Community Healthcare West

Operational Plan 2018

Building a Better Health Service | Seirbhís Sláinte Níos Fearr á Forbairt

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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Foreword from the Chief Officer

The nine Community Healthcare Organisations (CHO) were established across the country in 2015, following the publication in the previous year of the Community Healthcare Organisations – Report and Recommendations of the Integrated Service Area Review Group. It is important to take stock of the progress that has been made in establishing this governance structure for Galway, Mayo and Roscommon (Area 2).

In Area 2 the Chief Officer was appointed in September 2015 and the Management Team was generally established in the summer of 2016.

In December 2017, as part of the wider HSE reform programme, the Director General announced a number of changes to the national organisational structure and ways of working of the HSE, which are designed to 'streamline performance and management across the health service with a particular focus on enhancing integration of services'. These organisational changes included the appointment of a Chief Operations Officer, a Chief Strategy & Planning Officer (CSPO) and a Chief Clinical Officer (COO). The process of developing revised organisation arrangements to reflect the introduction of these new roles has commenced and includes the recent announcement of the National Director positions in the new management structure for Strategy & Planning and for Operations. On the 1st January 2018, the National Directors in Strategy & Planning and in Operations took up their new roles, reporting to the CSPO and COO respectively. The National Director for Community Operations is Ms Anne O'Connor. As is the case at a national level, last year CHO2 saw a bedding-down of the existing Senior Management Team arrangements, and the development of the various committees that are required to provide appropriate oversight and direction, for the delivery of operational services across the three counties. This work is not complete and 2018 will focus on building upon these structures and fine-tuning their effectiveness.

While this Operational Plan focuses on the current twelve month period, it is of course very important to our mission that we take actions to improve the health and wellbeing of the population that we serve in the longer term. With this in mind, we expect to complete our Healthy Ireland Implementation Plan this year, which will integrate well with the established Healthy Ireland Plan for the Saolta University Health Care Group, providing a comprehensive road map for the steps needed to improve the health of the population that is served jointly by Area 2 and by the Saolta Group.

Reform of the services that we provide, and the way in which we provide them, continues to be a very important theme in our Operational Plan. This is particularly the case in respect of our Mental Health Services, where work is on-going on the movement towards a recovery model, which is community facing and has a focus on wellness rather than illness.

2017 saw the publication of the Roscommon Review. The Action Plan in respect of this review will receive particular attention during 2018, to ensure that the actions that have been committed to are fully completed. Similarly, we expect to transfer our existing inpatient facility on the grounds of University Hospital Galway (UHG), to a new facility which is nearing completion. This will facilitate the transfer of two of our Community Mental Health Teams to more appropriate accommodation over the coming months. This is a very important development, given the need to locate Community Teams closer to the service user, as opposed to in the inpatient facility where they are currently accommodated.

Reform is also a feature of our Disability Services, where the process of decongregation of Aras Attracta in County Mayo continues. While this process has taken considerably longer than anticipated, very significant forward momentum was achieved during 2017. The pace of progress will increase during 2018, as more and more residents move to community living. As part of our aim to ensure that the lives of the existing residents of Aras Attracta continue to improve, during this process of decongregation, we have implemented a number of quality

improvement initiatives, many of which are on-going with the intention of enhancing the lives of the current residents. We are statutorily required to register our services at Aras Attracta with HIQA, and we expect to make an application for registration in the first quarter of 2018.

Older Persons' Services are critical to the health and wellbeing of the population we serve. The aim of maintaining people in their own homes and their own communities for as long as possible continues to underpin our approach. Over recent years we have developed a range of supports which are helping us to achieve this to a greater extent than previously was the case. Our focus in this process will be to continue to support the Clinical Programmes in order to ensure that admissions to hospital are avoided to the greatest extent possible, and that patients can be discharged back without delay to their own communities following periods of hospitalisation. Throughout the last three years we have viewed the issues arising in the Emergency Departments of Portiuncula, UHG and Mayo University Hospitals as a logjam within an overall system which includes all of the hospital services, and indeed all of the community based services. This approach has meant that we work in close partnership with the Saolta Group to promote efficiencies and flow within the system.

Primary Care remains the backbone of service delivery in the community. We have sustained significant challenges in 2016/2017 with the loss of key personnel and difficulties in recruiting to approved vacancies. The key focus of the Primary Care Services will be to continue to improve the quality of the services that are being provided, while addressing access issues to the greatest extent possible within the available resources. Patient Safety remains a key concern and the focus in this regard will be around preparation for the HIQA National Standards for Safer Better Healthcare, which we expect to be rolled out during the year.

When established, all the Community Healthcare Organisations were allocated an Area number, in our case Area 2. In January we sought the opinion of all staff regarding a more meaningful organisational title, one that might better represent our Organisation for the population we serve. I am pleased to inform you that further to a very positive survey response rate, we will, with immediate effect, be known as *Community Healthcare West*. This development will be communicated to all stakeholders during the coming weeks.

Risk to delivery of the Operational Plan 2018

Throughout *Community Healthcare West* a number of mechanisms are in place to ensure effective use of resources which include monthly performance engagements with the National Director Community Operations, Integrated Management Reporting (IMR) meetings with Section 38 agencies, *Community Healthcare West* Management Team meetings and scheduled meetings with Grant Aided Service Providers which incorporates some element of audit function.

Over 40% of *Community Healthcare West's* budget is allocated for service provision either through Service Arrangement or Grant Aid Agreement (274) to non-statutory service providers to provide health and social services on our behalf. Our ability to ensure value for money on existing resources for this aspect of service delivery is restricted by available resources, both in terms of actual whole time equivalent (WTE) and expertise required. The resourcing necessary to meet the requirements of the performance monitoring guidelines has been previously flagged by the Chief Officers with the former National Directors and will continue to be a priority in 2018 to ensure that all managers are fully supported to deliver on the requirements, as set out in the guidelines. In seeking to address the challenges before us in 2018 as outlined above, there remain some risks to our ability to deliver the level and type of service set out in this Operational Plan, including:

1. Our capacity to deliver Existing Level of Service (ELS) within the allocated budget.
2. The implementation of national priorities will continue to be a risk throughout the ongoing transition to a CHO structure.
3. Financial risks associated with statutory and regulatory compliance in a number of services including Health & Safety programme initiatives.
4. Meeting the level of changing needs and emergency placements in Disability Services, Mental Health Services and the need to provide complex paediatric discharges packages and/or alternative care options.

5. The provision of Home Support Services beyond those funded is of a particular risk in 2018 in the context of a continued focus on alleviation of pressures in surrounding Emergency Departments.
6. Risk of failure to meet set targets for decongregation of Aras Attracta due to delays in completing works on the properties acquired or construction of new builds by December 31st.
7. Threat to public health and sustainability of health service delivery systems regarding the emergence of Health Care Associated Infections (HCAIs) including Carbapenemase Producing Enterobacteriaceae (CPE) due to outstanding actions and the absence of Infection Control support staff required to address the immediate risk.
8. Impaired capacity to deliver safe, quality and timely care/service due to recruitment delays and difficulties therein.
9. The absence of specialist services for service users with Forensic and/or specialist rehabilitation needs. This service gap has resulted in a significant increase in the number of service users awaiting discharge or transfer to a more appropriate care setting.

Every effort will be made to mitigate the risks noted above.

As we embark on yet another year, it is appropriate and opportune that I would acknowledge the work of each and every member of staff working in *Community Healthcare West*. Throughout 2017 I witnessed at first hand, the commitment of staff to ensure that the needs of service users and patients are met. I have seen a real commitment to the communities that we serve and of which we are part.

I want to thank you all for your work throughout 2017 and acknowledge in advance the effort, dedication and input that will be made during 2018.

Antóin O Cheannabháin Tony Canavan
Príomhoifigeach Chief Officer

Section 1

KEY REFORM THEMES

This Operational Plan outlines the many work-streams active and to be realised in *Community Healthcare West* during 2018. In addition to the many priority goals, *Community Healthcare West* is focused on the following key reform themes:

1. Improving population health

Keeping people well, reducing ill health and supporting people to live as independently as possible will be essential if we are to manage the increasing demands on the health and social care system. Prevention is the most cost-effective way to maintain the health of the population in a sustainable manner, creating healthy populations that benefit everyone. During 2018 and beyond we will seek to progress a range of initiatives and actions such as:

- Support implementation of the priority actions from the *Community Healthcare West* Healthy Ireland Plan.
- Continue to support increased uptake of the National Screening Programmes (BowelScreen, BreastCheck, CervicalScreen, Diabetic RetinaScreen) particularly in areas with lower uptake rates such as Ballina, Ballinasloe and Roscommon.
- Secure the engagement of local communities to improve community health and wellbeing through participation in Community Development Committees in Galway City and County, Mayo and Roscommon and engagement in projects funded by the Healthy Ireland Fund.
- Support a reduction in health inequality, particularly through Healthy Ireland Fund initiatives in Ballina and Galway City.
- Contribute to the prevention and management of chronic illness through the appointment of a Self-Management Support Co-ordinator for *Community Healthcare West*.
- Support the independence and social inclusion of older people, people with disabilities, people with chronic health conditions and vulnerable groups especially in geographically isolated areas such as North Mayo, North Roscommon and Connemara.

2. Delivering care closer to home

Community Healthcare West is committed to the delivery of quality healthcare at the lowest level of complexity in locations close to service users' homes and communities. The development and opening of new Primary Care Centres (see Appendix 4) and facilities are a key objective in order to achieve a more balanced health service. This will ensure that the vast majority of patients and service users who require urgent or planned care are managed primarily within community based settings. Services provided will be to the highest quality in a safe environment, representing good value for money and aligned with relevant specialist services.

In Disability Services the delivery of care closer to home will be achieved by:

1. The ongoing decongregation and movement of residents from Aras Attracta (County Mayo) and the John Paul Centre (Galway City) to homes in the community.
2. The reconfiguration of day services for people with disabilities as outlined in the New Directions national policy.
3. The provision of additional respite care and support for people with disabilities and their families across the region. These services will support and maintain people with disabilities to live as independently as possible in locations of their choice.

Home supports (formerly known as Home Help Services and the Home Care Package Scheme) are important components of the provision of services to older persons, to support them in their choice of living in their own home and their own community. In 2018 *Community Healthcare West* will deliver 1,930,000 hours of home support to over 4,528 assessed service users.

3. Developing specialist hospital care networks.

Community Healthcare West will work collaboratively throughout 2018 with the Saolta Hospital Group to reduce the delays for patients awaiting Home Supports. The Integrated Discharge Manager and the Older Person Services General Manager will work in partnership with Saolta staff to ensure better communication and monitoring of the safe discharge or transfer of patients back to community services. Patients who require Home Supports upon discharge will be identified promptly and assessments will be carried out in a timely manner to meet expected discharge dates and to expedite a safe and speedy discharge. *Community Healthcare West* staff will support the GUH Egress Group to review delays in discharge.

4. Improving quality, safety and value

In the context of financial and operational pressures faced by health and social care services nationally and in *Community Healthcare West*, it is essential that we focus on improving quality, safety and delivering better value care.

We must continually seek to improve the quality of care and outcomes for patients, ensuring that we provide:

- Safe care that avoids harm and that we learn lessons when things go wrong.
- Effective care delivered according to best practice and we consequently reduce or cease services that are of limited benefit.
- Person-centred care that partners with service users in designing and delivering that care.
- Timely care that is delivered within clinically indicated timescales.
- Efficient care that avoids waste.
- Equitable care that is delivered to the same quality regardless of where patients live, their gender, background or socio-economic status.

There is a strong relationship between the quality of care and finance. Failure to deliver high quality care wastes resources and can lead to poor outcomes for service users. It is essential that we reduce variation in how care is delivered; ensuring that people receive timely and appropriate care in an appropriate setting provided by an appropriate professional, and that we take steps to remove waste, delay and duplication in processes.

During 2018 and beyond, we will seek to progress a range of initiatives and actions that:

- Develop the skills and capacity for risk management and quality improvement by developing a comprehensive training programme for staff across *Community Healthcare West*.
- Ensure appropriate data is available to support the identification of improvement opportunities and to monitor the impact of improvement actions.
- Put in place appropriate governance for health and safety across our services.
- Further developments in the Quality and Patient Safety Governance structures.
- Respond to the public health emergency by tackling CarbapenamaseProducing Enterobacteriaceae (CPE). *Community Healthcare West* are particularly focused on Healthcare Associated Infection (HCAI)/ Antimicrobial Resistance (http://www.hse.ie/eng/about/Who/QID/nationalsafetyprogrammes/HCAIAMR/ AMR) and plan to have a robust Infection Control/Antimicrobial Committee in operation during 2018.

Through the Value Improvement Programme, we will target improvement opportunities to address the overall community services financial challenge while maintaining levels of activity. The Programme, will seek to improve services while also seeking to mitigate the operational financial challenge in community services for 2018. This should only be delivered via realistic and achievable measures that do not adversely impact services. While there are a number of opportunities to secure improved value that are within the remit and role of the CHO to deliver, there are others that will require wider consideration of policy, legislation and regulatory issues and therefore will benefit from the involvement and support of the Department of Health and other stakeholders. Further detail on the Value Improvement Programme is available in the National Service Plan section 7, p78.

Section 2

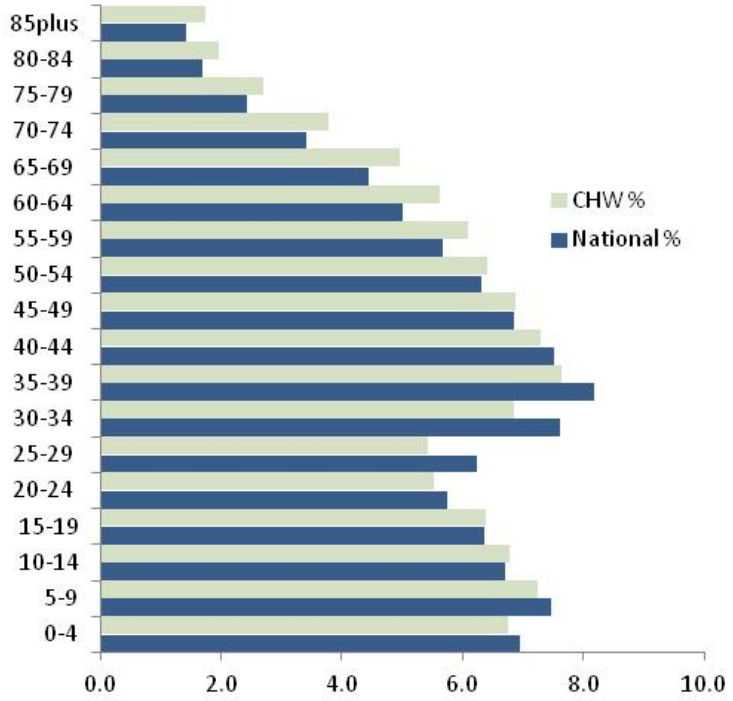
OUR POPULATION

The population of *Community Healthcare West* based on Census of Ireland 2016 is 453,109 or 9.52% of the national population. Galway City accounts for 17.4% (78,668) of the *Community Healthcare West* population, Galway County 39.6% (179,390), Mayo 28.8% (130,507) and Roscommon 14.2% (64,544). Galway City and County recorded increases in population of 7,405 from 2011-2016, whereas Roscommon had a small increase and Mayo recorded a slight decrease in population.

Galway County is the 2nd most rural county nationally with 77.8% of people living in rural areas, followed by Roscommon the 3rd most rural (73.2%) and Mayo the 5th (71.4%).

The population age profile of the region in Fig 1. is broadly similar to that of the National population, however *Community Healthcare West* has a slightly higher proportion of those aged 55 and over. At a county level there are more marked differences where Galway City has a disproportionally higher level of those in the age 20-39 age groups.

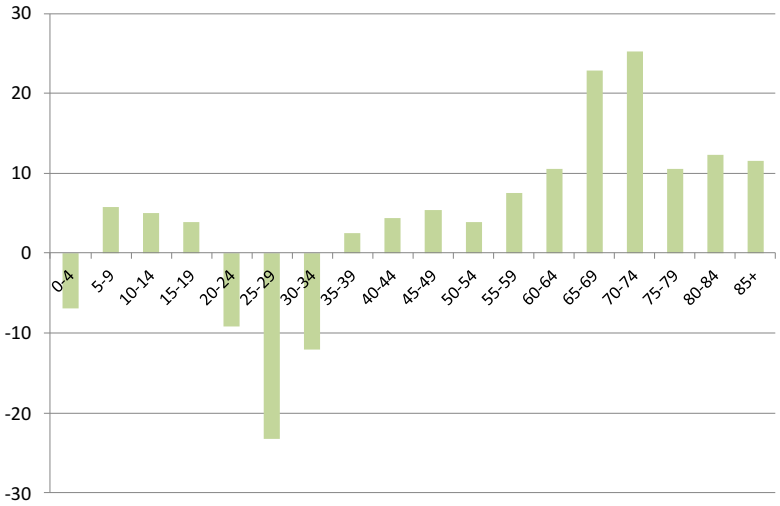
Figure 1. Population Age Profile of Community Healthcare West. Source: % Population by Age Group Census 2016



Dependency ratio is the number of those aged 0-14 and aged 65 years and over as a proportion of those aged 15-64. The *Community Healthcare West* average Dependency Ratio is 55% (National Rate 52.7%), however there are regional variances. Mayo has the second highest national age dependency ratio of 61, Roscommon has the third highest at 60.8 and Galway County the fifth highest at 59.2, whereas Galway City has one of the lowest at 39%.

There has been a major decline in the population aged 20-34 since 2011 (Fig. 2), whereas the population aged 60 and over is increasing. This has particular significance for the support of our dependent population and provision of services.

Figure 2. Percent Population Change by Age Group Community Healthcare West 2016-2011. Source: Census of Ireland 2016. www.cso.ie



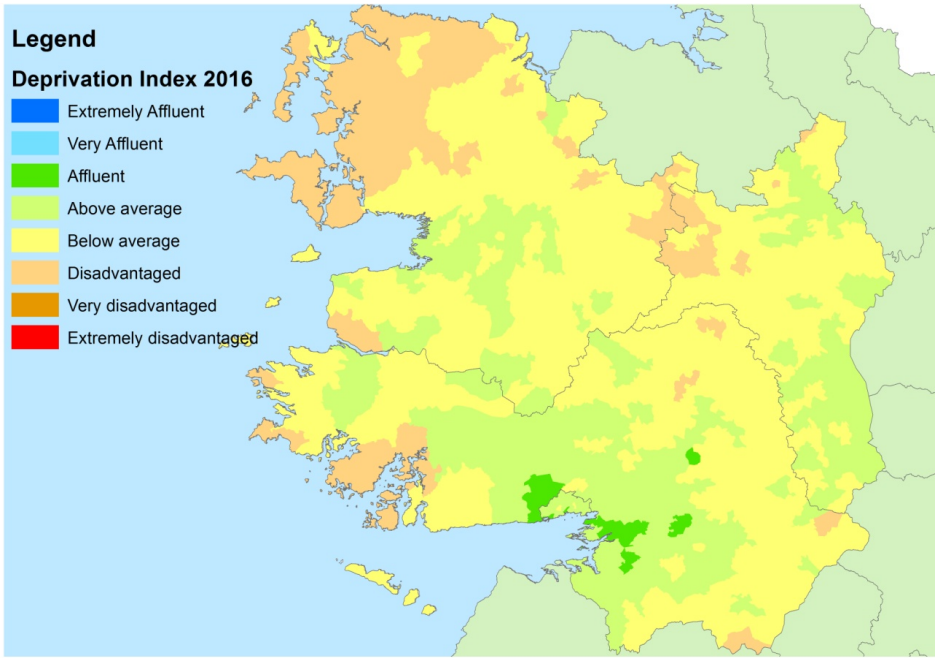
Deprivation

The 2016 Pobal Deprivation Index is a composite measure based on data from the 2016 Census of Ireland. The Index is based on indicators such as age dependency, lone parents, low education status, social class, unemployment and homes which are Local Authority rented. The index provides a score at County, Electoral Division and Small Area geographies which range from the extremely affluent to the extremely disadvantaged. The scores range is from greater than 30 which are extremely affluent to below –30 which are extremely disadvantaged.

The *Community Healthcare West* Region deprivation score is -0.4 which is marginally below average levels of affluence. Galway City is the 3rd most affluent local authority area with a score of 4.9 (marginally above average); Galway County is ranked 10th (Score 0 .4 marginally below average), Mayo 26th (score -3.8 marginally below average) and Roscommon 20th (score -2.4 marginally below average).

When applied at Electoral Division level however (Fig 3.), there are some high levels of disadvantage particularly around the North Western Mayo areas of Erris/Belmullet and Achill, South Connemara and around the North West Roscommon border.

Figure 3. Pobal Deprivation Index 2016 by Electoral Division. www.pobal.ie



Vulnerable Populations

Traveller and Roma, homeless and migrant populations are at-risk groups suffering lower life expectancy, poorer health outcomes and with increased likelihood of chronic disease.

Community Healthcare West has a higher proportion of Irish Traveller population than most of Ireland. From Census 2016 there were 6,076 Travellers in *Community Healthcare West* area, a rate per 1,000 of 13.41 (National Rate 6.5 per 1,000). Galway City has the second highest proportion of Travellers nationally (Longford is the highest) at 20.5 per 1,000 population (1,610). Galway County has the third highest rate per 1,000 nationally of 14.7 (2,644); Mayo is ranked 7th at 10 per 1,000 (1,306); and Roscommon ranked 11th with 8 per 1,000 (516).

Irish Travellers are much younger than the general population. Almost three quarters of Travellers are aged 34 years or younger, while just over 7% are aged 55 years and over. Irish Travellers are known to have poorer health than the rest of the general population[iv]. The AITHS (All-Ireland Traveller Health Study), published in 2010, was the last detailed study of Irish Traveller Health. This study found higher levels of mortality and morbidity among Travellers compared with the general population. Other findings from the AITHS 2010 study were that deaths from respiratory diseases, cardiovascular diseases and suicides were markedly higher in Irish Travellers compared to the general population. The suicide rates among Traveller men were identified as 7 times higher than suicide rates among men in the general population.

The estimated Roma population in Ireland is between 3,000 and 5,000.[v]

Poverty, unemployment, environment and lifestyle behaviours are established risk factors for chronic conditions. Travellers reported a disability rate of 19.2% in Census 2016 compared to the *Community Healthcare West* rate of 13.23% (National rate 13.51%)[vi].

The Homelessness Report November 2017[vii] shows that there were 209 homeless persons in the *Community Healthcare West* area (126 males and 83 females), 98 of whom were in private emergency accommodation, 107 in supported temporary accommodation and four in other accommodation. The main proportion of whom were in Galway with 199 persons homeless, 11 in Mayo and one in Roscommon.

The State has committed to accepting an initial 4,000 people into Ireland under the Irish Refugee Protection programme. *Community Healthcare West* has been an active member of the resettlement and relocation programmes in Galway, Mayo and Roscommon in 2016/2017. To date 218 refugees have been accommodated in their new homes in various towns in the region. This includes the Abbeyfield Emergency Reception and Orientation Centre (EROC) in Ballaghaderreen. It should be noted that *Community Healthcare West* also has three Direct Provision Centres (two in Galway City and one in Ballyhaunis, Co Mayo).

Life Expectancy and Health Status

In 2015, life expectancy at birth was 79.6 years for males (EU28 males 77.9) and 83.4 for females (EU28 females 83.4). Life expectancy is not available at regional level.[viii]

Birth and Mortality

Birth Rates

There were 5,832 births in 2015 in *Community Healthcare West* with a birth rate per 1,000 of 13.2 (National 14.0). There are regional differences: Galway City had 1,030 births (14.7 per 1,000); Galway County 2,464 (13.9 per 1,000); Mayo 1,572 (12.1per 1,000); and Roscommon 766 (11.9per 1,000). Galway City is ranked 5th/34 highest for birth rates nationally, whereas Mayo is ranked 31st/34 and Roscommon has the second lowest birth rate nationally ranked 33rd/34. There are regional differences at Local Authority level.

Teenage Birth Rates

The average age specific births per 1,000 to those aged under 20 in *Community Healthcare West* is 8.0 which is significantly below the National rate of 12.3. Regionally all areas were below the national rate with Galway City 8.2 per 1,000; Galway County 7.0 per 1,000; Mayo 8.8 per 1,000; and Roscommon 8.1 per 1,000.[x]

Fertility Rates

The total fertility rate (TPFR) gives the theoretical average number of children who would be born to a woman during her lifetime – it is generally taken to be the level at which a generation would replace itself which is given normally as a value of 2.1. France has the highest fertility rate in the EU28 with Ireland being second highest. The *Community Healthcare West* fertility rate of 2.02 is the same as the National rate. Regional differences show that Galway City has a lower than national rate of 1.52, whilst Galway County rate is higher at 2.3. Mayo with 2.13 and Roscommon with 2.03 have rates close to the national rate.[xi]

Mortality

Key indicators from the 5 year age standardised mortality rates 2010-2014 for the main causes of deaths for all ages and for those aged 0-64 (premature deaths) for the *Community Healthcare West* Region show: [xii]

- Galway City and County have above average levels of mortality for Colon Cancer, Breast Cancer and Acute Myocardial Infarction in the 0-64 year age group.
- Mayo has the highest mortality rate nationally for Acute Myocardial Infarction (0-64 years and all ages), and is average or above average for all other deaths except for cancers of the Larynx and Trachea (0-64 years and all ages), Cerebrovascular Disease (0-64 years) and Asthma (all ages).
- Roscommon is above average for Colon Cancers (0-64 years), Larynx/Trachea Cancer (0-64 and all ages), Acute Myocardial Infarction (0-64 and all ages) and Cerebrovascular Diseases (all ages). All other deaths are either average or below average, and Roscommon has the lowest rates nationally for the Respiratory Diseases (0-64 years) and had no Asthma deaths in the 0-64 year age group.

i. Population Percentage in the Aggregate Town Areas and Aggregate Rural http://www.cso.ie/en/databases/www.cso.ie

ii. Age dependency ratio 20011 and 2016. http://www.cso.ie/en/databases/

iii. Trutz Hasse, Pratschke J, The 2016 Pobal HP Deprivation Index for Small Areas September 2017. www.pobal.ie. https://www.pobal.ie/Publications/Documents/ The%202016%20 Pobal%20HP%20Deprivation%20Index%20-%20Introduction%2007.pdf

iv. All Ireland Traveller Health Study Team. All Ireland Traveller Health Study, Summary of Findings. School of Public Health, Physiotherapy and Population Science, University College Dublin, 2010. Accessed at http://health.gov.ie/wp-content/uploads/2014/03/AITHS2010_SUMMARY_LR_All.pdf

v. Department of Justice, National Traveller and Roma Inclusion Strategy 2017 – 2021).

vi. Irish Travellers with a Disability and Percentage of those Disabled in relevant age group 2016.http://www.cso.ie/en/databases/

vii. Department of Housing Planning & Local Government Homelessness Report September 2017. Source: http://www.housing.gov.ie/sites/default/files/publications/files/homeless_ report_-_november_2017.pdf. :

viii. Life Expectancy Tables 2015: (http://health.gov.ie/publications-research/statistics/statistics-by-topic/life-expectancy/

ix. Births and birth rates by area of residence of mother during 2015 showing births with and outside of marriage. www.cso.ie http://www.cso.ie/en/releasesandpublications/ep/p-vsar/ vitalstatisticsannualreport2015/births2015/

x. Age Specific and total period fertility rate by area of residence of mother in 2011. Live births per 1,000 females at specified ages and TPFR. http://www.cso.ie/en/releasesandpublications/ ep/p-vsar/vitalstatisticsannualreport2015/births2015/

xi. Age Specific and total period fertility rate by area of residence of mother in 2011. Live births per 1,000 females at specified ages and TPFR. http://www.cso.ie/en/releasesandpublications/ ep/p-vsar/vitalstatisticsannualreport2015/births2015/

xii. 5 Year Age Standardised Mortality Rate 20010-2014 for all ages and age group 0-64, for the following ICD codes: ICD-10 A00 - Y89 All Causes of Death, ICD-10 C00 - C97 All Malignant Neoplasm's, ICD-10 C18 Colon, Cancer, ICD-10 C32 - C34 Larynx and Trachea/Bronchus/Lung Cancer, ICD-10 C50 Breast Cancer, ICD-10 C61 Prostate Cancer, ICD-10 I00 - I99 Diseases of the Circulatory System, ICD-10 I20 - I25 Ischemic Heart Disease, ICD-10 I21 Acute Myocardial Infarction, ICD-10 I60 - I69 Cerebrovascular Disease, D-10 J00 - J99 Diseases of the Respiratory System, ICD-10 J12 - J18 Pneumonia, ICD-10 J40 - J47 Chronic Lower Respiratory Disease, ICD-10 J45 - J46 Asthma, ICD-10 V01 - Y89 External Causes of Injury and Poisoning, ICD-10 X60 - X84 Suicide and Intentional Self Harm. Source: PHIS Personal Edition July 2016.

Planning for Health

The 'Planning for Health - Trends and Priorities to inform Health Service Planning 2017' paper (https://www.hse.ie/eng/services/news/newsfeatures/planning-for-health/planningforhealth.pdf) provides a population focused analysis of current and future needs and demands on our Health Service. It aims to provide a comprehensive overview of the imminent demographic pressures which our Health Service will encounter this year and over the next five years up to 2023. Translation of health data, evidence and intelligence into a utility of knowledge is essential to enrich the planning process and ensure that the direction of travel at this time of reform in our health system is population focused. With our Public Health Unit, the Planning for Health Project (Trends and Priorities to inform Health Service Planning in *Community Healthcare West* in short and medium term 2018-2023) will progress during 2018. The purpose and aim of the project is to deliver a comprehensive, concise document to inform and assist the *Community Healthcare West* Leadership and Senior Management Teams in the service planning process in the short and medium term 2018-2023.

The Project objectives are:

a) To build, over time, a robust evidence base that will support a more evidence informed approach to estimates and resource allocation linked to health and social care planning and decisions in *Community Healthcare West*.

b) To inform, engage and consult with key stakeholders across the *Community Healthcare West* region including representatives from divisional leads in Primary Care, Mental Health, Social Care, Social Inclusion and Health and Wellbeing, its academic partner (NUI Galway), the Saolta University Health Care Group, service users, the Local Community Development Committees (LCDC). The Planning for Health team will also consult with the National Ambulance Services.

c) To provide a detailed population focused analysis of current and future needs and demands insofar as is possible, focusing primarily on demographic pressures for 2018-2019, and a five year forecast to 2023.

d) To provide a framework template that can be adapted insofar as is possible in the production of similar reports in other CHO areas.

Section 3

BUILDING A BETTER HEALTH SERVICE

Healthy Ireland

There is an increasing demand for health and wellbeing services which is being driven by lifestyle disease patterns and population trends. These adverse trends in Ireland are similar to those causing concern in other developed countries. They include projected significant increases in chronic disease exposure to health risks, growing health inequalities and difficulty in accessing care when needed.

Healthy Ireland is a new national Framework for action to improve the health and wellbeing of the population over the coming generation. It has four central goals which are:

1. To increase the proportion of people who are healthy at all stages of life.
2. Reduce health inequalities.
3. Protect the public from threats to health and wellbeing.
4. Create an environment where every individual and sector of society can play their part in achieving a healthy Ireland.

Through the implementation of the Healthy Ireland Plan for Galway, Mayo and Roscommon, there is an opportunity for health and wellbeing services to support the health service to move from treating patients/service users to keeping people healthy and well. The Plan covers key areas of activity in this regard including Healthy Eating and Active Living, Healthy Childhood, Positive Ageing, Tobacco Free Ireland, Mental Health and Wellbeing, Making Every Contact Count, Self-Management Support for Chronic Conditions, Staff Health and Wellbeing, Alcohol, Sexual Health and Partnership Working.

National Clinical and Integrated Care Programmes

1 Integrated Care Programme for Older Persons

People aged 65 and over comprise 12.7% of the population and use 53% of inpatient beds, with patients over 75 years spending 3 times longer in Emergency Departments than those aged 65 or less. Alternative options to Emergency Department attendance need to be provided for older people with illness in the community.

To meet the forecasted needs of an ageing population, *Community Healthcare West* is planning the phased development of an Integrated Specialist Geriatric Day Hospital Service in Mayo, with a similar project planned for Galway. The objective of this service is to improve the quality of life for older people by providing access to integrated care and support that is planned around their needs and choices, supporting them to live well in their own homes and community. This integrated and specialist service will allow *Community Healthcare West* to develop and implement integrated services and pathways for older people with complex health and social care needs and shift the delivery of care away from the acute hospital setting towards community based, planned and coordinated care. Inappropriate admissions and unnecessarily long periods in the hospital environment may mean that an older person deteriorates to a point where they will never return to their home again.

The ultimate goal of the Integrated Hospital service is to facilitate the older person in avoiding a hospital admission through provision of a comprehensive geriatric assessment in a dedicated Day Hospital in addition to access to early support Discharge Teams. The comprehensive service in Mayo, when established, will include a Specialist Geriatric Team, pathway of care, Early Support Discharge Teams with a dedicated Specialist Multidisciplinary Team to promote hospital avoidance where possible. This phased service development will specifically address the changing, sometimes complex needs of older people in the community.

Dementia Strategy: The majority of people with dementia live in their own homes. The Social Care Division (Older Persons' Services) will work in partnership with the National Dementia Office together with Primary Care, Mental Health and Health and Wellbeing Divisions in implementing the Dementia Strategy across *Community Healthcare West*. Caring for a person with dementia at home will require over time an increasing range of integrated responses. An integrated care pathway that includes day care services, a range of respite services (including in home and residential, elective and emergency), meals-on-wheels and home support packages all have an important part to play in supporting people with dementia to remain feasibly and safely in their own homes for longer. *Community Healthcare West*'s Older Persons' Services has incorporated the implementation of the Dementia Strategy as one its main goals during 2018.

2 Integrated Care Programme for Patient Flow

The goal of seamless patient flow across the health care system requires increased effort and initiatives between the hospitals, Primary Care and Social Care settings. *Community Healthcare West* appointed an Integrated Discharge Manager in late 2017 to support the development, communication and monitoring of safe discharges from the acute sector and the transfer of patients back to community services, thus facilitating a more integrated care pathway for individuals in addition to improving patient flow.

Throughout 2018 *Community Healthcare West*, through its Integrated Discharge Manager, will work in partnership with all community services including Community Intervention Teams (CIT), Public Health Nursing, the Frail Elderly Team hospital staff (including the Patient Flow Team), to expedite a safe and timely discharge for patients. Improved communication processes have already been put in place to ensure relevant hospital staff are aware of the available *Community Healthcare West* supports available.

An Egress Group, to review discharge delays of patients from Galway University Hospitals, has been established in addition to a weekly Inter-Professional Discharge Round to progress and facilitate the discharge process. A Complex Case Forum has been established in *Community Healthcare West* to discuss cases where no clear pathway to discharge exists.

During 2018 *Community Healthcare West* will continue to:

a) Work and support the measures necessary to affect a safe and prompt discharge of patients from hospitals in the region.
b) Actively seek to identify patients who require community supports for discharge and track patients from identification through to discharge.
c) Ensure assessments for home supports are carried out in a timely manner to meet potential discharge dates.
d) Case manage complex discharges from short stay beds.
e) Participate in a working group to support hospital avoidance initiatives.

3 Integrated Care Programme for Prevention and Management of Chronic Disease

Two groups have been established in *Community Healthcare West* and will be further developed in 2018:

1. Diabetes Integrated Care Group
2. Respiratory Integrated Care Group

The purpose of the groups is to progress and support the roll out of Diabetes Integrated Care and Respiratory Integrated Care in a uniform manner across the Region via linkage and partnership with the Acute Sector in *Community Healthcare West*.

Community Healthcare Networks (CHN) – Learning Site Proposal

A review of Community Services was commissioned by the HSE Director General in May of 2013. The resulting Report, Community Healthcare Organisation – Reporting Recommendations of the integrated Area Service Review (CHO Report, 2014) provided a framework for the governance and organisation of all Community Healthcare Services in Ireland. This document also describes a new structure for an Operational Delivery System,

focusing on the importance of developing a new integrated model of care which is responsive to the needs of local communities. The new structures focus on service delivery, local decision making, accountability through integrated management structures with Primary Care at the centre of how services can be delivered.

Community Healthcare Networks (CHN's) as set out in the CHO Report are described as a fundamental unit of organisation for the delivery of services in the community. These are geographically based units which consist of an average of 5 multi-disciplinary Primary Care Teams that will deliver local services to an average population of 50,000. The CHO Report describes that the staff assigned to the Primary Care teams in each CHN will be managed by a Network Manager who will be the person accountable for the delivery of Primary Care within the CHN. The Slainte Care Report (May 2017) has reiterated the importance of integration in Health Service delivery and a system that puts the patient at the centre of the system, design and delivery.

It is proposed that each CHO will have a CHN Learning Site. These Learning Sites will provide an opportunity to test the Network concept.

Since the publication of this Report an engagement process has been ongoing with both staff and Trade Unions regarding the implementation of the recommendations. It is hoped that a Learning Site can be commenced in *Community Healthcare West* during 2018.

Transformation through our Workforce

Through our Health Services People Strategy 2015-2018, we recognise the vital role of staff at all levels in addressing the many challenges in delivering health services. Our commitment is to engage, develop and value our workforce to deliver the best possible care and services to the people who depend on them. Priorities in 2018 include:

1. Embed an approach to staff engagement through our Staff Engagement Forum.
2. Operationalise the Working Together for Health – A National Strategic Framework for Health and Social Care Workforce Planning, 2017 across the health services.
3. Support Healthy Ireland and the Workplace Health and Wellbeing Unit to manage staff, support services and ensure that policies and procedures are designed to enable staff to maximise their work contributions and work life balance.
4. Introduce performance management systems in areas of the public health sector where these are not already in place.

2018 will see the launch of the first *Community Healthcare West* Staff Recognition Awards Programme. This initiative will support the Chief Officer and the Management Team to engage, develop and value our workforce.

Leadership Academy

Leadership is the most influential factor in shaping organisational culture and so ensuring that the necessary leadership behaviours, strategies and qualities are developed is fundamental. 2017 marked a year that established the Leadership Academy. The Leadership Academy is a strategic investment in developing staff at all levels so that a better, more patient-focused, more efficient and compassionate health service can be developed. The aim is to provide a consistent approach to leadership development programmes for staff as they progress in their careers. The Leadership Academy will support the development of leadership skills that patients, carers, service users and communities deserve, by supporting staff at every level in health and across every sector in healthcare. In 2018, we will promote the programmes provided by the Leadership Academy programmes and provide one additional Leaders in Management Programme facilitated by Learning, Education and Talent Development.

Communications

The *Community Healthcare West* Communications Office manages the internal and public communications function by providing advice and supports to all *Community Healthcare West* Divisions as required. An essential function of the Communications Office is to engage with all stakeholders in the provision of and access to information about our services.

Programme Management Office (PMO)

The Director General established the Programme for Health Service Improvement to provide a strategic vision and direction to lead and support the continued improvement of the health service.

The Programme for Health Service Improvement was established to provide a single overarching body to coordinate and drive the delivery of a range of service improvement programmes and projects arising from strategies, frameworks, policies, reviews and recommendations reports published by the Department of Health and the Health Service Executive.

A robust Portfolio Management infrastructure has been established in *Community Healthcare West* consisting of a dedicated team to drive and enable service improvements at a local level and to support the delivery of national projects at local level.

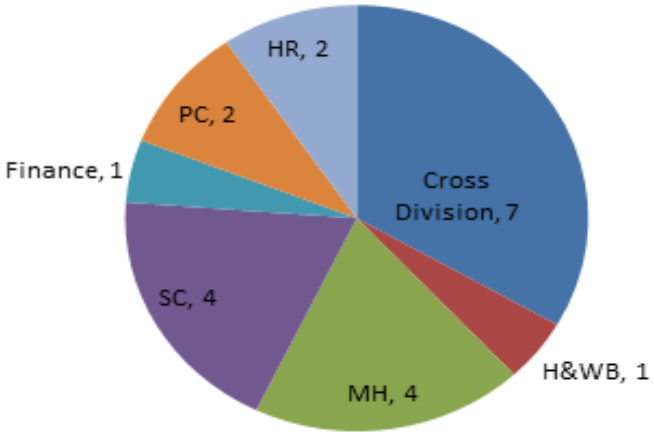
In 2018 this team will grow in capacity with the appointment of a Portfolio Manager. The team will support the delivery of a portfolio of projects, working with teams across all divisions of *Community Healthcare West* to ensure consistent and integrated project execution by providing:

Methodology: Act as a central point for the approved project methodology, lessons learned and best practice to enable successful delivery of programme and project work to agreed time, cost and quality requirements. Governance: Drive and oversee health service improvement at a local level on behalf of the Project Sponsor and ensure that the Portfolio Steering Group, project working groups and project teams have the appropriate information to make necessary change decisions.

Integration: Connect programmes and projects across the HSE; identify interdependencies and risks; network and promote the programme efforts throughout the health system.

Delivery Support: Assist project teams to deliver on an agreed scope of work by providing advice, suggestions and developing required team competencies.
Oversight and Traceability: Collate and report programme and project status reports; manage project documentation, including risk registers, schedules, incident logs, benefits plan etc.; monitor and review programme and project performance.

Figure 4 2018 PMO Projects by Type



See Appendix 1 for further information.

Information Services (IS):

Over the past 12 months, *Community Healthcare West* has set up an Information Services Liaison Office. The purpose of this office is to examine the various IS applications currently use in *Community Healthcare West* and to help us migrate to single solutions and single processes across our Organisation. The Office works closely with the HSE's ICT Organisation (Office of the Chief Information Officer) as they continue to provide our hardware and service desk support.

The Office is working on a variety of projects including:

- Roll out of a Policy Management solution
- New functionality for our existing PAS (Patient Administration System)
- Investigation of solutions to help Incident/Risk Management
- Implementation of National Dental system
- Review of Care Management solutions

The priorities for 2018 include a major project to replace our aging PAS system. In conjunction with Saolta, we are embarking on a 2 year project to implement the National HSE PAS (iPMS). This project will require participation from many parts of our service and it offers us the opportunity to improve and standardise many of our patient data processes. The Information Services office will also continue to work closely with our PMO to help deliver improvements to our services.

Children First

Community Healthcare West provides a range of health and social services to children and adults. The safety, welfare and development of children and young people is a core objective and key priority for *Community Healthcare West*. A *Community Healthcare West* Children First Implementation Committee has been established and is co-ordinating and overseeing the implementation of Children First National Guidance and the relevant legislation across services in their catchment area.

Every staff member has a responsibility and duty of care to ensure that every child/young person availing of our service is safe and protected from harm (physical/emotional/sexual abuse or neglect). Children First training is mandatory for all staff and staff of HSE funded agencies. *Community Healthcare West* rolled out Children First training in 2017 that will continue into 2018 in order to ensure that 95% of HSE/HSE funded staff working in children and adult services will complete the Children First eLearning module. Briefing sessions for line managers and mandated persons will also be available in 2018.

Community Healthcare West has commenced the development of a Child Safeguarding Statement and the policies and procedures that will be outlined in this Child Safeguarding Statement apply to all HSE staff (employees, students, trainees, volunteers, contractors and any person performing any role or function in, or on behalf of, the HSE). The Child Safeguarding Statement will be informed by risk assessments and will be displayed publically in services.

Accommodation Review Committee (ARC)

In 2017 the Chief Officer sponsored a project to develop a process to oversee the centralised allocation and efficient usage of HSE property on the *Community Healthcare West* Accommodation Register. The outcome of the project was the establishment of the Accommodation Review Committee (ARC). The ARC came into effect in September 2017 and since that time all decisions relating to the use or change of use of existing *Community Healthcare West* property has been – without exception – centralised via the ARC.

The ARC membership includes representatives from each of the Service Divisions along with representatives from the Maintenance Departments and HSE Estates. The day-to-day functioning of the ARC is supported by an Accommodation Co-ordinator. The ARC meets on a regular basis to review applications and progress the development of this new initiative.

Section 4

QUALITY AND SAFETY

Community Healthcare West places significant emphasis on the quality of services delivered and on the safety of those who use them. The HSE Framework for Improving Quality in our Health Service aims to improve the overall quality and safety of services with measurable benefits for patients and service users.

The National Patient Safety Programme

Insufficient attention to patient safety is a leading cause of harm across healthcare systems worldwide. It impacts on health outcomes causing increased morbidity, temporary or permanent disability and sometimes even death. The safety of patients and service users is therefore the number one priority for the health service.

The *National Patient Safety Programme* aims to continue the work already undertaken in supporting improvements in patient and service user safety across the entire health system and *Community Healthcare West* plans to reflect this work as follows:

- Improve the quality of the experience of care including quality, safety and satisfaction.
- Implement targeted national patient safety initiatives and improvements in the quality of services.
- Develop a comprehensive learning tool for Pressure Ulcers during 2018 in an effort to establish learning and communicate this across the service in an effort to reduce Pressure Ulcers.
- Introduce the Early Warning Score systems into *Community Healthcare West* Mental Health services.
- Respond to the public health emergency by tackling Carbapenamase Producing Enterobacteriaceae (CPE). *Community Healthcare West* are particularly focused on Healthcare Associated Infection (HCAI)/ Antimicrobial Resistance (http://www.hse.ie/eng/about/Who/QID/nationalsafetyprogrammes/HCAIAMR/AMR) and plan to have a robust Infection Control/Antimicrobial Committee in operation during 2018.
- Increase compliance with hand hygiene guidance by coordinating the roll out of hand hygiene training in *Community Healthcare West*.
- Build the capacity and capability in our services to improve quality and safety and improve the response of the healthcare system when things go wrong.
- Put in place appropriate governance for health and safety across our services.
- Further developments in the Quality and Patient Safety Governance structures in *Community Healthcare West* are planned for 2018.
- Strengthen quality and safety assurance, including audit.

Service User Involvement

A key focus will be to listen to the views and opinions of patients and service users and consider them in how services are planned, delivered and improved. Key priorities for 2018 include:

- Encourage participation of service users on *Best Practice Self-Assessment Teams* in Mental Health.
- Support the Primary Care Service in capturing service user views by rolling out the *Service User Survey*.
- Encourage staff to communicate openly to service users by increasing the number of staff receiving *Open Disclosure training.*

Improving the Quality and Safety of Services

Improving quality and safety requires us to further build the capacity and capability of frontline services to implement the *Framework for Improving Quality in our Health Service.* Key priorities for 2018 include:

- Support implementation of *Best Practice Guidance* for Mental Health.
- Support implementation of *Better Safer Healthcare Standards* in Primary Care.
- Establish a *Community Healthcare West Infection Control Committee* incorporating anti-microbial resistance.
- Progress the recruitment of a Health and Safety Advisor within *Community Healthcare West* to build the knowledge and expertise required.
- Strengthen the Health and Safety Structures in the region and establish a *Community Healthcare West* Health and Safety Committee.
- Liaise with the Project Management Office in an effort to drive action plans in response to issues of priority on the Risk Register.
- Build capacity and capability for leadership and improvement in quality through formal education and training programmes and supporting staff to implement quality improvement initiatives in their services.

Maintaining Standards and Minimising Risk

Robust quality and patient safety systems and processes, that are an integral part of the day to day operations of healthcare delivery, are essential to maintain standards of care, identify areas for improvement, support learning and responses when things go wrong, and manage risk. Key priorities for 2018 include:

- Develop the management of serious incidents to allow for shared learning across services.
- Enhance the Risk Register to ensure each service has a comprehensive, action focused, Risk Register in place.
- Work to reduce the risk of CPE and healthcare associated infections
- Implement the Mental Health Commission/HIQA 2017 *National Standards for the Conduct of Reviews of Patient Safety Incidents.*
- Implement the 2018 *National Framework for Managing Incidents.*
- Support shared learning cross divisions through defined process.

Section 5

HEALTH AND SOCIAL CARE DELIVERY

Health and Wellbeing Services

Population Served

The population of Galway, Mayo and Roscommon is 453,109, which is a 1.7% increase since 2011. Health and wellbeing is about helping our whole population to stay healthy and well by focusing on ill health prevention, health promotion and improvement, reducing health inequalities and protecting people from threats to their health and wellbeing.

Services Provided

As part of the promotion of health and wellbeing, a number of national services are provided at local level. The national screening service provides population-based screening programmes for BreastCheck, CervicalCheck, Bowelscreen and Diabetic RetinaScreen. These programmes aim to reduce morbidity and mortality in the population through early detection and treatment.

The Environmental Health service protects the health of the population by taking preventative actions and enforcing legislation in areas such as tobacco, food, alcohol, sun beds and water fluoridation.

The Health Promotion and Improvement Service provides a range of preventative health education and training services, focused on positively influencing the key lifestyle determinants of health such as smoking, alcohol, sexual health, healthy eating and physical activity.

The Public Health service protects our population from threats to their health and wellbeing through the provision of national immunisation and vaccination programmes, national infectious disease monitoring and health screening.

The local Health and Wellbeing Division for Galway, Mayo and Roscommon is actively engaged in supporting the Programmes and Services above.

Issues and Opportunities

There is an increasing demand for Health and Wellbeing Services which is being driven by lifestyle disease patterns and ageing population trends. Through the implementation of the Healthy Ireland Plan for *Community Healthcare West*, there is an opportunity for Health and Wellbeing Services to support the health service to move from treating patients to keeping people healthy and well.

From a service perspective, some issues will require a particular management focus this year including the delivery of the Healthy Ireland Plan, prioritising prevention and early intervention approaches within existing resources.

Changing demographics means increasing demand for services beyond planned and funded levels, particularly within the context of delivering population-based national screening services. Specific issues in *Community Healthcare West* are that the population aged over 65 has increased in all three counties since the last census in 2011; with Co. Mayo having the highest percentage of the population over 65 in the country and that the main causes of death are cancer, cardiovascular illness, respiratory illness and external causes (injury/death). The age standardised death rates are higher than the national rate in *Community Healthcare West*, however, the rates for cancer, cardiovascular and respiratory disease are similar to the national rates.

Priorities 2018

1. Support the implementation of Healthy Ireland in *Community Healthcare West* Groups.
2. Improve the health and wellbeing of the population.
3. Protect our population from threats to their health and wellbeing.

Implementing Priorities 2018 in line with Corporate Plan Goals

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

Priority	Priority Action	Timeline	Lead
1	Finalise and publish Healthy Ireland Plan 2018-2022 for *Community Healthcare West*.	Q1 2018	HoS, Health and Wellbeing
	Support implementation of priority actions from the Healthy Ireland Plan across a range of areas including: • Positive ageing • Healthy eating and active living • Sexual Health • Tobacco Free Ireland • Alcohol • Mental health and wellbeing • Self-management support • Healthy childhood • Staff health and wellbeing • Interagency and partnership working	Q4 2018	All HoS
	Implement the Plan for Making Every Contact Count (MECC) using the national implementation model.	Q1-Q4	HoS, Health and Wellbeing
	Support the release of frontline staff to attend MECC training to enable them to conduct a brief health behaviour change intervention with their patients.	Q2-Q4	HoS, Health and Wellbeing
	Support the implementation of the *Healthier Vending Policy* and Calorie Posting across the area in conjunction with Primary Care.	Q1-Q4	HoS, Health and Wellbeing
2	Appoint a Self-Management Support Co-ordinator for *Community Healthcare West*.	Q1, 2018	HoS, Health and Wellbeing
	Map, produce and maintain a directory of programmes and supports for Self-Management Support for chronic conditions, identifying gaps in services	Q4, 2018	HoS, Health and Wellbeing
	Develop *Community Healthcare West*'s Implementation Plan for Self-Management Support (SMS) for chronic conditions.	2018	HoS, Health and Wellbeing
	Continue to progress the implementation of chronic disease demonstrator projects under the SMS Programme.	Q2-Q4	HoS, Health and Wellbeing
	Develop new structures under *Community Healthcare West* Head of Service, Health and Wellbeing in collaboration with the National Director, to facilitate the development of a new Health Promotion and Improvement function within *Community Healthcare West*.	Q3	HoS, Health and Wellbeing, National Director, Community Services
	Continue to support increased uptake of the National Screening Programmes: a) BowelScreen b) BreastCheck (including age-extension) c) CervicalScreen d) Diabetic RetinaScreen by arranging briefing sessions for Primary Care Teams in the area, with the local National Screening Services Health Promotion Officer in Galway, including updates on the age-extension to BreastCheck.	Q1-Q4	HoS; Health & Wellbeing, HPI Officer in local NSS Programmes Office

Priority	Priority Action	Timeline	Lead
2. cont'd	Provide a project lead for implementation of A Tobacco Free Ireland with the support of all *Community Healthcare West* services and develop a local implementation plan.	Dec 2018	HoS, Health and Wellbeing
	Support people to access national and local QUIT Smoking Cessation services.	2018	HoS, Health and Wellbeing
	Progress and support the implementation of the national Tobacco Free Campus Policy across all sites and services.	Q1 – Q4	All HoS
	Support the rollout of the HSE National Alcohol Risk communication campaign – www.askaboutalcohol.ie	Q1 – Q4	HoS, Health and Wellbeing
	With Older Persons' Services, participate in the creation of compassionate and inclusive communities for people with dementia and their carers, by building a network of local and national partnerships under the Dementia Understand Together Campaign.	Q1 – Q4	HoS, Social Care and Health and Wellbeing
	Support the implementation of the HSE Breastfeeding Action Plan 2016-2020.	Q1 – Q4	HoS, Primary Care and Health and Wellbeing
	Provide leadership, in conjunction with Primary Care, to support implementation of the Healthy Childhood and Nurture Programmes across *Community Healthcare West* and establish a Childcare Governance Team.	2018	HoS, Health and Wellbeing and Primary Care
	Support delivery of Nutrition Reference Pack Training (for infants aged 0-12 mths) to Public Health Nurses in *Community Healthcare West*.	2018	HoS, Primary Care and Health and Wellbeing, HoS
	Support the rollout of the START campaign to encourage parents and guardians to start making healthy choices for their children.	Q3-Q4	HoS, Health and Wellbeing, Primary Care
	Support the delivery of community-based structured healthy cooking programmes including implementation of the Healthy Food Made Easy Model.	Q1 – Q4	HoS, Health and Wellbeing and Primary Care
	Support the development of the forthcoming national Mental Health Promotional Plan.	Q3	HoS, Health and Wellbeing and Mental Health Services
	Support the implementation of the Connecting for Life strategy and other health and wellbeing campaigns, for example; #littlethings, UnderStand Together.	Q1 – Q4	HoS, Health and Wellbeing and Mental Health Services
	Ensure delivery of culturally appropriate Traveller Healthy lifestyles education and health promotion programmes that are integrated into local Traveller Health Plans including Small Changes- Big Difference programme.	Q1 – Q4	HoS, Primary Care and Health and Wellbeing
	Support uptake of the Staff Engagement Survey which will include promoting a range of health and wellbeing initiatives including a) Bike shelters b) Step challenge c) Love Life/Love Walking d) Staff art classes e) Active At Work Award to promote staff health and wellbeing f) Staff Recognition Scheme g) Small daily steps h) Mini health screening	2018	HoS, Health and Wellbeing, Head of HR
	Implement joined up staff health and wellbeing initiatives at local level using effective communication campaigns (e.g. #Quit, #askaboutalcohol, #dementia, #understandtogether, #breastfeeding.)	Q3	HoS, Health and Wellbeing, Head of HR
	Support the further development of Men on the Move and Parkrun programmes in conjunction with local Sports Partnerships.	2018	HoS, Health and Wellbeing

Priority	Priority Action	Timeline	Lead
2. cont'd	Develop partnerships with the Saolta University Health Care Group on Healthy Ireland implementation in the area.	2018	HoS, Health and Wellbeing in Community and SAOLTA
	Work with the 4 Local Community Development Committees on POBAL funded Healthy Ireland projects.	2018	HoS, Health and Wellbeing, Each LCDC representative
	Work with the 3 Children's and Young People's Services Committees on POBAL funded Healthy Ireland projects.	2018	HoS, Each CPYSC representative
	Work with the Local Authorities further to develop Healthy Cities and Counties for Counties Galway and Roscommon.	Q1 – Q4	HoS, Health & Wellbeing, Health Promotion and Improvement
3.	Support the implementation of Ireland's National Action Plan on Antimicrobial Resistance (AMR) 2017-2020.	2018	HoS, Health and Wellbeing
	Support capacity building for prevention, surveillance and management of Healthcare Associated Infection's (HCAI) and Antimicrobial Resistance (AMR) by ensuring an Infection Prevention Control (IPC) and Antimicrobial Stewardship Committee is in place and chaired by the Chief Officer.	Q2-Q4	Chief Officer
	Nominate a member of the *Community Healthcare West* Management Team as Infection Prevention and Control (IPC)/Antimicrobial Resistance (AMR) lead and commence the region's Plan for HCAI/AMR governance and human resources for the next 3 years.	2018	Chief Officer
	Provide co-ordination for the continued roll-out of the Hand Hygiene programme for staff to prevent and reduce Health Care Associated Infections and Antimicrobial Resistance.	2018	HoS, Health and Wellbeing with QPS Manager
	Support the actions required to ensure a comprehensive response to Carbapenemase-producing Enterobacteriaceae (CPE).	2018	HoS, Health and Wellbeing
	Support completed implementation of the Rotavirus and Meningococcal B vaccination programmes within available resources.	Q1 – Q4	HoS, Primary Care and Health and Wellbeing
	Improve vaccine uptake rates for the Primary Childhood Immunisation (PCI) programme and School Immunisation Programme (SIP).	Q1 – Q4	HoS, Primary Care and Health and Wellbeing
	Improve influenza vaccination uptake rates among persons aged 65 and over with a Medical Card/GP Visit Card through local engagement with healthcare professionals.	Q1 – Q4	HoS, Health and Wellbeing, All HoS
	Improve influenza vaccination uptake rates amongst healthcare staff in long-term care facilities in the community.	Q1 – Q4	HoS, Social Care and Health and Wellbeing
	Implement relevant clinical guidelines and audits in conjunction with the relevant clinical programmes and the National Patient Safety Programme (asthma, COPD, diabetes, under-nutrition, HCAI/AMR, smoking cessation).	Q1 – Q4	All HoS
	Deliver structured patient education programmes to people with Type 2 Diabetes.	2018	HoS, Primary Care, HoS, Health and Wellbeing
	Sign off the Local Area Emergency Plan.	2018	HoS, Health and Wellbeing
	Support the implementation of the Emergency Management Policy.	Q1 – Q4	HoS, Health and Wellbeing

Primary Care Services

Services Provided

Primary care services include primary care, primary care reimbursement, social inclusion and palliative care services. The development of primary care services and new primary care facilities are a key objective in order to achieve a more balanced health service by ensuring that the vast majority of patients and service users who require urgent or planned care are managed within primary and community based settings. Every effort will be made to ensure that services are provided to the highest quality, in a safe environment, ensuring good value for money and that they are aligned with relevant specialist provision.

Issues and Opportunities

The development of several new Primary Care Centres in the *Community Healthcare West* region and the opportunity to develop more in the coming years with allow the HSE as far as possible to manage the health of the population in a primary care setting within the community and therefore alleviate pressures on acute settings. Primary care will play a central role in co-ordinating and delivering a wide range of integrated services in these facilities as they come on stream in collaboration with other service areas.

Priorities 2018

1. Ongoing implementation of Healthy Ireland, with special focus on Chronic Disease programmes particularly in the areas of respiratory and diabetes.
2. Improve access to palliative care services in association with the Galway Hospice and the Mayo/ Roscommon Hospice.
3. Commence services in 5 new Primary Care Centres (Boyle, Tuam, Claremorris, Westport and Ballinrobe). This will include the commissioning of dental surgeries in Roscommon, Tuam and Boyle PCCs and the development of an ultrasound/x-ray service in Tuam PCC.
4. Improve health outcomes in general with special focus on vulnerable groups in the *Community Healthcare West* area, by way of promoting closer working relationships with community groups and various regional and national associations.
5. Facilitate continuous professional and organisational development, to ensure staff are providing a quality and safe service in line with best practise, and improve staff engagement in conjunction with Human Resources.
6. Progress Value for Money (VFM) projects in aids and appliances, facilities management, respiratory, sleep and other areas as deemed appropriate.

Implementing priorities 2018 in line with Corporate Plan Goals

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

Priority	Priority Action	Timeline	Lead
1	1. Children's Healthy Eating programme. 2. Tobacco cessation programme. 3. Support the implementation of the HSE Breastfeeding Action Plan 2016 – 2021. 4. Improve the percentage of babies breastfed at the first Public Health Nurse (PHN) visit and at 3 month PHN development check. 5. Progress the implementation of the respiratory integrated care programmes. 6. Progress the diabetes integrated model of care. 7. Development of new models of care in Physiotherapy in an effort to address chronic conditions. 8. Deliver targeted programmes to Traveller and other vulnerable groups to manage chronic conditions such as diabetes, asthma and cardiovascular disease. 9. Support the implementation of the National Healthy Childhood programme. 10. Support the implementation of the Nurture programme – Infant Health and Wellbeing. 11. Support the work of local organisations and other HSE services in providing health promotion projects.	Q4	HoS

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

Priority	Priority Action	Timeline	Lead
3	1. Work with all stakeholders to ensure a high quality service is provided in each of the new Primary Care facilities. 2. Ensure an awareness programme is in place for the general public on these new facilities and their benefits. 3. Ensure these new facilities are optimised by HSE services and appropriate groups. 4. Engage with Community Healthcare West staff and fit out of surgeries (3) for provision of dental services. 5. Engage staff and fit out ultrasound/x-ray facilities in Tuam.	Q3	HoS
2	6. Support the development of the 14 bed in-patient Hospice facility being provided by the Mayo/Roscommon Hospice in Castlebar. 7. Support the proposed development by the Mayo/Roscommon Hospice of an 8 bed in-patient Hospice facility in Roscommon. 8. Support the proposed development by the Galway Hospice at the Merlin Park site. 9. Implement the model of care for adult palliative care services. 10. Implement a standardised approach to the provision of children's palliative care in the community. 11. Provide shared palliative care in conjunction with acute services.	Q3	HoS

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

Priority	Priority Action	Timeline	Lead
4	1. Improve health outcomes for people experiencing or at risk of homelessness by providing appropriate services. 2. Implement the health actions set out in 'Rebuilding Ireland, Action Plan for Housing and Homelessness'. 3. Provide signposting to health screening and primary care services for refugees, asylum seekers, Traveller and Roma communities. 4. Expand Primary Care health screening to all vulnerable groups. 5. Recruit a Clinical Nurse Specialist (CNS) and Young Peoples' Counsellor to complement the *Community Healthcare West* multi-disciplinary Tier 3 Addiction Team. 6. Recruit and develop Homeless Action team. 7. Progress recruitment of 11 Assistant Psychologists in *Community Healthcare West*.	Q3	HoS

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

Priority	Priority Action	Timeline	Lead
5	8. Ensure all staff have received on-line Children's First training. 9. Ensure organisations contracted by *Community Healthcare West* confirm that their staff has completed Children's First training as relevant. 10. Address gaps in mandatory training for all Primary Care staff. 11. Hand Hygiene training will be carried out in line with HIQA guidelines.	Q2	HoS

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

Priority	Priority Action	Timeline	Lead
6	1. The Aids & Appliances Sub-group will continue to monitor activity and spend in this area. 2. The Cleaning Contracts Group will complete formal tenders for remaining locations in *Community Healthcare West*. 3. Primary Care will engage in national Respiratory and Sleep Projects and tenders for same.	Q3	HoS

Mental Health Services

Population Served

Our definition of mental health describes a spectrum that extends from enjoying positive mental health through to severe and disabling illness. Over 90% of mental health needs can be successfully treated within a primary care setting, with less than 10% being referred to specialist community based mental health services. Of this number, approximately 10% are offered inpatient care with 92% of all admissions to this inpatient care being of a voluntary nature.

Services Provided

In general terms, specialist mental health services are provided to serve a particular group within the population, based on their stage of life. Child and adolescent mental health services (CAMHs) serve young people aged up to 18 years, general adult services for those aged 18 to 64 years and psychiatry of later life provides services for those over 65 years. The specialist mental health services are provided by *Community Healthcare West* based mental health services (see Fig. 5). These comprise acute inpatient units, community based mental health teams, day hospitals, out-patient clinics and community residential and continuing care settings. Within the main specialties, certain sub-specialities including Rehabilitation and Recovery and Liaison Psychiatry are also provided. Mental health services have consistently sought to develop and enhance community-based services and reduce, where appropriate, the number of persons treated in more acute services.

Figure 5 Mental Health Services Overview

Service Area	Number provided
Approved Centres	9
CAMHS Approved Centres	1
Continuing Care Units	1
CAMHS Community MH Teams	6
GA Community MH Teams	11
POLL Community MH Teams	5
MHID Community MH Teams	3
Day Hospitals	9
Day Centres	20
24h Staffed Community Residences	12

Issues and Opportunities

The challenge associated with a growth in population and resulting increase in demand for mental health services along with changing expectations of service users and their families, requires the further development of improved cross-sectoral and inter-sectoral approaches to service provision. In particular, the increase in the number of children under the age of 18 years is likely to lead to increased demand for CAMHs with a corresponding requirement for service provision both in primary care and in specialist CAMHs.

Many people develop mental illness for the first time over the age of 65 years and older adults with mental health difficulties have specific needs that require specialist intervention. The expected increase in the population aged over 65 years, and especially those over 85 years, potentially will have significant implications for the psychiatry of later life services. Additionally, there are requirements for enhanced care for vulnerable groups within the

population and these are being addressed through the clinical care programmes, homeless initiatives, the national forensic service, services for those who are deaf and mentally ill, and initiatives in Traveller mental health. The clinical care programmes include early intervention for first episode psychosis, eating disorder services spanning CAMHs and adult service, responses to self-harm, presentations at Emergency Departments, those with dual diagnosis of mental health and substance misuse, and attention deficit hyperactivity disorder in adults.

Youth mental health is a key issue for mental health services and will be a focus for 2018. Service developments will be in line with the recommendations arising from the work of the National Youth Mental Health Task Force.

There is a significant challenge in the recruitment and retention of staff, particularly nursing and medical staff. This challenge can provide opportunities to deliver services that are focused on maximising productivity and on service improvement and also expansion of different disciplines / workers in mental health services. Mental Health Services will continue to deliver a number of service improvement initiatives that will assist services and increase productivity and efficiency. These improvements will also be enabled by the development of a range of eHealth initiatives to support awareness and support improved responses to meeting mental health needs of the general population.

Mental Health Services are increasingly operating in a more regulated environment. This enhanced regulation is welcomed as it contributes to patient safety and quality of care. Best practice guidance will be further expanded as one strand of a more proactive approach to patient safety. In 2018 *Community Healthcare West* Mental Health Services will continue to support the population to achieve their optimal mental health which will be delivered through the following specific 2018 local priorities.

Priorities 2018

1. Implement the suicide reduction policy Connecting for Life.
2. Implement the 27 recommendations as documented in the report on Roscommon Mental Health Services.
3. Enhance the quality and safety of mental health services, including improved regulatory compliance and incident management by the implementation of the best practice guidance for mental health services.
4. Implement the National Framework for Recovery in Mental Health across *Community Healthcare West* Mental Health.
5. Promote the mental health of the population in collaboration with other services and agencies including reducing the loss of life by suicide.
6. Design integrated, evidence-based and recovery-focused mental health services.
7. Deliver timely, clinically effective and standardised safe mental health services in adherence to statutory requirements.
8. Ensure that the views of service users, family members and carers are central to the design and delivery of mental health services.
9. Enable the provision of mental health services by highly trained and engaged staff and fit for purpose infrastructure.

Implementing Priorities 2018 in line with Corporate Plan Goals

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

Priority	Priority Action	Timeline	Lead
5	Develop a plan for the further rollout of the #littlethings campaign across *Community Healthcare West*.	Q4	Area Mngt. Team
1	Implement action plan for roll out of Connecting for Life policy across *Community Healthcare West*.	Q4	Area Mngt. Team
4	Mapping of resources within Mayo Mental Health Services and link with the Recovery Model.	Q4	Area Mngt. Team

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

Priority	Priority Action	Timeline	Lead
2	Improve the Roscommon Mental Health Services through the implementation of the recommendations of the Roscommon Review.	Q4	Area Mngt. Team
7	Review existing Out of Hours services and explore ways to improve 24/7 crisis intervention arrangements and consider pilot sites.	Q4	Area Mngt. Team
7	Rollout of 7/7 service in Galway City and Castlebar catchment areas.	Q2	Area Mngt. Team
7	Establish an Assertive Outreach Team in Galway.	Q4	Area Mngt. Team
7	Establish a Homeless Service in Galway City.	Q2	Area Mngt. Team
7	Reduce waiting lists with implementation of improved assessment protocol.	Q1	Director of counselling
1	Roll out and complete the Eden Suicide Prevention Programme in Galway, Mayo and Roscommon. (Each group comprising of 10-14 individuals.)	Q2	Director of counselling
8	Continue development and implementation of Behavioural Family Therapy (BFT) across *Community Healthcare West*.	Q4	Area Mngt. Team

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

Priority	Priority Action	Timeline	Lead
5	Mental Health Psychology services across *Community Healthcare West* will support MindSpace as a way of improving access to services for 15-25 year old service users.	Q4	Psychologist
7	Participate in the agreed national initiative to reduce/eliminate waiting lists for CAMHs compared to 2017 through agreement and delivery of CHO targeted plans.	Q3	Area Mngt. Team
8	Develop a patient advocacy service for CAMHS allowing views of service users and their families to contribute to the design and delivery of services.	Q4	Area Mngt. Team
8	Agree and trial a method of recording feedback from service user groupings to Area Management Teams.	Q2	Area Lead Mental Health Engagement
8	Enhance communication with client group with the development of a workshop/seminar on Encountering Therapeutic Difficulties.	Q2	Director of Counselling
8	Establish the four remaining service user forums in Galway and Mayo that will facilitate service user feedback on local Mental Health Services.	Q2	Area Lead Mental Health Engagement Area Lead
8	Develop a service response action plan/log for inputting data from Local Forum meetings and subsequent actions.	Q3	Area Lead Mental Health Engagement Area Lead
8	Embed the Local Forum Structures by developing a record of skills and capacity amongst local and area forum members in order to support needs, as and when they arise.	Q4	Area Lead Mental Health Engagement Area Lead
8	Upon election of Chairpersons and Secretaries, the Local Forum and where appropriate, directly impacted (service users, family members and carers) new policies/service development should be meaningfully co-produced with representatives from the Local Forum.	Q4	Area Lead Mental Health Engagement
8	Establish Area Forum to facilitate feedback on current mental health service provision from local service user and relative representative groups across *Community Healthcare West*.	Q3	Area Lead Mental Health Engagement

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

Priority	Priority Action	Timeline	Lead
8	Develop training on a needs led (community development) basis for staff and members of Local Fora and Area Forum.	Q4	Area Lead Mental Health Engagement Area Lead
7	Develop a Perinatal mental health service.	Q4	Area Mngt. Team
5	Further develop access to Counselling and Early Intervention services such as Access to Psychology Services Ireland (ApSI), Counselling In Primary Care (CIPC), Jigsaw and Mindspace.	Q3	Area Mngt. Team
3	**National Clinical Programmes in Mental Health** Assessment and Management of Self Harm Presentations in Emergency Department: • Continue implementation of this clinical programme in line with standard operating procedure (SOP) • Progress Self Harm Advance Nurse Practitioner post. **Early intervention on Psychosis:** • Establish Hub team to pilot introduction of service. • Continue implementation of Behavioural Family Therapy (BFT) including engaging with supervision structure in line with SOP. • Commence implementation of Individual Placement Support (IPS) **Eating Disorders:** • Continue implementation of Family Based Therapy (FBT) together with formation of supervision groups. • Continue implementation of Enhanced Cognitive Behavioural Therapy (CBTE) and engage with monthly supervision provided nationally. **Mental Health Intellectual Disability (MHID):** • Continue development of MHID services in line with Mental Health Divisions model of care.	Q4	Area Mngt. Team
3	Participate in phased implementation of national best practice guidance for mental health services.	Q4	Area Mngt. Team
3	Further implementation of the HSE National Standardised Process for Incident Reporting, Management and Investigation.	Q4	Area Mngt. Team
3	Further implementation of guidelines for the management of aggression and violence in the mental health services, linked to performance assurance.	Q4	Area Mngt. Team
3	Implementation of the Tobacco Free Campus policy in all approved centres and 25% of Community Residences.	Q1	Area Mngt. Team

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

Priority	Priority Action	Timeline	Lead
8	Enhance Service User Engagement with the further implementation of weekly Patient protected Time in Adult Mental Health Units (AMHU) across *Community Healthcare West*.	Q4	Area Mngt. Team
9	Develop and implement an ongoing self-care programme for staff.	Q2	Director of Counselling
9	Further develop Staff training by increasing opportunities for shared learning with National Counselling Service (NCS) CIPC, and Eden Programme staff.	Q2	Director of Counselling
9	Provide training on trauma and mandatory reporting to staff supervisors.	Q2	Director of Counselling
8	Reform and consolidate the consumer panel structure within *Community Healthcare West* in line with recommendations made by the Reference Group on Structures and Mechanisms for Service User, family member, Carer Engagement (2015) and Mental Health Engagement.	Q4	Area Mngt. Team
6	Further development of relative peer support within Adult Services.	Q4	Area Mngt. Team
6	Progress the introduction of peer support workers which will allow further development of service user and peer support input to service provision.	Q4	Area Mngt. Team
4	Further develop Recovery Colleges in *Community Healthcare West*.	Q4	Area Mngt. Team

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

Priority	Priority Action	Timeline	Lead
5	Link with national division in the development of Forensic Psychiatry requirements for Castlerea Prison and local services and obtain secure beds.	Q2	Area Mngt. Team
7	Develop a 5 year Service plan for Mental Health service across *Community Healthcare West* to include a specific plan for Roscommon services.	Q3	Area Mngt. Team
7	Develop an integrated CAMHs service across *Community Healthcare West*.	Q3	Area Mngt. Team
9	Continue to reconfigure current service provision, migrating from a congregated setting model to community integration.	Q4	Area Mngt. Team
9	Continue the Service Reform Fund (SRF) process with the reconfiguration of day care facilities, to include day centres, training centres and day hospitals introducing a person-centred and recovery-focused model of service delivery.	Q4	Area Mngt. Team
9	Continue with the reconfiguration of MHID services in East Galway.	Q4	Area Mngt. Team
7	Implement proposed changes in post evaluation system across the counselling service.	Q2	Director of counselling
7	National Evaluation of Counselling in Primary Care Complete locally and Nationally.	Q4	Director of Counselling/ National DOC group
7	Complete roll out of the client evaluation software system "CORE net".	Q2	Director of counselling
9	Commission the new 50 Acute Inpatient unit on the grounds of UHG Hospitals.	Q2	Area Mngt. Team
9	Develop new Community Mental Health Team Headquarters for Galway/ Roscommon Sectors 1 and 2.	Q4	Area Mngt. Team
5	Further develop links with HR, Finance, Estates, Quality and Patient Safety and other support services in *Community Healthcare West*.	Q4	Area Mngt. Team

Social Care Services

Disability Services

Population Served

The *Community Healthcare West* Area serves a population of over 453,109. In the 2016 Census, 13.2% of the population were noted as having at least one disability.

Services Provided

Community Healthcare West provides and funds a range of services for people with disabilities through the implementation of its models of care to support and maintain people to live in their own home or in their own community and to promote their independence and lifestyle choices in as far as possible. Services provided across *Community Healthcare West* include assessment, rehabilitation, community care and residential care, respite, home support and day care. These services enable 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.

Issues and Opportunities

The establishment of Disability Network Teams across *Community Healthcare West* is an opportunity to address the health and social care needs of children and young people with disabilities (0-18 years) in a coherent and equitable manner. The reconfiguration of services into Networks is taking longer to progress than anticipated due to the lack of suitable accommodation and the allocation of the necessary level of funding.

Further implementation of a Time to Move on from Congregated Settings Report across *Community Healthcare West* will occur during 2018 through the transition of residents from institutional settings to community based living with a focus on the Aras Attracta Centre in Swinford and the John Paul Centre in Galway City.

Despite the level of service provision in *Community Healthcare West* the demand for disability services and supports continues to grow.

The capacity of *Community Healthcare West* to respond to emergency cases will be improved this year through the provision of additional respite beds. €10 million has been approved by the HSE in relation to Respite Care as part of the National Service Plan 2018. A National Task Group has commenced its work and will provide the national process for oversight on the delivery of this important government initiative. In *Community Healthcare West* four additional respite beds will be opened during 2018.

Aras Attracta Residential Centres (Centre 1, Centre 2 and Centre 3) will be supported to achieve HIQA registration in 2018.

Priorities 2018

1. Continue to implement the recommendations of Transforming Lives the programme for implementing the Value for Money and policy review of Disability Services in Ireland.
2. Further implementation of a Time to Move on from Congregated Settings with a particular focus on Aras Attracta and John Paul Centre.
3. Progress implementation of the recommendations of the McCoy Review in relation to Aras Attracta.
4. Continue to reconfigure day services including school leavers and rehabilitative training in line with New Directions.
5. Complete the Progressing Disability Services and Young People (0-18) Programmes with the establishment of Childrens Disability Network Teams, aligned to the Community Health Networks across *Community Healthcare West*.
6. Enhance governance for service arrangements with the voluntary sector.

7. Open four (4) additional respite beds across *Community Healthcare West*.
8. Support the implementation of the target outlined for Disability Services in the Value Improvement Programme.

Implementing priorities 2018 in line with Corporate Plan Goals

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

Priority	Priority Action	Timeline	Lead
1	Participate in *Community Healthcare West* Healthcare Associated Infection (HCAI) Infection Control Committee.	Q1	DS GM
1	Support people to live healthy lifestyles as they move to homes in the community.	Q1-Q4	DS GM
1	Support the implementation of the *Community Healthcare West* Healthy Ireland action plan across Disability Services.	Q1-Q4	DS GM

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

Priority	Priority Action	Timeline	Lead
1	Implement the new Standard Operation Procedure (SOP) for the Assessment of Need (AON) for people with disabilities.	Q1	DS GM
2	Work with approved Housing Bodies, Housing Authorities and HSE Estates to progress plans for meeting the housing requirement for residents prioritised to transition from congregated settings in 2018.	Q1-Q4	DS GM
1	Provide updated data regarding all School Leavers requiring a HSE funded day service in 2018.	Q1	Disability Managers
1	Complete the profiling exercise for each individual by end of January 2018.	Q1	Disability Managers
2	Advise on the accommodation requirements for new day service entrants 2018.	Q1	School Leaver lead
1	1. Galway will reconfigure its current School Age Services into 4 School Age Teams (SATs). 2. Mayo will reconfigure its existing 2 Early Intervention Teams (EITs) and School Age Services into 3 Children's Disability Network Teams (CDNT).	Q4	DS GM
3	Advance the 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.	Q1 – Q4	DS GM
2	Reconfigure the Autism Spectrum Disorder (ASD) Service in Athenry under a Progressing Disability Services model.	Q4	DS GM
3	All young people leaving school or rehabilitative training will be supported in line with the New Directions model of service.	Q1-Q2	School Leaver lead
3	Support the implementation of the Progressing Disabilities Services policy in 2018.	Q1-Q4	DS GM

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

Priority	Priority Action	Timeline	Lead
1	Support the transition of residents from institutional settings to community based living in line with Time to Move On from Congregated Settings Policy.	Q1 – Q4	DS GM
5	Continue to enhance the process for Personal Assistant (PA) service allocation.	Q4	DS GM
4	Continue to engage with the Quality and Service Improvement Team in their review of Disability funded Agencies.	Q1-Q4	DS GM
4	Collaborate with Compliance Unit to implement structured controls assurance.	Q1-Q4	DS GM
2	Continue to advance the New Directions Implementation Group Action Plan throughout 2018.	Q1-Q4	DS GM
1	Review and analyse incidents (numbers, types, trends) as part of our QPS Systems in place in Disability Services.	Each Q	DS GM
3	Monitor responsiveness of *Community Healthcare West* Disability Services to AIM (Access and Inclusion Model) supporting access to early childhood care and education for children with a disability.	Q1-Q4	DS GM
2	New Directions – continue participation in the piloting and review of the self-assessment tool to support the implementation of the Interim Standards within existing resources.	Q2	DS GM
4	*Community Healthcare West* will prepare and deliver appropriate service responses so that School Leavers and their families can be communicated with before the end of May 2018.	Q1-Q2	School Leavers Lead

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

Priority	Priority Action	Timeline	Lead
4	*Community Healthcare West* will progress the Person Centred Culture Programme across Disability Services.	Q1-Q4	Disability Managers
1	Ensure Person in Charge (PIC)/Persons Participating in Management (PPIMs) are trained and resourced effectively to carry out their roles.	Q2	DS GM
4	Continue to support the implementation of the recommendations attributed to *Community Healthcare West* in the Comprehensive Employment Strategy.	Q1-Q4	Disability Managers
2	Progress the development of staff to ensure they have the adequate training and skills to support people with disabilities to achieve their goals.	Q1-Q4	DS GM

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

Priority	Priority Action	Timeline	Lead
1	To ensure all new homes in the community meet the assessed needs of the residents and HIQA standards.	Q1-Q4	Transition Team
1	Complete all Service Arrangements by 28th February 2018.	Q1	Disability Managers
1	Complete all Grant Aid Agreements by 28th March 2018.	Q1	Disability Managers
2	Continue to support Residents Councils / Family Forums / Service User Panels (Aras Attracta)	Q1-Q4	DS GM
3	In association with national guidance develop Rehabilitative Training (RT) programmes to meet the assessed needs of young people with disabilities as they transition from school to *Community Healthcare West* funded services.	Q3	New Directions Lead
2	1. Review and analyse complaints (numbers, types, trends) as part of the QPS structure	Each Q	Social Care QPS Advisor
1	In collaboration with our Primary Care partners progress the implementation of the National Access Policy.	Q1-Q4	HoS
1	Work with residents who are to move to homes in the community in 2018 to ensure that all plans regarding the individual are person centred.	Q1-Q4	Transition Team and Director of Services (Aras Attracta)
7	Open 4 additional respite beds during 2018	2 in Q1-Q2 2 in Q3-Q4	HoS

Older Persons' Services

Population Served

Nationally the number of people aged 65 and over grew by almost a fifth since the 2011 Census, an increase of just over 19% according to the 2016 Census figures, making it the fastest growing sector of the Irish population.

Community Healthcare West serves a population of 453,109 including 68,500 older people over the age of 65 years. This is an increase of 10,574 older persons across the region since 2011 representing a 15.4% increase in those aged over 65 and includes 16,800 citizens over the age of 80.

Services Provided

Community Healthcare West maximises the supports provide to people to assist them to reside independently in their own home for as long as possible. We also deliver high quality residential care and support when required. *Community Healthcare West* works closely with Nursing Homes Ireland (NHI) during the winter months and funds transitional care beds to facilitate early discharge from acute hospitals when required.

In 2018 *Community Healthcare West* will deliver 1,930,000 hours of home support to 4,528 service users.

Issues and Opportunities

Despite a significant level of service provision, the demand for Home Support continues to grow across *Community Healthcare West* and waiting lists for services have become a feature. All those service users waiting are assessed and provided with a service if appropriate, as soon as possible having regard to their assessed needs. People being discharged from acute hospitals, who are in a position to return home with supports are also prioritised.

Community Healthcare West and some contracted service providers are experiencing difficulty in retaining trained carers for home support services; this is an issue which is being addressed by on-going and targeted recruitment campaigns.

Day Care Centres play a significant part in supporting older persons to remain at home. As part of the services provided for older people a survey of Day Care Centres will be carried out on a phased basis during 2018.
The roll out of the Single Assessment Tool (SAT) will be progressed during 2018.

Priorities 2018

1. Progress the HSE Capital Plan 2016 – 2021 through continued collaboration with Estates in line with HIQA Inspectorate and guidelines.
2. Open 74 new long stay residential beds in the Sacred Heart Hospital, Castlebar following construction.
3. Work with the National Recruitment Service (NRS) and Human Resources (HR) in implementing a reduction on the continued reliance on agency staffing by providing a more sustainable workforce throughout 2018.
4. Recruit Directors and Assistant Directors of Nursing to ensure appropriate governance across residential units.
5. Implement and comply with the Tobacco Free Campus across all Residential Units.
6. Continue to increase the uptake of flu vaccination among healthcare staff.
7. Maximise the support for our acute hospitals by continuing to reduce the length of stay in our short stay facilities.
8. Progress outstanding issues in relation to the Quality and Patient Safety (QPS) Annual Review of Residential Units.
9. Open the full bed complement of 50 beds at Ballinasloe CNU and fully operationalise the Physiotherapy and Occupational Therapy Services.

10. Continue to progress the provision of therapy services for residential units and short stay beds.
11. Work in collaboration with Residential Councils in all Units to provide care services and supports being requested by service users.
12. Review bed capacity within District Hospitals arising from the national HIQA review of non-designated Centres.
13. Open the full short stay bed capacity following review of location, occupancy levels and regulatory requirements.
14. Commence the phased development of the Integrated Specialist Geriatric Day Hospital Project in *Community Healthcare West*.
15. Support physical activity initiatives in our Residential Units in line with Healthy Ireland Plan.
16. Progress the recruitment of an Audit Team to roll out a Home Support Audit Service across *Community Healthcare West*. This will include audit of both service providers and HSE directly provided home support services.
17. Work in collaboration with the National Office to implement the Dementia Strategy.
18. The roll out of the Single Assessment Tool (SAT) will be progressed during 2018.

Implementing priorities 2018 in line with Corporate Plan goals

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

Priority	Priority Action	Timeline	Lead
5	Progress and support the implementation of the National Tobacco Free Campus policy across all Older People Services Residential Units during 2018.	Q4	Residential Services' Managers
6	Increase Flu Vaccine Uptake amongst Healthcare Staff	Q4	Residential Services' Managers
14	Implement Positive Aging Actions in line with the Healthy Ireland Plan.	Q1-Q4	Residential Services' Managers
7	Continue to work on integrated discharges to place patients in the most appropriate setting at the earliest opportunity to maximise functionality.	Q1-Q4	OPS General Manager and Integrated Discharge Manager
14	Ensure that physical exercise and meaningful activities are promoted in all Residential and Short Stay facilities.	Q1-Q4	Residential Services' Managers
16	Work in collaboration with the National Dementia Office to implement the Dementia Strategy.	Q1-Q4	Residential Services' Managers

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

Priority	Priority Action	Timeline	Lead
10	Continue to ensure there is access to therapy services in residential units.	Q1-Q4	Residential Services' Managers
15	Continue to deliver a home support service that is fair and equitable i.e. each older person is assessed, prioritised and allocated home support in a consistent manner across *Community Healthcare West* whilst awaiting the introduction of a National Home Support Scheme.	Q1-Q4	Residential Services' Manager/ Home Support Manager
17	Progress the roll out of the National Single Assessment Tool (SAT).	Q4	SAT Lead
1	Progress the Capital Plan with particular focus on advancing the Community Nursing Units (CNUs) for Clifden and Tuam in 2018.	Q4	Residential Services' Manager
12	Develop plans for Ballina and Belmullet District Hospitals to ensure compliance with impending HIQA regulations for non-designated centres.	Q4	Residential Services' Manager
2	Open the new beds in Sacred Heart Hospital Castlebar on a phased basis during 2018.	Q3	Residential Services' Manager Mayo
3	Implement Garda Vetting legislation.	Q1-Q4	Data Controller, HR

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

Priority	Priority Action	Timeline	Lead
11	Work with Residents Councils in the improvement of services for older persons.	Q1-Q4	Persons In Charge
15	Assess, prioritise and allocate Home Supports to those identified with the highest care needs in a fair and consistent manner across *Community Healthcare West.*	Q1-Q4	Service Manager/ Home Support Manager
8	Manage complaints and incidents, improve patient safety and communicate the shared learning.	Q1-Q4	All Managers

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

Priority	Priority Action	Timeline	Lead
4	Recruit Directors of Nursing at Merlin Park, Clifden, and Carraroe/Aran Islands and any other Director of Nursing vacancies that may arise throughout 2018.	Q1-Q4	Residential Services' Manager
3	Implement the new contracts for part time home support staff.	Q2	HR/ Home Support Manager
3	Carry out a training needs assessment to identify gaps for home support staff.	Q4	Home Support Manager/ Home Help Co ordinators
15	Work in collaboration with Home Support Audit team to improve quality of service delivered.	Q1-Q4	Home Support Manager
11	Actively participate in national and local training events, particularly HSE and HIQA organised learning events, to improve the quality of care in our Residential services.	Q1-Q4	Residential Services' Manager

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

Priority	Priority Action	Timeline	Lead
9	Open full bed complement at Ballinasloe Community Nursing Unit (CNU).	End Q1	Residential Services' Manager
15	Prioritise Home Support to those identified with the highest care needs.	Q1-Q4	Home Support Service Managers
15	Review of all Grant Aid applications throughout *Community Healthcare West* to ensure funding is aligned with service priorities and services delivery is optimised within resources available.	Q1	OPS General Manager/
13	Commence the phased development of an Integrated Specialist Geriatric Day Hospital Service in *Community Healthcare West*.	Q4	Head of Social Care/ OPS General Manager

Section 6

FINANCE

Context

The Health Service Executive (HSE) Budget for 2018 is €14.5 billion. This represents an increase of €608m (4.4%) on the 2017 budget allocation.

Included in the additional allocated resource is €25m in Primary Care, an additional €15m in Mental Health support, and an additional €10m for respite care in the Disability Sector. Funding has also been provided for Home Support Services; complex case discharges, dementia care for persons with high needs, Community Intervention Teams, Occupational Therapy services, Homelessness services and Primary Care services for refugees.

The headline budget level for *Community Healthcare West* 2018 is €471.98m which represents a €23.63m /5.3 % year on year budget increase over budget 2017. In addition to the funding detailed in this plan funding has also been provided by DoH to HSE under the heading of 'development monies' which will held by the DoH in the first instance and will be allocated in 2018 in line with DoH / HSE direction so as to maintain and expand existing services while also driving new developments and other improvements.

There is an overarching legal requirement to protect and promote the health and wellbeing of the population, having regard to the resources available and by making the most efficient and effective use of those resources. While we acknowledge the additional funding received, there remain many challenges in providing existing levels of service (ELS) within the funding envelope being made available, while dealing with ever increasing pressures arising from demographic and other areas. These specific challenges are detailed in the relevant sections of this chapter.

Given these challenges and recognising the necessity to secure improved value, the HSE is taking forward a systematic review of its existing activities to drive value with a view to taking forward, from the beginning of 2018, a comprehensive Value Improvement Programme.

Through the Value Improvement Programme, we will target improvement opportunities to address the overall community services financial challenge while maintaining levels of activity. The Programme, will seek to improve services while also seeking to mitigate the operational financial challenge in community services for 2018. This should only be delivered via realistic and achievable measures that do not adversely impact services. While there are a number of opportunities to secure improved value that are within the remit and role of the CHO to deliver, there are others that will require wider consideration of policy, legislation and regulatory issues and therefore will benefit from the involvement and support of the DoH and other stakeholders. Further detail on the Value Improvement Programme is available in the National Service Plan section 7, p78.

Primary Care – Budget €120.75m (€99.05m + €21.71m)

The 2018 allocation for Primary Care excluding demand-led schemes is €99.05m. This is an increase of €5.13m over the 2017 budget of €93.92m. Included in the Budget is €2.484m towards pay restoration under National agreements. The 2018 allocation for demand-led schemes is €21.71m which remains constant and in line with our current expenditure. Additional funding is expected later in 2018 to fund the non-pay costs associated with the new Primary Care Centres opened prior to the end of 2017. The remaining cost pressures in Primary Care are medical and surgical supplies, incontinence wear, aids and appliances and costs associated with the National Refugee Reception Centre in Ballaghdereen. Based on current trends this will be a €3.98m challenge in total. Some of this challenge will be offset by funding for Primary Care Centres.

Social Care – Budget €245.89m

i.	Disability Services	Budget €170.543m
ii.	Older Persons' Services	Budget €75.35m

The total 2018 allocation for Social Care is €245.89m and this total represents a 5.2% increase over the 2017 base budget rolled forward into 2018.

An additional €2.619m development funding for older persons will be devolved to *Community Healthcare West* during 2018. This funding is primarily targeted at the development of the Home Support service. There will be a challenge in Older Persons long stay residential services in the order of €1.5m based on the current occupancy levels and cost of care. Factors that influence our current cost of care are current agency levels due to recruitment issues filling vacant posts. Home Support services targets will be achievable within the available funding.

The Disability allocation will maintain current services at their existing levels for 2018 within the available allocation. The on-going challenge facing Disability Services is the provision of emergency residential placements within available funding. Additional Development funding for respite services will be devolved to *Community Healthcare West* during 2018.

Mental Health Services – Budget €105.33m

The budget of €105.33m for *Community Healthcare West* in 2018 is to deliver both a break-even position for 2018 whilst also enhancing services through agreed development funding and posts. The above budget is made up of:

- A recurring budget of €97.698m representing a €4.04m or 4.3% increase compared to the equivalent in 2017.
- A further once-off allocation of €7.522m mainly resulting from time-related savings (TRS) in the recruitment of approved development posts plus a further national once-off contribution towards achievement of a break-even position by year end.
- An agreed stretch target of €0.168m for non-service impacting cost reduction if the full year projection remains at the current increased level of €105.562m.

It is agreed that this budget assumes no further unfunded cost increase during 2018 and both the profiled spend, expected cost reductions and the profiled recruitment of approved development staff will be monitored and reported as part of the monthly performance accountability mechanisms in 2018.

In finalising the above agreed break-even position for Mental Health in 2018, there is also the requirement to begin immediately in 2018 to identify how the current challenges arising from core underfunding and/or cost based management can be addressed to minimise the continued reliance on once-off funding which will not be available to this extent in 2019. This requires examination of the current operational model of all our services to ensure maximum efficiency and effectiveness whilst maintaining safe levels of mental health services.

Finance Table by Division - Community Healthcare West Net Expenditure Allocations 2018

Primary Care	Pay	Non Pay	Gross Budget	Income	Net Budget
	€m	€m	€m	€m	€m
Primary Care	61.47	26.22	87.69	(2.07)	85.62
Social Inclusion	0.25	6.22	6.47	0.00	6.47
Palliative Care	1.72	5.24	6.96	0.00	6.96
Core Services	63.44	37.68	101.12	(2.07)	99.05
Local Demand Led Schemes (DLS)	0.00	21.71	21.71	0.00	21.71
Total	63.44	59.39	122.83	(2.07)	120.76

Social Care	Pay	Non Pay	Gross Budget	Income	Net Budget
	€m	€m	€m	€m	€m
Older Persons' Services	79.73	38.16	117.89	(42.54)	75.35
Disability Services	15.65	155.60	171.25	(0.71)	170.54
Total	95.38	193.76	289.14	(43.25)	245.89

Mental Health	Pay	Non Pay	Gross Budget	Income	Net Budget
	€m	€m	€m	€m	€m
Mental Health Services	89.83	17.21	107.04	(1.71)	105.33
Total	89.83	17.21	107.04	(1.71)	105.33

TOTAL	Pay	Non Pay	Gross Budget	Income	Net Budget
	€m	€m	€m	€m	€m
Total	248.65	270.35	519.00	(47.02)	471.98

2018 Development Funding/New Initiatives

Primary Care: The 2018 element of the allocation for the National Psychology Initiative (€5m) is currently held centrally and will be released as the posts are recruited in *Community Healthcare West*. Funding associated with Paediatric Home Care Packages will be funded on an approved business case proposal for a care package.

Social Care: Funding to expand home support services is held centrally. The total Older Persons' Services development funding identified for *Community Healthcare West* is €2.618m.

In Disability, an additional €2.33m development funding has been allocated to *Community Healthcare West* to deliver emergency residential places and to endeavour to achieve national targets in the Transforming Lives programme.

Mental Health: Included in the 2018 allocation is the funding associated with development posts to the end of 2017. The portion of the €15m allocated to Mental Health in 2018 is held nationally and will be devolved to *Community Healthcare West* on the recruitment of the posts associated with this funding.

Service Pressures/Existing Levels of Service (ELS)

Primary Care: In 2018 there is an initial shortfall of €3.98m in non-pay due to existing levels of services; cost pressures in aids and appliances, logistics and repair costs, medical and surgical supplies and non-pay costs associated with Primary Care Centres. There will be further once-off funding required during 2018 for Paediatric Packages and to the replace the Dormant Accounts funding which was assigned to the Refugee Reception Centre in Ballaghdereen last year.

Social Care – Older Persons' Services: The main financial challenge facing the services is the year on year growth in demand arising from demographic and other pressures for community based services such as home care and transitional care. Additional funding of €4.026m is included in the Older Persons' Services budget to address these issues.

The Nursing Homes Support Scheme (NHSS) supports 549 registered beds (by the end of 2018) which must have 95% occupancy to attract the full allocation from the NHSS Scheme. The challenges faced in this area are occupancy rates in certain Nursing Homes due to geographical circumstances and the recruitment of replacement (as opposed to agency) staff. An additional challenge to the service is occupancy of our Short Stay Beds in certain locations.

Social Care – Disability Services: In 2018, the Service 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 as part of the National HSE Service Plan are focussed on specific and targeted provision. Specifically, *Community Healthcare West* will maintain existing levels of services in line with available financial resources whilst noting developments relating to emergency and home respite support services as well as day/rehabilitative training interventions. *Community Healthcare West* is cognisant that the demand for disability supports and services is growing in a significant way. We will continue to ensure effective monitoring of the impact in this area as part of on-going planning processes with the National Social Care Division in respect of the 2019 estimates process.

Mental Health Services: The financial challenge facing the services is the difficulty recruiting suitably qualified medical and nursing staff to fill existing vacancies. Because of this difficulty there are high levels of overtime and agency expenditure. These costs come at a premium in comparison to directly employed staff and inflate the cost of services.
Another cost driver is the level of special care arrangements for a number of service users. Their care requirements are in addition to the normal level of service being delivered at the locations where they are cared for.

Savings and Efficiency Measures

Primary Care: In 2016 a project team was established to address expenditure on aids and appliances and continues to review expenditure. During 2017 there was an expenditure trend which was below the increase in the level of activity. This group will continue to pursue more efficient practices in the procurement/repair and distribution of aids and appliances during 2018. Currently a review of all our contracts for services such as cleaning is being undertaken by the Primary Care Division. We expect efficiencies to be delivered with the implementation of the recommendations in the review.

Social Care

i) Disability Services: There is a structure in place to review emergency placements in line with national guidelines. A Residential Care – Executive Management Committee was established in *Community Healthcare West*, 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.

ii) Older Persons' Services: Agency and Cost Reduction Measures: In respect of agency reduction targets, the key focus is on areas where slippage was experienced in delivering targets in 2017. Detailed financial and service work plans, including the PNS (Pay and Numbers Strategy), 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. There is a formal structure to monitor the delivery of homecare services and there is a continuing effort to review service user needs with a view to using existing resources in a more efficient manner.

Mental Health Services: The target for Mental Health service will be agency conversion; more efficient replacement of vacant posts, a programme targeting inappropriate placements and reviewing the process on special care arrangements.

Financial Risks

Across all care groups the main financial risks to the plan can be categorised as follows:

- Demographic Changes: In 2017 there was an increase in demand for Home Care as well as medical and surgical Supplies (including incontinence wear).
- Once-off events such as care needs of individual service users and Emergency Department overcrowding.
- Inability to recruit suitably qualified staff in some services and the subsequent filling of posts through agency or overtime at premium rates.

Section 7

WORKFORCE

The Workforce Position

Government policy on public service numbers and costs is focused on ensuring that the health workforce operates within the pay budgets available. *Community Healthcare West* manages a WTE of 4228 (December 2017 figure – Source – Health Service Personnel Census). A detailed breakdown is provided in Appendix 2.

The Health Services People Strategy

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 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 to an increasing and changing population. This challenge is even greater now as the Health Reform Programme requires significant change management, organisation re-design and organisational development support.

Leadership and Culture

In consultation with Corporate Leadership, Education, Talent and Development (LETD) *Community Healthcare West* will continue to support staff development. *Community Healthcare West* Human Resource (HR) Department in consultation with LETD will agree 2018 priorities to build capacity of staff to meet organisational requirements and to support front-line managers to undertake their people management role. This will be supplemented by:

a) Local HR information sessions on a variety of Human Resource policies and procedures e.g. Dignity at Work, Trust in Care, Attendance Management and Disciplinary Procedure.

b) The Human Resource Department will complete a LETD Train the Trainer programme for Effective Communication through Team Meetings and will roll out a framework and training for regular team meetings across the Divisions to include non-clinical staff.

c) The Human Resource Department will design and provide training and supplementary information on managing attendance based on line manager requirements.

d) The Human Resource Department will develop a Human Resources support pack for managers to support them in dealing with HR issues.

e) The Human Resource Department will design and develop a *Community Healthcare West* Staff Induction Pack.

Staff Engagement

Six Staff Survey feedback sessions took place across the region in 2017 co-facilitated with the Health and Wellbeing Division. A Staff Engagement Steering Group has been established and a Staff Engagement project proposal has been submitted to the Project Management Office with a number of key proposals approved and initiated in Q3, 2017. The purpose of the Steering Group is to:

- Create a space where engagement with staff can take place, build on existing approaches and look for new ways of engaging staff.
- Give a sense of ownership and personal responsibility for engagement, building positive and effective communication between all staff regardless of their position.
- Share good examples of staff engagement.

- Provide feedback and advice on improving staff engagement in the design and implementation of initiatives and policies.
- Promote staff engagement throughout the health sector with the intention of creating a positive working environment for staff and service users.

Learning and Development

HR in consultation with LETD will provide a leadership, education and development plan for *Community Healthcare West* to build capacity of staff in the Area to meet the organisational requirements. Priorities for 2018 will be agreed with LETD on the basis that *Community Healthcare West* HR will assist in the delivery of learning programmes on HSE Policy and Procedure (based on LETD Training Programmes) therefore prioritising the time allocation for LETD to prioritise staff development programmes.

Workforce Planning

The Department of Health published a National Strategic Framework for Health Workforce Planning – Working Together for Health in 2017, providing an integrated, dynamic and multi-disciplinary approach to workforce planning at all levels of the health service. *Community Healthcare West* will commence the operationalisation of the framework in 2018. The implementation will be guided by the relevant themes and work streams of the Health Services People Strategy 2015-2018, in conjunction with the Programme for Health Service Improvement.

Particular attention will be directed to the further development of measures to support the sourcing, recruitment, and retention of nursing staff in light of identified shortages. The development of a workforce plan for *Community Healthcare West* will be progressed as a priority.

Pay and Staffing Strategy 2018 and Funded Workforce Plans

The 2018 Pay and Staffing Strategy is a continuation of the 2017 strategy, central to which is compliance with allocated pay expenditure budgets. Overall pay expenditure, which is made up of direct employment costs, overtime and agency, will continue to be robustly monitored, managed and controlled to ensure compliance with allocated pay budgets as set out in annual funded workforce plans at divisional and service delivery organisation level. These plans are required to:

- Take account of any first charges in pay overruns that may arise from 2017 noting the risk impact on service delivery in 2018.
- Continue to operate strictly within allocated pay frameworks, while ensuring that services are maintained to the maximum extent and that the service priorities determined by Government are addressed.
- Comply strictly with public sector pay policy and public sector appointments.
- Identify further opportunities for pay savings to allow for re-investment purposes in the health sector workforce and to address any unfunded pay cost pressures.
- In *Community Healthcare West* the pay and staffing requirements are managed through the Payroll Monitoring Control Group which meets on a monthly basis.

Pay and staff monitoring, management, and control at all levels, will be further enhanced in 2018 in line with the National Performance and Accountability Framework. Early intervention and effective plans to address any deviation from the approved funded workforce plans will be central to ensuring full pay budget adherence at the end of 2018.

An integrated approach, with Service Managers being supported by HR and Finance, will focus on reducing and / or controlling pay costs, including agency and overtime, and implementing cost containment plans, in addition to maximising the performance and productivity of the health workforce. A dedicated resource to manage agency conversion / elimination process will commence in late Q1.

Performance

HR will lead on implementation and rollout of a revised and redesigned Performance Achievement System with a greater developmental emphasis. The key focus of this initiative is to facilitate meaningful engagement, on a two way basis between managers and staff in relation to all aspects of performance achievement.

The process will provide the fullest possible opportunity for staff and managers to work together and engage productively on all issues that arise in the work place in relation to performance. It also provides the opportunity to give and receive feedback which increases connectivity to service targets and improves overall performance and job satisfaction.

Partnering

A Joint Union Management Forum was established in *Community Healthcare West* in Q4, 2017 with Trade Union partners and representatives for all the Divisions, Finance, Communications and the Chief Officer's Department. This forum will meet bi-monthly in 2018 with subgroups established for all Divisions.

Public Service Stability Agreement 2018 - 2020

The Public Service Stability Agreement which represents an extension of the Lansdowne Road Agreement was negotiated between government and unions in 2017 and will continue until December 2020. It provides for the continuation of the phased approach towards pay restoration, targeted primarily at low-paid personnel, as well as providing a number of general pay adjustments in the course of the Agreement. The Agreement builds on the provisions of previous agreements to support reform and change in the health services. *Community Healthcare West* will support the work of the Public Service Pay Commission as established under the Agreement.

Strategic Review of Medical Training and Career Structure (MacCraith Report)

The outstanding recommendations of this report will continue to be implemented and in particular the issue of friendly flexible working arrangements will, service dependent, be supported. The negotiations on the task transfer initiative will be concluded and implementation of revised work practices will be prioritised.
Further action will be taken to advance streamlined training, protected training time and measures to support recruitment and retention. Remedial and risk mitigation actions will be taken in respect of consultants that do not hold registration on the 'Specialist Division'.

Enhancing Nursing Services

Strategic leadership and workforce development is supported by education and training, safe clinical evidence-based practice, a consistent and standardised approach, avoidance of duplication of effort while supporting legal and regulatory requirements at all levels. Key priorities in 2018 include:

- Strengthening the capacity of nurses and teams to meet the healthcare and wellbeing needs of the population through collaboration on policy, regulatory, professional and education matters, leadership, professional development, educational sponsorship, workforce planning, role expansion, effective communication, informatics and professional support.
- Supporting and progressing initiatives, including the roll-out of the Framework for Staffing and Skill Mix for Nursing (phase 1 and 2).
- Supporting nurses to participate in programmes to prepare for advanced practitioner roles.
- Supporting nurses in Education programmes.

Health and Social Care Professions

Health and Social Care Professions (HSCP) group make up 497 WTE (Nov 2017) of the *Community Healthcare West* staffing compliment, this group includes Therapists, Social Workers, Psychologists and Dieticians among others. The services in which they work include Primary Care, Mental Health Services and Social Care (Older Persons'

Services & Disability Services inclusive of Residential services). Key priorities in 2018 include:

- Implementing the priority actions outlined in the HSCP Education and Development Strategy 2016-2019, as directed from National level
- Supporting managers to strengthen and support evidence-based HSCP practice.

European Working Time Directive

Community Healthcare West is committed to maintaining and progressing compliance with the requirements of the European Working Time Directive (EWTD) for both non-consultant hospital doctors (NCHDs) and staff in the social care sector. Key indicators of performance agreed with the European Commission include a maximum 24 hour shift, maximum average 48 hour week, 30 minute breaks every six hours, 11 hour daily rest / equivalent compensatory rest and 35 hour weekly / 59 hour fortnightly / equivalent compensatory rest.

Attendance Management

This continues to be a key priority and service managers, with the support of HR, will build on the progress made over recent years in improving attendance levels and promoting regular attendance at work. The national performance target for 2018 remains at 3.5%.

APPENDIX 1: PROJECT PORTFOLIO SUMMARY

Cross Divisional Projects
Automated Room Bookings
Communications Strategy - Outlook usage Policy Development
Requirements for PAS Replacement
Record Storage and Management
Governance Structure for Non Centralised Finance & Human Resources
Development and progression of Autism Spectrum Disorder (ASD) Services.
Primary Care
Area Medical Officer Database
Enhanced Key Performance Indicator generation (Physiotherapy services)
Social Care
Home Support Documentation
Electronic Care Planning and Resident Record Systems
Children's services - Waiting List management
Health & Wellbeing
Healthy Ireland Implementation Plan
Mental Health
Commissioning of Acute Adult Mental Health Unit
Community Residences Reconfiguration - Galway/Roscommon
Service User Engagement Forum
Development of the East Galway Mental Health/Intellectual Disability (MHID) model of care
Human Resources
Staff Engagement
Staff Recognition Awards Programme
Staff Meetings - Non Clinical Staff
Finance
Travel/subsistence processing review

APPENDIX 2: FINANCIAL TABLES

Budget summary 2018

	€m	€m	€m	€m	€m	€m	€m	€m
	Primary Care	Demand Led Schemes	PRIMARY CARE TOTAL	Older People Total	Disability Services Total	SOCIAL CARE TOTAL	MENTAL HEALTH SERVICES	CHO2 TOTAL
2017 Recurring Budget brought forward to 2018	95.912	21.706	117.618	73.959	159.813	233.772	93.660	445.050
Non-pay and demographic related costs								
Social Care Safeguarding				0.054		0.054		0.054
Social Care - SAT				0.082		0.082		0.082
Social Care - Short Stay Beds				-0.519		-0.519		-0.519
Social Care - Subvention & Contract Beds				0.316		0.316		0.316
Emergency Placements Re-instatement of 2017 Once off Funding Recurring basis					3.000	3.000		3.000
Budget Transfer Non Pay Costs					1.600	1.600		1.600
School Leaver Funding FYE 2017					0.974	0.974		0.974
Demographic Related Costs					1.229	1.229		1.229
Full Year Effect of 2017 Developments					0.953	0.953		0.953
Time Related Savings(2015 Posts)						0.000	0.687	0.687
DOH Release of Funds (2016 Posts)						0.000	0.160	0.160
17- funding to expand current services						0.000	0.407	0.407
17- funding to expand current services (ONCE OFF)						0.000	3.200	3.200
Time Related Savings						0.000	4.352	4.352
Rostered Year for Pre Reg Nursing Degree Students (ONCE OFF)					0.135	0.135	0.070	0.205
Sponsorship for Nursing					0.111	0.111		0.111
Budget Transfer Non Pay Costs	0.186		0.186					0.186
Staff Secondment	0.119		0.119					0.119
Non Pay Dental Board	0.030		0.030			0.000	0.014	0.044
2017 Pay rate adjustments *(supports existing staffing levels)*								
HRA / LRA – Pay rate cost in 2017	2.040		2.040	0.927	2.500	3.427	2.785	8.252
PCP - Sleepovers Extension			0.000		0.119	0.119		0.119
VIP - Increments Unfunded	0.280		0.280	0.087	0.053	0.140		0.420
VIP - PCP 18 Decisions unfunded	0.038		0.038	0.238	0.056	0.294		0.332
Pay Adjustment (Once Off)	0.126		0.126			0.000		0.126
Funding Available to Maintain existing levels of service *(supports existing staffing levels)*	**98.731**	**21.706**	**120.437**	**75.144**	**170.543**	**245.688**	**105.334**	**471.459**
Funding available to expand existing / develop new services in 2018								
CSP Program - ICP - Chronic Disease	0.119		0.119					0.119
CSP Program - ICP - Chronic Disease	0.066		0.066					0.066
New Developments				0.206		0.206		0.206
Drugs Strategy	-0.130		-0.130					-0.130
Tier 4 Developments	0.055		0.055					0.055
Homeless Services	0.204		0.204					0.204
Total funding available to expand existing / develop new services in 2017 81.3	**0.314**	**0.000**	**0.314**	**0.206**	**0.000**	**0.206**	**0.000**	**0.520**
2017 Budget	**99.045**	**21.706**	**120.751**	**75.350**	**170.543**	**245.894**	**105.334**	**471.979**

Note: *The budgets outlined above are inclusive of the funding provided by community services as outlined in the 2018 community operational plan. The budget also includes once-off funding provided by other HSE functions for the provision of services in 2018.*

Service Arrangement Funding allocations*

(*Initial 2018 Allocations all subject to final *Community Healthcare West* sign off)

Disability Services:

Summary	Care Group	€
		-Galway -Mayo -Roscommon
Total S38 – SA	Disability Services	€68.20m
S39 – SA	Disability Services	€81.04m
S39 – GA	Disability Services	€1.65m
Total S39	**Disability Services**	**€82.69**
Total Voluntary	**Disability Services**	**€150.89**
For Profit – SA	**Disability Services**	**€1.25**
Total All	**Disability Services**	**€152.14**

Section 38 Service Arrangements:

Parent Agency		€
		-Galway -Mayo -Roscommon
Brothers of Charity (Galway)	Disability Services	€50.78
Brothers of Charity (Roscommon)	Disability Services	€17.42
Total All	**Disability Services**	**€68.20m**

Section 39 Service Arrangements – Agencies in Receipt of funding in excess of €5m:

Parent Agency	€
	-Galway -Mayo -Roscommon
Western Care Association	€35.76m
Ability West	€25.46m

Agencies in receipt of funding in Community Healthcare West:

Parent Agency	€ -Galway -Mayo -Roscommon
Rehabcare	€5.41m
Enable Ireland	€2.90m
I.W.A. Limited	€4.52m
Western Care Association	€35.76m
The Cheshire Foundation in Ireland	€2.58m
Ability West	€25.46m
Section 39 Service Arrangements Funding over €1m	**€76.63m**

Services for Older People:

Older Persons' Services – Total Funding	€ -Galway -Mayo -Roscommon
S39 – SA	€8.15m
S39 – GA	€.1.14m
Total S39	€9.29m
Total Voluntary	€9.29m
For Profit – SA	€10.40m
Total Commercial	€10.4m
Total All	**€19.69m**

APPENDIX 3: HUMAN RESOURCE INFORMATION

Workforce Position: Staff Category Information as at December 2017

Table 1. Community Healthcare West Numbers: Staff Category Information.

	Medical/ Dental	Nursing	Health & Social Care Professionals	Management/ Admin	General Support Staff	Patient & Client Care	WTE: Dec 2017
Primary Care	89.36	300.56	302.65	313.73	30.84	64.96	1,102.10
Mental Health	99.89	568.67	138.41	135.99	72.65	290.92	1,306.53
Social Care	13.64	446.37	61.71	106.63	88.45	1102.56*	1819.36
Total	202.89	1315.6	502.77	556.35	191.94	1458.44	**4227.99**

**Figure includes 473.57 WTE Home Helps*

APPENDIX 4: NATIONAL SCORECARD AND PERFORMANCE INDICATOR SUITE

National Scorecard		
Scorecard Quadrant	**Priority Area**	**Key Performance Indicator**
Quality and Safety	**Complaints investigated within 30 days**	% of complaints investigated within 30 working days of being acknowledged by complaints officer.
	Serious Incidents	% of serious incidents requiring review completed within 125 calendar days of occurrence of the incident.
	Child Health	% of newborn babies visited by a PHN within 72 hours of discharge from maternity services.
		% 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.
		% of children aged 24 months who have received the measles, mumps, rubella (MMR) vaccine.
	CAMHs Bed Days Used	% 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.
	HIQA Inspection Compliance	% compliance with regulations following HIQA inspection of disability residential services.
	Healthy Ireland	% of smokers on cessation programmes who were quit at one month.
Access and Integration	**Therapy Waiting Lists**	Speech and Language: % on waiting list for assessment <52 weeks.
		Physiotherapy: % on waiting list for assessment <52 weeks.
		Occupational Therapy: % on waiting list for assessment <52 weeks.
	CAMHs Access to First Appointment	% of accepted referrals / re-referrals seen within 12 months by Child and Adolescent Community Mental Health Teams excluding DNAs
	Delayed Discharges	No. of beds subject to delayed discharges
	Disability Act Compliance	% of assessments completed within the timelines as provided for in the regulations
	Older Persons	No. of home support hours provided (excluding provision of hours from Intensive Home Care Packages (IHCPs))
Finance, Governance and Compliance	**Financial Management**	Net expenditure variance from plan (total expenditure)
		Gross expenditure variance from plan (pay + non-pay)
		% of the monetary value of service arrangements signed
	Governance and Compliance	Procurement - expenditure (non-pay) under management
		% of internal audit recommendations implemented, against total no. of recommendations, within 12 months of report being received
Workforce	**EWTD**	<48 hour working week
	Attendance Management	% absence rates by staff category
	Funded Workforce Plan	Pay expenditure variance from plan

National Performance Indicator Suite

Note: 2017 and 2018 expected activity and targets are assumed to be judged on a performance that is equal or greater than (>) unless otherwise stated (i.e. if less than (<) or, less than or equal to symbol (<) is included in the target).

System Wide

Key Performance Indicators Service Planning 2018				2017	2017	2018		2018 Expected Activity / Target
KPI Title	NSP/ DOP	Performance Area	Reporting Period	National Target / Expected Activity	Projected outturn	National Target / Expected Activity	Reported at National / CHO HG Level	Community Healthcare West
Quality and Safety								
Service User Experience % of complaints investigated within 30 working days of being acknowledged by the complaints officer	NSP	Quality and Safety	Q	75%	74%	75%	CHO	75%
Serious Incidents % of serious incidents being notified within 24 hours of occurrence to the senior accountable officer			M	New PI 2018	New PI 2018	99%	CHO	99%
% of serious incidents requiring review completed within 125 calendar days of occurrence of the incident			M	New PI 2018	New PI 2018	90%	CHO	90%
Incident Reporting % of reported incidents entered onto the National Incident Management System (NIMS) within 30 days of occurrence by CHO			Q	90%	48%	90%	CHO	90%
Extreme and major incidents as a % of all incidents reported as occurring			Q	<1%	0.8%	<1%	CHO	<1%
% of claims received by State Claims Agency that were not reported previously as an incident			Annual	40%	38%	<30%	CHO	<30%
Finance								
Net expenditure variance from plan (total expenditure)	NSP	Finance, Governance and Compliance	M	≤0.1%	To be reported in Annual Financial Statements 2017	≤0.1%	CHO	≤0.1%
Gross expenditure variance from plan (pay + non pay)	NSP			≤0.1%		≤0.1%	CHO	≤0.1%
Non - pay expenditure variance from plan	NSP			≤0.1%		≤0.1%	CHO	≤0.1%
Capital								
Capital expenditure versus expenditure profile	NSP	Finance, Governance and Compliance	Q	100%	100%	100%	CHO	100%
Governance and Compliance								
Procurement - expenditure (non-pay) under management	NSP	Finance, Governance and Compliance	Q (1 Qtr in arrears)	New NSP PI 2018	New NSP PI 2018	25% increase	CHO	25% increase

KPI Title	NSP/ DOP	Performance Area	Reporting Period	National Target / Expected Activity	Projected outturn	National Target / Expected Activity	Reported at National / CHO HG Level	Community Healthcare West
Audit								
% of internal audit recommendations implemented within six months of the report being received	NSP	Finance, Governance and Compliance	Q	75%	65%	75%	CHO	75%
% of internal audit recommendations implemented, against total no. of recommendations, within 12 months of report being received			Q	95%	78%	95%	CHO	95%
Service Arrangements / Annual Compliance Statement								
% of number of service arrangements signed	NSP	Finance, Governance and Compliance	M	100%	100%	100%	CHO	100%
% of the monetary value of service arrangements signed				100%	100%	100%	CHO	100%
% of annual compliance statements signed			Annual	100%	100%	100%	CHO	100%
Workforce								
Staff Engagement % of staff who complete staff engagement survey annually	NSP	Workforce	Annual	New NSP PI 2018	New NSP PI 2018	20%	CHO	20%
Attendance Management % absence rates by staff category			M (1 Mth in arrears)	≤3.5%	4.4%	≤3.5%	CHO	≤3.5%
Pay and Staffing Strategy / Funded Workforce Plan Pay expenditure variance from plan			M	New NSP PI 2018	New NSP PI 2018	≤0.1%	CHO	≤0.1%

Health and Wellbeing Performance Indicator Suite

Key Performance Indicators (KPIs) 2018	NSP / OP	Reporting Frequency	Reported at National / CHO / HG	National Target / Expected Activity 2017	National Projected Outturn 2017	National Target / Expected Activity 2018	Reported at National CHO / HG	Community Healthcare West: Target / Expected Activity 2018
Tobacco								
No. of smokers who received intensive cessation support from a cessation counsellor	NSP	M	National / CHO / HG	13,000	13,476	13,000	CHO	0
% of smokers on cessation programmes who were quit at one month (National Scorcard KPI - Healthy Ireland)	NSP	Q-1Q	National	45.0%	50.7%	45.0%	CHO	45.0%
HP&I Physical Activity								
No. of 5k Parkruns completed by the general public in community settings	OP	M	CHO / LHO	240,000	330,794	377,011	CHO	37,037
No. of unique runners completing a 5k parkrun	OP	M	CHO / LHO	138,000	179,350	197,172	CHO	20,431
No. of unique new first time runners completing a 5k parkrun	OP	M	CHO / LHO	47,000	49,638	54,314	CHO	5,569
HP&I Schools								
% of primary schools trained to participate in the after schools activity programme - Be Active	OP	Q	CHO	25.0%	26.4%	30.0%	CHO	30.0%
% of preschools participating in Smart Start	OP	Q	CHO	20.0%	21.8%	25.0%	CHO	25.0%
Chronic Disease Management								
No. of people who have completed a structured patient education programme for diabetes	NSP	M	CHO	2,440	2,055	4,500	CHO	647
No. of people attending a structured community based healthy cooking programme	OP	M	CHO	4,400	6,126	4,400	CHO	60
% of PHNs trained by dietitians in the Nutrition Reference Pack for Infants 0-12 months	OP	Q	CHO	50.0%	52.9%	50.0%	CHO	50.0%
Making Every Contact Count (MECC)								
No. of frontline Staff to complete the online Making Every Contact Count Training in brief intervention	NSP	Q	National / CHO / HG	NEW KPI 2018	NEW KPI 2018	7,523	CHO	334
No. of frontline Staff to complete the Face to Face Module of the Making Every Contact Count Training in brief intervention	NSP	Q	National / CHO / HG	NEW KPI 2018	NEW KPI 2018	1,505	CHO	67
Immunisations								
% 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)	OP	Q-1Q	CHO / LHO	95.0%	90.8%	95.0%	CHO	95.0%

Key Performance Indicators (KPIs) 2018	NSP / OP	Reporting Frequency	Reported at National / CHO / HG	National Target / Expected Activity 2017	National Projected Outturn 2017	National Target / Expected Activity 2018	Reported at National CHO / HG	Community Healthcare West: Target / Expected Activity 2018
% children at 12 months of age who have received two doses of the Pneumococcal Conjugate vaccine (PCV2)	OP	Q-1Q	CHO / LHO	95.0%	90.4%	95.0%	CHO	95.0%
% children at 12 months of age who have received 1 dose of the Meningococcal group C vaccine (MenC1)	OP	Q-1Q	CHO / LHO	95.0%	94.5%	95.0%	CHO	95.0%
% children at 12 months of age who have received two doses of the Meningococcal group B vaccine (MenB2)	OP	Q-1Q	CHO / LHO	NEW KPI 2018	NEW KPI 2018	95.0%	CHO	95.0%
% children at 12 months of age who have received two doses of Rotavirus vaccine (Rota2)	OP	Q-1Q	CHO / LHO	NEW KPI 2018	NEW KPI 2018	95.0%	CHO	95.0%
% 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	Q-1Q	CHO / LHO	95.0%	94.8%	95.0%	CHO	95.0%
% children aged 24 months who have received 2 doses Meningococcal C (MenC2) vaccine	OP	Q-1Q	CHO / LHO	95.0%	86.0%	95.0%	CHO	95.0%
% children aged 24 months who have received 1 dose Haemophilus influenzae type B (Hib) vaccine	OP	Q-1Q	CHO / LHO	95.0%	90.1%	95.0%	CHO	95.0%
% children aged 24 months who have received 3 doses Pneumococcal Conjugate (PCV3) vaccine	OP	Q-1Q	CHO / LHO	95.0%	90.5%	95.0%	CHO	95.0%
% children aged 24 months who have received the Measles, Mumps, Rubella (MMR) vaccine (National Scorcard KPI - Child Health)	NSP	Q-1Q	CHO / LHO	95.0%	92.4%	95.0%	CHO	95.0%
% of children aged 24 months who have received three doses of the Meningococcal group B vaccine (MenB3)	OP	Q-1Q	CHO / LHO	NEW KPI 2018	NEW KPI 2018	95.0%	CHO	95.0%
% of children aged 24 months who have received two doses of the Rotavirus vaccine (Rota2)	OP	Q-1Q	CHO / LHO	NEW KPI 2018	NEW KPI 2018	95.0%	CHO	95.0%
% children in junior infants who have received 1 dose 4-in-1 vaccine (Diphtheria, Tetanus, Polio, Pertussis)	OP	A	CHO / LHO	95.0%	84.8%	95.0%	CHO	95.0%
% children in junior infants who have received 1 dose Measles, Mumps, Rubella (MMR) vaccine	OP	A	CHO / LHO	95.0%	84.7%	95.0%	CHO	95.0%
% first year students who have received 1 dose Tetanus, low dose Diphtheria, Acellular Pertussis (Tdap) vaccine	OP	A	CHO / LHO	95.0%	85.0%	95.0%	CHO	95.0%
% of first year girls who have received two doses of HPV Vaccine	NSP	A	CHO / LHO	85.0%	49.4%	85.0%	CHO	85.0%
% of first year students who have received one dose meningococcal C (MenC) vaccine	OP	A	CHO / LHO	95.0%	82.2%	95.0%	CHO	95.0%

Key Performance Indicators (KPIs) 2018	NSP / OP	Reporting Frequency	Reported at National / CHO / HG	National Target / Expected Activity 2017	National Projected Outturn 2017	National Target / Expected Activity 2018	Reported at National CHO / HG	Community Healthcare West: Target / Expected Activity 2018
% of health care workers who have received seasonal Flu vaccine in the 2017-2018 influenza season (acute hospitals)	NSP	A	National / HG	40.0%	34.0%	65.0%	CHO	65.0%
% of health care workers who have received seasonal Flu vaccine in the 2017-2018 influenza season (long term care facilities in the community)	NSP	A	National / CHO / LHO	40.0%	33.7%	65.0%	CHO	65.0%
% uptake in Flu vaccine for those aged 65 and older with a medical card or GP visit card	NSP	A	CHO / LHO	75.0%	56.0%	75.0%	CHO	75.0%
Public Health								
No. of infectious disease (ID) outbreaks notified under the national ID reporting schedule	NSP	Q	National	500	558	500	CHO	-
No. of individual outbreak associated cases of infectious disease (ID) notified under the national ID reporting schedule	OP	Q	National	5,090	4,144	5,090	CHO	-
% of identified TB contacts, for whom screening was indicated, who were screened.	OP	Q-1Q	National	>/=80%	90.0%	>/=80	CHO	-
National Screening Service								
BreastCheck								
No. of women in the eligible population who have had a complete mammogram	NSP	M	National	155,000	155,000	170,000	CHO	-
No. of women aged 65+ who have had a complete mammogram	OP	M	National	11,000	16,000	13,000	CHO	-
No. of initial women who have had a complete mammogram	-	M	National	No Target	16,000	No Target	CHO	-
No. of subsequent women who have had mammogram screening	-	M	National	No Target	148,000	No Target	CHO	-
% BreastCheck screening uptake rate	NSP	Q-1Q	National	70.0%	70.0%	70.0%	CHO	-
% of women offered an appointment for Assessment Clinic within 2 weeks of notification of abnormal mammographic result	OP	Q-1Q	National	90.0%	90.0%	90.0%	CHO	-
% of women offered hospital admission for treatment within three weeks of diagnosis of breast cancer	NSP	Bi-Annual (1Qtr in arrears)	National	90.0%	90.0%	90.0%	CHO	-
% of initial women recalled for assessment following mammogram screening	OP	M	National	<7%	9.5%	<7%	CHO	-
% of subsequent women recalled for assessment following mammogram screening	OP	M	National	<5%	2.8%	<5%	CHO	-
% eligible women aged 50-67 invited for BreastCheck screening within 24 months	OP	M-1M	National	NEW KPI 2018	NEW KPI 2018	90.0%	CHO	-

Key Performance Indicators (KPIs) 2018	NSP / OP	Reporting Frequency	Reported at National / CHO / HG	National Target / Expected Activity 2017	National Projected Outturn 2017	National Target / Expected Activity 2018	Reported at National CHO / HG	Community Healthcare West: Target / Expected Activity 2018
CervicalCheck								
No. of unique women who have had one or more smear tests in a primary care setting	NSP	M	National	242,000	255,000	255,000	CHO	-
% eligible women with at least one satisfactory CervicalCheck screening in a five year period	NSP	Q-1Q	National	80.0%	79.9%	80.0%	CHO	-
% of service users who are issued CervicalCheck results within 4 weeks	OP	Q-1Q	National	90.0%	75%	90.0%	CHO	-
% urgent cases offered a Colposcopy appointment within 2 weeks of receipt of letter in the clinic	OP	M	National	95.0%	100%	95.0%	CHO	-
% of high grade cases offered colposcopy appointment with 4 weeks of receipt of letter in the clinic	OP	M	National	90.0%	98.8%	90.0%	CHO	-
% of low grade cases offered colposcopy appointment within 8 weeks of receipt of letter in the clinic	OP	M	National	90.0%	98.5%	90.0%	CHO	-
BowelScreen								
No. of service users who have completed a satisfactory BowelScreen FIT test	NSP	M	National	106,875	118,000	125,000	CHO	-
% of client uptake rate in the BowelScreen programme	NSP	Q-1Q	National	45.0%	41.0%	45.0%	CHO	-
DiabeticRetinaScreen								
No. of Diabetic RetinaScreen service users screened with final grading result	NSP	M	National	87,000	91,000	93,000	CHO	-
% Diabetic RetinaScreen uptake rate	NSP	Q-1Q	National	56.0%	65.0%	65.0%	CHO	-
% of service users who are issued a Diabetic RetinaScreen result within 3 weeks	OP	Q-1Q	National	95%	100%	95%	CHO	-
Environmental Health Service								
No. of initial tobacco sales to minors test purchase inspections carried out	NSP	Q-1Q	National	384	324	384	CHO	-
No. of test purchases carried out under the Public Health (Sunbeds) Act, 2014	NSP	Bi-Annual	National	32	32	32	CHO	-
No. of mystery shopper inspections carried out under the Public Health (Sunbeds) Act, 2014	NSP	Bi-Annual	National	32	32	32	CHO	-
No of establishments receiving a planned inspection under the Public Health (Sunbeds) Act, 2014	OP	Q	National	NEW KPI 2018	NEW KPI 2018	225	CHO	-
No. of official food control planned, and planned surveillance inspections of food businesses	NSP	Q	National	33,000	32,210	33,000	CHO	-

Key Performance Indicators (KPIs) 2018	NSP / OP	Reporting Frequency	Reported at National / CHO / HG	National Target / Expected Activity 2017	National Projected Outturn 2017	National Target / Expected Activity 2018	Reported at National CHO / HG	Community Healthcare West: Target / Expected Activity 2018
% of official food control planned and planned surveillance inspection of food businesses which were unsatisfactory	OP	Q	National	<25%	21.2%	<25%	CHO	-
No. of inspections of E-Cigarette and Refill Container manufacturers, importers, distributors and retailers under the E.U. (Manufacture, Presentation and Sale of Tobacco and Related Products) Regulations 2016	OP	Q	National	NEW KPI 2018	NEW KPI 2018	40	CHO	-
% of environmental health complaints from the public risk assessed within one working day	OP	Q	National	95.0%	94.0%	95.0%	CHO	-
No. of drinking water samples taken to assess fluoride parameter compliance	OP	Q	National	2,628	2,460	2,460	CHO	-
% of consultation requests by planning authorities for developments accompanied by an Environmental Impact Statement receiving a response	OP	Q	National	100%	94.9%	95.0%	CHO	-

Primary Care Scorecard and Performance Indicator Suite

Note: 2017 and 2018 expected activity and targets are assumed to be judged on a performance that is equal or greater than (>) unless otherwise stated (i.e. if less than (<) or, less than or equal to symbol (<) is included in the target).

Indicator	Performance Area	Reporting Period	NSP 2017 Expected Activity / Target	Projected Outturn 2017	Expected Activity / Target 2018	Community Healthcare West
Community Intervention Teams No. of referrals Admission Avoidance (includes OPAT) Hospital Avoidance Early Discharge (includes OPAT) Unscheduled Referrals from community sources	Quality and Safety	M	32,861	36,500	38,180 1,186 28,417 5,997 2,580	3,095 105 1,763 1,075 152
Health Amendment Act: Services to persons with State Acquired Hepatitis C No. of Health Amendment Act card holders who were reviewed		Q	586	127	459	48
Healthcare Associated Infections: Medication Management Consumption of antibiotics in community settings (defined daily doses per 1,000 population)			<21.7	21.5	<21.7	<21.7
GP Activity No. of contacts with GP Out of Hours Service	Access and Integration	M	1,055,388	1,024,151	1,105,151	National
Nursing No. of patients seen			898,944	743,605	743,605	89,300
% of new patients accepted onto the nursing caseload and seen within 12 weeks			100%	96%	96%	96%
Therapies / Community Healthcare Network Services Total no. of patients seen			1,549,256	1,517,489	1,524,864	173,344
Physiotherapy No. of patients seen	Access and Integration	M	613,320	581,661	581,661	62,003
% of new patients seen for assessment within 12 weeks			81%	80%	80%	80%
% on waiting list for assessment <52 weeks			98%	93%	93%	93%
Occupational Therapy No. of patients seen			338,705	334,139	336,836	33,459
% of new service users seen for assessment within 12 weeks			72%	68%	68%	68%
% on waiting list for assessment <52 weeks			92%	77%	85%	85%

Indicator	Performance Area	Reporting Period	NSP 2017 Expected Activity / Target	Projected Outturn 2017	Expected Activity / Target 2018	Community Healthcare West
Speech and Language Therapy No. of patients seen			265,182	278,862	279,803	32,758
% on waiting list for assessment <52 weeks			100%	96%	100%	100%
% on waiting list for treatment <52 weeks			100%	94%	100%	100%
Podiatry No. of patients seen			74,952	74,206	74,206	13,808
% on waiting list for treatment <12 weeks			44%	26%	26%	26%
% on waiting list for treatment <52 weeks			88%	77%	77%	77%
Ophthalmology No. of patients seen			97,150	96,404	96,404	13,623
% on waiting list for treatment <12 weeks			50%	26%	26%	26%
% on waiting list for treatment <52 weeks			81%	66%	66%	66%
Audiology No. of patients seen			56,834	52,548	52,548	9,031
% on waiting list for treatment <12 weeks			50%	41%	41%	41%
% on waiting list for treatment <52 weeks			95%	88%	88%	88%
Dietetics No. of patients seen			65,217	63,382	63,382	5,356
% on waiting list for treatment <12 weeks			48%	37%	37%	37%
% on waiting list for treatment <52 weeks			96%	79%	79%	79%
Psychology No. of patients seen			37,896	36,287	40,024	3,306
% on waiting list for treatment <12 weeks			60%	26%	36%	36%
% on waiting list for treatment <52 weeks			100%	71%	81%	81%
Oral Health % of new patients who commenced treatment within three months of scheduled oral health assessment			88%	92%	92%	92%
Orthodontics No. and % of patients seen for assessment within six months		Q	2,632 75%	2,483 46%	2,483 46%	National
Reduce the proportion of patients (grades 4 and 5) on the treatment waiting list waiting longer than four years	Access and Integration	Q	<5%	4%	<1%	<1%
Paediatric Homecare Packages No. of packages		M	514	524	584	National
GP Trainees No. of trainees		Annual	187	170	198	National
National Virus Reference Laboratory No. of tests		M (1 Mth	627,684	855,288	855,288	National

Indicator	Performance Area	Reporting Period	NSP 2017 Expected Activity / Target	Projected Outturn 2017	Expected Activity / Target 2018	Community Healthcare West
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	Quality and Safety	in arrears)	95%	93%	95%	95%
% of newborn babies visited by a PHN within 72 hours of discharge from maternity services		Q	98%	98%	98%	98%
% of babies breastfed (exclusively and not exclusively) at first PHN visit		Q (1 Qtr in arrears)	58%	55%	58%	58%
% of babies breastfed exclusively at first PHN visit			New NSP PI 2018	New NSP PI 2018	48%	48%
% of babies breastfed (exclusively and not exclusively) at three month PHN visit			40%	39%	40%	40%
% of babies breastfed exclusively at three month PHN visit			New NSP PI 2018	New NSP PI 2018	30%	30%
Social Inclusion Services Scorecard						
Opioid Substitution No. of service users in receipt of opioid substitution treatment (outside prisons)	Access and Integration	M (1 Mth in arrears)	9,700	9,748	10,028	143
Average waiting time from referral to assessment for opioid substitution treatment			4 days	3 days	3 days	3 days
Average waiting time from opioid substitution assessment to exit from waiting list or treatment commenced			28 days	16 days	28 days	28 days
Needle Exchange No. of unique individuals attending pharmacy needle exchange		Q (1 Qtr in arrears)	1,647	1,628	1,628	111
Homeless Services No. of service users admitted to homeless emergency accommodation hostels / facilities whose health needs have been assessed within two weeks of admission	Quality and Safety	Q	1,272	1,035	1,035	91
% of service users admitted to homeless emergency accommodation hostels / facilities whose health needs have been assessed within two weeks of admission			85%	73%	73%	73%
Traveller Health No. of people who received information on type 2 diabetes or participated in related initiatives	Quality and Safety	Q (1 Qtr in arrears)	New NSP PI 2018	New NSP PI 2018	3,735	725
No. of people who received information on cardiovascular health or participated in related initiatives			New NSP PI 2018	New NSP PI 2018	3,735	725

Indicator	Performance Area	Reporting Period	NSP 2017 Expected Activity / Target	Projected Outturn 2017	Expected Activity / Target 2018	Community Healthcare West
Substance Misuse No. and % of substance misusers (over 18 years) for whom treatment has commenced within one calendar month following assessment	Access and Integration		100%	4,298 98%	4,946 100%	274 100%
No. and % of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment			100%	326 98%	333 100%	26 100%
Palliative Care Services Scorecard						
Inpatient Palliative Care Services No. accessing specialist inpatient beds	Access and Integration	M	3,555	3,379	3,595	296
Access to specialist inpatient bed within seven days			98%	98%	98%	98%
% of patients triaged within one working day of referral (inpatient unit)	Quality and Safety		90%	95%	95%	95%
% of patients with a multi-disciplinary care plan documented within five working days of initial assessment (inpatient unit)			90%	52%	90%	90%
Community Palliative Care Services No. of patients who received specialist palliative care treatment in their normal place of residence in the month	Access and Integration		3,620	3,349	3,376	409
Access to specialist palliative care services in the community provided within seven days (normal place of residence)			95%	93%	95%	95%
% of patients triaged within one working day of referral (community)	Quality and Safety		90%	94%	94%	94%
Children's Palliative Care Services No. of children in the care of the Clinical Nurse Co-ordinator for Children with Life Limiting Conditions (children's outreach nurse)	Access and Integration		269	292	280	32
No. of children in the care of the acute specialist paediatric palliative care team (during the reporting month)			20	97	97	National

Primary Care - Performance Indicator Suite

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

Key Performance Indicators Service Planning 2018				2017	2017	2018		2018 Expected Activity/ Target
KPI Title	NSP/ DOP	Performance Area	Reporting Period	2017 National Target / Expected Activity	2017 Projected outturn	2018 National Target / Expected Activity	Reported at National/ CHO / HG	Community Healthcare West
Community Diagnostics (Privately Provided Service)								
No. of ultrasound referrals accepted		Access and Integration	M	New PI 2018	New PI 2018	20,278	CHO	4,752
No. of ultrasound examinations undertaken		Access and Integration	M	New PI 2018	New PI 2018	20,278	CHO	4,752
Community Intervention Teams Referrals by referral category				32,861	36,500	38,180		3,095
Admission Avoidance (includes OPAT)	NSP	Quality and Safety	M	1,187	753	1,186	CHO	105
Hospital Avoidance	NSP	Quality and Safety	M	21,629	28,819	28,417	CHO	1,763
Early discharge (includes OPAT)	NSP	Quality and Safety	M	6,072	4,903	5,997	CHO	1,075
Unscheduled referrals from community sources	NSP	Quality and Safety	M	3,972	2,025	2,580	CHO	152
Outpatient Parenteral Antimicrobial Therapy (OPAT) Re-admission rate %	DOP	Access and Integration	M	≤5%	3.80%	≤5%	HG	≤5%
Community Intervention Teams Referrals by referral source				32,861	36,500	38,180	CHO	3,095
ED / Hospital wards / Units	DOP	Access and Integration	M	21,966	24,931	25,104	CHO	1,547
GP Referral	DOP	Access and Integration	M	7,003	8,168	8,938	CHO	1,179
Community Referral	DOP	Access and Integration	M	2,212	2,327	2,484	CHO	292
OPAT Referral	DOP	Access and Integration	M	1,680	1,074	1,654	CHO	77
GP Out of Hours								
No. of contacts with GP Out of Hours Service	NSP	Access and Integration	M	1,055,388	1,024,151	1,105,151	National	
Physiotherapy								
No. of physiotherapy patient referrals	DOP	Access and Integration	M	197,592	197,299	197,299	CHO	23,233

Key Performance Indicators Service Planning 2018				2017	2017	2018		2018 Expected Activity/ Target
KPI Title	NSP/ DOP	Performance Area	Reporting Period	2017 National Target / Expected Activity	2017 Projected outturn	2018 National Target / Expected Activity	Reported at National/ CHO / HG	Community Healthcare West
No. of physiotherapy patients seen for a first time assessment	DOP	Access and Integration	M	163,596	162,552	162,554	CHO	16,764
No. of physiotherapy patients treated in the reporting month (monthly target)	DOP	Access and Integration	M	37,477	34,927	34,927	CHO	3,770
No. of physiotherapy service face to face contacts/visits	DOP	Access and Integration	M	756,000	726,725	726,724	CHO	83,725
Total no. of physiotherapy patients on the assessment waiting list at the end of the reporting period	DOP	Access and Integration	M	30,454	35,429	35,429	CHO	5,878
No. of physiotherapy patients on the assessment waiting list at the end of the reporting period 0 - ≤ 12 weeks	DOP	Access and Integration	M	No target	21,118	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 and Integration	M	No target	7,247	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 and Integration	M	No target	2,979	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 and Integration	M	No target	1,731	No target	CHO	No target
No. of physiotherapy patients on the assessment waiting list at the end of the reporting period > 52 weeks	DOP	Access and Integration	M	No target	2,354	No target	CHO	No target
% of new physiotherapy patients seen for assessment within 12 weeks	NSP	Access and Integration	M	81%	80%	80%	CHO	80%
% of physiotherapy patients on waiting list for assessment ≤ 26 weeks	DOP	Access and Integration	M	88%	80%	80%	CHO	80%
% of physiotherapy patients on waiting list for assessment ≤ 39 weeks	DOP	Access and Integration	M	95%	89%	89%	CHO	89%
% of physiotherapy patients on waiting list for assessment ≤ to 52 weeks	NSP	Access and Integration	M	98%	93%	93%	CHO	93%
Occupational Therapy								
No. of occupational therapy service user referrals	DOP	Access and Integration	M	93,264	90,961	90,961	CHO	7,796
No. of new occupational therapy service users seen for a first assessment	DOP	Access and Integration	M	90,605	88,003	90,700	CHO	7,203
No. of occupational therapy service users treated (direct and indirect) monthly target	DOP	Access and Integration	M	20,675	20,513	20,513	CHO	2,188
Total no. of occupational therapy service users on the assessment waiting list at the end of the reporting period	DOP	Access and Integration	M	25,874	30,258	30,258	CHO	2,633

Key Performance Indicators Service Planning 2018				2017	2017	2018		2018 Expected Activity/ Target
KPI Title	NSP/ DOP	Performance Area	Reporting Period	2017 National Target / Expected Activity	2017 Projected outturn	2018 National Target / Expected Activity	Reported at National/ CHO / HG	Community Healthcare West
No. of occupational therapy service users on the assessment waiting list at the end of the reporting period 0 - ≤ 12 weeks	DOP	Access and Integration	M	No target	9,383	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 and Integration	M	No target	6,801	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 and Integration	M	No target	4,142	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 and Integration	M	No target	2,922	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 and Integration	M	No target	7,011	No target	CHO	No target
% of new occupational therapy service users seen for assessment within 12 weeks	NSP	Access and Integration	M	72%	68%	68%	CHO	68%
% of occupational therapy service users on waiting list for assessment ≤ 26 weeks	DOP	Access and Integration	M	59%	54%	54%	CHO	54%
% of occupational therapy service users on waiting list for assessment ≤ 39 weeks	DOP	Access and Integration	M	73%	67%	67%	CHO	67%
% of occupational therapy service users on waiting list for assessment ≤ to 52 weeks	NSP	Access and Integration	M	92%	77%	85%	CHO	85%
Primary Care – Speech and Language Therapy								
No. of speech and language therapy patient referrals	DOP	Access and Integration	M	52,584	51,763	51,763	CHO	4,675
Existing speech and language therapy patients seen in the month	DOP	Access and Integration	M	16,958	19,477	19,515	CHO	2,373
New speech and language therapy patients seen for initial assessment	DOP	Access and Integration	M	44,040	45,145	45,631	CHO	4,286
Total no. of speech and language therapy patients waiting initial assessment at end of the reporting period	DOP	Access and Integration	M	14,164	13,359	13,359	CHO	960
Total no. of speech and language therapy patients waiting initial therapy at end of the reporting period	DOP	Access and Integration	M	8,823	8,008	8,008	CHO	615
% of speech and language therapy patients on waiting list for assessment ≤ to 52 weeks	NSP	Access and Integration	M	100%	96%	100%	CHO	100%
% of speech and language therapy patients on waiting list for treatment ≤ to 52 weeks	NSP	Access and Integration	M	100%	94%	100%	CHO	100%
Primary Care – Speech and Language Therapy Service Improvement Initiative								

Key Performance Indicators Service Planning 2018				2017	2017	2018		2018 Expected Activity/ Target
KPI Title	NSP/ DOP	Performance Area	Reporting Period	2017 National Target / Expected Activity	2017 Projected outturn	2018 National Target / Expected Activity	Reported at National/ CHO / HG	Community Healthcare West
New speech and language therapy patients seen for initial assessment	DOP	Access and Integration	M	17,646	5,659	5,659	CHO	227
No. of speech and language therapy initial therapy appointments	DOP	Access and Integration	M	43,201	18,940	18,940	CHO	1,443
No. of speech and language therapy further therapy appointments	DOP	Access and Integration	M	39,316	21,732	21,732	CHO	1,945
Primary Care – Podiatry								
No. of podiatry patient referrals	DOP	Access and Integration	M	11,148	10,749	10,749	CHO	2,079
Existing podiatry patients seen in the month	DOP	Access and Integration	M	5,454	5,656	5,656	CHO	1,032
New podiatry patients seen	DOP	Access and Integration	M	9,504	6,339	6,339	CHO	1,427
Total no. of podiatry patients on the treatment waiting list at the end of the reporting period	DOP	Access and Integration	M	2,699	4,145	4,145	CHO	1,715
No. of podiatry patients on the treatment waiting list at the end of the reporting period 0 - ≤ 12 weeks	DOP	Access and Integration	M	No target	1,086	No target	CHO	No target
No. of podiatry patients on the treatment waiting list at the end of the reporting period >12 weeks - ≤ 26 weeks	DOP	Access and Integration	M	No target	688	No target	CHO	No target
No. of podiatry patients on the treatment waiting list at the end of the reporting period >26 weeks but ≤ 39 weeks	DOP	Access and Integration	M	No target	755	No target	CHO	No target
No. of podiatry patients on the treatment waiting list at the end of the reporting period >39 weeks but ≤ 52 weeks	DOP	Access and Integration	M	No target	647	No target	CHO	No target
No. of podiatry patients on the treatment waiting list at the end of the reporting period > 52 weeks	DOP	Access and Integration	M	No target	968	No target	CHO	No target
% of podiatry patients on waiting list for treatment ≤ 12 weeks	NSP	Access and Integration	M	44%	26%	26%	CHO	26%
% of podiatry patients on waiting list for treatment ≤ 26 weeks	DOP	Access and Integration	M	62%	43%	43%	CHO	43%
% of podiatry patients on waiting list for treatment ≤ 39 weeks	DOP	Access and Integration	M	71%	61%	61%	CHO	61%
% of podiatry patients on waiting list for treatment ≤ to 52 weeks	NSP	Access and Integration	M	88%	77%	77%	CHO	77%
No. of patients with diabetic active foot disease treated in the reporting month	DOP	Quality and Safety	M	166	462	502	CHO	82

Key Performance Indicators Service Planning 2018				2017	2017	2018		2018 Expected Activity/ Target
KPI Title	NSP/ DOP	Performance Area	Reporting Period	2017 National Target / Expected Activity	2017 Projected outturn	2018 National Target / Expected Activity	Reported at National/ CHO / HG	Community Healthcare West
No. of treatment contacts for diabetic active foot disease in the reporting month	DOP	Access and Integration	M	667	815	878	CHO	258
Primary Care – Ophthalmology								
No. of ophthalmology patient referrals	DOP	Access and Integration	M	28,452	28,286	28,286	CHO	3,529
Existing ophthalmology patients seen in the month	DOP	Access and Integration	M	5,281	5,923	5,923	CHO	836
New ophthalmology patients seen	DOP	Access and Integration	M	33,779	25,314	25,314	CHO	3,587
Total no. of ophthalmology patients on the treatment waiting list at the end of the reporting period	DOP	Access and Integration	M	16,090	20,748	20,748	CHO	2,202
No. of ophthalmology patients on the treatment waiting list at the end of the reporting period 0 - ≤ 12 weeks	DOP	Access and Integration	M	No target	5,449	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 and Integration	M	No target	3,984	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 and Integration	M	No target	2,558	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 and Integration	M	No target	1,747	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 and Integration	M	No target	7,010	No target	CHO	No target
% of ophthalmology patients on waiting list for treatment ≤ 12 weeks	NSP	Access and Integration	M	50%	26%	26%	CHO	26%
% of ophthalmology patients on waiting list for treatment ≤ 26 weeks	DOP	Access and Integration	M	58%	46%	46%	CHO	46%
% of ophthalmology patients on waiting list for treatment ≤ 39 weeks	DOP	Access and Integration	M	61%	58%	58%	CHO	58%
% of ophthalmology patients on waiting list for treatment ≤ 52 weeks	NSP	Access and Integration	M	81%	66%	66%	CHO	66%
Primary Care – Audiology								
No. of audiology patient referrals	DOP	Access and Integration	M	22,620	21,139	21,139	CHO	3,216
Existing audiology patients seen in the month	DOP	Access and Integration	M	2,740	2,899	2,899	CHO	560

Key Performance Indicators Service Planning 2018				2017	2017	2018		2018 Expected Activity/ Target
KPI Title	NSP/ DOP	Performance Area	Reporting Period	2017 National Target / Expected Activity	2017 Projected outturn	2018 National Target / Expected Activity	Reported at National/ CHO / HG	Community Healthcare West
New audiology patients seen	DOP	Access and Integration	M	23,954	17,765	17,765	CHO	2,311
Total no. of audiology patients on the treatment waiting list at the end of the reporting period	DOP	Access and Integration	M	14,650	14,693	14,693	CHO	1,429
No. of audiology patients on the treatment waiting list at the end of the reporting period 0 - ≤ 12 weeks	DOP	Access and Integration	M	No target	6,001	No target	CHO	No target
No. of audiology patients on the treatment waiting list at the end of the reporting period >12 weeks - ≤ 26 weeks	DOP	Access and Integration	M	No target	3,368	No target	CHO	No target
No. of audiology patients on the treatment waiting list at the end of the reporting period >26 weeks but ≤ 39 weeks	DOP	Access and Integration	M	No target	2,156	No target	CHO	No target
No. of audiology patients on the treatment waiting list at the end of the reporting period >39 weeks but ≤ 52 weeks	DOP	Access and Integration	M	No target	1,423	No target	CHO	No target
No. of audiology patients on the treatment waiting list at the end of the reporting period > 52 weeks	DOP	Access and Integration	M	No target	1,743	No target	CHO	No target
% of audiology patients on waiting list for treatment ≤ 12 weeks	NSP	Access and Integration	M	50%	41%	41%	CHO	41%
% of audiology patients on waiting list for treatment ≤ 26 weeks	DOP	Access and Integration	M	64%	64%	64%	CHO	64%
% of audiology patients on waiting list for treatment ≤ 39 weeks	DOP	Access and Integration	M	76%	78%	78%	CHO	78%
% of audiology patients on waiting list for treatment ≤ to 52 weeks	NSP	Access and Integration	M	95%	88%	88%	CHO	88%
National Newborn Hearing Screening Programme								
Total no. and % of eligible babies whose screening was complete by four weeks	DOP	Access and Integration	Q, 1 Qtr in Arrears	New 2018	New 2018	64,027 >95%	National. CHO number baseline to be established in 2018	>95%
No. of babies identified with primary childhood hearing impairment referred to audiology services from the screening programme	DOP	Access and Integration	Q, 1 Qtr in Arrears	New 2018	New 2018	90	CHO	9
No. and % of babies from screening programme identified with a hearing loss by six months of age	DOP	Quality and Safety	Q, 1 Qtr in Arrears	New 2018	New 2018	71 ≥80%	CHO	7 ≥80%

Key Performance Indicators Service Planning 2018				2017	2017	2018		2018 Expected Activity/ Target
KPI Title	NSP/ DOP	Performance Area	Reporting Period	2017 National Target / Expected Activity	2017 Projected outturn	2018 National Target / Expected Activity	Reported at National/ CHO / HG	Community Healthcare West
Primary Care – Dietetics								
No. of dietetic patient referrals	DOP	Access and Integration	M	31,884	34,015	34,015	CHO	3,372
Existing dietetic patients seen in the month	DOP	Access and Integration	M	3,480	3,459	3,459	CHO	332
New dietetic patients seen	DOP	Access and Integration		23,457	21,873	21,873	CHO	1,369
Total no. of dietetic patients on the treatment waiting list at the end of the reporting period	DOP	Access and Integration	M	8,843	14,241	14,241	CHO	2,655
No. of dietetic patients on the treatment waiting list at the end of the reporting period 0 - ≤ 12 weeks	DOP	Access and Integration	M	No target	5,310	No target	CHO	No target
No. of dietetic patients on the treatment waiting list at the end of the reporting period >12 weeks - ≤ 26 weeks	DOP	Access and Integration	M	No target	3,121	No target	CHO	No target
No. of dietetic patients on the treatment waiting list at the end of the reporting period >26 weeks but ≤ 39 weeks	DOP	Access and Integration	M	No target	1,640	No target	CHO	No target
No. of dietetic patients on the treatment waiting list at the end of the reporting period >39 weeks but ≤ 52 weeks	DOP	Access and Integration	M	No target	1,213	No target	CHO	No target
No. of dietetic patients on the treatment waiting list at the end of the reporting period > 52 weeks	DOP	Access and Integration	M	No target	2,958	No target	CHO	No target
% of dietetic patients on waiting list for treatment ≤ 12 weeks	NSP	Access and Integration	M	48%	37%	37%	CHO	37%
% of dietetic patients on waiting list for treatment ≤ 26 weeks	DOP	Access and Integration	M	70%	59%	59%	CHO	59%
% of dietetic patients on waiting list for treatment ≤ 39 weeks	DOP	Access and Integration	M	80%	71%	71%	CHO	71%
% of dietetic patients on waiting list for treatment ≤ to 52 weeks	NSP	Access and Integration	M	96%	79%	79%	CHO	79%
Primary Care – Psychology								
No. of psychology patient referrals	DOP	Access and Integration	M	13,212	12,480	12,480	CHO	1,172
Existing psychology patients seen in the month	DOP	Access and Integration	M	2,312	2,240	2,240	CHO	171
New psychology patients seen	DOP	Access and Integration	M	10,152	9,407	13,144	CHO	1,254

Key Performance Indicators Service Planning 2018				2017	2017	2018		2018 Expected Activity/ Target
KPI Title	NSP/ DOP	Performance Area	Reporting Period	2017 National Target / Expected Activity	2017 Projected outturn	2018 National Target / Expected Activity	Reported at National/ CHO / HG	Community Healthcare West
Total no. of psychology patients on the treatment waiting list at the end of the reporting period	DOP	Access and Integration	M	7,068	7,868	7,868	CHO	703
No. of psychology patients on the treatment waiting list at the end of the reporting period 0 - ≤ 12 weeks	DOP	Access and Integration	M	No target	2,058	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 and Integration	M	No target	1,701	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 and Integration	M	No target	1,084	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 and Integration	M	No target	759	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 and Integration	M	No target	2,265	No target	CHO	No target
% of psychology patients on waiting list for treatment ≤ 12 weeks	NSP	Access and Integration	M	60%	26%	36%	CHO	36%
% of psychology patients on waiting list for treatment ≤ 26 weeks	DOP	Access and Integration	M	80%	48%	48%	CHO	48%
% of psychology patients on waiting list for treatment ≤ 39 weeks	DOP	Access and Integration	M	90%	62%	62%	CHO	62%
% of psychology patients on waiting list for treatment ≤ to 52 weeks	NSP	Access and Integration	M	100%	71%	81%	CHO	81%
Primary Care – Nursing								
No. of nursing patient referrals	DOP	Access and Integration	M	135,384 Data Gaps	139,184 Data Gaps	139,184 Data Gaps	CHO	15,305 Data Gaps
Existing nursing patients seen in the month	DOP	Access and Integration	M	64,660 Data Gaps	52,063 Data Gaps	52,063 Data Gaps	CHO	6,214 Data Gaps
New nursing patients seen	DOP	Access and Integration	M	123,024 Data Gaps	118,849 Data Gaps	118,849 Data Gaps	CHO	14,732 Data Gaps
% of new patients accepted onto the nursing caseload and seen within 12 weeks	NSP	Access and Integration	M	100%	96%	96%	CHO	96%
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 and Safety	M I Mth in Arrears	95%	93%	95%	CHO	95%
% of newborn babies visited by a PHN within 72 hours of discharge from maternity services	NSP	Quality and Safety	Q	98%	98%	98%	CHO	98%

Key Performance Indicators Service Planning 2018				2017	2017	2018		2018 Expected Activity/ Target
KPI Title	NSP/ DOP	Performance Area	Reporting Period	2017 National Target / Expected Activity	2017 Projected outturn	2018 National Target / Expected Activity	Reported at National/ CHO / HG	Community Healthcare West
% of babies breastfed (exclusively and not exclusively) at first PHN visit	NSP	Quality and Safety	Q 1 Qtr in Arrears	58%	55%	58%	CHO	58%
% of babies breastfed exclusively at first PHN visit	NSP	Quality and Safety	Q 1 Qtr in Arrears	New 2018	New 2018	48%	CHO	48%
% of babies breastfed (exclusively and not exclusively) at three month PHN visit	NSP	Quality and Safety	Q 1 Qtr in Arrears	40%	39%	40%	CHO	40%
% of babies breastfed exclusively at three month PHN visit	NSP	Quality and Safety	Q 1 Qtr in Arrears	New 2018	New 2018	30%	30%	30%
Oral Health Primary Dental Care								
No. of new oral health patients in target groups attending for scheduled assessment	DOP	Access and Integration	M	Unavailable	131,386 Data Gaps	131,386 Data Gaps	CHO	6,032 Data Gaps
No. of new oral health patients attending for unscheduled assessment	DOP	Access and Integration	M	Unavailable	62,081 Data Gaps	62,081 Data Gaps	CHO	2,044 Data Gaps
% of new oral health patients who commenced treatment within three months of scheduled oral health assessment	NSP	Access and Integration	M	88%	92% Data Gaps	92% Data Gaps	CHO	92% Data Gaps
Orthodontics								
No. of orthodontic patients receiving active treatment at the end of the reporting period	DOP	Access and Integration	Q	18,404	16,431	16,431	National/ former region	
No. and % of orthodontic patients seen for assessment within 6 months	NSP	Access and Integration	Q	2,632 75%	2,483 46%	2,483 46%	National/ former region	
% of orthodontic patients on the waiting list for assessment ≤ 12 months	DOP	Access and Integration	Q	100%	99%	100%	National/ former region	
% of orthodontic patients on the treatment waiting list ≤ two years	DOP	Access and Integration	Q	75%	63%	75%	National/ former region	
% of orthodontic patients (grades 4 and 5) on treatment waiting list less than four years	DOP	Access and Integration	Q	95%	96%	99%	National/ former region	
% of orthodontic patients (grades 4 and 5) on treatment waiting list less than four years	DOP	Access and Integration	Q	6,720	7,199	7,199	National/ former region	
No. of orthodontic patients (grade 4) on the treatment waiting list at the end of the reporting period	DOP	Access and Integration	Q	9,741	9,566	9,566	National/ former region	
No. of orthodontic patients (grade 5) on the treatment waiting list at the end of the reporting period	DOP	Access and Integration	Q	8,136	8,369	8,369	National/ former region	

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KPI Title	NSP/ DOP	Performance Area	Reporting Period	2017 National Target / Expected Activity	2017 Projected outturn	2018 National Target / Expected Activity	Reported at National/ CHO / HG	Community Healthcare West
Reduce the proportion of orthodontic patients (grades 4 and 5) on the treatment waiting list waiting longer than four years	NSP	Access and Integration	Q	<5%	4%	<1%	National/ former region	
Services to persons with Hepatitis C								
No. of Health Amendment Act 1996 cardholders who were reviewed	NSP	Quality and Safety	Q	586	127	459	National	48
Healthcare Associated Infections: Medication Management								
Consumption of antibiotics in community settings (defined daily doses per 1,000 population)	NSP	Quality and Safety	Q	<21.7	21.5	<21.7	National	
Tobacco Control								
No of frontline primary care staff to complete the online Making Every Contact Count Training in brief intervention	DOP	Quality and Safety	Q	New 2018	New 2018	792	CHO	88
No of frontline primary care staff to complete the face to face module of the Making Every Contact Count Training in brief intervention	DOP	Quality and Safety	Q	New 2018	New 2018	158	CHO	18

Social Inclusion

Key Performance Indicators Service Planning 2018				2017	2017	2018		2018 Expected Activity/ Target
KPI Title	NSP/ DOP	Performance Area	Reporting Period	2017 National Target / Expected Activity	2017 Projected outturn	2018 National Target / Expected Activity	Reported at National/ CHO / HG	Community Healthcare West
Substance Misuse								
No. of substance misusers who present for treatment	DOP	Access and Integration	Q, 1 Qtr in arrears	6,760	5,534	6,182	CHO	346
No. of substance misusers who present for treatment who receive an assessment within two weeks	DOP	Quality and Safety	Q, 1 Qtr in Arrears	4,748	4,064	6,182	CHO	346
No. of substance misusers (over 18 years) for whom treatment has commenced following assessment	DOP	Quality and Safety	Q, 1 Qtr in Arrears	5,932	4,398	5,046	CHO	276
No. of substance misusers (over 18) for whom treatment has commenced within one calendar month following	NSP	Access and Integration	Q, 1 Qtr in Arrears	5,304	4,298	4,946	CHO	274
% of substance misusers (over 18 years) for whom treatment has commenced within one calendar month following assessment	NSP	Access and Integration	Q, 1 Qtr in Arrears	100%	98%	100%	CHO	100%
No. of substance misusers (under 18 years) for whom treatment has commenced following assessment	DOP	Access and Integration	Q, 1 Qtr in Arrears	348	333	333	CHO	26
No. of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment	NSP	Access and Integration	Q, 1 Qtr in Arrears	296	326	333	CHO	26
% of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment	NSP	Access and Integration	Q, 1 Qtr in Arrears	100%	98%	100%	CHO	100%
% of substance misusers (over 18 years) for whom treatment has commenced who have an assigned key worker	DOP	Quality and Safety	Q, 1 Qtr in Arrears	100%	67%	100%	CHO	100%
% of substance misusers (over 18 years) for whom treatment has commenced who have a written care plan	DOP	Quality and Safety	Q, 1 Qtr in Arrears	100%	79%	100%	CHO	100%
% of substance misusers (under 18 years) for whom treatment has commenced who have an assigned key worker	DOP	Quality and Safety	Q, 1 Qtr in Arrears	100%	87%	100%	CHO	100%
% of substance misusers (under 18 years) for whom treatment has commenced who have a written care plan	DOP	Quality and Safety	Q, 1 Qtr in Arrears	100%	85%	100%	CHO	100%
Opioid Substitution								
Total no. of service users in receipt of opioid substitution treatment (outside prisons)	NSP	Access and Integration	M, 1 Mth in Arrears	9,700	9,748	10,028	CHO	143
No. of service users in opioid substitution treatment in clinics	DOP	Access and Integration	M, 1 Mth in Arrears	5,084	5,562	5,404	CHO	55
No. of service users in opioid substitution treatment with level 2 GP's	DOP	Access and Integration	M, 1 Mth in Arrears	2,108	2,194	2,184	CHO	11

Key Performance Indicators Service Planning 2018				2017	2017	2018		2018 Expected Activity/ Target
KPI Title	NSP/ DOP	Performance Area	Reporting Period	2017 National Target / Expected Activity	2017 Projected outturn	2018 National Target / Expected Activity	Reported at National/ CHO / HG	Community Healthcare West
No. of service users in opioid substitution treatment with level 1 GP's	DOP	Access and Integration	M, 1 Mth in Arrears	2,508	1,991	2,441	CHO	77
No. of service users transferred from clinics to level 1 GP's	DOP	Access and Integration	M, 1 Mth in Arrears	300	15	300	CHO	5
No. of service users transferred from clinics to level 2 GP's	DOP	Access and Integration	M, 1 Mth in Arrears	140	9	140	CHO	0
No. of service users transferred from level 2 to level 1 GPs	DOP	Access and Integration	M, 1 Mth in Arrears	150	5	150	CHO	0
Total no. of new service users in receipt of opioid substitution treatment (outside prisons)	DOP	Access and Integration	M, 1 Mth in Arrears	645	564	844	CHO	24
Total no. of new service users in receipt of opioid substitution treatment (clinics)	DOP	Access and Integration	M, 1 Mth in Arrears	507	468	748	CHO	12
Total no. of new service users in receipt of opioid substitution treatment (level 2 GP)	DOP	Access and Integration	M, 1 Mth in Arrears	138	84	84	CHO	0
Average waiting time (days) from referral to assessment for opioid substitution treatment	NSP	Access and Integration	M, 1 Mth in Arrears	4 days	3 days	3 days	CHO	3 days
Average waiting time (days) from opioid substitution assessment to exit from waiting list or treatment commenced	NSP	Access and Integration	M, 1 Mth in Arrears	28 days	16 days	28 days	CHO	28 days
No. of pharmacies providing opioid substitution treatment	DOP	Access and Integration	M, 1 Mth in Arrears	654	691	691	CHO	44
No. of people obtaining opioid substitution treatment from pharmacies	DOP	Access and Integration	M, 1 Mth in Arrears	6,630	6,829	7,009	CHO	153
Alcohol Misuse								
No. of problem alcohol users who present for treatment	DOP	Access and Integration	Q, 1 Qtr in Arrears	3,736	4,064	4,112	CHO	22
No. of problem alcohol users who present for treatment who receive an assessment within two weeks	DOP	Access and Integration	Q, 1 Qtr in Arrears	1,900	3,022	4,112	CHO	22
% of problem alcohol users who present for treatment who receive an assessment within two weeks	DOP	Access and Integration	Q, 1 Qtr in Arrears	100%	73%	100%	CHO	100%
No. of problem alcohol users (over 18 years) for whom treatment has commenced following assessment	DOP	Access and Integration	Q, 1 Qtr in Arrears	3,424	3,694	3,742	CHO	16
No. of problem alcohol users (over 18 years) for whom treatment has commenced within one calendar month following assessment	DOP	Access and Integration	Q, 1 Qtr in Arrears	2,956	3,668	3,716	CHO	16

Key Performance Indicators Service Planning 2018				2017	2017	2018		2018 Expected Activity/ Target
KPI Title	NSP/ DOP	Performance Area	Reporting Period	2017 National Target / Expected Activity	2017 Projected outturn	2018 National Target / Expected Activity	Reported at National/ CHO / HG	Community Healthcare West
% of problem alcohol users (over 18 years) for whom treatment has commenced within one calendar month following assessment	DOP	Access and Integration	Q, 1 Qtr in Arrears	100%	99%	100%	CHO	100%
No. of problem alcohol users (under 18 years) for whom treatment has commenced following assessment	DOP	Access and Integration	Q, 1 Qtr in Arrears	36	42	42	CHO	0
No. of problem alcohol users (under 18 years) for whom treatment has commenced within one week following assessment	DOP	Access and Integration	Q, 1 Qtr in Arrears	28	40	40	CHO	0
% of problem alcohol users (under 18 years) for whom treatment has commenced within one week following assessment	DOP	Access and Integration	Q, 1Qtr in Arrears	100%	100%	100%	CHO	100%
% of problem alcohol users (over 18 years) for whom treatment has commenced who have an assigned key worker	DOP	Quality and Safety	Q, 1 Qtr in Arrears	100%	72%	100%	CHO	100%
% of problem alcohol users (over 18 years) for whom treatment has commenced who have a written care plan	DOP	Quality and Safety	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 and Safety	Q, 1 Qtr in Arrears	100%	100%	100%	CHO	100%
% of problem alcohol users (under 18 years) for whom treatment has commenced who have a written care plan	DOP	Quality and Safety	Q, 1 Qtr in Arrears	100%	100%	100%	CHO	100%
No. of staff trained in SAOR Screening and Brief Intervention for problem alcohol and substance use	DOP	Quality and Safety	Q, 1 Qtr in Arrears	778	1,239	822	CHO	200
Needle Exchange								
No. of pharmacies recruited to provide Needle Exchange Programme	DOP	Quality and Safety	Q, 1 Qtr in Arrears	112	111	113	CHO	13
No. of unique individuals attending pharmacy needle exchange	NSP	Access and Integration	Q, 1 Qtr in Arrears	1,647	1,628	1,628	CHO	111
Total no. of clean needles provided each month	DOP	Access and Integration	Q, 1 Qtr in Arrears	23,727	22,558	22,558	CHO	1,153
Average no. of clean needles (and accompanying injecting paraphernalia) per unique individual each month	DOP	Quality and Safety	Q, 1 Qtr in Arrears	14	14	14	CHO	14
No. and % of needle / syringe packs returned	DOP	Quality and Safety	Q, 1 Qtr in Arrears	1,166 (30%)	643 (41%)	643 (41%)	CHO	30 (41%)
Homeless Services								
No. and % of individual service users admitted to homeless emergency accommodation hostels/ who have medical cards	DOP	Quality and Safety	Q	1,121 (75%)	1,066 (75%)	1,066 (75%)	CHO	94 (75%)

Key Performance Indicators Service Planning 2018				2017	2017	2018		2018 Expected Activity/ Target
KPI Title	NSP/ DOP	Performance Area	Reporting Period	2017 National Target / Expected Activity	2017 Projected outturn	2018 National Target / Expected Activity	Reported at National/ CHO / HG	Community Healthcare West
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 and Safety	Q	281 (70%)	186 (52%)	253 (70%)	CHO	25 (70%)
No. and % of service users admitted to homeless emergency accommodation hostels / facilities whose health needs have been assessed within two weeks admission	NSP	Quality and Safety	Q	1,272 (85%)	1,035 (73%)	1,035 (73%)	CHO	91 (73%)
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 and Safety	Q	1,017 (80%)	888 (86%)	888 (86%)	CHO	79 (86%)
Traveller Health								
No. of people who received information on type 2 diabetes or participated in related initiatives	NSP	Quality and Safety	Q	New PI 2018	New PI 2018	3,735	CHO	725
No. of people who received information on cardiovascular health or participated in related initiatives	NSP	Quality and Safety	Q	New 2018	New 2018	3,735	CHO	725
No. of people who received information on or participated in positive mental health initiatives	DOP	Quality and Safety		New 2018	New 2018	3,735	CHO	725

Palliative Care

Key Performance Indicators Service Planning 2018				2017	2017	2018		2018 Expected Activity/Target
KPI Title	NSP/ DOP	Performance Area	Reporting Period	2017 National Target / Expected Activity	2017 Projected outturn	2018 National Target / Expected Activity	Reported at National/ CHO / HG	Community Healthcare West
Inpatient Palliative Care Services								
Access to specialist inpatient bed within seven days (during the reporting month)	NSP	Access and Integration	M	98%	98%	98%	CHO/HG	98%
No. accessing specialist inpatient bed within seven days	NSP	Access and Integration	M	3,555	3,379	3,595	CHO/HG	296
Access to specialist palliative care inpatient bed from eight to 14 days (during the reporting month)	DOP	Access and Integration	M	2%	2%	2%	CHO/HG	2%
% of patients triaged within one working day of referral (inpatient unit)	NSP	Quality and Safety	M	90%	95%	95%	CHO/HG	95%
No. of patients in receipt of treatment in specialist palliative care inpatient units (during the reporting month)	DOP	Access and Integration	M	494	437	483	CHO/HG	41
No. of new patients seen or admitted to the specialist palliative care service (monthly cumulative)	DOP	Access and Integration	M	3,110	2,731	3,028	CHO/HG	201
No. of admissions to specialist palliative care inpatient units (monthly cumulative)	DOP	Access and Integration	M	3,815	3,445	3,734	CHO/HG	300
% of patients with a multi-disciplinary care plan documented within five working days of initial assessment (inpatient unit)	NSP	Quality and Safety	M	90%	52%	90%	CHO/HG	90%
Community Palliative Care Services								
Access to specialist palliative care services in the community provided within seven days (normal place of residence)	NSP	Access and Integration	M	95%	93%	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 and Integration	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 and Integration	M	2%	1%	2%	CHO	2%
% of patients triaged within one working day of referral (community)	NSP	Quality and Safety	M	90%	94%	94%	CHO	94%
No. of patients who received specialist palliative care treatment in their normal place of residence in the month	NSP	Access and Integration	M	3,620	3,349	3,376	CHO	409

Key Performance Indicators Service Planning 2018				2017	2017	2018		2018 Expected Activity/ Target
KPI Title	NSP/ DOP	Performance Area	Reporting Period	2017 National Target / Expected Activity	2017 Projected outturn	2018 National Target / Expected Activity	Reported at National/ CHO / HG	Community Healthcare West
No. of new patients seen by specialist palliative care services in their normal place of residence	DOP	Access and Integration	M	9,610	9,575	9,568	CHO	1,155
Day Care								
No. of patients in receipt of specialist palliative day care services (during the reporting month)	DOP	Access and Integration	M	355	330	334	CHO	39
No. of new patients who received specialist palliative day care services	DOP	Access and Integration	M	1,010	977	979	CHO	63
Intermediate Care								
No. of patients in receipt of care in designated palliative care support beds (during the reporting month)	DOP	Access and Integration	M	176	137	141	CHO	3
Children's Palliative Care Services								
No. of children in the care of the Clinical Nurse Co-ordinator for Children with Life Limiting Conditions (children's outreach nurse)	NSP	Access and Integration	M	269	292	280	CHO	32
No. of new children in the care of the Clinical Nurse Co-ordinator for Children with Life Limiting Conditions (children's outreach nurse)	DOP	Access and Integration	M	New metric 2017	65	47	CHO	2
Bereavement Services								
No. of family units who received bereavement services	DOP	Access and Integration	M	671	640	651	CHO	119
Adult Acute Palliative Care Services								
No. of new referrals for inpatient services seen by the specialist palliative care team	DOP	Access and Integration	M	12,300	12,901	11,685	HG	2,034
Specialist palliative care services provided in the acute setting to new patients and re-referrals within two days	DOP	Access and Integration	M	13,520	13,768	13,929	HG	2,450

Mental Health Performance Indicator Suite

Indicator	Performance Area	Reporting Period	NSP 2017 Expected Activity / Target	Projected Outturn 2017	Expected Activity / Target 2018	Community Healthcare West
General Adult Community Mental Health Teams % of accepted referrals / re-referrals offered first appointment within 12 weeks / three months by General Adult Community Mental Health Team	Access and Integration	M	90%	94.2%	90%	90%
% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks / three months by General Adult Community Mental Health Team			75%	75.3%	75%	75%
% of new (including re-referred) General Adult Community Mental Health Team cases offered appointment and DNA in the current month			20%	21.1%	<20%	<20%
No. of adult referrals seen by mental health services			39,321	29,107	29,135	29,135
No. of admissions to adult acute inpatient units		Q (1 Qtr in arrears)	13,104	12,133	12,692	12,692
Psychiatry of Later Life Community Mental Health Teams % of accepted referrals / re-referrals offered first appointment within 12 weeks / three months by Psychiatry of Later Life Community Mental Health Teams	Access and Integration	M	98%	97.8%	98%	98%
% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks / three months by Psychiatry of Later Life Community Mental Health Teams			95%	95.8%	95%	95%
% of new (including re-referred) Psychiatry of Later Life Psychiatry Team cases offered appointment and DNA in the current month			3%	2.1%	<3%	<3%
No. of Psychiatry of Later Life referrals seen by mental health services			10,013	8,683	9,045	9,045
Child and Adolescent Mental Health Services Admissions of children to Child and Adolescent Acute Inpatient Units as a % of the total no. of admissions of children to mental health acute inpatient units			95%	73.7%	95%	95%
% of bed days used in HSE Child and Adolescent Acute Inpatient Units as a total of bed days used by children in mental health acute inpatient units			95%	97.1%	95%	95%
% of accepted referrals / re-referrals offered first appointment within 12 weeks / three months by Child and Adolescent Community Mental Health Teams			78%	79.1%	78%	78%
% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks / three months by Child and Adolescent Community Mental Health Teams			72%	71.4%	72%	72%
% of new (including re-referred) child / adolescent referrals offered appointment and DNA in the current month			10%	10.4%	<10%	<10%
% of accepted referrals / re-referrals seen within 12 months by Child and Adolescent Community Mental Health Teams excluding DNAs			New NSP PI 2018	New NSP PI 2018	100%	100%
No. of CAMHs referrals received by mental health services			18,496	18,892	18,831	18,831
No. of CAMHs referrals seen by mental health services			14,365	11,286	14,365	14,365

Social Care Performance Indicator Suite

Disability and Older Persons' Services					
Indicator	Performance Area	Reporting Period	NSP 2017 Expected Activity / Target	Projected Outturn 2017	Expected Activity / Target 2018
Safeguarding % of preliminary screenings for adults aged 65 years and over with an outcome of reasonable grounds for concern that are submitted to the safeguarding and protection teams accompanied by an interim safeguarding plan	Quality and Safety	Q (1 Mth in arrears)	100%	88.6%	100%
% of preliminary screenings for adults under 65 years with an outcome of reasonable grounds for concern that are submitted to the safeguarding and protection teams accompanied by an interim safeguarding plan			100%	90.7%	100%

Disability Services

Key Performance Indicators Service Planning 2018		
KPI Title	2018 National Target / Expected Activity	Community Healthcare West
Quality % of compliance with regulations following HIQA inspection of disability residential services	80%	80%
% of CHO quality and safety committees in place with responsibilities to include governance of the quality and safety of HSE provided Disability Services who have met in this reporting month	100%	100%
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%
Service Improvement Team Process Deliver on Service Improvement priorities	100%	100%
Residential Places No. of residential places for people with a disability	8,399	
New Emergency Places and Supports Provided to People with a Disability No. of new emergency places provided to people with a disability	130	
No. of new home support for emergency cases	135	
No. of in home respite supports for emergency cases	120	
Total no. of new Emergency and Support Places	**385**	
Transforming Lives Deliver on VfM Implementation Priorities	100%	100%
Congregated Settings Facilitate the movement of people from congregated to community settings	170	35
Disability Act Compliance No. of requests for assessments received	6,548	362
% of assessments commenced within the timelines as provided for in the regulations	100%	100%

KPI Title	2018 National Target / Expected Activity	Community Healthcare West
Progressing Disability Services for Children and Young People (0-18s) Programme % of Children's Disability Network Teams established	100%	100%
Children's Disability Network Teams Proportion of established Children's Disability Network Teams having current individualised plans for all children	100%	100%
Number of Children's Disability Network Teams established	100% 138/138	100% 14/14
School Leavers % of school leavers and rehabilitation training (RT) graduates who have been provided with a placement	100%	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	58
No. of people with a disability in receipt of work / work-like activity services(ID/Autism and Physical and Sensory Disability)	2,752	126
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)	19,672	2281
Rehabilitative Training No. of Rehabilitative Training places provided (all disabilities)	2,583	190
No. of people (all disabilities) in receipt of Rehabilitative Training (RT)	2,432	434
No. of people with a disability in receipt of residential services (ID/Autism and Physical and Sensory Disability)	8,885	854
Respite Services One additional respite house in each of the nine CHO areas – no. of individuals supported	251	
Three additional respite houses in the greater Dublin Region – no. of individuals supported	143	
Alternative models of respite provision including Hone Sharing, Saturday Club, Extended Day – no. of individuals supported	250	
No. of new referrals accepted for people with a disability for respite services (ID/Autism and Physical and Sensory Disability)	1,023	85
No. of new people with a disability who commenced respite services (ID/Autism and Physical and Sensory Disability)	782	63
No. of existing people with a disability in receipt of respite services (ID/Autism and Physical and Sensory Disability)	5,964	1059
No. of people with a disability formally discharged from respite services (ID/Autism and Physical and Sensory Disability)	595	118
No. of people with a disability in receipt of respite services (ID/Autism and Physical and Sensory Disability)	6,320	997
No. of overnights (with or without day respite) accessed by people with a disability (ID/Autism and Physical and Sensory Disability)	182,506	40,625
No. of day only respite sessions accessed by people with a disability (ID/Autism and Physical and Sensory Disability)	42,552	7603

KPI Title	2018 National Target / Expected Activity	Community Healthcare West
No. of people with a disability who are in receipt of more than 30 overnights continuous respite (ID/Autism and Physical and Sensory Disability)	51	11
PA Service No. of new referrals accepted for adults with a physical and / or sensory disability for a PA service	271	35
No. of new adults with a physical and / or sensory disability who commenced a PA service	223	64
No. of existing adults with a physical and / or sensory disability in receipt of a PA service	2,284	389
No. of adults with a physical or sensory disability formally discharged from a PA service	134	35
No. of adults with a physical and /or sensory disability in receipt of a PA service	2,357	397
Number of PA Service hours delivered to adults with a physical and / or sensory disability	1.46m	271970
No. of adults with a physical and / or sensory disability in receipt of 1 - 5 PA Hours per week	979	127
No. of adults with a physical and / or sensory disability in receipt of 6 - 10 PA hours per week	550	98
No. of adults with a physical and / or sensory disability in receipt of 11 - 20 PA hours per week	406	97
No. of adults with a physical and / or sensory disability in receipt of 21 - 40 PA hours per week	262	53
No. of adults with a physical and / or sensory disability in receipt of 41 - 60 PA hours per week	75	7
No. of adults with a physical and / or sensory disability in receipt of 60+ PA hours per week	85	15
Home Support No. of new referrals accepted for people with a disability for home support services (ID/Autism and Physical and Sensory Disability)	1416	207
No. of new people with a disability who commenced a home support service (ID/Autism and Physical and Sensory Disability)	1,273	168
No. of existing people with a disability in receipt of home support services (ID/Autism and Physical and Sensory Disability)	6,380	659
No. of people with a disability formally discharged from home support services (ID/Autism and Physical and Sensory Disability)	466	45
No of people with a disability in receipt of Home Support Services (ID/Autism and Physical and Sensory Disability)	7,447	527
No of Home Support Hours delivered to persons with a disability (ID/Autism and Physical and Sensory Disability)	2.93m	192855
No. of people with a disability in receipt of 1 - 5 Home Support hours per week (ID/Autism and Physical and Sensory Disability)	4091	365
No. of people with a disability in receipt of 6 – 10 Home Support hours per week (ID/Autism and Physical and Sensory Disability)	1559	112
No. of people with a disability in receipt of 11 – 20 Home Support hours per week (ID/Autism and Physical and Sensory Disability)	981	31
No. of people with a disability in receipt of 21- 40 Home Support hours per week (ID/Autism and Physical and Sensory Disability)	524	14
No. of people with a disability in receipt of 41 – 60 Home Support hours per week (ID/Autism and Physical and Sensory Disability)	126	4
No. of people with a disability in receipt of 60 +Home Support hours per week (ID/Autism and Physical and Sensory Disability)	166	1

Older Persons' Services

Key Performance Indicators Service Planning 2018 KPI Title	KPI Type Quality and Safety/ Access and Integration	Report Frequency	2018 National Target/ Expected Activity	Reported at National / CHO / HG Level	Community Healthcare West
Safeguarding % of Preliminary Screenings for adults aged 65 and over 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	Quality and Safety	Q -1M	100%	CHO	100%
Safeguarding % of Preliminary Screenings for adults under 65 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 under 65	Quality and Safety	Q - 1M	100%	CHO	100%
No. of staff trained in Safeguarding Policy	Quality and Safety	Q -1Q	**10,000**	CHO	**908**
No. of Home Support hours provided (excluding provision of hours from Intensive Home Care Packages (IHCPs))	Access and Integration	M	**17,094,000**	CHO	1,930,000
No. of people in receipt of home support (excluding provision from Intensive Home Care Packages (IHCPs))	Access and Integration	M	**50,500**	CHO	4528
Total no. of persons in receipt of an Intensive Home Care Package	Access and Integration	M	**235**	CHO	NA
% of service users in receipt of IHCP with a Key Worker Assigned	Access and Integration	M	**100%**	CHO	100%
% of service users in receipt of an IHCP on the last day of the month who were clinically reviewed	Access and Integration	M	**100%**	CHO	100%
No. of Home Support hours provided from Intensive Home Care Packages	Access and Integration	M	**360,000**	CHO	NA
No. of persons funded under NHSS in long term residential care during the reported month	Access and Integration	M	**23,334**	CHO	NA
% of service users with NHSS who are in receipt of Ancillary State Support	Access and Integration	M	**10%**	CHO	NA

Older Persons' Services

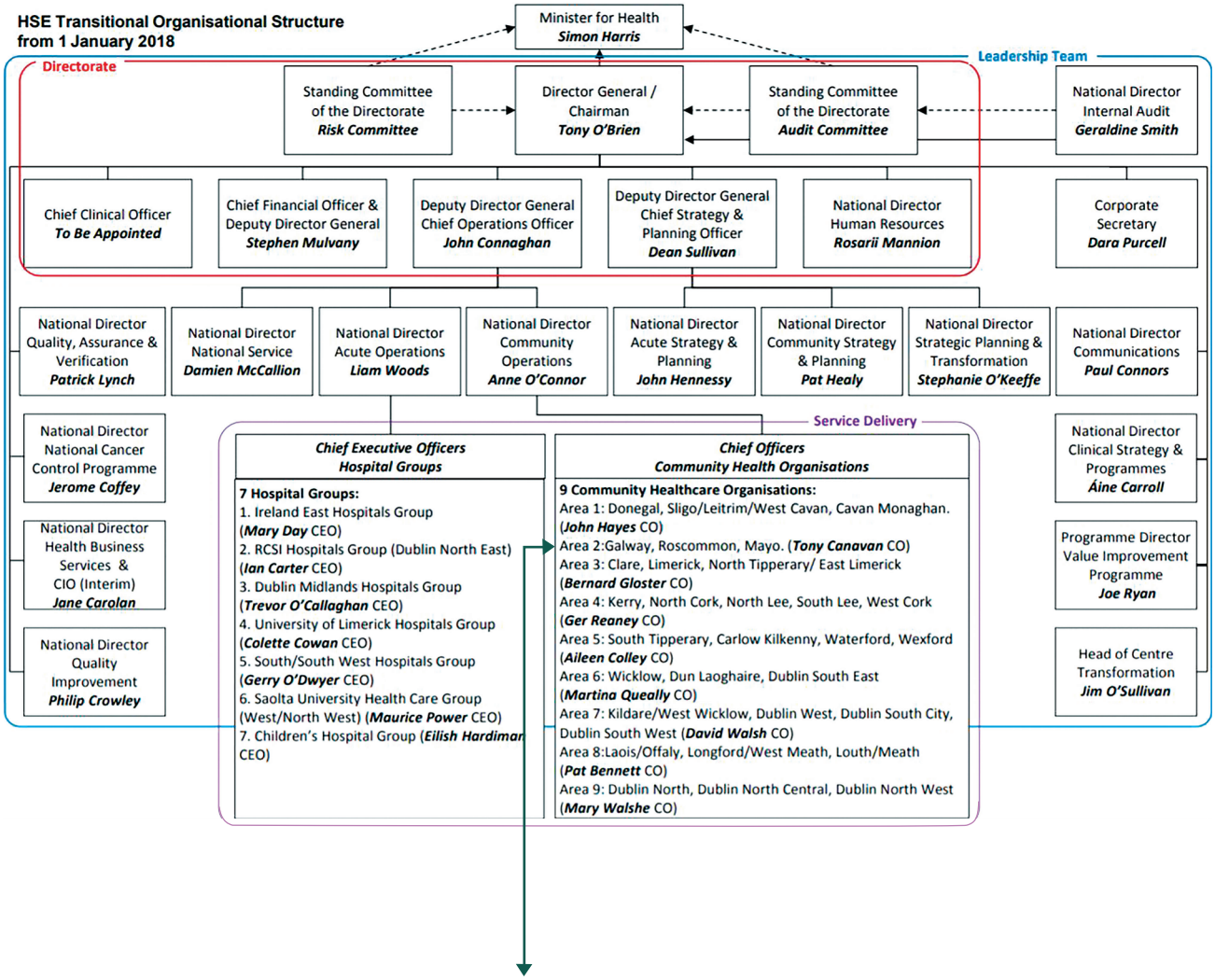
Key Performance Indicators Service Planning 2018 KPI Title	KPI Type Quality and Safety/ Access and Integration	Report Frequency	2018 National Target/ Expected Activity	Reported at National / CHO / HG Level	Community Healthcare West
Percentage of service users who have Common Summary Assessment Reports (CSARs) processed within six weeks	Access and Integration	M	90%	CHO	NA
Average length of Stay for NHSS, Saver and Contract Bed service users in Public and Private Long Stay Units	Access and Integration	M	2.9 Years	CHO	NA
% of population over 65 years in NHSS funded Beds (based on 2016 Census figures)	Access and Integration	M	≤ 4%	CHO	NA
No. of NHSS Beds in Public Long Stay Units.	Access and Integration	M	5,096	CHO	598
No. of Short Stay Beds in Public Long Stay Units	Access and Integration	M	2,053	CHO	253
No. of People at any given time being supported through transitional care in alternative care settings.	Access and Integration	M -1M	879	National	NA
No. of Persons in acute hospitals approved for transitional care to move to alternative care settings	Access and Integration	M-1M	9,160	National	NA
Service Improvement Team Process Deliver on Service Improvement priorities.	Quality and Safety	BA	100%	National	NA
% of compliance with Regulations following HIQA inspection of HSE direct-provided Older Persons Residential Services	Quality and Safety	Q-2Q	80%	National	NA
Percentage of CHOs who have established a Residents Council / Family Forum/ Service User Panel or equivalent for Older Persons' Service	Quality and Safety	Q	100%	National	NA
% of CHO Quality and Safety Committees with responsibilities to include governance of the quality and safety of Older Persons' Services who have met in this reporting month	Quality and Safety	M-1M	100%	National	NA
% of CHO Quality and Safety Committees who have a documented audit process in place to monitor the effectiveness of the implementation of Report Recommendations.	Quality and Safety	Q-1Q	100%	National	NA

APPENDIX 5: CAPITAL INFRASTRUCTURE

This appendix outlines capital projects that:
1) were completed in 2016 / 2017 and will be operational in 2018;
2) are due to be completed and operational in 2018; or 3) are due to be completed in 2018 and will be operational in 2019

Facility	Project details	Project Completion	Fully Operational	Additional Beds	Replacement Beds	Capital Cost €m		2018 Implications	
						2018	Total	WTE	Rev Costs €m
Primary Care									
Boyle PCC	Primary Care Centre by PPP	Q4 2017	Q1 2018	0	0	0.00	0.00	0	0
Tuam PCC	Primary Care Centre by PPP	Q4 2017	Q2 2018	0	0	0.00	0.00	0	0
Claremorris PCC	Primary Care Centre by PPP	Q4 2017	Q1 2018	0	0	0.00	0.00	0	0
Westport PCC	Primary Care Centre by PPP	Q2 2018	Q3 2018	0	0	0.00	0.00	0	0
Ballinrobe PCC	Primary Care Centre by PPP	Q1 2018	Q2 2018	0	0	0.00	0.00	0	0
Social Care - Disability Services									
Aras Attracta, Swinford, Co Mayo	11 units at varying stages of purchase/new build refurbishment to meet housing requirements for 39 people transitioning from	Phased 2018 / 2019	Phased 2018 / 2019	0	39	2.00	6.00	0	0
	Fire safety and infrastructural upgrade	Q1 2018	Q1 2018	0	0	0.15	0.40	0	0
Brothers of Charity, Galway	One unit for purchase/ new build to meet housing requirements for four people transitioning from a congregated setting	Q3 2018	Q4 2018	0	4	0.70	0.78	0	0

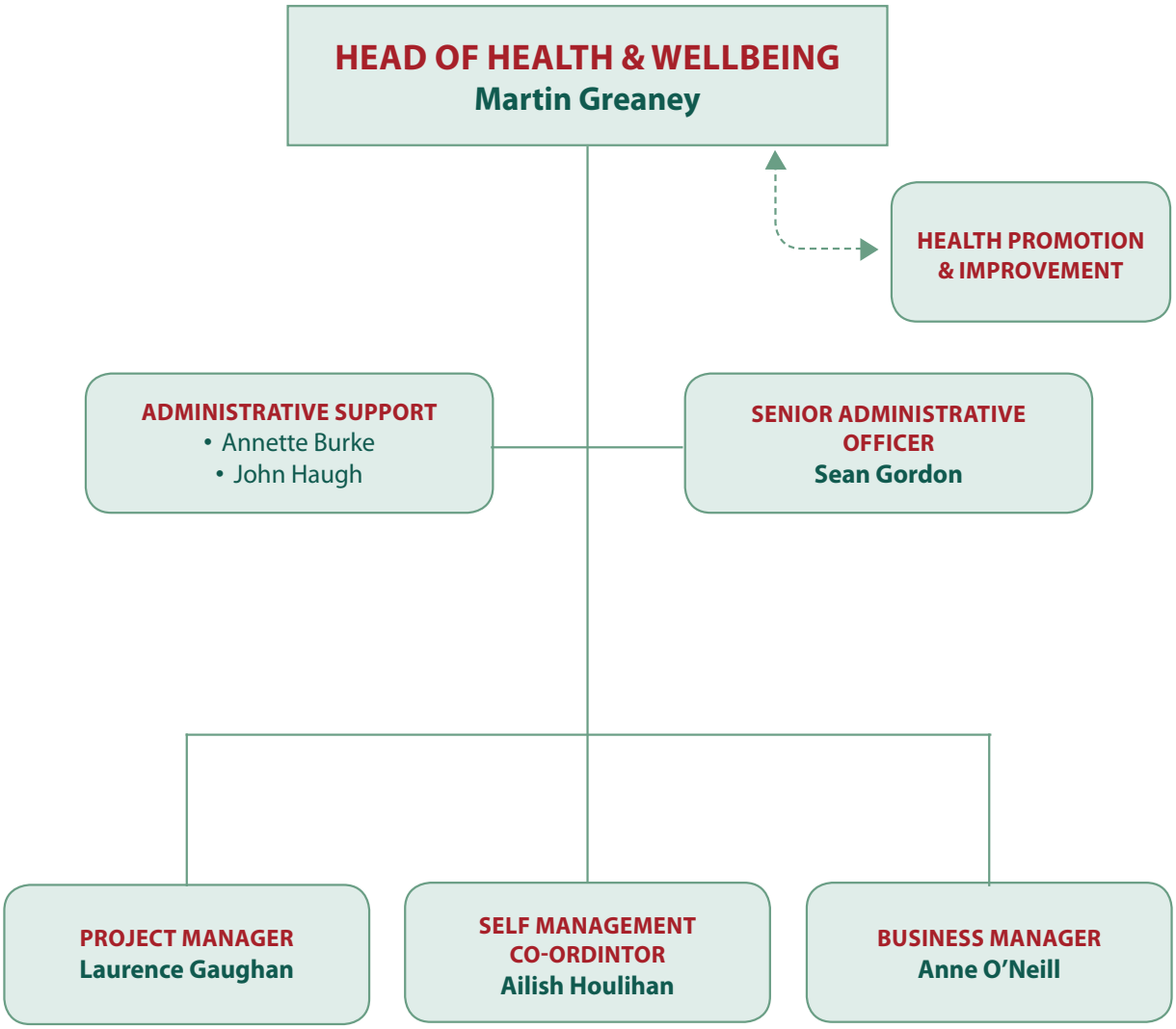
APPENDIX 6: ORGANISATIONAL STRUCTURE



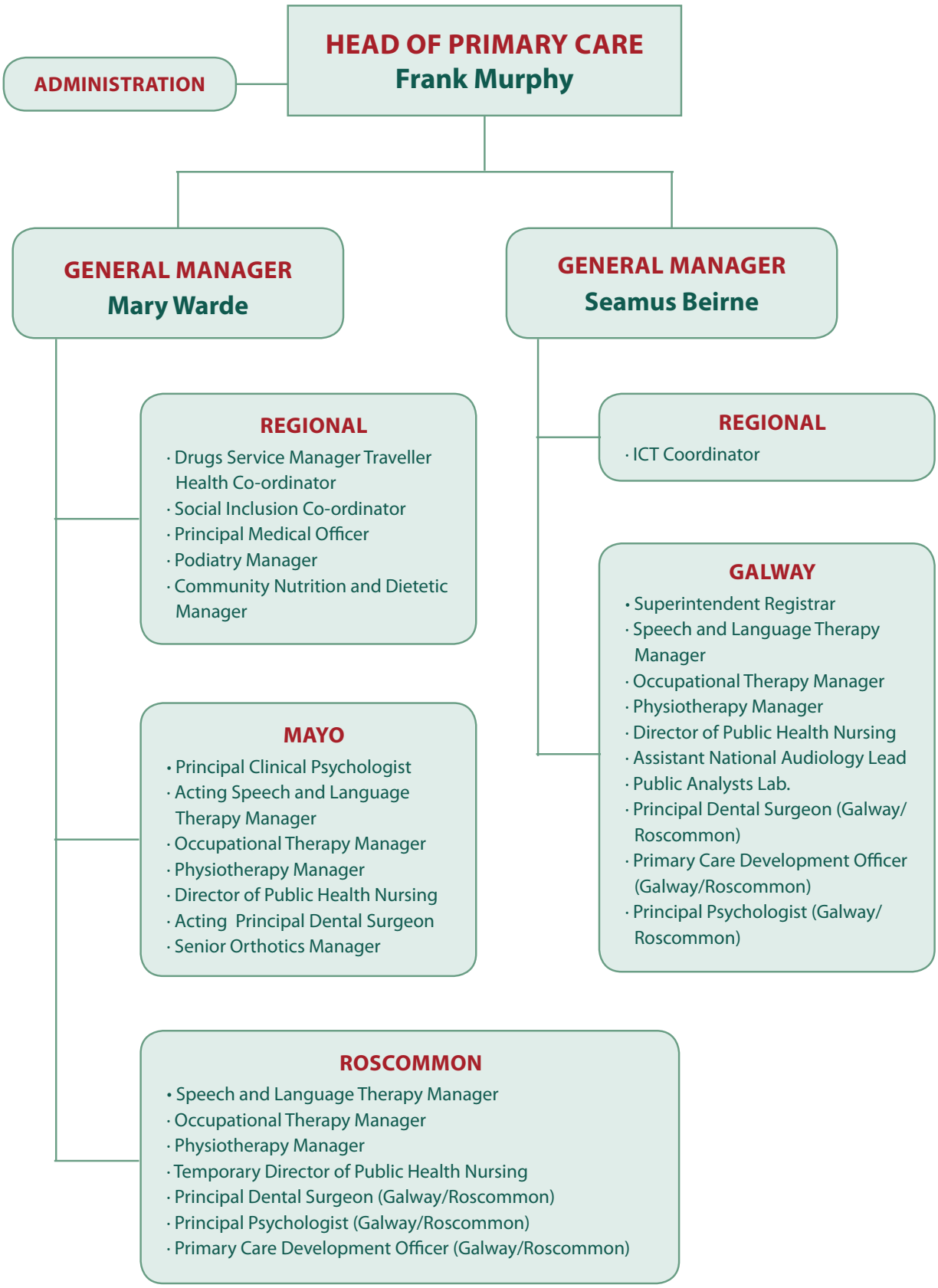
CHIEF OFFICER
COMMUNITY HEALTHCARE WEST
Tony Canavan

HEAD OF SERVICE	HEAD OF SERVICE	HEAD OF SERVICE	HEAD OF SERVICE	HEAD OF	MANAGER	HEAD OF
HEALTH AND WELLBEING	PRIMARY CARE	MENTAL HEALTH	SOCIAL CARE	FINANCE	QUALITY & SAFETY	HUMAN RESOURCES
Martin Greaney	Frank Murphy	Charlie Meehan	Elaine Prendergast	Liam Fogarty	Shannon Glynn	Siobhan Moran

HEALTH & WELLBEING DIVISION

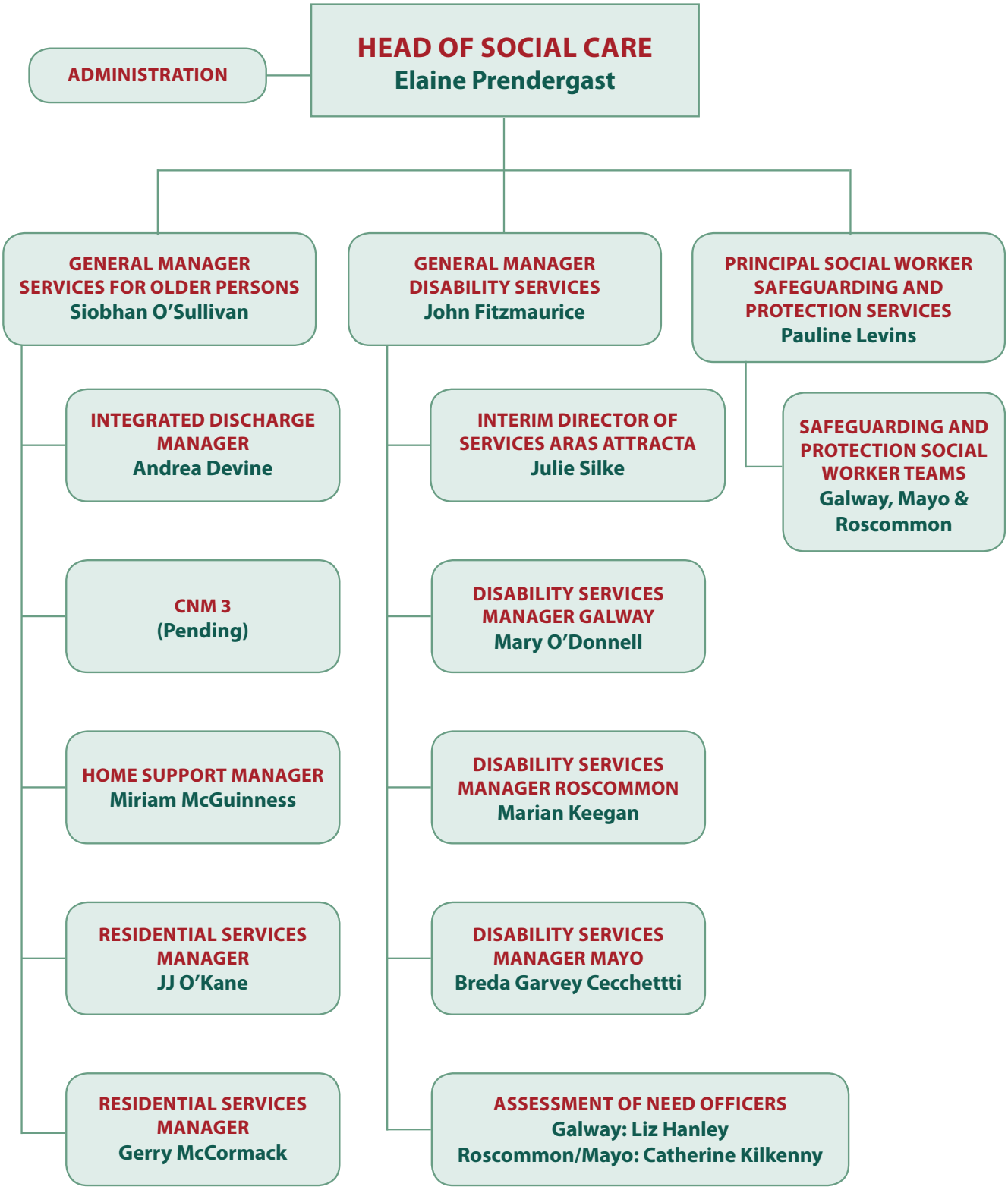


PRIMARY CARE DIVISION

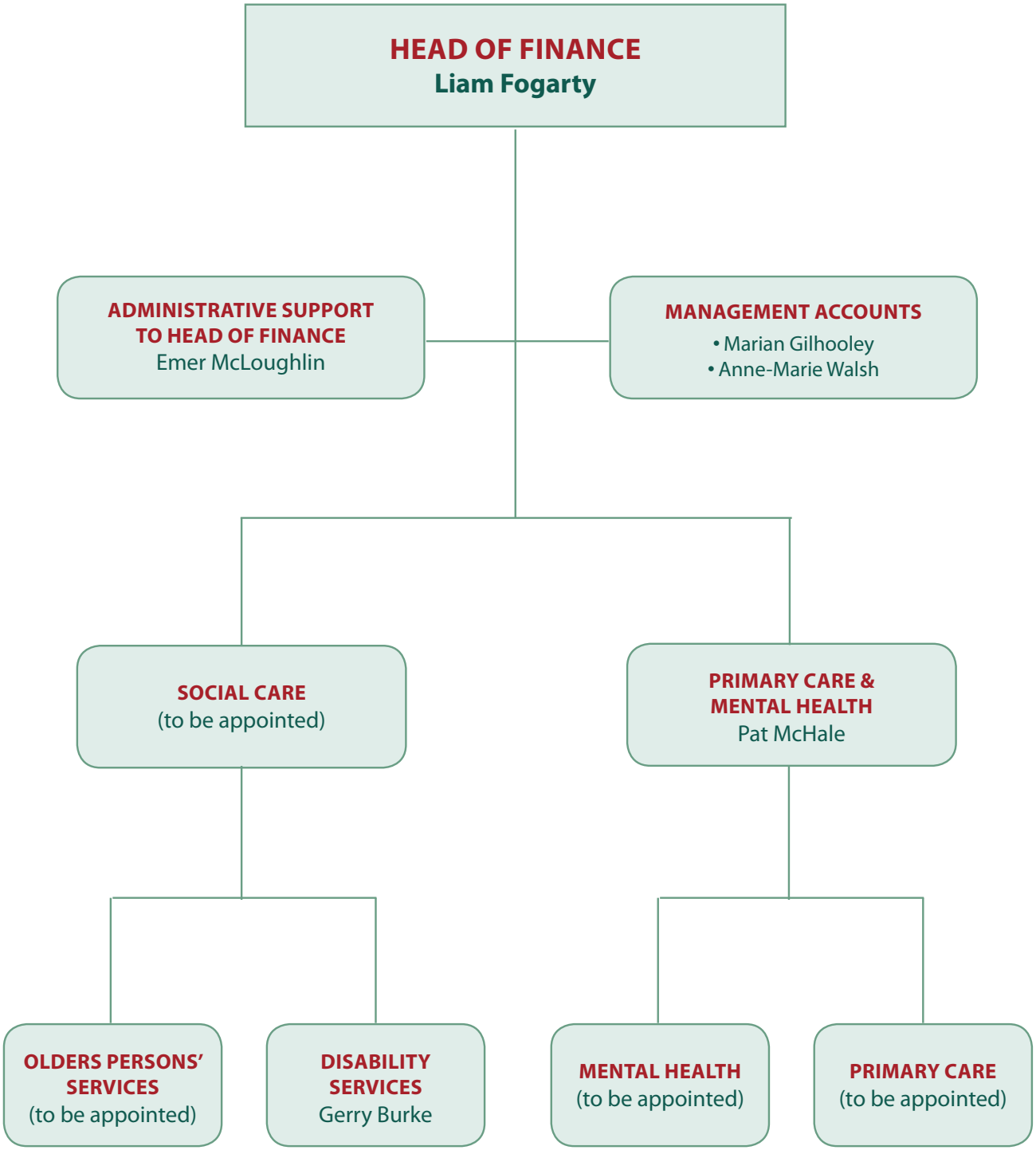


MENTAL HEALTH SERVICES DIVISION

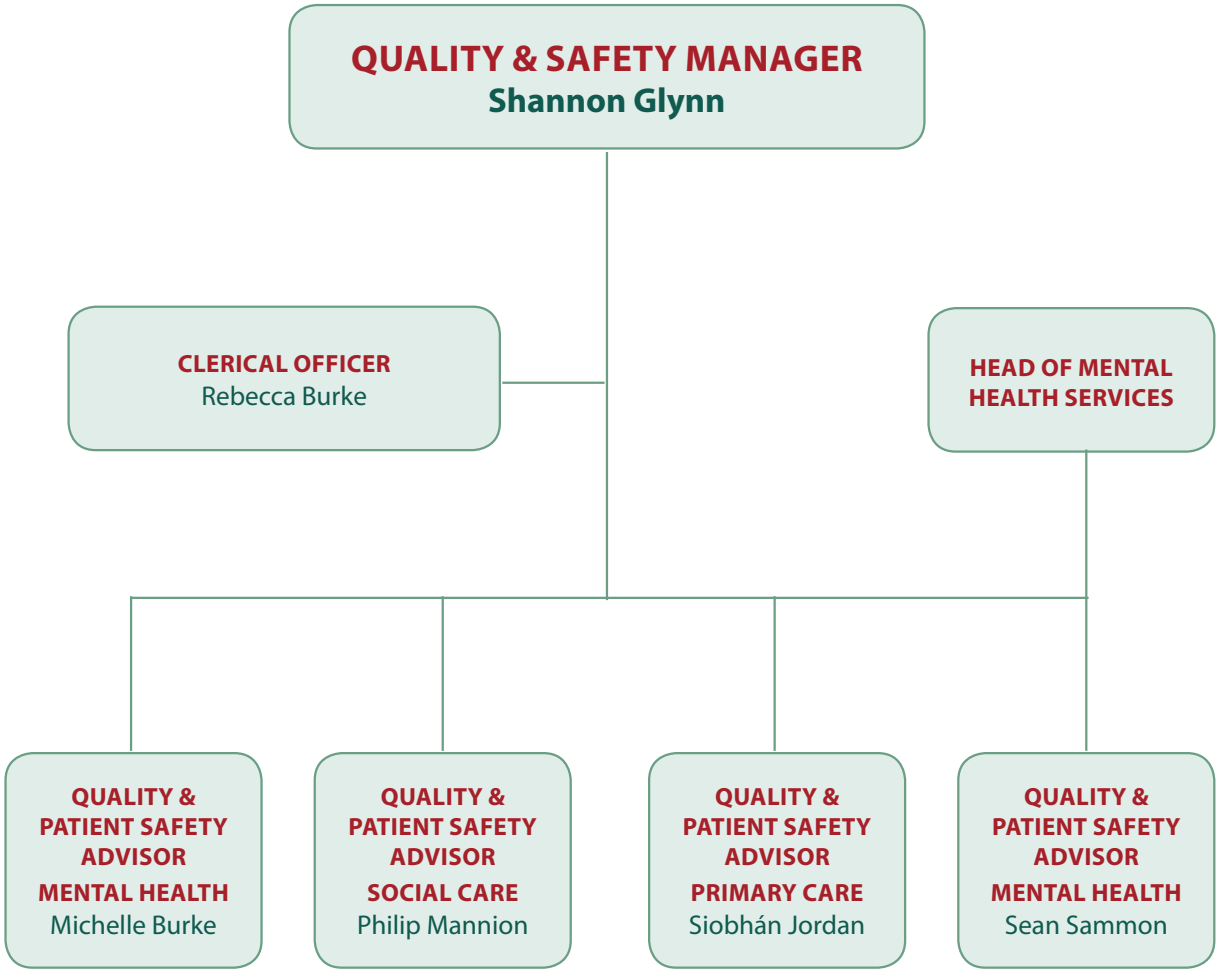
SOCIAL CARE DIVISION



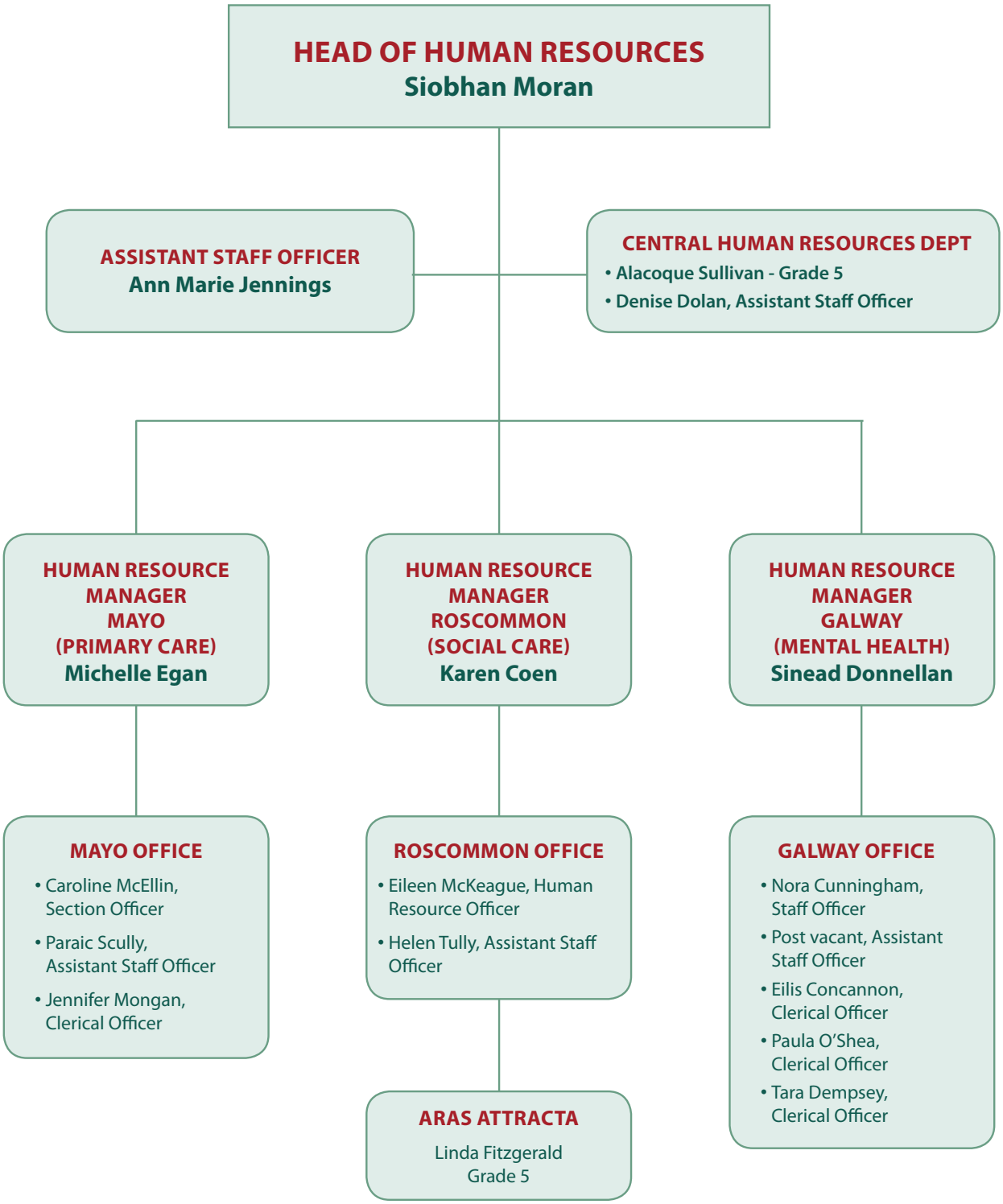
FINANCE DEPARTMENT



QUALITY & SAFETY DEPARTMENT



HUMAN RESOURCES DEPARTMENT



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

Electronic copies of the HSE National Service Plan2018 are freely available at *www.hse.ie/*

Other publications which provide information on Primary Care; Social Care; Mental Health; and Health and Wellbeing can also be found on the HSE Website

http://www.hse.ie/eng/services/publications/

Oifig an Phríomh-Oifigigh
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Cúram Sláinte Phobail, Iarthar
Community Healthcare West
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