like-work activities) - Adult (Q2 & Q4 only) (ID/Autism and Physical and Sensory Disability)	18,672 ³	1,329	
Rehabilitative Training			
No. of Rehabilitative Training places provided (all disabilities)	2,583	195	
No. of people (all disabilities) in receipt of Rehabilitative Training (RT)	2,870	188	
No. of people with a disability in receipt of residential services (ID/Autism and Physical and Sensory Disability)	8,885	815	
Respite Services			
No. of new referrals accepted for people with a disability for respite services (ID/Autism and Physical and Sensory Disability)	1,023	36	
No. of new people with a disability who commenced respite services (ID/Autism and Physical and Sensory Disability)	782	21	
No. of existing people with a disability in receipt of respite services (ID/Autism and Physical and Sensory Disability)	5,964	352	
No. of people with a disability formally discharged from respite services (ID/Autism and Physical and Sensory Disability)	591	11	
No. of people with a disability in receipt of respite services (ID/Autism and Physical and Sensory Disability)	6,320	418	
No. of overnights (with or without day respite) accessed by people with a disability (ID/Autism and Physical and Sensory Disability)	182,506	13,765	
No. of day only respite sessions accessed by people with a disability (ID/Autism and Physical and Sensory Disability)	41,000	2572	
No. of people with a disability who are in receipt of more than 30 overnights	51	1	

³ subject to variance in respect of where school leavers will be receiving day services

Key Performance Indicators Service Planning 2017		KPIs 2017	
KPI Title	2017 National Target / Expected Activity	CHO6	
continuous respite (ID/Autism and Physical and Sensory Disability)			
PA Service			
No. of new referrals accepted for adults with a physical and / or sensory disability for a PA service	271	0	
No. of new adults with a physical and / or sensory disability who commenced a PA service	223	0	
No. of existing adults with a physical and / or sensory disability in receipt of a PA service	2,284	9	
No. of adults with a physical or sensory disability formally discharged from a PA service	134	0	
No. of adults with a physical and /or sensory disability in receipt of a PA service	2357	11	
Number of PA Service hours delivered to adults with a physical and / or sensory disability	1,412,561	24,508	
No. of adults with a physical and / or sensory disability in receipt of 1 - 5 PA Hours per week	957	1	
No. of adults with a physical and / or sensory disability in receipt of 6 - 10 PA hours per week	538	2	
No. of adults with a physical and / or sensory disability in receipt of 11 - 20 PA hours per week	397	1	
No. of adults with a physical and / or sensory disability in receipt of 21 - 40 PA hours per week	256	2	
No. of adults with a physical and / or sensory disability in receipt of 41 - 60 PA hours per week	73	1	
No. of adults with a physical and / or sensory disability in receipt of 60+ PA hours per week	83	2	
Home Support			
No. of new referrals accepted for people with a disability for home support services (ID/Autism and Physical and Sensory Disability)	1,416	106	
No. of new people with a disability who commenced a home support service (ID/Autism and Physical and Sensory Disability)	1,273	67	
No. of existing people with a disability in receipt of home support services (ID/Autism and Physical and Sensory Disability)	6,380	555	
No. of people with a disability formally discharged from home support services (ID/Autism and Physical and Sensory Disability)	466	31	
No of people with a disability in receipt of Home Support Services (ID/Autism and Physical and Sensory Disability)	7,447	569	
No of Home Support Hours delivered to persons with a disability (ID/Autism and Physical and Sensory Disability)	2,749,712	307,172	
No. of people with a disability in receipt of 1 - 5 Home Support hours per week (ID/Autism and Physical and Sensory Disability)	3,140	279	
No. of people with a disability in receipt of 6 – 10 Home Support hours per week (ID/Autism and Physical and Sensory Disability)	1,197	141	
No. of people with a disability in receipt of 11 – 20 Home Support hours per week (ID/Autism and Physical and Sensory Disability)	753	69	
No. of people with a disability in receipt of 21- 40 Home Support hours per week (ID/Autism and Physical and Sensory Disability)	402	45	
No. of people with a disability in receipt of 41 – 60 Home Support hours per week	97	18	

Key Performance Indicators Service Planning 2017		KPIs 2017	
KPI Title		2017 National Target / Expected Activity	CHO6
(ID/Autism and Physical and Sensory Disability)			
No. of people with a disability in receipt of 60 +Home Support hours per week (ID/Autism and Physical and Sensory Disability)		127	14

Services for Older People

Key Performance Indicators Planning 20167	Service	KPIs 2017	
		2017 National Target / Expected Activity	CHO6
Quality			
% of CHOs who have established a Residents Council/Family Forum/Service User Panel or equivalent for Older People Services (reporting to commence by Q3)		100%	100%
% of compliance with inspected outcomes following HIQA inspection of Older Persons Residential Units		80%	80%
Service Improvement Team Process			
Deliver on Service Improvement priorities.		100%	100%
Home Care Services for Older People			
Total no. of persons in receipt of a HCP/DDI HCP(Monthly target) including delayed discharge initiative HCPs		16,750	1,725
No. of new HCP clients, annually		8,000	825
Intensive HCPs number of persons in receipt of an Intensive HCP including AP funded IHCPs.		190	
% of clients in receipt of an IHCP with a key worker assigned		100%	100%
% of clients in receipt of an IHCP on the last day of the month who were clinically reviewed (includes initial assessment for new cases) within the last 3 months		100%	100%
No. of home help hours provided for all care groups (excluding provision of hours from HCPs)		10,570,000	455,000
No. of people in receipt of home help hours (excluding provision of hours from HCPs) (Monthly target)		49,000	2,870
NHSS		23,603	

No. of persons funded under NHSS in long term residential care at year end. ⁴	
% of clients with NHSS who are in receipt of Ancillary State Support	10%
% of clients who have CSARs processed within 6 weeks	90%
No. in receipt of subvention	168
No. of NHSS Beds in Public Long Stay Units.	5,088
No. of Short Stay Beds in Public Long Stay Units	1918
Average length of Stay for NHSS clients in Public, Private and Saver Long Stay Units	2.9 years
% of population over 65 years in NHSS funded Beds (based on 2011 Census figures)	4%
No of population over 65 in NHSS funded beds at the last date of the month along with the number on Subvention/Section 39 (x 95.3% as estimate over 65s)	21,416
Transitional Care Number of TCB approvals within the month (in arrears)	167 for January and February. 152 from March to December

Public Long Stay Residential Care Beds – Older People

CHO Area	County	Name of Unit	No. of Beds at 31st December 2017	
			NHSS	Short Stay
CHO Area 6	Dublin	Dalkey Community Unit	36	14
	Dublin	Dublin South East Units	81	9
	Dublin	Leopardstown Park	108	22
	Dublin	The Royal Hospital	66	112
	Dublin	St Coleman's Hospital	85	7
CHO Area 6 Total			376	164

⁴ These are national figures

Appendix 4:

CHO 6 Capital Infrastructure

No new capital projects are planned for delivery in CHO 6 during 2017.