Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Social Care Division

Operational Plan 2016


Values
We will try to live our values every day and will continue to develop them
Care
Compassion
Trust
Learning


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


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

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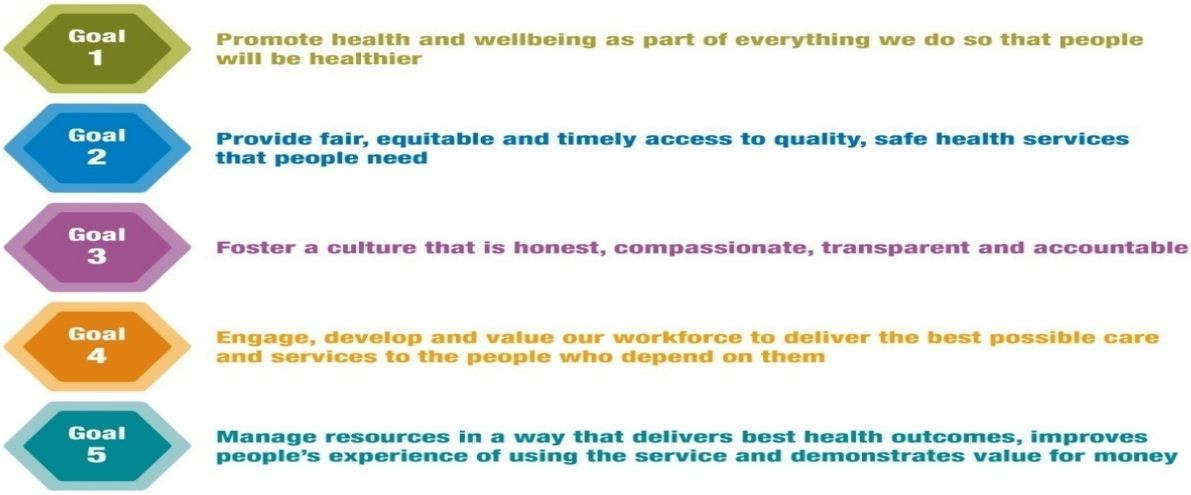
The Health Service National Service Plan 2016 outlines the resource and performance accountability framework within which resources will be provided in 2016. It set out the means by which the National Divisions, Hospital Groups and Community Healthcare Organisations (CHO's), are held to account for their performance in relation to access to services, the quality and safety of those services within the financial resources available and effectively harnessing the efforts of the overall workforce.

This National Social Care Operational Plan has been prepared consistent with this framework and in line with related national policies, frameworks, performance targets, standards & resources. It sets out the type and volume of social care services which will be provided directly or through a range of agencies funded by us during 2016, and the actions which we will take to deliver on the goals of the HSE Corporate Plan 2015-2017 over the course of the year. Our objective is to provide high quality, sustainable health care grounded in our values of Care, Compassion, Trust & Learning.



Social Care Division

Social Care services are focused on:

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

	2016 NSP Budget €m	2015 Projected Outturn €m	2015 Closing Budget €m	2016 Budget vs. 2015 Projected Outturn %
Disability Service	1,558.2	1,498.5	1,460.5	4.0%
NHSS	940.0	905.0	873.8	3.9%
Older Persons Services	683.3	693.2	658.6	-1.4%
Home Care & Transitional Care*	20.0	-	-	0.0%
Total Available Funding – Older Persons	703.3	693.2	658.6	1.5%
€8.0m additional funding held by DoH				

*This funding is available on a once-off basis in 2016 and includes expected time-related savings from €58.5m new initiatives monies held by the DoH

Table 1: Social Care Division Budget for 2016 and Projected Outturn 2015

Services for Older People – Key Deliverables & Priorities

- **Nursing Home Support Scheme (NHSS)** – additional €35m on 2015 outturn (€940m budget). Average of 23,450 people per week supported in 2016, increase of 649 people from 2015 target.
- **Home Care :**
    - Maintain 2015 Outturn using time related savings from new initiatives €20m- 10.4m home help hours, increase of 100,000 hours on 2015 targets
    - 15,450 Home Care Package clients (increase of 1,650 on 2015 targets)
    - 130 Intensive Home Care Packages
- **Transitional Care Beds :** Maintain 2015 outturn – 313 transitional care beds, 109 places per week, targeted at 17 acute hospitals
- **Additional Public Beds :** 214 including 65 beds at Mount Carmel
- **Public Continuing Care Beds:** 5,255 available across 129 centres

In 2015 due to an increase in resources for the Nursing Home Support Scheme (Fair Deal), community beds and home care packages, the number of Delayed Discharges (patients in hospital waiting to go to a nursing home or home with support) fell from a high of 840 in December 2014 to 519 in December 2015, (38% reduction) the lowest levels since records began. This will need to be sustained and improved on throughout 2016 with a particular focus on the North Dublin, Louth, Midlands and South-East regions.

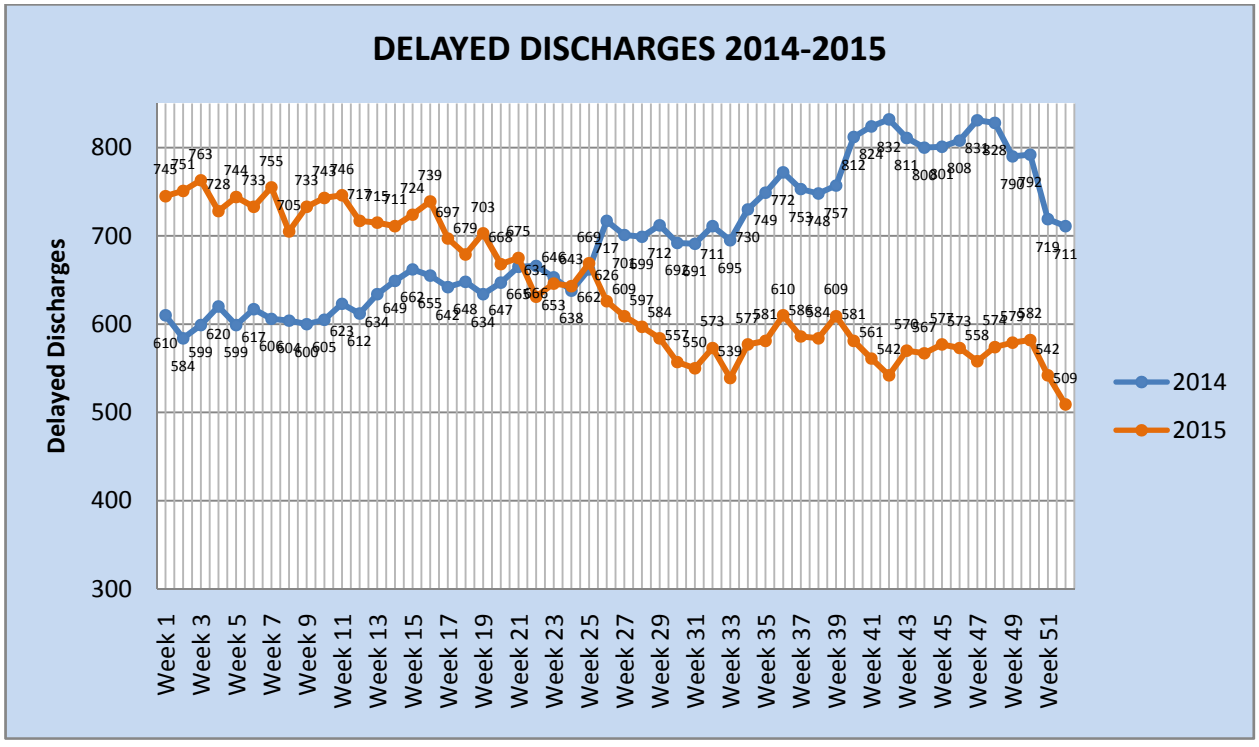


Figure 1: Trends in Delayed Discharges in Acute Hospitals 2014-2015

- **Integrated Care**: Development of a model of integrated care across 4 pioneer sites (CHO 7, Tallaght Hospital; CHO 8, OLOL; CHO 4, Cork University Hospital (CUH); CHO 3 University College Hospital Limerick (UCHL) which will promote effective integration between hospital and community sectors, 36 additional posts will be recruited across the 4 sites
- **National Dementia Strategy**: Work in collaboration with DOH, Atlantic Philanthropies and other key agencies to roll out the agreed national dementia strategy – co investment programme of €27.5m

- **Single Assessment Tool (SAT):** Implementation of SAT to enable standardized assessment of care needs across hospital and community sectors

Disability Services – Key Deliverables & Priorities

- **New Directions:** €7.25m has been provided to meet the costs of provision of additional day services in 2016 to benefit approximately 1,500 young people who are due to leave school and rehabilitative training programmes in 2016.
- **Progress Disability Services for Children & Young People:** €4m provided to complete reconfiguration of services and support the integrated development of Early Intervention Services & supporting access to Early Childhood Care & Education Programme (ECCE).
- **Respite Service Development:** €1m targeted at alternative models such as host family programme.
- **Transforming Lives – Programme to implement the recommendations of the** *Value for Money and Policy Review of Disability Services in Ireland*
    - **Improving Compliance with National Residential Standards as Regulated by HIQA** –In recognition of the significant costs and levels of unfunded expenditure in 2015 to improve compliance, the HSE acknowledges the very significant investment in disability services of €62m in 2016 to support the full year costs of the compliance work and emergency places approved by the HSE and commenced in 2015, along with the accelerated implementation of *A Time to Move on from Congregated Settings* in respect of residential centres. In order to ensure best utilisation of this resource including the maximum impact to the benefit of service users, current and emerging demands for quality improvements in services will require to be ranked and prioritised, and these priorities will need to be kept under review as further demands arise, having regard to available funding resources.
    - **Six Step Change Programme** 2015 saw a significant focus on improving the safety, welfare and quality of live for persons with a disability. The implementation of the National Policy on Safeguarding and the Six Steps Programme of system wide change across social care services led by the National Task Force is focused on ensuring quality and safety of all services through empowering and safeguarding vulnerable people.

National Implementation Task Force

The National Implementation Task Force was established in 2014 to drive the implementation of the programme for change in disability services and the development of long term sustainable and evidence based safeguarding practices and training programmes specific to residential settings. A key challenge for the National Implementation Task Force is to identify how we can build capacity together so that our organisations can respond to what each individual person wants and needs to live the life of their choosing. The challenge for services is to support people to choose where they live; who they live with, and ensure that they have choices around what they do every day, with tailored supports for each person.

The Task Force is a wide ranging cross sectoral group which met 6 times in 2015. The work of the Task Force in 2015 was to effect change through the six step programme. This was achieved by focusing on the different components necessary, to deliver a value based approach therefore ensuring that service delivery was person centred. The work in 2015 included capturing the learning to date from the Aras Attracta review, the continuous implementation of safeguarding processes and structures, the development of the broader advocacy agenda including the work being carried out in conjunction with Inclusion Ireland, and being comfortable to openly take on board the voice of the service users and their families.

In 2016, the Task Force plans, through the reform programme, to collectively transfer the vision into a real response and to implement change in a sustainable way to support people to live more independent and ordinary lives. In this way, service user's needs will be met and their choices are listened to. It is planned to focus on continuously changing the culture within Disability Services.

As part of the six step change programme, a series of summits were held in April, July and November 2015. These summits, building on the December 2014 summit, were attended by the Minister with responsibility for Mental Health, Primary Care and Social Care (Disabilities and Older People) Kathleen Lynch and several hundred delegates from Statutory and Voluntary service providers, service users and family members. The summits provide a forum for people to feedback as well as hear of progress on implementation of the six step programme of change across our Social Care Services.

The most recent summit in November provided an opportunity to reflect on the sustained focus on service improvement within the service throughout 2015 using what we have learned to make real and tangible changes in the lives of people with a disability. The National summits have provided an important forum to share this learning and most importantly to listen to the voices of people with a disability so that we are focused on their needs and their aspirations for a better life. Further detail of this summit is available on https://www.youtube.com/watch?v=88mGqeE70d4

In 2016, the Social Care Division will continue to work with external partners and international experts to ensure meaningful reform within the Sector, enhancing the lives of those with disabilities and improving compliance with the National Standards and Safeguarding Policy.

Safeguarding of Vulnerable Adults from Abuse

In December, 2014 the Social Care domain launched its national safeguarding policy *Safeguarding Vulnerable Persons at Risk of Abuse – National Policy and Procedures*. This policy supports the Social Care service's commitment to promoting the welfare of vulnerable adults and safeguarding vulnerable adults from abuse. The policy applies to all statutory and publicly funded non-statutory service providers within Social Care services.

The policy outlines the importance of a number of key principles in supporting vulnerable adults to maximise their independence and safeguard them from abuse. These include promotion of human rights, a person-centred approach to care, a support for advocacy, respect for confidentiality, empowerment of individuals, and a collaborative ethos. All of these principles are promoted within a positive culture and each service has publicly declared a 'No Tolerance' approach to abuse.

The elements required to support this policy are in place, including specialist training for staff, awareness-raising for frontline staff, the development of safeguarding and protection teams in each CHO, the creation of safeguarding and protection committees in each CHO and the establishment of a national safeguarding inter-sectoral committee with multi-agency representation and an independent chair.

Maximise Delivery of Social Care within Available Resources 2016

The Social Care allocation for 2016 is €3,201.5m representing an increase of €104.8m or 3.3% on the projected outturn 2015. Whilst continuing efforts will be made to reform and improve services based on existing values with service users at the centre of all decision making, there will also be a focus on the cost and sustainability of services while ensuring at all times that services are delivering best value for money for the public and service users. The additional €104.8m funding is welcome, however, the challenge for 2016 is

Social Care's capacity to meet the increasing demand of an ageing population, together with changing needs and an increasing number of people with a disability with more complex service requirements. Demand for services continues to increase as the population of 65 years and over will increase by 3.1% between 2015 and 2016, equating to an additional 19,400 people. The population 85 years and over (which places the largest pressure on services) is growing at a rate of 4.2% between 2015 and 2016.

Improvements in services for older people will see NHSS (A Fair Deal) delivering 1,222,750 total weeks of care supporting an average of 23,450 per week, up 649 per week on 2015, together with full year implementation of 214 public short stay beds including a dedicated community hospital for Dublin at Mount Carmel Hospital. The additional funding provision received in 2015 for the delayed discharges initiative made a significant impact on delayed discharges reducing them from a high of over 800 to the November figure of 558 through the provision of additional funding to the NHSS together with additional funding for transitional care beds and home care. A critical service risk in 2016 is ensuring there is appropriate care pathways and effective flow through admission and discharge from our acute hospitals particularly for the very elderly and young disabled adults whose discharge can be complex and become delayed. To address this risk the HSE will utilise €20m in expected time related savings from the €58.5m new initiatives monies held by the DoH to maintain 2015 outturn levels of 10.437m home help hours, 15,450 people in receipt of home care packages and 313 transitional care beds, delivering 109 places per week during 2016.

Disability services will see developments for school leavers and rehabilitation training programmes, therapy services for children through the Children's Disability Network Teams (0–18) and development of a host family initiative for respite care. There will be increasing pressure on residential and respite places as 49% of the current population of service users in residential services over the age of 35 are presenting with moderate, severe and profound disability compared to 38% in 1996 or 28.5% in 1974. A key focus across the disability sector in 2016 will be on improving compliance with national residential standards as regulated by HIQA, consolidating in 2016 the work with CHOs and providers commenced in 2015 to ensure best utilisation of the additional €62m resource provided in the NSP to support full year costs of the compliance work and emergency places approved by the HSE and commenced in 2015.

Disability services will use the positive work underway through the Service Improvement Team to increase the efficiency and effectiveness of services and achieve greater value for money, in collaboration with the voluntary sector representative bodies and individual service providers. However, it will not be possible to meet all of these additional demands and arrangements will need to be put in place for the management of emerging waiting lists and emergency places in a fair and equitable fashion.

In this context it is essential that Social Care services continue to reform service delivery models to maximise the use of existing resources and develop sustainable models of service provision with positive outcomes for service users, delivering best value for money.

Quality Improvement and Quality Assurance

The Social Care Division will continue to promote the values outlined in the HSE Corporate Plan 2015 - 2017 - Building a high quality health service for a healthier Ireland. The four key values of Care, Compassion, Trust and Learning will inform the attitude and behaviour of our staff when interacting with service users and their families, the general public and their work colleagues.

People have a right to expect safe, effective, high quality care and support. Therefore, a focus of the of Social Care Division in 2016 will be to embed quality and safety structures and processes, ensuring that services are

delivered in compliance with National Standards and Recommended Practices. A key feature of a quality and safe service will be the proactive monitoring, analysis and response to information from a range of sources including recommendations from the Regulators inspection reports, incident management, investigations, audit, complaints management, and service user / family feedback.

The Social Care Division will continue to work closely with other HSE Divisions, Statutory Agencies and Advisory Bodies to target continuous and measurable service improvement. This information will provide the opportunities and intelligence to learn about the quality of our services and inform the Division in prioritising quality improvement initiatives.

Health Service Reform

A significant reform programme is underway in community services in Ireland as services transition to nine Community Healthcare Organisations (CHOs). Chief Officers were appointed to each of the 9 CHOs in 2015, and 2016 will see further investment to strengthen supports to the Chief Officers, including the appointment of management teams at CHO level. A Head of Social Care will be appointed to the CHO management team, responsible for the provision of all services to older persons and people with a disability in that area. Working closely with their management team colleagues from the other community divisions, and the quality leads for the CHO, they will work to ensure that integrated, safe, efficient high quality services are provided within the funding available. Service delivery reform projects are in place to ensure safe transition to Community Healthcare Organisations.

Capital Programme 2016 - 2021

The announcement of dedicated capital funding of €100m for disability services over the period 2016–2021, together with the establishment of a service reform fund which has been agreed between Atlantic Philanthropies, the DoH, HSE social care and mental health services and Genio will support the phased transition to person-centred models of services and supports.

On 26th of January 2016 Minister Lynch announced a comprehensive programme of investment in Public Nursing home centers from 2016 – 2021 through which it is intended that all Public Nursing Homes will be compliant with the environmental aspect of HIQA standards by 2021. The investment is planned for 90 centers across the country and includes the replacement of 33 existing centers and refurbishment/extension of 57 others. In addition the programme included 10 centers to the value of €150m for which Public Private Partnerships (PPP) or alternative funding arrangements will be considered. The detailed projects are included in appendix 7 to this plan.

Accountability Framework

In line with the Accountability Framework developed and introduced by the HSE in 2015, arrangements were put in place between the National Director for Social Care and the National Performance Oversight Group in the HSE (NPOG) in accounting for performance of the Division across the balanced scorecard of access to services, quality, financial management and human resources. Similar accountability arrangements were put in place between the National Director and each of the nine Chief Officers to account for performance within their area in relation to Social Care Services. The Framework has been updated for 2016 and will be utilised by the Division to drive overall performance improvement.

In 2016, the Social Care Division will strengthen the management of Service Arrangements. There will be a named manager responsible for managing the contractual relationship with each individual agency. This person will be responsible for overseeing the negotiation of the Service Arrangements or Grant Aid

Agreements including specific service specification, financial and quality schedules etc. They are also responsible for monitoring the performance and financial management of the specified agreement

The Executive Management Committee

The Executive Management Committee (EMC) for Community Healthcare, comprising the four National Directors (i.e. Primary Care, Social Care, Mental Health and Health and Wellbeing) was established in 2015 and will continue in its current form in 2016. During 2015, the National Director for Social Care was appointed by the Director General to Chair the Committee. These arrangements will remain in place in 2016 and be updated as relevant. The Committee meets fortnightly, and it is at this forum that each CHO Chief Officer is held to account and the Committee is expected to oversee community services in a coordinated way. The EMC also provides an opportunity to raise and resolve issues pertaining to the significant reform programme currently underway within community services.

Children First

The Children First implementation plan sets out the key actions needed to ensure compliance with both the Children First legislation and national policy. Under legislation, the HSE and any HSE funded organisations who are a provider of services to children and young people will be required to undertake an assessment of any risk to a child who is availing of their services, and use this risk assessment to publish a Child Safeguarding Statement. The purpose of the Statement is to identify how the organisation will manage any risks identified in the risk assessment. The Safeguarding Statement will also outline how staff / volunteers will be provided with information to identify abuse which children may experience outside the organisation, and what they should do with any concerns about child safety.

In 2016, high level actions include the development of Children First implementation plans by CHOs and hospital groups with support from the Children First National Office; the delivery of a suite of Children First training programmes for HSE staff and HSE funded organisations. Children First implementation will also be included in the performance assurance process. Child protection policies at CHO and hospital group level will also be developed and reports will be tracked and monitored by the Children First Office.

Risks to Delivery of the Operational Plan

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

- Social Care services have seen a significant reduction in directly employed staff due to the recruitment moratorium and exit schemes over the last number of years resulting in non replacement of staff following resignations. Although the moratorium is no longer in place, services report difficulty in recruiting certain grades of staff, particularly nurses due to non availability of suitable candidates. As a result, many services are reliant on agency staff to maintain rosters. Delivery of associated savings through reduction in agency staff and overtime expenditure by the Division in 2016 will be dependent on finding suitable candidates to recruit.
- As outlined above, demographic changes over the next 12 months will result in almost 20,000 more people aged 65 and over, and approximately 6,000 more people living with a disability, with increasing levels of dependency. Social Care capacity to meet the needs of this cohort will present a significant challenge. In the context of challenging financial targets and underlying growing demographics and unmet need, The of Social Care Division will have a significant challenge to respond to the growing demands on services for older people for home support and long stay to maintain people in their own communities, support hospital avoidance, reduce length of stay in acute hospitals and enable

discharge home whenever possible following an acute hospital stay. The ability of NHSS (A Fair Deal) to maintain the wait time at 4 weeks given the number and complexity of variables involved and the underlying assumptions is also seen as a risk which the HSE seek to monitor and manage very closely in conjunction with the DOH.

- The challenge for disability services will be in meeting the demand for residential and respite services and the provision of emergency places, along with the capacity to comply with regulatory requirements in public long stay residential care facilities within the limits of the revenue and capital funding available. This plan outlines mitigating actions to mitigate this risk including management arrangements and processes to prioritise service needs and ensure standardised waiting list arrangements.
- A significant programme of change is underway within disability services, including implementation of Transforming Lives – Programme to implement the recommendations of the *Value for Money and Policy Review of Disability Services in Ireland*. Under this framework, implementation of policies including *Time to Move on from Congregated Settings, New Directions* and *Progressing Disability Services for Children and Young People* will see a complete transformation in the way we deliver services to people with disabilities, resulting in the provision of person centred sustainable services, enabling people to live the life their choosing. Management of the scale of reform and change required supporting these new evolving models of service delivery and the capacity and resources to deliver these changes will create a challenge for the Division in 2016.
- A further financial challenge for the Division will be the unavoidable public pay policy and approved pay cost growth in areas which have not been funded including staff increments.

Conclusion

The additional resources provided to the Social Care Division for 2016 is welcome and with support the Division in maintaining 2015 outturn levels, delivering a number of new initiatives while progressing implementation of our reform programme for both older people and people with disabilities, with a particular focus on improving compliance with national standards as regulated by HIQA and our Safeguarding Policy. However significant challenges remain in Social Care for 2016 when consideration is given to the increasing demand for services from a growing and aging population and an increasing of number of people with a disability with more complex service requirements. We will do all within our power to maximize delivery of services within the funding available, whilst striving to deliver quality, person centred care and support services

MR. PAT HEALY
NATIONAL DIRECTOR SOCIAL CARE DIVISION

Improving Quality and Reforming Service Delivery

Quality and Patient Safety

The quality and safety of our services is paramount. The focus of the Social Care Division in 2016 is to embed structures and processes to ensure that quality and safe services are delivered and to improve compliance with National Standards and recommended practices across our CHOs. During 2015, the Division established a Quality and Safety Committee which closely monitors the management of Serious Incidents ensuring that the process of investigation is conducted in line with policy and within acceptable time frames and to acceptable standards. It also monitors emerging themes in HIQA inspection reports and considers the requirement for further quality improvement approaches nationally. The Quality and Safety Committee reports to the Social Care Management Team and provides assurance around areas of improvement in the Division as well as areas of risk identified which are managed through the Division's Risk Register. Structures and processes have been established to ensure that all incidents are reported and investigated in line with the *HSE's Safety Management Policy (May 2014).*

Key Quality Priorities for 2016

Leadership and Governance for Quality and Safety

- Seek assurance that authority and accountability for the quality and safety of services across all service areas is integrated into operational service management through appropriate leadership, governance, structures, and processes. This will include each service having a defined client safety and quality operating model to address service user advocacy, complaints, incident management and response, learning systems, and quality improvement initiatives.
- Continue to promote a culture that is open and transparent in line with *HSE Open Disclosure National Guidelines (November 2013).*
- Support the Community Health Organisations to develop capacity for leadership and improvement in quality and risk management. This will include strengthening the governance arrangements under the health service Accountability Framework by measuring, monitoring and reporting on the performance of the health service in relation to the quality and safety of care. There will be a specific focus on identifying and addressing areas of under-performance by recommending appropriate and proportionate action to ensure the improvement of services.
- Ensure compliance with all national standards and statutory regulations as they relate to quality and safety in Social Care services along with a strong focus on continuous quality improvement, including developing Quality Improvement Initiatives based on the ongoing analysis of HIQA inspection reports in Social Care.
- Support the CHOs to put in place an assurance system including measurement, healthcare audit and reviews that seek evidence that quality and safety is prioritised and committed to at all levels of the healthcare delivery system within the Social Care Division.
- Social Care Division / Quality Improvement Division Quality Improvement/Enablement Programme: As part of its Six Step Programme to address the quality and safety of residential disability services, the Social Care Division (SCD), in partnership with the Quality Improvement Division (QID), continues to implement a Quality Improvement Programme in HSE residential centres for adults with intellectual disabilities (ID). The Social Care Division will continue to support the next phases of the programme to assist services with strengthening key themes including leadership and governance structures to support quality, improving relevant person-centred documentation, engaging with staff and service users, progressing HIQA Action Plans and establishing where further supports are required, and identifying areas of good practice and innovation for sharing across the service.

- The Social Care Division will work with the Quality Improvement Division to test and implement the Quality Framework within the Division and at CHO level.

Safe Care

- Promote the reduction of risk to service users, the public and staff by implementing best practice Risk Management processes aligned with national policies.
- Improve the incident reporting, monitoring and investigation processes, creating opportunities for learning from serious incidents, including Serious Reportable Events (SREs).
- Support the establishment a National Independent Review Panel with an independent Chair and Review Team members as part of the HSE's enhanced arrangements for investigations.
- Support national Quality Improvement programmes in Social Care to address internationally recognised causes of harm to people (including HCAI, medication safety, pressure ulcers, falls prevention and nutrition and hydration).
- Build capacity within the Social Care Division to effectively manage and learn from complaints, and monitor and learn from compliments. This will be supported by the National Complaints Governance and Learning Team and monitored through the National Incident Management System (NIMS).
- Monitor the implementation and effectiveness of the *HSE's Safeguarding Vulnerable Persons at Risk of Abuse Policy* in the Social Care Division.
- Some specific areas have been identified as areas of concern through the Social Care Divisional Risk Register and will continue to be a focus in 2016. The Risk Register is a dynamic tool which is reviewed and updated bi-monthly by the National Division through existing structures. Operational priorities within the Division will be proactively aligned with the identified risks on the Risk Register.

Effective Care

- Monitor and support improved compliance with HIQA standards for Residential Centres (older persons and disability) with a strong focus on continuous quality improvement aligned with national quality improvement initiatives. The percentage of compliance will continue to be monitored on regularly and service/performance gaps will be addressed with the Provider.
- Support the work of the nine *Safeguarding Teams* in establishing reporting and monitoring of all incidents in line with "*Safeguarding Vulnerable Persons at Risk of Abuse – National Policy and Procedures".*
- Support the development of a national policy framework for Policies, Procedures, Protocols and Guidelines (PPPGs) including education training and support and commence the development of a document control system national repository for PPPGs.

Service User Experience

- Ensure that a streamlined complaints process for service users and families is in place by having greater clarity in guidance and information on how the complaint system works.
- Promote and monitor the establishment of Resident Councils / Family Forums / Service User Panels.
- Continue to work closely with the Confidential Recipient to respond effectively to issues raised, and identify themes for quality improvement and learning.
- Continue to develop access to advocacy for all service users within CHOs; work to ensure that advocacy is available in all settings.

Key Performance Indicators (KPIs)

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

Strategic Priority Area	KPI	Performance Measure / Target	Division
Governance for Quality and Safety			
Quality and Safety Committees	Quality and Safety committees across all Divisions at Divisional, Hospital Group and Community Healthcare Organisation	100%	All
Person Centred Care			
Service User Engagement	All CHOs to have a plan in place on how they will implement their approach to the establishment of Residents Councils / Family Forums / Service User Panels or equivalent for HSE Disability Services. Reporting to begin by Quarter 3 2016.	100%	Social Care
Effective Care			
Quality Improvement Audits	Number of audits completed	20	All
Safe Care			
Serious Reportable Events	% of Serious Reportable Events being notified within 24 hours to designated officer	99%	All
	% of mandatory investigations commenced within 48 hours of event occurrence	90%	All
	% of mandatory investigations completed within 4 months of notification of event occurrence	90%	All
Reportable Events	% of events being reported within 30 days of occurrence to designated officer	95%	All
Safeguarding	% of Preliminary Screenings with an outcome of reasonable grounds for concern that are submitted to the Safeguarding and Protection Teams accompanied by an interim Safeguarding Plan.	100%	Social Care
Safeguarding	% of CHO Heads of Social Care who can evidence implementation of the HSE's *Safeguarding Vulnerable Persons at Risk of Abuse Policy* throughout the CHO as set out in Section 4 of the policy. Reporting to begin by Quarter 2 2016	100%	Social Care
Safeguarding	% of CHO Heads of Social Care that have established CHO wide organisational arrangements required by the HSE's *Safeguarding Vulnerable Persons at Risk of Abuse Policy* as set out in Section 9.2 of the policy. Reporting to begin by Quarter 2 2016	100%	Social Care
HIQA compliance	% of compliance with outcomes of disability units following HIQA inspections by CHO	75%	Social Care
Health and Wellbeing			
Healthcare worker vaccination	Flu vaccination take up by healthcare workers • Hospitals • Community	40%	All

Support the Work of the Nine Safeguarding Teams

In December, 2014 the Social Care Division launched its national safeguarding policy "*Safeguarding Vulnerable Persons at Risk of Abuse – National Policy and Procedures*". This policy supports the Social Care service's commitment to promoting the welfare of vulnerable adults and safeguarding vulnerable adults from abuse. The policy applies to all statutory and publicly funded non-statutory service providers within Social Care services.

The policy outlines the importance of a number of key principles in supporting vulnerable adults to maximise their independence and safeguard them from abuse. These include promotion of human rights, a person-centred approach to care, a support for advocacy, respect for confidentiality, empowerment of individuals, and a collaborative ethos. All of these principles are promoted within a positive culture and each service has a publicly declared "No Tolerance approach" to abuse.

The elements required to support this policy are in place, including specialist training for staff, awareness-raising for frontline staff, the development of safeguarding and protection teams in each CHO, the creation of safeguarding and protection committees in each CHO and the establishment of a national safeguarding inter-sectoral committee with multi-agency representation and an independent chair. The policy will be reviewed and updated in 2016.

Monitoring and reporting of performance of the Safeguarding Teams is included in the Divisions KPI suite for 2016. As the policy incorporates suspected cases of elder abuse, KPIs for the Safeguarding Team will replace previous monitoring of elder abuse referrals.

Improving Compliance with National Residential Standards as Regulated by HIQA

During 2015, while many of the residential services inspected by HIQA have been found to be compliant with the *National Standards for Residential Services for Children and Adults with Disabilities,* some inspections have highlighted significant issues which need to be addressed. The standard of care at some centres was unacceptably poor and fell far short of the values of caring and compassion espoused by the HSE and Social Care sector. In some cases full compliance will require improvements in practice, governance and leadership, while in others additional resources or reconfiguration of existing resources and service models will be required. A review of the HIQA Disability Inspection Reports January to November 2015 indicates that on average across all Service Providers, there was a 64% compliance rate. All providers will work towards improving this in 2016.

The move to a more community based model of person-centred service and the implementation of the Six Step change programme will support CHOs and service providers in improving compliance with the National Disability Standards as regulated by HIQA.

In recognition of the significant costs and levels of unfunded expenditure in 2015 to improve compliance, the HSE acknowledges the very significant investment in disability services of €62m in 2016 to support the full year costs of the compliance work and emergency places approved by the HSE and commenced in 2015.

In order to ensure best utilisation of this resource including the maximum impact to the benefit of service users, current and emerging demands for quality improvements in services will require to be ranked and prioritised, and these priorities will need to be kept under review as further demands arise, having regard to available funding resources. In 2016, in considering action plans to improve compliance with National Standards as highlighted in HIQA reports, service providers will in the first instance be required to demonstrate maximum utilisation of all resources, including potential for reconfiguration of existing resources and service models in line with national policy. Thereafter proposals emerging from this process which are resource dependent will require approval from the provider's funder, at CHO or national level as appropriate. This will ensure that highest risk areas are being addressed as a priority and that full compliance is achieved in a systematic and co-ordinated way over time within the resource available.

In order to ensure the effective implementation of these arrangements, the HSE and HIQA have put in place a formal information sharing protocol, which will enable both organisations to work within their statutory remit, while at the same time ensuring that services are compliant, safe and effective to the greatest degree possible. This process will assist the HSE to ensure in working with CHOs and service providers that the highest risk centres and services are prioritised for attention, moving over time to full compliance for the sector within the resources provided.

Social Care services will use the positive work underway through the Service Improvement Team to increase the efficiency and effectiveness of Social Care services and achieve greater value for money, in collaboration with the voluntary sector representative bodies and individual service providers. However, it will not be possible to meet all of these additional demands and arrangements will need to be put in place for the management of emerging waiting lists and emergency places in a fair and equitable fashion.

Social Care Division/Quality Improvement Division Quality Improvement Enablement Programme – Supporting Care Improvements in Residential Services for Adults with Intellectual Disabilities

In response to serious allegations of totally unacceptable behaviour and attitudes towards residents in a small number of disability service residential units, a joint initiative was launched between Social Care and the Quality Improvement Division in 2015 to support care improvements in residential services for adults with intellectual disabilities. The team have now visited most of the 148 houses/units comprised of 1,054 HIQA registered beds throughout the country, and will continue to work with each house/unit in 2016 to improve the quality of disability residential services under these six key drivers for Quality Improvement (QI):

- Leading for improvement
- Being person centred
- Supporting staff to improve
- Delivering safe, effective, best value care
- Measuring and learning for improvement
- Governing for quality and safety

The Project Team is developing a toolbox to support quality and service improvements, sourcing and assessing models of good practice in areas including: leadership and governance structures to support quality; samples of relevant person-centred documentation; resources for engaging with staff and service users; and guidance on HIQA self-assessment.

Joint leads have been appointed (one each from Disability Services and QID) for the Project Team. Adult ID residential services will be prioritised to receive more in-depth guidance, e.g. support with progressing their HIQA/QI action plans. A number of residential services will commence improvement projects which are in line with their HIQA/QI action plan.

The team will work closely with service providers and external experts to ensure that learning can be transferred across the Sector for the benefit of all. In 2016, this work will focus in particular on 11 disability residential services which have been identified as priority for quality improvement and where the policy of decongregation is being accelerated.

Establishment of Quality and Safety Structures within the CHOs

In line with the ongoing reform of Community Healthcare Services, all nine CHO's will have a Head of Social Care and dedicated Quality and Safety personnel appointed during 2016. A key priority will be to ensure that appropriate quality and patient safety structures and processes are in place to ensure appropriate monitoring, accountability and support to optimise patient safety.

As part of this governance and monitoring function, each CHO will be required to collect and report on metrics pertaining to the establishment of quality and safety structures and processes within their CHO. This will enable analysis of quality and safety structures and provide assurance that structure, processes and outcome measurements are in place. The other new metrics pertain to Effective Care and Safe Care and will enable managers to focus their attention on specific areas, and work to improve identified concerns. The metrics will begin to provide relevant, accurate and timely data on quality of care and provide monitoring of services from a performance assurance perspective.

KPIs pertaining to Quality and Safety structures and Effective and Safe Care which will be collected at CHO level are as follows:

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

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

Transfer of Learning within the Disability Sector

As part of the 6 Step Programme, following allegations of unacceptable behaviour towards residents at Aras Attracta, Dr. Kevin McCoy and his team were commissioned by the HSE to undertake an assurance review to support the redevelopment of services at Aras Attracta and to inform the system-wide programme of improvement and assurance for all residential centres nationwide. In preparation of their report, the Team met with staff, family and clients at Aras Attracta with a view to informing the future direction of the service as outlined in this Roadmap. The McCoy review included a detailed analysis of all aspects of the service at Aras Attracta, including:

- Completion of Personal Outcome Measures on a stratified sample of 21 of the 93 residents using "Myself, my world, my dreams" to get a sense of the quality of life for residents

- Meetings and questionnaires with staff
- Meetings and questionnaires with service users and their families
- Development of a report on each of the bungalows in Aras Attracta profiling the bungalows (in terms of physical characteristics, profile of residents and profile of staff); the Person Focused Assurance Findings (such as how I keep healthy and safe, how I spend my day and learn new skills and what I need from people who support me); and Self Evaluation Implementation Status.

The Work of the McCoy Review has informed the development of a roadmap for the future development of services at the Aras Attracta, supporting the transition from the current institutionalised model towards a community based person centred model of service. Equally it has provided valuable insight and learning which is transferable to other disability residential services.

During 2015, external expert support has been engaged at Aras Attracta and has been involved in the training of staff to support people in challenging situations, and in providing advice and support to frontline staff. Their approach uses a low key non-confrontational approach to manage behaviours of concern and a continuous audit ethos to ensure continued quality improved, identification of safeguarding issues, and analysis of the effects of training. Learning from these external experts is also transferrable to other disability residential units and will be facilitated by the Quality Improvement Team

In 2016, the Social Care Division will ensure that learning from Aras Attracta is transferred to other disability residential services throughout the country. It is imperative that while we work towards transitioning residents from congregated to community settings that we also strive to provide quality, safe services at remaining residential units.

An important aspect of the Social Care Division Operational Plan and CHO Plan this year will be a requirement for each CHO to provide 1 comprehensive implementation plan which consolidates the priority actions required under a range of key service improvements as follows:

- *A Time to Move on from Congregated* Settings – accelerate implementation
- Maximise reconfiguration of existing resource towards community based person centred model of service
- Implement *6 Step Programme* and Quality Improvement Team initiatives to improve HIQA Compliance
- Transfer learning from McCoy Review to secure system wide change
- Involvement of Volunteer/Advocacy & Family Fora

Each CHO will be required to have Implementation Plans prepared by the end of the first Quarter with a phased implantation over the remainder of the year in line with the Key Priorities and Actions later to achieve corporate goals set out later in this plan. Given the work already undertaken in 2015 it is envisaged that Aras Attracta in Mayo, Cregg House in Sligo and St. Raphael's in Cork will have implementation plans published in the first phase of this change programme with the remaining priority locations rolling out on a phased basis throughout the year.

Health Service Reform

Supporting the goals of the *Corporate Plan 2015–2017,* the reform programme will drive the delivery of person-centred, integrated care across the health and Social Care services and better outcomes for patients and service users. The model of care which we provide must be fit for purpose and the best that it can be. Provision of care must be integrated by providing better and easier access to services for the public which are close to where people live. Services are being re-organised to ensure they are delivered in the most appropriate way.

To drive health service reform, service delivery programmes are in place for CHOs and hospital groups, national ambulance services, integrated care and all of the key enabling programmes (including quality and safety, HR, ICT, finance). Changes in the national divisional structures reflecting the changes to service delivery are being dealt with under the National Centre Programme.

The nine CHOs are in the process of being established under the leadership of their Chief Officers. The CHO implementation programme will deliver on the recommendations of the CHO report to establish appropriate governance and management arrangements for the delivery of services at local community level. The hospital groups' report provides the foundations for the reconfiguration of hospital services into hospital groups, each with its own governance and management that will deliver high quality, safe patient care in a cost effective manner. In addition, this reform will create hospital groups with robust academic linkages that will integrate and embed education, training, research and innovation in the acute hospital sector.

A significant programme of change is underway to enable and drive the establishment of hospital groups and CHOs with the aim of delivering integrated services and better outcomes for service users. This is supported by a robust programme management and governance structure at national and local level. Maintaining momentum in this reform programme in the context of increasing operational pressure on the health and Social Care delivery system is a key focus for 2016.

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

Key Priorities in 2016

- Support the integrated care programmes in designing, developing and progressively implementing the priority programmes including older people, prevention and management of chronic disease, patient flow, children and maternity care.
- Support reform through the establishment of programme management infrastructure for CHOs, hospital groups, NAS, Service Improvement Programmes and the National Centre Programme and achieve the implementation milestones of year one of the four-year Action Plan for Health Service Reform.
- Support reform through the establishment of programme management infrastructure for the enabling services for reform (HR, ICT, Finance, and Communications) and achieve the implementation milestones of year one of the four-year Action Plan for Health Service Reform.
- Support the delivery of *Healthy Ireland in the Health Services National Implementation Plan 2015–2017* to build a more sustainable health and social care service and rebalance the health system priorities toward chronic disease prevention and population health improvement.

- The HSE will continue to collaborate with DoH, the Department of Jobs, Enterprise and Innovation (DJEI), Enterprise Ireland and other relevant agencies to establish and implement a National Health Innovation Hub to enable collective progress of common innovation goals. The objectives of the initiative converge with the HSE's aim of nurturing, supporting and developing innovation for the benefit of its service users, workforce and systems. The HSE will support the Hub to achieve these objectives through the provision of dedicated resources and in-kind support once agreed.

The work of the Service Improvement Team (SIT) within Disability Services will assist in ensuring that effective accountability arrangements are put in place with section 38 providers. The SIT will build on the baseline analysis completed in 2015 across five section 38 Intellectual Disability agencies which has delivered phase 1 comparative analysis in terms of top line activity, outputs, cost, quality and outcomes. In 2016, the deliverables will be an enhanced understanding for CHOs and voluntary organisations of capacity to meet existing, new and changing levels of support requirements, capacity to provide quality and safe services and capacity to meet the requirements of the reform programme in a sustainable manner for the benefit of the people who require the access to supports and services. The outcome from both of these initiatives will be cascaded throughout the CHOs to assist them to maintain compliance with the Pay bill Management Framework.

Clinical Strategy and Programmes

Clinical Strategy and Programmes are leading a large scale programme of work to develop a system of integrated care across health and social care services – a major element of health reform in Ireland. This is a long term programme of improvement and change and will involve people at every level of the health services working together to create improved experiences and outcomes for the people in their care, in a way which puts them at the centre of all services. The national clinical and integrated care programmes are central to this reform putting clinical leadership, including nursing and midwifery, at the core of leading improvements across CHOs and hospital groups.

National Clinical and Integrated Care Programmes

The provision of care, which is provided through our CHO's, Hospital groups and National Ambulance Service must be person centred and coordinated, providing better and easier access to services which are close to where people live. This is a long term programme of improvement and change and will involve people at every level of the health services working together to create improved experiences and outcomes for the people in their care, in a way which puts them at the centre of all services. In 2016 the Clinical and Integrated Care Programmes will lead a number of priority programmes to design, develop and progressively implement models of care which will incorporate cross service, multi-disciplinary care and support which will facilitate the delivery of high quality evidence based and coordinated care. The **Social Care Division** will collaborate with the Clinical and Integrated Care Programmes to ensure the changes implemented are consistent with frameworks, models of care, pathways and guidelines designed by the integrated and clinical care programmes.

The **Office of Nursing and Midwifery Services** leads and supports the nursing and midwifery professions to deliver safe, high quality person-centred healthcare that enables people to lead healthier and more fulfilled lives. The work is aligned to legislation and health policy.

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

- Patient flow

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

These programmes of work will contribute to:

- Standardised, high quality, safe and efficient health and social care services.
- A health service that is delivered across community healthcare and hospitals in a way that meets the needs of patients and the workforce, and other resources including buildings and equipment are organised to support patients as they move through the system.
- Clarity about what patients can expect described through defined pathways of care and a change process to ensure that people get their care in the most appropriate and convenient care setting.
- People having a better healthcare experience because of improved co-ordination of their care, clear communication with them, and the provision of care in the most appropriate setting for them in line with best clinical practice.
- People being engaged in the design of healthcare and in implementing solutions.

National Clinical Programmes Key Priorities in 2016

Design clinical service improvements in specific areas within the health service covering:

- Models of care to support standardisation, integration, health promotion and protection, disease prevention, self-management and palliative care where appropriate
- Care pathways and the way we can best test their effectiveness
- Workforce planning and new methods of service delivery
- Education and competency development for healthcare staff
- Standard assessment documents and systems
- Awareness programmes and campaigns

Guide and support CHOs in:

- Implementing the national clinical programmes models of care and associated strategies
- Standardising processes in line with the national clinical programmes
- Reviewing services
- Designing and embedding new methods of service delivery
- Developing data collection systems to support implementation of national clinical programmes models of care and associated strategies

Integrated Care Programmes:

- The **Integrated Care Programme for Older People** will address the needs of older people including those with complex requirements through the establishment of a pioneer area. This will implement and evaluate the provision of integrated care services. By acting as a 'test and deploy area' the impact of integrated care can be established in terms of cost, quality and access. This bottom up approach will establish 'what works' best in terms of adoption of an integrated care model at a local level, allowing outcome measures to be evaluated.

Operational Framework

Financial Framework

The Social Care allocation for 2016 is €3,201.5m representing an increase of €104.8m or 3.3% on the projected outturn 2015. Whilst continuing efforts will be made to reform and improve services based on existing values with service users at the centre of all decision making, there will also be a focus on the cost and sustainability of services while ensuring at all times that services are delivering best value for money for the public and service users. The additional €104.8m funding is welcome, however, the challenge for 2016 is Social Care's capacity to meet the increasing demand of an ageing population, together with changing needs and an increasing number of people with a disability with more complex service requirements. Demand for services continues to increase as the population of 65 years and over will increase by 3.1% between 2015 and 2016, equating to an additional 19,400 people. The population 85 years and over (which places the largest pressure on services) is growing at a rate of 4.2% between 2015 and 2016.

Budget Framework 2016

	Disabilities	Older Persons	NHASS	Total Social Care
Opening Base Allocation 2016	1,461.1	657.8	873.9	2,992.8
2015 Additional Base Funding				
HIQA Cost Pressures	45.5			45.5
Non-Pay Clinical	0.0	5.0		5.0
Subtotal 2015 Additional Base Funding	**45.5**	**5.0**	**0.0**	**50.5**
2016 Existing Level of Service Funding				
Pay Including Landsdowne Road Agreement (LRA)				
LRA	11.9	3.4		15.3
PSPR and Other Pressures	0.7	0.3		1.0
LRC Recommendations	8.0			8.0
Subtotal Pay Including Landsdowne Road Agreement (LRA)	**20.6**	**3.7**	**0.0**	**24.4**
2016 Non Pay Funding				
Non Pay	0.0	0.4	12.1	12.5
Non Pay – Therapy	2.0			2.0
Non Pay - School Leavers	6.0			6.0
Non Pay - Emergency Places	16.5			16.5
NHSS Demographics	0.0		14.7	14.7
Subtotal 2016 Non Pay Funding	**24.5**	**0.4**	**26.8**	**51.7**
Full Year Cost 2015 Commitments				
ED - Winter Plan		6.8		6.8
Delayed Discharges		12.4	39.3	51.7
Subtotal Full Year Cost 2015 Commitments	**0.0**	**19.2**	**39.3**	**58.5**
2016 Existing Level of Service Funding	**45.1**	**23.3**	**66.1**	**134.6**
2016 Savings Measures				
Cost Savings 2016	(0.2)	(0.3)		(0.5)
ADJ ICPs Other	(1.6)	(2.5)		(4.1)
2016 Savings Measures	**(1.8)**	**(2.8)**	**0.0**	**(4.6)**
2016 Additional Funding Available for Existing Service				
2016 Total Funding available for Existing Services	1,550.0	683.3	940.0	3,173.3
2016 New Initiatives				
Disability School Leavers	7.3			7.3
Expansion of Respite Beds	1.0			1.0
2016 New Initiatives	**8.3**	**0.0**	**0.0**	**8.3**
2016 Net Determination	**1,558.2**	**683.3**	**940.0**	**3,181.5**
*Time related savings from Development Funding allocated once off		20.0		20.0
Total 2016 Net Determination	**1,558.2**	**703.3**	**940.0**	**3,201.5**

Table 2: Budget Framework 2016

The cost of providing the existing services at the 2015 level will grow in 2016 due to a variety of factors including national pay agreements / public pay policy requirements, quality and safety requirements, regulatory requirements, unfunded emergency places, other clinical non pay costs, price rises etc. A total of €316.1m has been provided towards the expected growth in costs in 2016 of existing services for all HSE services, of this figure €130m has been provided for Social Care services, made up of €20.5m services for Older Persons, €66.1m NHSS and €43.4m Disability Services. The balance of 2016 expected cost growth is to be dealt with by way of additional savings and other financial measures. These measures will be specified by CHO and underpinned by a robust pay bill management strategy with a particular emphasis on agency conversion. In addition each CHO must implement a robust review mechanism for the appropriateness of current levels of Home Help/ Homecare Packages and Replacement Residential/Emergency Placements to establish the possibility of recycling hours/packages/places.

Table 2 above sets out the budget allocations for Social Care in respect of 2016

- **Additional Base Funding and ELS for Social Care**
  - Additional recurring funding of €50.5m (€45.5m disability services, €5m services for older persons) has been provided in respect of the 2015 base allocation this will assist the Social Care in addressing the unfunded costs brought forward from 2015 with the balance to be dealt with by way of savings and other financial measures.
  - A total of €58.5m has been provided in 2016 for the cost of initiatives commenced in 2015 which will have a full year incremental cost in 2016, €6.8m has been allocated to the winter initiative and €51.7m for the Delayed Discharge Initiative. Both initiatives are intended to alleviate pressures on the acute hospital system.
  - €6m funding has been provided for the full year cost of 2015 school leavers and €2m for the full year cost of 2015 therapy posts.
  - €16.5m is allocated for provision of full year costs of replacement of residential capacity and emergency places approved by the HSE and commenced in 2015.
- **Pay Funding and ELS for Social Care**
  - €24.4m has been allocated to Social Care for both Statutory and Section 38 Providers to off-set the growth in pay costs associated with the Lansdowne Road Agreement, Labour Relations Commission recommendations and other pay pressures.
- **Non Pay Funding**
  - Additional funding of €26.8m has been provided to the Nursing Home Support Scheme, €14.7m for demographics to continue to maintain the waiting time at no longer than 4 weeks, provided that the demand for the scheme remains unchanged, €12.1m has been provided to deal NTPF awarded price increases for private nursing home provision within the NHSS scheme.
- **New Initiatives**
  - School Leavers - Additional funding of €7.25m will be made available in 2016 for the provision of a day centre place for approximately 1,500 young adults for persons with a disability who are exiting school or rehab training places. In implementing this initiative, providers will be required to adhere to the principles of the *New Directions*.
  - Home Respite Initiatives – an additional €1m has been allocated in 2016 for the development of community based home respite initiatives within the disability sector.
  - €8m is being held by the DoH for provision of therapeutic services for young people, including early intervention teams and in particular speech and language therapy services. In line with Progressing Disability Services for Children and Young Adults (0-18s Programme) €4m of this held funding is allocated for 75 new therapy posts. This will assist with the significant programme of reconfiguration already underway within the service which will see the creation of 129 Children's Disability Network Teams. This initiative also includes an initiative to address waiting lists for therapeutic services for children and young people – in particular speech and language therapy. €4m has been provided for these initiatives in 2016 and detailed plans are being

prepared in conjunction with Primary Care. Full year funding for this initiative will be made available in 2017.

An important aspect of the budgetary framework for Social Care in 2016 is that approval has been given to utilise €20m in expected time related savings from the €58.5m new initiatives money held by the DoH to maintain 2015 outturn levels in Home Care and Transitional Care.

Approach to Financial Management 2016

- Financial Risk Areas

The HSE has identified a significant financial challenge in respect of maintaining existing levels of service within the net revenue allocation notified for 2016. The key components of the HSE approach to addressing this challenge involve achieving increased efficiency, value for money and budgetary control in 2016 and include:

- **Governance** – intensify focus on budgetary control through enhanced accountability framework
- **Pay** – develop an integrated strategy on recruitment, agency conversion and workforce planning
- **Non-Pay** – implement targeted cost-containment programmes for specific high-growth categories
- **Income** – sustain and improve wherever possible the level of income generation achieved in 2015

Social Care recognises the need to operate within the planned cost level for 2016 in order for the HSE to deliver a balanced position and there is extremely limited scope to address any overrun in one area by compensating underspends in another area.

- Measures to address Social Care Financial Risk Areas

In order to utilise the available resources to the best effect, the Social Care Division continue to identify efficiencies and maximise productivity while providing our services in a safe manner. Every effort will be made through our service improvement initiatives to utilise our home care and our residential capacity in the most cost effective way, including the conclusion of the on-going consultation with staff representative bodies in relation to matching staffing levels and skill-mix to care needs.

There is a clear expectation from Social Care services that each Chief Officer will fully utilise the 2015 Framework and delegation to eliminate and/or reduce the use of agency and overtime within their CHO. The Chief Officers will be required to clearly demonstrate for both HSE direct provision and section 38 agencies, through the IMR process, the actions taken by them to progress this and provide evidence of same.

In the context of the Social Care 2016 allocation of €3,2015m the requirement to deliver a €4.6m reduction in non-pay budgets is relatively small and equates to 0.14%of total allocation. However, there is an additional requirement for delivery of savings to offset current and emerging unfunded service pressures including emergency places in each CHO. There is a requirement for each CO to identify savings requirements and put in place detailed, time bound, implementation plans for both statutory services and voluntary agencies to ensure sustainable delivery of services within their 2016 notified area and service allocation. These plans will be used as a key metric to manage both divisional and voluntary engagements on a monthly basis for the duration of 2016. Areas of particular focus include:

- **Pay Bill Management – all Social Care Services**

The Pay bill Framework clearly identifies the overall requirement for each Chief Officer to remain within their notified budget; and the recruitment of any staff must not breach that requirement in the current year, nor build

in unsustainable levels into the following year. There is an absolute requirement for each agency and sub-element to have a fully funded workforce plan developed in line with their allocated pay envelope and this should drive all recruitment decisions. All services, including Section 38 agencies are required to take immediate steps to significantly reduce their agency expenditure and covert staff as appropriate. The management of agency usage and conversion provides significant opportunities, as savings achieved can be used to offset any deficits and to address service pressures in particular emergency cases. This will be a key performance indicator in 2016.

o Cost of Care - Services for Older Persons

In Services for Older Persons an individual detailed cost containment plan has been prepared for each of HSE Public Residential Care Units. These plans address cost containments required in both pay and non pay to align units with national averages. Detail of savings requirements by category of expenditure has been provided on a phased monthly basis. Chief Officers must prepare specific plans by unit to maximise public RCU occupancy at an average of 95% over the course of 2016. Where 95% occupancy is not achieved and income from the NHSS is not forthcoming plans must be implemented to manage costs within the available Older Persons allocation on a unit by unit basis. Each CHO is required to submit detailed implementation plans by unit to ensure delivery of 2016 cost containment requirements.

o Home Care and Community Support Services – Services for Older Persons

Waiting lists will be established for home care on a standardised basis to manage the allocation of services in as fair a way as possible. Social care services will continue to prioritise these services to all patients requiring discharge from acute hospitals, insofar as available resources allow. A national working group has been established, with representation from each CHO, to develop a standardised approach to management and allocation of resources and the reporting of waiting list data.

o Non Pay Costs – Disability Services

A specific emphasis throughout 2016 will be on the utilisation of the HSE negotiated contracts and procurement initiatives by Section 38 providers. A particular opportunity has been identified in the area of Insurance. There is a requirement for HBS to link with providers in a co-ordinated manner to deliver on insurance and other cost saving/service improving initiatives as identified and agreed between HBS, Section 38 providers and Community Health Organisations. In addition, the area of transport has been identified as an area where efficiencies can be delivered over time and a national working group will be established within disability services, with representation from each CHO, to maximise the cost effectiveness, appropriateness and equity of provision of transport services across all service providers and sites. The objective is an enhanced, appropriate and cost effective transport service benefitting service users.

o Emergency Cases – Disability Services

A national working group has been established within disability services, with representation from each CHO, to develop a nationally consistent framework for a centralised waitlist and capacity review process within each CHO, including standardised prioritisation process, working to ensure there is effective prioritisation of places including emergency residential requirements within allocated resources while maximising existing capacity and opportunity for reconfiguration. Where existing funding is not available appropriate risk management and wait list processes will apply.

o Improving Compliance with National Residential Standards as Regulated by HIQA

The move to a more community based model of person-centred service and the implementation of the Six Step change programme will support CHOs and service providers in improving compliance with the National Residential Standards as regulated by HIQA.

In recognition of the significant costs and levels of unfunded expenditure in 2015 to improve compliance, the HSE acknowledges the very significant investment in disability services of €45.5m in 2016 to support the full year costs of the compliance work approved by the HSE and commenced in 2015.

The priority in 2016 is to address the 11 centres which have been identified at highest risk by the HSE in conjunction with HIQA and comprehensive implementation plans will be prepared by each CHO by the end of Quarter 1 in respect of these 11 centres in line with the funding provided and in addition maximising opportunities the reconfiguration of existing service as well as opportunities for conversion of agency and reduction of any unnecessary overheads. The implementation of these plans will support the improvement and compliance while also moving to new community based models of service while maximising Value for Money. The Work of the Service Improvement Team analysis of a large five service providers will provide signposts for further guidance on areas where resources can be reconfigured without impacting on frontline service provision.

The remaining funding provided has been allocated to other service providers to support implementation of recommendations from HIQA reports during 2015. The overall thrust of our work in 2016 to consolidate all of these arrangements in line with the resources provided and key actions and processes have been outlined in our section on Corporate Goals Implementation to give effect to these arrangements.

Finance Work Plan

A specific emphasis throughout 2016 will be on standardising and streamlining finance processes across Social Care with an emphasis on disability services and a particular focus on the following:

- Establishment of cross divisional/CHO engagement process to jointly progress finance initiatives to include:
    - EWTD Compliance
    - Pay bill Management
    - Linking of funding provided to activity, outputs and costs.
- Service arrangements incorporating invoice payments.
- Progressing ledger alignment and expansion to facilitate analysis by service provided and location.
- Voluntary Sector Pensions In 2016, a process is being established jointly with the voluntary sector Section 38's to streamline the validation and payment process in respect of pensions. The intention is that validation of pensions will be carried out on a rolling quarterly basis and that following validation of base pension funding and liabilities arising, payment will be made to the relevant agency on a quarterly basis. This will assist in alleviating a level of the cash flow challenges experienced by Section 38's in previous years. Payment will be made subject to the parameters of the overall pension allocation available to the HSE.

These initiatives will facilitate a common understanding and support financial performance management in 2016.

Finance Indicators of Performance

Finance	Expected Activity / Target 2016
Budget Management including savings	
Net Expenditure variance from plan (within budget)	
• Pay – Direct / Agency / Overtime	0.33%
• Non-pay	0.33%
• Income	0.33%
Service Arrangements / Annual Compliance Statement	100%
• % of number of Service Arrangements signed	
• % of the monetary value of Service Arrangements signed	100%
• % of Annual Compliance Statements signed	100%
Capital	100%
• Capital expenditure versus expenditure profile	
Audit	
• % of internal audit recommendations implemented by due date	75%
• % of internal audit recommendations implemented, against total number of recommendations, within 12 months of report being received	95%

Table 3: Finance Indicators of Performance

Table 4: Disability Services Budget 2016

	2016 DISABILITY ALLOCATION										
	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9		Grand Total
	Donegal/ Sligo/ Leitrim/ Cavan	Galway /Roscommon/ Mayo	Mid West	Cork /Kerry	South East	Wicklow/ Dun Laoighre /Dublin Sth East	Kildare/W.Wicklow/ Dublin West & Sth West	Midland/Louth/Meath	Dublin North	National	
	000's	000's	000's	000's	000's	000's	000's	000's	000's	000's	000's
Opening Budget 2016	**105,441**	**137,975**	**126,338**	**184,407**	**129,059**	**203,085**	**141,434**	**164,860**	**239,042**	**29,481**	**1,461,121**
Sponsor Public Health Service Employees to Nurse			69	35	28	35	27	157	30	-383	0
Rostered Year for Pre-Reg Nursing Degree Students	142		74	100	84	0	63	126	142	-732	0
Therapy Posts	15	44	35	96	35	24	208	26	325	1,193	2,000
Full Year 2015 School Leavers	1,069	1,216	1,168	1,872	1,357	1,574	1,944	1,024	2,007	-7,230	6,000
Beech Park/St Catherine's/SMH						360			129	-489	0
Sleepovers / Twilight	180	1,932	2,665	1,437	613	932	1,005	981	968	-2,712	8,001
HIQA Cost Pressures:											
Pay Pressure	1,263	3,274	1,553	3,480	3,386	2,396	1,137	5,453	2,655	401	25,000
Non Pay Pressure	714	1,849	878	1,966	1,913	1,354	643	3,080	1,500	6,605	20,500
HIQA Cost Pressures subtotal:	1,977	5,123	2,431	5,446	5,299	3,750	1,780	8,533	4,155	7,006	45,500
Chairman's Notes (Negotiated Pay Funding)	17		89	5	3	9	0	0	140	-2	261
LRA (Negotiated Pay Funding)	228	1,050	1,325	1,728	829	1,723	1,681	1,226	2,122	-20	11,892
PSPR & Other Pressures (Negotiated Pay Funding)		39	55	71	33	106	79	10	66		459
Other				110						-110	0
Emergency Places										16,500	16,500
2016 School Leavers										7,250	7,250
Respite Expansion										1,000	1,000
2016 Cost Containment:											0
2016 Saving Measures	-15	-19	-18	-26	-18	-31	-22	-23	-36	-2	-210
ADJ ICPs Other	-112	-144	-131	-193	-132	-235	-162	-175	-270	-17	-1,571
2016 Cost Containment subtotal:	-127	-163	-149	-219	-150	-266	-183	-199	-306	-19	-1,781
Additional Allocation	**3,500**	**9,242**	**7,762**	**10,682**	**8,131**	**8,247**	**6,603**	**11,885**	**9,778**	**21,252**	**97,082**
2016 Total Allocation Disability	**108,941**	**147,216**	**134,101**	**195,088**	**137,189**	**211,332**	**148,038**	**176,745**	**248,819**	**50,733**	**1,558,203**

Table 5: Older Persons Services Budget 2016

	2016 Older Person Services Allocation										
	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	National	Grand Total
	Donegal/ Sligo/Leitrim/ Cavan	Galway/ Roscommon /Mayo	Mid West	Cork/ Kerry	South East	Wicklow/ DunLaoighre /Dublin Sth East	Kildare/W.Wicklow/ Dublin West & Sth West	Midland/ Louth/M eath	Dublin North		
	000's	000's	000's	000's	000's	000's	000's	000's	000's	000's	000's
Short Stay Public	23,185	14,916	15,851	23,171	18,968	2,763	6,410	6,839	10,648	5,407	128,158
Short Stay Private	0	0	0	0	280	2,886	2,929	5,363	3,022		14,480
Short Stay Voluntary						17,176	11,339		9,993		38,508
Home Help and HCP	33,628	32,427	24,705	54,123	29,247	21,229	28,253	29,459	41,680	6,478	301,231
Community Nursing/ Therapies/ Support Services	6,721	5,485	10,593	10,664	6,702	3,977	5,957	7,512	8,722		66,332
Day Care	3,601	2,564	3,420	5,996	447	2,884	3,532	2,137	2,277		26,858
Clinical Services	6,400	5,199	4,596	12,467	5,679	1,799	6,250	4,825	6,222		53,436
Intensive HCP Funding										6,000	6,000
NHSS Central Unit	0	0	0	0	0	0	0	408	0		408
2016 CCPs	-528	-321	-487	-1,779	-470	-325	-1,312	-841	-1,293		-7,355
Winter Planning Initiative	0	0	122	0	0	0	0	0	0	6,678	6,800
Safeguarding Posts	92	28	92	92	92	191	92	92	224		997
LRA/ PSPR and Other Pressures/ Chairman's Notes	401	345	229	755	437	75	287	324	207	43	3,103
Time Related Savings HH HCP	2,062	1,989	1,515	3,319	1,793	1,300	1,733	1,807	2,482	2,000	20,000
Transitional Care										16,400	16,400
Regional Services	0	0	0	6,000	0	0	0	0	0	1,248	7,248
National Services										20,714	20,714
Total	75,562	62,631	60,636	114,809	63,176	53,955	65,470	57,926	84,186	64,968	703,318

Workforce Plan

Introduction

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

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

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

Staff Engagement

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

Employee engagement is a core and central theme to the *People Strategy 2015–2018* with a focus on developing mechanisms for more effective internal communications to support listening and learning across the whole sector, involving staff more in planning and decision-making and enabling them to propose and act on their ideas to improve the quality of care. This includes ensuring staff have the space to discuss their professional and career aspirations with their managers and that these engagements will inform learning and development. The Social Care Division will undertake staff engagement specifically in relation to the CHO Reform Programme and the implementation of the CHO Report.

The Workforce Position

Government policy on public service numbers and costs is focused on ensuring that the numbers of people employed are within the pay budgets available. It is estimated that the number of whole time equivalent posts in place at the end of 2015 will be 103,000, 25,786 in the Social Care Division.

There was a particular focus in 2015 on agency and overtime to reduce direct expenditure in this area and free up funding for the investment in essential posts. Workforce management in 2016 will be aligned with the allocated pay envelope, adhering to government policy on public sector numbers, pay and workforce related costs. This will be underpinned by a revised and strengthened Accountability Framework management and pay costs will continue to be managed through funded workforce plans at divisional and service delivery unit level.

Managing the Workforce: Pay and Staff Numbers Strategy

The challenge to the management of the workforce in 2016 is:

- Continuing the transition from an employment control framework driven by moratorium on recruitment to one operating within allocated pay envelopes.
- Operating strictly within allocated pay frameworks, while ensuring that services are maintained to the maximum extent and that the service priorities determined by Government are addressed.
- Strictly complying with public sector pay arrangements and policy on public sector pay costs.
- Identifying further opportunities for pay savings to allow for re-investment purposes in the health sector workforce.
- A continued focus on the reduction of agency and overtime

Pay and Staffing Controls will be enhanced in 2016. Service Delivery Units will be required to submit monthly written assurance and exception reports in respect of 'starters and leavers'. Detailed challenges to any upward movements will be instigated with a view to eliminating further employment growth unless specifically funded in additional 2016 monies. There will be a focus on continued agency conversion and the elimination of further unfunded growth. There may be a need for targeted WTE reductions in 2016 to offset the full year costs of 2015 recruitment if operating outside of the allocated pay envelope.

The discretion now being provided in managing the workforce presents potentially greater and different management challenges. Service managers will have to focus on stretching pay expenditure to deliver optimal hourly labour costs and optimising the capacity and capability of their workforce, while strictly adhering to the pay envelope. This requires an integrated approach, with service management being supported by HR and finance. It further requires finance and HR workforce data, monitoring, and reporting to be aligned.

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

Maximising Labour Cost Reductions, Efficiencies and Value for Money

There is a need to further reduce the cost and reliance on agency staff. The use of agency staffing and/or overtime will be strictly controlled in 2016 to deliver the necessary savings set out in this plan.

Other tools available to work with managers to ensure the best use of people and budgets include:

- Greater use of e-rostering and time and attendance systems, which in time will need to be integrated with HR management information systems and with payroll.

- The e-Human Resource Management (e-HRM) strategy to support the effective management of the workforce and costs, being developed as part of the *People Strategy*, will lead in time to an integrated and unified technology platform.
- The creation of staff banks, based on geographical or service clusters, will continue to be considered.
- Skill-mix changes within and across staff disciplines will continue to ensure most appropriate and cost effective delivery of services. Options around substitution with appropriate scope of practice and oversight will also be considered.
- Review of management structures will continue.

2016 New Service Developments and Other Workforce Additions

This plan provides for specific additional funding in 2016 for new improvements and additional demographic pressures which is in addition to initial pay allocations. The planning, approval, notification, management, monitoring and filling of these new posts will be in line with the previous process for approved and funded new service developments specified in national service plans. Other workforce additions, not specifically funded, will be implemented only where offset by funding redirection within allocated pay envelopes.

The Lansdowne Road Public Service Stability Agreement 2013–2018

The *Lansdowne Road Agreement*, concluded in May 2015, between government and public sector unions represents an extension of the *Haddington Road Agreement* (HRA) until 2018. A key additional factor in the agreement is a strengthened oversight and governance arrangement for dealing with matters of implementation and interpretation in respect of disputes that may arise.

The key enablers, such as additional working hours, that existed under the HRA up to now will remain for the duration of the extended agreement and will continue to assist clinical and service managers to manage their workforce through the flexibility measures contained. These enablers will support the reform, reconfiguration and integration of services and contribute to delivering a workforce that is more adaptable, flexible and responsive to needs of the services, while operating with lower pay expenditure costs and within allocated pay envelopes. The HRA continues to provide the necessary enablers to allow for:

- Workforce practice changes
- Reviews of rosters, skill-mix and staffing levels.
- Increased use of productivity measures
- Use of redeployment mechanisms
- Greater use of shared services and combined services focused on cost effectiveness and cost efficiencies.

The Social Care Division will participate on the National Working Group, which will be established and convened by National HR, as set out in the Chairman's note of the *Landsdowne Road Agreement* re SLA's – Section 39 Agencies.

Workforce Planning

The DoH has committed to establishing a Workforce Planning Group in early 2016 in order to develop an Integrated Strategic Workforce Planning Framework for the health sector. The Group will address the workforce planning and development requirements contained in *Future Health*, *Healthy Ireland* and the HSE's *Corporate Plan 2015–2017*. HR will support the work of this group during 2016 and will operationalise the

framework for the health sector in 2017. This will be achieved by supporting the clinical programmes, hospital groups, CHOs and central services to develop the capacity to undertake operational, programme and strategic workforce planning and workforce design. This support will be guided by relevant themes and work streams of the *People Strategy 2015–2018*, in conjunction with the Systems Reform Group and will involve:

- Supporting the workforce planning work streams in the dependant programmes and structures flowing from the Integrated Strategic Workforce Planning Framework.
- Developing a national workforce planning processes and structure that will support the service units in workforce planning, that will leverage the output of local and regional planning and will identify the workforce planning implications of clinical programmes, national health policy and national employment and migration policy.
- Building capacity to redesign / reconfigure services and the workforce based on best practice, evidence based models of care and anticipated future needs.
- Working with the DoH, Department of Education and Skills (DES), DJEI and other external bodies, to influence the quality and quantity of the future supply, acquisitions and deployment of healthcare workers.
- Assisting in the development and implementation of a relevant and effective resource allocation system.
- Integrating multi-discipline employee development strategies and programmes with workforce planning thereby building the internal supply.
- Providing workforce data intelligence, workforce profiles and research.

Leadership, Education and Development

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

There will be a focused emphasis on performance management and engagement at all levels in the health system with frequent manager / staff meetings in developing a culture of teamwork, communication and innovation.

It is planned to continue and expand the number of FETAC Level 5 Modules available to support staff and staff supervisors in 2016. Programmes will continue based on identified service requirements, training needs analysis and individual Personal Development Plans (PDPs) as part of the commitment to supporting employee continuous professional development needs.

Attendance Management

This continues to be a key priority area and service managers and staff with the support of HR will continue to build on the progress made over recent years in improving attendance levels. The performance target for the Social Care Division remains at ≤ 3.5% staff absence rate in 2016.

European Working Time Directive

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

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

In 2015, the HSE National Social Care Division established a National Working Group to examine the issue of EWTD compliance. The working group comprises of service representatives from statutory and voluntary providers and national HR. This group met on a number of occasions and explored options available to five pilot sites, including service reconfiguration and alternative rosters. The pilot sites emphasised that draft proposals to achieve compliance with the EWTD must also be fully compliant with Government policy for persons with a disability. There is an acceptance by all stakeholders involved in the discussions that different types of homes will require different type of solutions.

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

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

Ireland's plans for progressing EWTD compliance in residential settings for the Intellectually Disabled in Ireland will be developed in parallel with the planned reform of the community based residential model underway as part of the implementation of recommendations of the *Transforming Lives* programme.

Code of Conduct for Health and Social Care providers

This Code of Conduct, which sets out employees' and managers' responsibilities in relation to achieving an optimal safety culture, governance and performance of the organisation, was approved and endorsed by the Minister in March 2015. The HSE will implement the Code in 2016.

The *People Strategy* is designed to support the workforce in the pursuit of safer and better healthcare and the implementation of the Code is integral to that.

Occupational Safety and Health (OSH) at Work

In 2016 safer workplaces will be created by reviewing and revising the Corporate Safety Statement, developing key performance indicators (KPIs) in Health and Safety Management and Performance, launching a new statutory occupational safety and health training policy, and developing and commencing a national proactive audit and inspection programme. Staff will be supported to become healthier in their workplaces and an Occupational Health Business Unit will be established.

HR Indicators of Performance

HR	Expected Activity / Target 2016
Absence • % of absence rates by staff category	≤ 3.5%
Staffing Levels and Costs • % variation from funded staffing thresholds	≤ 0.5%
Compliance with European Working Time Directive (EWTD) • < 24 hour shift (Acute and Mental Health)	100%
• < 48 hour working week (Acute and Mental Health)	95%
Health and Safety • No. of calls that were received by the National Health and Safety Helpdesk during the quarter	15% increase

Table 6: HR Indicators of Performance

Accountability Framework

Introduction

The HSE is the statutory body with responsibility for the delivery of health and personal social services within the resources allocated to it by the Minister. In discharging its public accountabilities, the HSE has in place a Governance Framework covering corporate, clinical and financial governance. While the HSE's primary accountability is to the Minister for Health, it also has a range of other accountability obligations to the Oireachtas, Oireachtas Committees and to its Regulators.

The HSE regularly reviews its Governance arrangements and in the context of the new health service structures currently being implemented through the 7 Hospital Groups and 9 Community Healthcare Organisations (CHOs), the HSE is further strengthening its **Accountability Framework** to bring greater clarity in relation to accountability obligations at each level of the organisation.

The HSE's **Accountability Framework** was introduced in 2015 and has been further enhanced and developed for 2016. It sets out the means by which the HSE and in particular the National Divisions, Hospital Groups and CHOs, will be held to account for their performance in relation to **Access** to services, the **Quality and Safety** of those Services, doing this within the **Financial resources** available and by effectively harnessing the efforts of its overall **Workforce**.

The introduction of an Accountability Framework as part of the HSE's overall governance arrangements is an important development. The key components of the Performance Accountability Framework 2016 are as follows:

- Strengthening of the performance management arrangements between the Director General and the National Directors and between the National Directors and the newly appointed Hospital Group CEOs and the CHO Chief Officers.
- Formal Performance Agreements between the Director General and the National Directors and between the National Directors and the Hospital Group CEOs and the CHO Chief Officers.
- A developed and enhanced formal Escalation and Intervention Framework and process for underperforming services which includes a range of supports, interventions and sanctions for significant or persistent underperformance.
- The continuation of the national level management arrangements for the CHO Chief Officers
- The continuation of the **National Performance Oversight Group** with delegated authority from the Director General to serve as a key accountability mechanism for the Health Service and to support the Director General and the Directorate in fulfilling their accountability responsibilities.
- Accountability arrangements will be put in place in 2016 between the Director General and the relevant National Directors for support functions (e.g. Finance/ HR/ Health Business Services etc) in respect of delivery against their Operational Business Plans.

Introduction Accountability and Planned Changes to the Framework in 2016

The HSE developed and implemented an Accountability Framework in 2015 in line with the Ministers request. In the second half of 2015 a review of the operation, effectiveness and application of the Accountability Framework was commissioned and has been concluded. The learning from this and recommendations arising will be taken on board during 2016 as appropriate.

Areas for development and improvement during 2016 include:

- The implementation of Improvement Leads and Improvement Teams
- Partnering of a high performing services with a poorer performing service as a 'buddy' arrangement to provide advice and support
- Inclusion of a clearly defined timeframe for improvement over the reporting year for services that fail to improve
- Differentiated approach to underperformance in respect of finance
- The application of sanctions for persistent underperformance

As part of the Performance Accountability Framework 2015 an enhanced Escalation and Intervention Framework and process was developed for implementation during 2016. The HSE's Escalation and Intervention Framework sets clear thresholds for intervention for a number of priority Key Performance Indicators and a rules-based process for escalation at a number of different levels which are described in full in the National Service Plan 2016.

Introduction to the Accountability Arrangements

The **Accountability Framework 2016** is described in full in the National Service Plan 2016.
The key components of the Accountability Framework are:

Section 1: Accountability Levels

In relation to Social Care, the Accountability Framework outlines accountability arrangements between the National Director of Social Care to the Director General, and in turn, accountability arrangements between each CHO Chief Officer and the National Director for Social Care. Relevant Service Managers and the CEOs of Section 38 and Section 39 agencies are accountable to the CHO Chief Officers.

Section 2: Accountability Suite (Plans, Agreements and Reports)

There are a number of documents that form the basis of the Accountability Framework. The **Corporate Plan 2015-2017** is the 3 year strategic Plan for the Health Service. The **National Service Plan** sets out prospectively the performance commitments of the HSE. It describes the type and volume of services which will be provided within the funding provided by Government. This Plan serves as the Contract between the HSE and the Minister for Health, against which the performance of the HSE is measured. **Operational Plans** are prepared for each of the HSE's service Divisions. These detailed plans, together with the Divisional component of the **National Service Plan** are the basis against which the performance of each National Director and their Division are measured and reported. A **CHO** Plan is produced for each of the nine CHO areas outlining details of the performance commitments of each Community Healthcare Organisation in relation to Social Care, Primary Care, Health and Wellbeing and Mental Health. A National **Performance Report** is produced on a monthly basis to retrospectively account for delivery of services is provided to the Minister for Health and subsequently published. The Division of Social Care sets out its performance against its National Service Plan commitments in this report. An **Annual Report** is also produced which having been submitted to the Minister for Health is laid before the Houses of the Oireachtas.

A key feature of the Accountability Framework is the formal **Performance Agreements**. They will be updated to reflect the 2016 National Service Plan. These Agreements will be in place at two levels.

- The first level will be the **National Director Performance Agreement** between the Director General and the National Director for Social Care.
- The second level will be the **CHO Chief Officer Performance Agreement** which will be a single performance agreement (covering all community service Divisions) between the four National Directors for

Social Care, Primary Care, Mental Health and Health and Wellbeing and each of the nine CHO Chief Officers.

Performance Agreements at each level, while linked to specific Divisions and service organisations, will also set out expectations in relation to integration priorities and cross boundary working.

The National Director for Social Care will be accountable for the delivery of the Divisional component of the National Service Plan. This will be reflected in the Performance Agreement. The Performance Agreement will in addition focus on a number of key priorities contained in the Service Plan and Operational Plan. These priorities will be captured in a **Balanced Score Card** for older persons services and a Balanced Score Card for disability services (see appendix 2) which will ensure accountability for the four dimensions of **Access** to services, the **Quality and Safety** of those services, doing this within the **Financial resources** available and by effectively harnessing the commitment and expertise of its overall **Workforce**. The Balanced Score Cards set out both quantitative and qualitative measures.

The Agreement will also set out the core performance expectations, accountability arrangements and escalation, support and intervention measures that will be put in place. A consistent approach to these arrangements will continue during 2016 at each accountability level.

CHO Plans will continue to be the basis against which the performance of each individual service is measured and reported on by the CHO Chief Officer. Each CHO Chief Officer will continue to hold a formal monthly performance management process with their next line of managers. It is expected that any deviations from planned performance will be addressed at this level in advance of the CHO Performance Management meetings with the National Directors.

The HSE provides funding of more than €3 Billion annually to the non statutory sector to provide a range of health and personal social services. **Service Arrangements and Grant Aid Agreements** will continue to be the contractual mechanism governing the relationship between the HSE and each Section 38 and Section 39 Agency. Work will be undertaken during 2016 to streamline the Service Arrangement and Grant Agreement process with a particular focus on reducing the requirement for multiple agreements for single national agencies.

In 2016, the Social Care Division will strengthen the management of Service Arrangements. There will be a named manager responsible for managing the contractual relationship with each individual agency. This person will be responsible for overseeing the negotiation of the Service Arrangements or Grant Aid Agreements including specific service specification, financial and quality schedules etc. They are also responsible for monitoring the performance and financial management of the specified agreement. Social Care services will develop a strong national capability to ensure effective governance and accountability in respect of S38 and S39 Agencies. Part 1s have been signed from 2015 to 2018 and it is planned that all part 2's will be signed by the 29th of February 2016. The breakdown of number of SLAs per CHO is outlined on page 66 for disability services, and on page 80 for older persons services.

Section 3: Accountability Processes

National Directors will continue to be directly accountable to the Director General for their performance and that of their Divisions. The **Directorate-Leadership Team** will be the primary round table meeting to discuss the National Performance Report. A key feature of the HSE Accountability Framework is the continuation of the **National Performance Oversight Group** which is the principal performance accountability mechanism in the HSE. The main outputs from this Group are:

- Scrutiny of the Monthly **National Performance Report** for submission to the Director General
- A formal **Escalation Report** in relation to serious performance issues to the Director General by the Deputy Director General which is published as part of the monthly Performance Report.

- The National Directors for Clinical Strategy and Programmes and Quality Improvement may be requested to attend the meetings of the NPOG where required.
- Other National Directors, personnel may attend as required to deal with specific performance related issues.

The monthly Performance Management processes between the Director General and the National Director for Social Care and between the National Director for Social Care and CHO Chief Officers will be further strengthened in 2016.

- The **Directorate-Leadership Team** will be the primary round table meeting to discuss the National Performance Report.
- The National Directors for Clinical Strategy and Programmes and Quality Improvement may be requested to attend the meetings of the NPOG where required.
- Other National Directors, personnel may attend as required to deal with specific performance related issues.

The Deputy Director General will, on the basis of the Performance Report, report on overall health service performance to the Directorate. The Directorate will then formally consider the Performance Report before its approval and submission to the Minister.

A **post National Performance Oversight Group escalation meeting** with the Director General may be requested by the Deputy DG as Chair of the Group. Depending on the performance issue being escalated, the Chair may be accompanied at this meeting by the Chief Financial Officer, the National Director for Quality Assurance and Verification and other National Directors as required.

Section 4: Escalation and Intervention Framework 2016

One of the most important elements of the HSE's strengthened accountability arrangements is a requirement that Managers at each level ensure that any issues of underperformance are identified and addressed at the level where they occur. Where there are issues of persistent underperformance in any of the quadrants of the Balanced Score Card, the HSE will implement an enhanced **Escalation and Intervention Framework** and process as part of its Accountability Framework. The Escalation and Intervention Framework, detailed in the National Service Plan 2016 includes the:

- Responsibilities at each level for performance and escalation.
- The thresholds and tolerances for underperforming services at each level.
- The type of supports, interventions and sanctions to be taken at each level of escalation.

In the context of the Escalation and Intervention Framework underperformance includes performance that places patients or service users **at risk**, **fails** to meet the **required standards** for that service or **departs** from what is considered **normal practice**. Escalation can be described as the increased and intensified application of focus and scrutiny on a particular area of underperformance in order to improve performance.

The Escalation Framework sets clear thresholds for intervention for a number of priority Key Performance Indicators and a rules-based process for escalation at a number of different levels. It is recognised that underperformance may be minor to severe and may be temporary or persistent. Any formal designation of service underperformance will recognise these conditions. The National Director for Social Care will be required therefore as part of the enhanced Accountability Framework 2016 to agree an overall set of thresholds and 'tolerance levels' against which underperformance issues will need to be escalated to a number of different levels.

An issue that requires escalation can start in any part of the organisation and this process ensures that Service Managers, Chief Officers of Community Healthcare Organisations and National Director for Social Care provide assurance or escalate issues in accordance with the processes set out in this document. Where escalation occurs, the accountability arrangements in place will require the relevant senior manager to ensure that appropriate interventions are commissioned and implemented. The **4 point Escalation Framework** developed by the National Performance Oversight Group outlines escalation thresholds and actions to be taken from Level 1 (yellow) to Level 4 (black) which will be used to escalate issues and incidents as required.

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

The **Executive Management Committee (EMC)** for Community HealthCare, comprising the four National Directors (i.e. Primary Care, Social Care, Mental Health, Health and Wellbeing) established in 2015 will continue in its current form in 2016. During 2015 the National Director for Social Care was appointed by the Director General to Chair the Committee. These arrangements will remain in place in 2016 and be updated as relevant.

It is at this Forum that each CHO Chief Officer is held to account and the Committee is expected to oversee community services performance in a coordinated way. **Individual National Directors and their teams will continue to have ongoing interactions with the CHO Chief Officers and their teams in the normal course of the business of each Division. In this context National Directors will continue to hold their Divisional meetings with each CHO in discharging their delegated accountability.**

During 2015 each of the National Directors for Community Services set out in writing the formal **Performance Management Arrangements** in place for their Division and in relation to their interactions with the CHOs. These were coordinated by the Chair of the Community Services Executive Committee and agreed with the Director General, together with their Performance Agreements. These arrangements will remain in place for 2016 and be updated as relevant.

CHO Chief Officers will continue to have a single reporting relationship to the Chair of the Executive Committee who is their line manager and to whom they will be accountable for the delivery of all services in their areas.

Information and Communications Technology Priorities

Information and Communication Technology Priorities for 2016

Building on the *eHealth Vision for Ireland*, a *Knowledge and Information Plan* was published in 2015. It sets out how integrated information and technology will support the delivery of innovative, safe and high quality patient care to meet the needs of the population across all patient pathways and care settings.

In late 2015, a dedicated member of the Management Team of the Office of the Chief Information Officer (OoCIO) was appointed to work with the Social Care Division in identifying and developing ICT requirements for the Division.

In 2016, the Social Care Division will work to support national key initiatives including roll out of the individual health identifier (IHI), electronic referrals, electronic health records, ePharmacy. The Division will ensure that both the planned Service User IHI and Service Provider IHI are included in the design of any new Social Care Services Integrated Information Systems.

In addition, key ICT priorities in the Division for 2016 are in line with:

Transforming Lives

Following publication of the report of Working Group V on *Proposal for a National Information System for Disability Services*, the OoCIO will work with Disability Services to design and implement an ICT solution to deliver a National Information System for Integrated Disability Services.

Progressing Disability Services for Children and Young People

In support of Progressing Disability Services for Children and Young People Programme and in line with the *Transforming Lives Reform Programme* it is planned to roll out ICT services and an Information Management System to all newly re-configured Childrens Disability Network Teams who do not currently have access to ICT services as an interim salutation in advance of the rollout of the National Integrated Solution. In 2016, it is planned to:

- Develop a business case for an IT solution for Childrens Disability Network Teams
- Roll out ICT services and an information management system to all newly re-configured Childrens Disability Network Teams who do not currently have access to ICT services as an interim solution in advance of the rollout of the national integrated solution
- Identify and implement interim solutions for information management in multiagency teams being established in 2016

Safeguarding and Protection Teams

IN 2016, it is planned to develop an automated IT system for the logging and monitoring of referrals to Safeguarding and Protection Teams to maintain a national database of Safeguarding concerns and facilitate enhanced reporting.

Single Assessment Tool

In 2016, it is planned to progress the implementation of the IT enabled standardised assessment of health and care needs of older people through the implementation of the Single Assessment Tool (SAT) project. Actions to achieve this include:

- Implementation of SAT initially to 4 Early Adopter sites (Beaumont, CUH, UHG and Tallaght Hospitals and their surrounding community locations)
- Evaluation of implementation to these Early Adopter sites after 6 months
- Phased implementation into remaining locations

Public Short Stay Bed Project

It is planned to develop a Money Follows the Patient (MFTP) approach to the usage of short stay beds, linking activity to costs and service provision, supported on an IT platform.

Home Care Services

It is planned to support the reform of home care services through the development of a singular recording system of Home Care Activity and Costs. The initial scoping exercise will be completed in 2016 with determination of pilot areas.

Strategy for Enhanced Use of Technology in Social Care Services

The OoCIO Lead, in conjunction with the Social Care Management Team will develop a strategy for enhanced use of technology within the Social Care Division.

The Social Care Division will continue to work with the HSE OoCIO and eHealth Ireland in their development of the specification for a national Electronic Health Record (EHR) to ensure that the needs of Social Care services are catered for.

In 2016, it is planned to invest in a broad ICT infrastructure improvement programme to ensure that Social Care services are capable of availing of the full range of appropriate ICT services that are available.

Social Care Corporate Goals Implementation

Disability Services

Key Priorities and Actions to Deliver on Goals in 2016

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

Promote health and wellbeing within disability services to ensure that children and adults with disabilities are enabled to live healthier lives

Accelerating Implementation of *a Time to Move on from Congregated Settings*

- In line with *A Time to Move on From Congregated Settings*, 2011 and *New Directions*, 2012, there is a move from an institutional model of care to a community based person-centred model of service, enabling and supporting meaningful lives as chosen by users, within the resources available.
- Priority will be given in 2016 to targeting the transition of people from the large institutional settings to a community based model of person-centred supports. This initiative will focus particularly on those in both the Statutory and Voluntary sector with significant challenges in achieving compliance with the *National Standards for Residential Services for Children and Adults with Disabilities*.
- The capital funding of €100m for disability services recently announced, together with the additional 'ELS' funding for compliance with national standards for residential services provided for in the Letter of Determination will enable a reconfiguration of supports and the provision of accommodation required to enable the transition to the community of at least an additional 160 service users in 2016.
- Oversight of implementation will be provided through working group 2 of the Transforming Lives process.

CHO Specific Actions to Implement *Time to Move On From Congregated Settings*

CHO	Action	Q
CHO 1	• CHO to identify a named lead person to have oversight of the implementation of *Time to Move on from Congregated Settings* actions across CHO and link with the local service providers and national working group.	Q1
	In relation to 17 individuals planned to transition from Cregg House :	Q4
	• CHO to work with Approved Housing Bodies, Housing Authorities, HSE Estates to develop and progress the plan for meeting the housing requirement for people transitioning from congregated settings.	Q1
	• CHO to ensure that a Community Living Transition Plan is in place to identify how each person will be supported to transition into the community, which has been developed with meaningful involvement of the person, their family and /or advocates.	Q1
	• CHO to develop and implement a time-framed plan identifying how the care supports will be reconfigured/developed to support individuals living in the community.	Q2
	• CHO to ensure the national communication strategy developed to support individual's transitioning into the community is fully implemented.	Q2
	• CHO to ensure that the pre-transition assessment being developed by the Transforming Lives Working Group 1 is administered for all individuals being supported to move in 2016.	Q4
CHO 2	• CHO to identify a named lead person to have oversight of the implementation of *Time to Move on from Congregated Settings* actions across CHO and link with the local service providers and national working group.	Q1

	In relation to 20 individuals planned to transition from Aras Attracta:	Q4
	• On foot of Support Intensity Scale (SIS) Assessment report, CHO to develop and implement a time-framed plan identifying how the care supports will be reconfigured/developed to support individuals living in the community.	Q2
	• CHO to ensure that a Community Living Transition Plan is in place to identify how each person will be supported to transition into the community, which has been developed with meaningful involvement of the person, their family and /or advocates.	Q2
	• CHO to work with Approved Housing Bodies, Housing Authorities and HSE Estates to develop, agree and progress the plans for meeting the housing requirement for people prioritised to transition from congregated settings in 2016.	Q2
	• CHO to ensure that the pre-transition assessment being developed by the Transforming Lives Working Group 1 is administered for all individuals being supported to move in 2016.	Q3
	Complete the transition of 4 individuals from John Paul Centre, Brothers of Charity Services, Galway to community living.	Q4
CHO 3	• CHO to identify a named lead person to have oversight of the implementation of *Time to Move on from Congregated Settings* actions across CHO and link with the local service providers and national working group.	Q1
	In relation to 16 individuals planned to transition from Daughters of Charity Services, 8 individuals from the Villas, St Annes, Roscrea and 8 individuals from Lisnagry Service :	Q4
	• CHO to ensure Service Provider works with Approved Housing Bodies, Housing Authorities and HSE Estates to develop, agree and progress the plans for meeting the housing requirement for people prioritised to transition from congregated settings in 2016.	Q1
	• CHO to ensure that Service Provider puts in place a Community Living Transition Plan to identify how each person will be supported to transition into the community, which has been developed with the meaningful involvement of the person, their family and /or advocates.	Q2
	• CHO to work with Service Provider to ensure an agreed implementation plan is developed identifying how the care supports will be reconfigured / developed to support individuals living in the community.	Q2
	• CHO to ensure the national communication strategy developed to support individual's transitioning into the community is fully implemented.	Q2
	• CHO to ensure that the pre-transition assessment being developed by the Transforming Lives Working Group 1 is administered for all individuals being supported to move in 2016.	Q4
CHO 4	• CHO to identify a named lead person to have oversight of the implementation of *Time to Move on from Congregated Settings* actions across CHO and link with the local service providers and national working group.	Q4 Q2
	• CHO to work with Approved Housing Bodies, Housing Authorities and service providers to develop and progress the CHO area plan for meeting the housing requirement for people transitioning from congregated settings.	Q2

In relation to 12 individuals planned to transition from HSE, Cluan Fhionnain, Killarney;	
• CHO in collaboration with Rehabcare to progress the plan developed to support residents in Cluan Fhionnain transitioning into the community.	Q2
• CHO to ensure that Service Provider implements Community Living Transition Plans that identify how each person will be supported to transition into the community and ensures that these have been developed with the meaningful involvement of the person, their family and /or advocates.	Q4
• CHO to work with Rehabcare, Approved Housing Bodies, Housing Authorities and HSE Estates to develop, agree and progress the plan for meeting the housing requirement for people prioritised for transitioning from congregated settings in 2016.	Q2
In relation to 12 individuals planned to transition from HSE, St Raphaels Centre, Youghal ;	Q2
• CHO to work with Approved Housing Bodies, Housing Authorities and HSE Estates to develop, agree and progress the plan for meeting the housing requirement for people prioritised for transitioning from congregated settings in 2016.	Q2
• CHO to put in place a Community Living Transition Plan to identify how each person will be supported to transition into the community, which has been developed with the meaningful involvement of the person, their family and /or advocates.	Q2
• CHO to develop and implement a plan identifying how the care supports will be reconfigured / developed to support individuals living in the community.	Q4
• CHO to ensure the national communication strategy is developed to support individual's transitioning into the community is fully implemented.	Q1
• CHO to ensure that the pre-transition assessment being developed by the Transforming Lives Working Group 1 is administered for all individuals being supported to move in 2016.	Q1
In relation to 7 individuals planned to complete transition from HSE, Grove House, Cork	Q1
• CHO to work in collaboration with service providers to progress the transtiion of 7 indivuduals , where plans are already in place and at an advacned stage of implentation.	Q4
• CHO to work with service providers to develop and deliver a plan to support final resdient transitioning to comminuty from this service.	Q1
In relation to 4 individuals planned to transition from St John of God Service, Beaufort and 4 individuals planned to transition from COPE Foundation, Ashville;	Q1
• CHO to work with Service Providers to agree high level "de-congregation" plan for the known specific priority units.	Q2
• CHO to ensure Service Providers works with Approved Housing Bodies, Housing Authorities and HSE Estates to develop, agree and progress the plan for meeting the housing requirement for people prioritised for transitioning from congregated settings in 2016 linked to high level decongregation plan.	Q2
• CHO to ensure that Service Providers puts in place a Community Living Transition Plan to identify how each person will be supported to transition into the community, which has been developed with the meaningful involvement of the person, their	Q2

	family and /or advocates.	
	• CHO to work with Service Providers to ensure an agreed implementation plan is developed identifying how the care supports will be reconfigured / developed to support individuals living in the community.	Q2
	• CHO to ensure the national communication strategy developed to support individual's transitioning into the community is fully implemented.	Q2
	• CHO to ensure that the pre-transition assessment being developed by the Transforming Lives Working Group 1 is administered for all individuals being supported to move in 2016.	Q4
CHO 5	• CHO to identify a named lead person to have oversight of the implementation of *Time to Move on from Congregated Settings* actions across CHO and link with the local service providers and national working group.	Q1
	In relation to 16 individuals planned to transition from St Patrick's Centre, Kilkenny:	Q4
	• CHO to ensure Centre Management Team continue to work with Approved Housing Bodies, Housing Authorities and HSE Estates to develop and progress the plan for meeting the housing requirement for people transitioning from congregated settings.	Q2
	• CHO to ensure Centre Management Team finalises Community Living Transition Plans to identify how each person will be supported to transition into the community, which has been developed with the meaningful involvement of the person, their family and /or advocates.	Q2
	• CHO to work with Centre Management Team to ensure an agreed implementation plan is developed identifying how the care supports will be reconfigured / developed to support individuals living in the community.	Q2
	• CHO to ensure the national communication strategy developed to support individual's transitioning into the community is fully implemented.	Q2
	• CHO to ensure that the pre-transition assessment being developed by the Transforming Lives Working Group 1 is administered for all individuals being supported to move in 2016.	Q4
	Complete the transition of 4 individuals with Cheshire Services, Tullow to community living.	Q2
CHO 6	• CHO to identify a named lead person to have oversight of the implementation of *Time to Move on from Congregated Settings* actions across CHO and link with the local service providers and national working group	Q1
	• CHO to ensure a housing needs assessment under the National Housing Strategy for People with Disabilities is completed by service providers for each individual transitioning from congregated settings	Q2
	• CHO to ensure service providers are working with HSE, Approved Housing Bodies and Housing Authorities to develop the plan for meeting the housing requirement for people transitioning from congregated settings	Q2
	• CHO to ensure the national communication strategy developed to support individual's transitioning into the community is fully implemented	Q2
	Complete the transition of 1 individual from St Margaret's Donnybrook to	

	community living.	Q2
	Complete the transition of 1 individual from Cheshire Services, Blackrock to community living.	Q3
	• CHO to ensure that service provider has developed and agreed an Implementation Plan identifying how the care supports will be reconfigured/developed to support all individuals transitioning into the community from this service.	Q3
CHO 7	• CHO to identify a named lead person to have oversight of the implementation of *Time to Move on from Congregated Settings* actions across CHO and link with the local service providers and national working group	Q1
	• CHO to work with Approved Housing Bodies, Housing Authorities and service providers to develop and progress the CHO area plan for meeting the housing requirement for people transitioning from congregated settings.	Q4
	In relation to 8 individuals planned to transition from St John of God, St Raphaels, Celbridge Service :	Q2
	• CHO to ensure Service Provider works with Approved Housing Bodies, Housing Authorities and HSE Estates to develop and progress the plan for meeting the housing requirement for people transitioning from congregated settings	Q2
	• CHO in collaboration with key stakeholders to ensure that on foot of SIS Assessments, Service Provider develops and agrees an implementation plan identifying how the care supports will be reconfigured/developed to support individuals living in the community	Q2
	• CHO in collaboration with key stakeholders to ensure that service provider puts in place a Community Living Transition Plan to identify how each person will be supported to transition into the community, which has been developed with the meaningful involvement of the person, their family and /or advocates	Q4
	• CHO to ensure the national communication strategy developed to support individual's transitioning into the community is fully implemented	Q4
	• CHO to ensure that the pre-transition assessment being developed by the Transforming Lives Working Group 1 is administered for all individuals being supported to move in 2016	Q4
CHO 8	• CHO to identify a named lead person to have oversight of the implementation of *Time to Move on from Congregated Settings* actions across CHO and link with the local service providers and national working group	Q1
	In relation to 20 individuals planned to transition from St John of God, St Mary's Campus, Drumcar :	Q4
	• CHO to ensure Service Provider works with Approved Housing Bodies, Housing Authorities and HSE Estates to develop, agree and progress the plan for meeting the housing requirement for people prioritised for transitioning from congregated settings in 2016	Q1
	• CHO in collaboration with key stakeholders to ensure that on foot of SIS Assessments, Service Provider develops and agrees an implementation plan identifying how the care supports will be reconfigured/developed to support individuals living in the community	Q2

	• CHO in collaboration with key stakeholders to ensure that service provider puts in place a Community Living Transition Plan to identify how each person will be supported to transition into the community, which has been developed with the meaningful involvement of the person, their family and /or advocates	Q2
	• CHO to ensure the national communication strategy developed to support individual's transitioning into the community is fully implemented	Q2
	• CHO to ensure that the pre-transition assessment being developed by the Transforming Lives Working Group 1 is administered for all individuals being supported to move in 2016	Q4
	Complete the transition of 4 individuals from Muiriosa Foundation, South Hill, Delvin to community living.	Q2
CHO 9	• CHO to identify a named lead person to have oversight of the implementation of *Time to Move on from Congregated Settings* actions across CHO and link with the local service providers and national working group	Q1
	• CHO to work with Approved Housing Bodies, Housing Authorities and service providers to develop and progress the CHO area plan for meeting the housing requirement for people transitioning from congregated settings.	Q4
	In relation to 8 individuals planned to transition from Daughters of Charity Services, St Rosalies :	Q4
	• CHO to ensure Service Provider works with Approved Housing Bodies, Housing Authorities and HSE Estates to develop, agree and progress the plan for meeting the housing requirement for people prioritised for transitioning from congregated settings in 2016	Q1
	• CHO to ensure that Service Provider puts in place a Community Living Transition Plan to identify how each person will be supported to transition into the community, which has been developed with the meaningful involvement of the person, their family and /or advocates	Q2
	• CHO to work with Service Provider to ensure an agreed implementation plan is developed identifying how the care supports will be reconfigured / developed to support individuals living in the community	Q2
	• CHO to ensure the national communication strategy developed to support individual's transitioning into the community is fully implemented	Q2
	• CHO to ensure that the pre-transition assessment being developed by the Transforming Lives Working Group 1 is administered for all individuals being supported to move in 2016	Q4
	Complete the transition of 3 individuals from St. Michaels House to community living.	Q4

Service Reform Fund

- A service reform fund established between Atlantic Philanthropies, the DoH, HSE Social Care and Mental Health services and the Genio Trust will support the phased transition to a person-centred model of services. This will provide funding for a number of innovative projects in line with the *A Time to Move on from Congregated Settings* policy and wider Transforming Lives agenda that will facilitate individuals to

transition into the community. Currently 11 services have been prioritised for transition funding from the Service Reform Fund. These sites take account of centres that are non compliant with the National Standards for Residential Services for Children and Adults with Disabilities and form part of the congregated settings group.

Actions to Progress the Service Reform Fund (SRF)	Q
• Governing Group to agree level of SRF funding for disability services	Q1
• Establish terms of reference for the Implementation Group	Q1
• The Implementation Group including Genio, Inclusion Ireland and the National Federation of Voluntary Bodies, Not for Profit Business Association and HSE personnel will work together to assess the organisational change, staff and family training needs required to deliver the reform programme in each of the priority centres	Q1
• Develop an Implementation Plan for each of the 11 priority centres	Q1
• Through the Implementation Group Inclusion Ireland, supported by Genio will develop an advocacy framework specific to the implementation of targets of the SRF	Q2
• Develop a training programme for leaders in the disability service	Q2
• Develop and implement a monitoring process for SRF action plan	Q2
• Review progress	Q4

Promote the health and wellbeing of persons with a disability facilitating them to stay active and well for as long as possible

- Ensure that all new disability residential houses and 25% of existing disability residential houses / units are compliant with the HSE Tobacco Free Campus Policy.
- Build capacity among frontline healthcare workers to screen and support smokers to quit.
- Staff to make every service user interaction count by routinely assessing levels of physical activity of service users and to promote as much physical activity as is possible for the individual.
- Support Health and Wellbeing to map the catering facilities in Social Care settings with a view to implementation of calorie posting in relevant Social Care settings.
- Improve compliance with *Safeguarding Vulnerable Persons at Risk of Abuse*.
- Ensure that IDS – TILDA and TILDA are used to inform planning and decision making in respect of health and wellbeing.
- Participate on Local Community Development Committees to maximise opportunities for older people and people with disabilities to access services that support general health and wellbeing in their local area.
- Improve influenza vaccination uptake rates among persons aged 65 and over.
- Improve influenza vaccine uptake rates among staff in front line settings.
- Implement appropriate medication management policy across residential services.

Actions to Improve Medication Management in Residential Units/Houses	Q
Establish a Medication Management Subgroup as part of the Quality Enablement Programme to address Medication Management in Disability Residential units/houses.	Q3

- Health Care Associated Infections (HCAI): work with HCAI AMR (Antimicrobial Resistance) Programme team to support implementation of quality improvement initiatives with regard to HCAI and AMR with particular focus on Hand Hygiene, Antimicrobial stewardship and device related infections

Actions to Implement Home Care improvement Plan	Q
Participate in the workforce planning exercise for Infection Prevention Control and antimicrobial stewardship	Q1-Q4
Support maximum participation of disability residential services in the National HALT Study 2016	Q2

Goal 2

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

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

(New Funding €4m)

- Work is underway in reconfiguring children's disability services into geographically based Children's Disability Network Teams (Early-Intervention and School-aged or 0–18 Teams), with 56 of the 129 teams reconfigured. The objective of the programme is to provide one clear referral pathway for all children (0–18s), irrespective of their disability, where they live or the school they attend. 2016 will see the completion of the full reconfiguration of 0–18s disability services into 129 Children's Disability Network Teams. Oversight of implementation will be provided through working group 2 of the Transforming Lives process. In 2016 Social Care services will:
- Complete the process of reconfiguration of 0–18s disability services into Children's Disability Network Teams, including the provision of 75 additional WTE therapy posts through new staff appointments to reconfigured multi-disciplinary geographic based teams and through using innovative approaches to achieve targeted reductions in waiting lists for therapies.

EIT – Early Intervention Teams
SAT – School Age Teams
IFSP – Individual Family Service Plan

CHO	Actions to Implement Progressing Disability Services – 0-18s Programme	Q
CHO 1	**Cavan/Monaghan**	
	• C/M will reconfigure its school age services into 2 School Age Teams (SATs)	Q1
	• Cavan Monaghan will have IFSPs (Individual Family Service Plans) for 100% children attending Early Intervention Teams (EITs)	Q1
	• HSE/Enable Ireland to evaluate their Governance Structure and Management in line with LIG Review recommendations	Q1
	Donegal	
	• Donegal will reconfigure its school age services into 4 SATs	Q1
	• Donegal will have IFSPs for 100% of children attending EITs & SATs	Q4
	Sligo Leitrim	
	• Sligo Leitrim will reconfigure its school age services into 2 SATs	Q1
	• Sligo Leitrim will have IFSPs for 100% children attending EITs & SATs	Q4
CHO 2	**Galway**	
	• Galway will reconfigure its school age services into 4 SATs	Q1
	• Galway will have IFSPs for 100% of children accessing their EITs	Q4
	Mayo	
	• Mayo will reconfigure its school age services into 2 SATs	Q1
	Roscommon	
	• Roscommon will reconfigure its school age services into 1 SAT	Q1
	• Roscommon will have IFSPs for 100% of children attending the EIT	Q2
CHO 3	**Mid West**	
	Children's Disability Services in CHO 3 are already reconfigured into 12 teams	
	• The Midwest will be a demonstration site for Outcomes for Children and their Families Framework.	Q4
	• Midwest will develop and implement a Service User Participation Plan, based on learning form Service User Fora held in 2015, to ensure engagement at all levels of disability	Q4
CHO 4	**North Lee**	
	• North Lee will fully reconfigure their services into 3 x 0-18 teams	Q3

	South Lee	
	• South Lee will fully reconfigure their services into 4 x 0-18 teams	Q3
	North Cork	
	• North Cork will fully reconfigure into 2 x 0-18 teams	Q3
	West Cork	
	• West Cork will be a demonstration site for roll out of Outcomes for Children and their Families Framework	Q4
	• West Cork will have IFSPs for 70% of children in its 0-18 teams	Q4
	Kerry	
	• Kerry will complete a review of its management & governance structure in line with national guidance.	Q2
	• Kerry will achieve IFPS for 50% of children in its 0-18 teams	Q4
CHO 5	**Carlow/Kilkenny**	
	• Carlow Kilkenny will reconfigure services into 2 x 0-18 teams, incorporating Carlow EIT	Q3
	Tipperary SR	
	• S. Tipperary will reconfigure remaining services into 1 EIT & 2 SATs	Q3
	Waterford	
	• Waterford will reconfigure remaining services (outside of Dungarvan EIT) into 2 EITs and 3 SATs	Q3
	Wexford	
	• Wexford will reconfigure its services into 4 EITs, and 4 SATs	Q3 Q4
CHO 6	**Dublin South/Dublin South East**	
	• Dublin South /Dublin South East will fully reconfigure into 4 x 0-18 teams	Q4
	Wicklow	
	• Wicklow will fully reconfigure into 3 x 0-18 teams	Q2
CHO 7	**Dublin South Central**	
	• Dublin South Central will reconfigure into 4 x 0-18 teams	Q4
	Dublin South West	
	• Dublin South West will reconfigure into 2 x 0-18 teams	Q4
	Kildare West Wicklow (KWW)	
	• KWW will be a demonstration site for Outcomes for Children and their Families Framework	Q4
CHO 8	**Louth**	
	• Louth will reconfigure its HSE & SJOG Services into 2 SATs	Q2
	• Louth will achieve IFSPs for 100% children attending its EITs and SATs	Q4
	Meath	
	• Meath will achieve IFSPs for 100% of its children attending EITs and 30% attending SATs	Q4
	Midlands	
	• Midlands will reconfigure its school age services into 5 SATs	Q2
	• Midlands will be a demonstration site for Outcomes for Children and their Families Framework	Q4
CHO 9	**North Dublin**	
	• North Dublin will reconfigure its services into 12 teams	Q4

Of note, the number of teams may change during planning stage as services come together and detailed implementation planning clarifies the number of teams required to ensure that every child will have access to a service based on need.

- The programme includes the integrated development of early intervention services to facilitate the inclusion of children with a disability in mainstream preschool settings and a particular focus will be brought to this in the context of fully supporting the implementation of the Report of the Inter-departmental Group on Supporting Access to Early Childhood Care and Education Programme (ECCE) for Children with a Disability. This will be jointly developed with primary care services and the Department of Children and Youth Affairs. The provision of the additional funding of €4m under this heading will be subject to detailed service proposals being developed, and discussed and agreed with the DoH.

Actions to Implement *Supporting Access to the ECCE*	**Q**
Work in partnership with the Inter Departmental Group to implement *Supporting Access to the Early Child Care Education Programme for children with a disability*	Q1-Q4

- Implement National Access Policy in collaboration with primary care to ensure one clear pathway of access for all children with a disability into their local services.

Actions to Implement the *National Policy on Access to Services*	**Q**
Implement the *National Policy on Access to Services for Children with Disability or Developmental Delay* with services in collaboration with Primary Care	Q4
Evaluate the effectiveness of the National Policy on Access to Services for Children with Disability or Developmental Delay in collaboration with Primary Care	Q4

- Implement outcomes for Children and their Families Framework in 4 CHOs.

Actions to Implement the Outcomes Framework	**Q**
Commence implementation of *Children and their Families Framework* with 4 demonstration sites i.e. Midwest, West Cork, Kildare West Wicklow and Midlands. Full implementation will continue into 2017.	Q4

Other Priority Actions for Therapy Services for Children and Young People 0-18s in 2016	**Q**
Work in collaboration with Middletown Centre of Autism to launch staff training initiative prior and post reconfiguration	Q1
Social Care will ensue that all new staff receive information on the HSE Child Protection & Welfare policy as part of their induction process.	Q1
National HSE Children First Oversight Group will continue to develop the Children First Webpage as a resource for all staff with input from Social Care Children First Group	Q2
Complete Phase 2 LIG Review on the quality of proposed local Governance Structures and Management and Implementation Plans submitted against national guidance's and on integration of AON processes within model of services under Progressing Disability Services	Q1
Identify and implement interim solutions for information management in multiagency teams being established this year	Q2
Develop a business case for an IT Solution for Children's Disability Network Teams	Q4
Develop Joint Working Protocols with CAMHS	Q2
Collaborate with HIQA on Interim Standards for Early Intervention and School Age Teams in use in children's disability network teams	Q2-Q3
Develop a national Interagency Agreement Template with HSE Legal Services and HSE Compliance Office	Q4
Work in partnership with Primary Care on a service improvement initiative including a review of SLT waiting lists, and to develop a standardised performance data set and a standardised model of care.	Q4

New Directions – reconfiguring day services including school leavers and rehabilitative training *(New Funding €7.25m)*

In 2015, a national project group was established to develop and oversee a process to attend to the needs of school leavers and those existing rehabilitative training (RT) that require a HSE funded adult day service.

- In 2016, Social Care services will continue the implementation of *New Directions* which will progress an approach of individualised supports for all current users of HSE funded adult day services.
- Benchmark providers against standards framework developed in conjunction with NDA.
- Develop a CHO implementation structure to support *New Directions*.
- Develop a framework for person-centred planning.

- Provide additional day services to benefit approximately 1,500 young people who are due to leave school and rehabilitative training programmes in 2016 and ensure that this service responds in line with the principles of *New Directions*.
- Oversight of implementation will be provided through working group 2 of the *Transforming Lives* process.

<table>
<tr><th></th><th>Actions to Implement New Directions</th><th>Q</th></tr>
<tr><td>School Leavers and those exiting RT in 2016</td><td>Provide additional day services for approx 1,500 school leavers and adults leaving RT in 2016 that have a requirement for a HSE funded day service.
Refine the national process established to support CHOs to ensure a consistent approach in responding to need
<table>
<tr><th>CHO</th><th>RT Leaver</th><th>School Leaver</th><th>Total</th></tr>
<tr><td>1</td><td>39</td><td>99</td><td>138</td></tr>
<tr><td>2</td><td>43</td><td>111</td><td>154</td></tr>
<tr><td>3</td><td>37</td><td>91</td><td>128</td></tr>
<tr><td>4</td><td>70</td><td>233</td><td>303</td></tr>
<tr><td>5</td><td>73</td><td>146</td><td>219</td></tr>
<tr><td>6</td><td>35</td><td>73</td><td>108</td></tr>
<tr><td>7</td><td>43</td><td>105</td><td>148</td></tr>
<tr><td>8</td><td>56</td><td>105</td><td>161</td></tr>
<tr><td>9</td><td>45</td><td>86</td><td>131</td></tr>
<tr><td>Total</td><td>441</td><td>1,049</td><td>1,490</td></tr>
</table>
(approx numbers based on initial provisional data December 2015)</td><td></td></tr>
<tr><td></td><td>Identify all individuals that will require a day service in 2015 by January 1st</td><td>Q1</td></tr>
<tr><td></td><td>Identify the capacity available from within current resources to meet the needs of those leaving school in 2015</td><td>Q1</td></tr>
<tr><td></td><td>Advise on the infrastructural issues by CHO in regard to the accommodation needs linked to meeting the needs of school leavers in 2016.</td><td>Q1</td></tr>
<tr><td></td><td>Advance the application of a profiling tool to establish the support needs of the individuals.</td><td>Q1</td></tr>
<tr><td></td><td>Coordinate the outcomes from the application of the profiling tool to inform the allocation of resources to school leavers in 2016.</td><td>Q2</td></tr>
<tr><td></td><td>Indicative allocation of resource to be informed to CHOs by end of April 2016.</td><td>Q2</td></tr>
<tr><td></td><td>Families to be informed of service options by end of May 2016.</td><td>Q2</td></tr>
<tr><td></td><td>Agree a process to validate the allocation of funding for 2016 school leavers</td><td>Q4</td></tr>
<tr><td>Planning for Future Needs</td><td>Develop a Framework for planning for school leavers and those exiting RT for the period 2017-2019. Include the transport needs of school leavers as part of this exercise.</td><td>Q1</td></tr>
<tr><td></td><td>Implement agreed planning framework.</td><td>Q2</td></tr>
<tr><td>Special Day Services for people that may acquire a disability or those that present for specialist services.</td><td>Scope details in regard to those people that have a requirement for day service supports by CHO (excluding 2016 school leavers and those exiting RT)</td><td>Q4</td></tr>
<tr><td>Interim Standards.</td><td>Support a continuous quality improvement approach to the implementation of the Interim Standards for day services.

Linked actions:
• Develop a Communications Strategy to launch the Interim Standards.
• Develop an Easy to Read Interim Standards document.
• Develop a methodology to benchmark services against these Standards</td><td>Q2
Q3
Q4</td></tr>
<tr><td>CHO Implementation Structure and service reconfiguration.</td><td>Continue the implementation of New Directions which will progress an approach of personal supports for all current users of HSE funded adult day services.
• Support the development of a CHO implementation structure to progress the local implementation of New Directions.
Reconfigure Day Services in line with New Directions and arrange for a process of shared learning to support the implementation of New Directions.</td><td>Q4</td></tr>
</table>

	Linked actions: • Arrange a learning event. • Develop a National Framework for Reconfiguration Planning.	 Q2 Q4
Person Centred Planning	Develop a Person Centred Framework and supporting training package to ensure a standardised approach to personal planning.	Q4
Occupational Guidance Service	Complete a high level scoping of the characteristics of an Independent Guidance service. Seek approval for the development of this structure and commence a process to identify the current resource available to support this development.	Q4
Rehabilitative training	Explore the potential of the RT programmes to support the implementation of *New Directions*.	Q3
Day Service Data	Examine the scope and focus of the existing dataset (OGS) and advise as to the continuation of this type of dataset to support the reconfiguration of day services and the implementation of *New Directions*.	Q3
Finance	Progress the recommendations relating to the realignment of the existing day service resource in line with the approach to services outlined in *New Directions.*	Q3

Respite with Host Families in Community Settings *(New Funding €1m)*

- Respite with a host family is where a child or adult with a disability is offered a short break / holiday with a host family in the community. A combination of day and / or weekly respite will be provided, benefiting approximately 300 service users.

Actions to Implement Respite with Host Families	**Q**
Review and update guidance(2012) on host families	Q1
Identify areas where host families supports in not currently in place	Q1
Prepare and disseminate additional guidance as required.	Q2
Agree targets for CHO's to extend this service	Q2

Rehabilitation Strategy and Integrated Care Programme

- Facilitate reconfiguration of existing teams required to implement the *Neuro-Rehabilitation Strategy* and progress the initial mapping and scoping exercises in respect of existing services and appropriate gap analysis.
- In 2016, the Capital Plan 2016–2021 includes progressing the National Rehabilitation Hospital.

Actions to Implement the Rehabilitation Strategy and Integrated Care Programme	**Q**
Each CHO to review draft Implementation Plan	Q1
Amend Implementation Plan following feedback as appropriate	Q2
Each CHO to map existing service and identify deficits	Q1
Each CHO to identify reconfiguration of staff to prepare plan to implement Strategy	Q3

National Guidelines on Accessible Health and Social Care Services

- Work with services to ensure that they are examining their services for accessibility, in line with the national guidelines.

Actions to Enhance Accessibility of Health Services	**Q**
Each CHO to develop plan to ensure all health services are accessible in line with National Guidelines.	Q1-4
Each CHO to review accessibility to health and social services.	Q1-4
Each CHO to establish how the person prefers to communicate and notify relevant staff of the preferred method of communication	Q1-4
Each CHO to ensure access officers and access committees are in place to support implementation of the National Guidelines	Q1-4

Comprehensive Employment Strategy for People with Disabilities

- Establish a working group to oversee implementation of the strategy as it applies to the HSE.

Actions to Implement the Employment Strategy for People with Disabilities	Q
Together with colleagues in other HSE divisions, establish a working group to oversee implementation of the strategy as it applies to the HSE.	Q1
Implementation Group established by HSE	Q2
Prepare Guidance	Q3
HSE to liaise with special and mainstream schools to provide information in regard to the supports service provided for young people with	
Examine the effectiveness of the current Rehabilitative Training programme to transition to training and employment	Q4
Identify people currently engaged in sheltered employment within HSE services.	Q4
Agree plan for transitioning of people involved to appropriate support.	Q4

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

Social Care services have a particular requirement to develop a culture of openness, transparency and accountability. Social Care is supporting the emergence of an independent voice for persons with a disability and their families and continuing to foster this same approach in older persons services through the use of advocacy groups and residents councils.

Governance and communication

- Ensure that authority and accountability for the quality and safety of services across all service areas is integrated into operational service management through appropriate leadership, governance, structures, and processes.

Actions to Implement Improved Governance and Communication	Q
Monitor the establishment of Quality and Safety Structures in each CHO through the introduction of a Social Care Quality and Safety Dashboard. This will include reporting on the current operational governance structures in place: • CHO Quality and Safety Committee • Social Care Quality and Safety Committee • HCAI / Infection Control Committee per CHO • Drugs and Therapeutics Committee per CHO	Q1

- Strengthen the governance arrangements under the health service Accountability Framework by measuring, monitoring and reporting on the performance of the health service in relation to the quality and safety of care, with a specific focus on identifying and addressing areas of under performance by recommending appropriate and proportionate action to ensure the improvement of services.

Actions to Strengthen Governance Arrangements in Relation to Quality and Safety	Q
Commence monitoring of a range of Quality and Safety metrics in the nine Community Health Organisations under the Themes of Person-centred Care, Effective Care, and Safe Care	Q1
Continue the monitoring function of the Quality and Safety Social Care national team by providing continuous feedback and learning from HIQA inspection reports	Q1-Q4

- Promote the reduction of risk to service users, the public and staff by implementing best practice Risk Management processes aligned with national policies.
- Improve the incident monitoring and investigation processes, creating opportunities for learning from serious incidents, including Serious Reportable Events.
- Support the work of the National Independent Review Panel.

- Build capacity to effectively manage incidents and complaints.

Actions to Reduce Risk and Improve Incident Monitoring and Investigation, and Complaints Procedures	Q
Provide training and education to CHOs for: • Systems Analysis • NIMS (National Incident Management System) Phase 2 • NIRF (National Incident Report Form) training	Q1-Q4
Maintain accurate and timely progress reports on the management of serious incidents (SIs) including serious reportable events (SREs) using the incident information management system (IMMS)	Q1-Q4
Commence monitoring of the CHO Social Care Risk Registers through the Quality and Safety Dashboard	Q1
Utilise the National Independent Review Panel for complex investigations	Q3
Monitor the analysis of complaints in Social Care in CHOs through the Quality and Safety Dashboard	Q3
Support the revision of the HSE Complaints Management Policy	Q1-Q4

- Continue the implementation, control and prevention of HCAIs / Antimicrobial Resistance (AMR) in accordance with HCAI standards across all service areas including decontamination standards.
- Promote improvement in Medication Management and Prescribing in Social Care.

Actions to Improve Medication Management and Prescribing	Q
Support all HSE and HSE-funded Social Care Residential Providers to participate in the HALT Survey of Healthcare Associated Infections (HCAI) and antimicrobial use	Q2
Implement a Quality Improvement Initiative in safe prescribing of Anti-psychotic medication in a number of early adopter sites in Older Persons Residential Services	Q4

- Work with the communications lead for Social Care to put in place a compassionate communication and engagement strategy including plans for developing appropriate communication and engagement with service users, their families, staff, unions, advocate groups, political representatives, the media and others.

Actions to Develop and Implement Communication and Engagement Strategy	Q
Develop a Social Care Communication & Engagement Plan with a clear plan outlining the steps of engagement with service users, their families, staff, unions, advocate groups, political representatives, the media and others.	Q1
Submit Social Care Communication and Engagement Plan to the Social Care Management Team for sign-off	Q2
Establish a Social Care Communications Sub-Group to oversee implementation of the Communication and Engagement Plan	Q2

Service User and Family Engagement within the Disability Sector

Social Care, in conjunction with Inclusion Ireland, are developing and supporting the emergence of an independent voice for persons with a disability and their families in a number of residential settings across the country.

- Work with families and services users to expand the national Volunteer Advocacy Programme, developed in 2015, in adult disability residential settings.
- Implement resident and family councils / fora in a number of disability residential centres.
- Implement a national level support structure to enable persons with a disability and their families to network and learn from developments in other areas of the country.
- Support persons with a disability and their families to engage with the disability change programme in a meaningful way.

- Continue to work with the Confidential Recipient.

Actions to Improve Service User and Family Engagement	Q
Monitor the analysis of complaints in Social Care in CHOs through the Quality and Safety Dashboard	Q3
Support the revision of the HSE Complaints Management Policy	Q1-Q4
All CHOs to have a plan in place on how they will implement their approach to the establishment of Residents Councils / Family Forums / Service User Panels or equivalent for HSE Disability Services.	Q3
Ensure that the poster for the Confidential Recipient is distributed to all Disability Services for display	Q1
Continue bi-weekly meetings between Head of Quality and Safety Social Care Division and the Confidential Recipient	Q1-Q4

- Follow on from the success of the national disability summits in 2015 and transfer learning and oversight of disability services. It is planned to hold a learning summit in June 2016 to review progress with implementation of Social Care's Six Step change programme through the National Task Force.

Actions	Q
Hold one national summit which will progress the reform agenda focusing on Service User involvement	Q3

Improve Compliance with National Standards for Disability Residential Centres – Quality Improvement Enablement Programme / Quality Improvement Team

- A joint initiative was launched between Social Care and the Quality Improvement Division in 2015 to support care improvements in residential services for adults with disabilities. The team have now visited the majority of the 148 houses / units provided by the statutory sector comprised of 1,054 HIQA registered beds throughout the country, and will continue to work with each house / unit in 2016 to improve the quality of disability residential services under these following six key drivers for quality improvement:
  - Leading for improvement
  - Being person-centred
  - Supporting staff to improve
  - The delivery of safe, effective, best value care
  - Measuring and learning for improvement
  - Governing for quality and safety.
- Work with the Social Care / Quality Improvement Division enablement programme to transfer learning in relation to disability residential centres between centres. The interdisciplinary quality improvement team will work with service providers on specific areas identified for improvement including governance, leadership, risk management / risk assessment, policies, procedures, protocols and guidelines, key working and supervision.
- Share quality improvements learning and quality initiative supports, i.e. toolbox, good practices, etc. with statutory and voluntary service providers.
- Respond to the requirement to take immediate, medium and longer term actions to respond to HIQA concerns and recommendations arising from inspection findings of disability residential services, including the overall plan to implement a sustainable model of person-centred community based service.
- In 2016, this work will focus in particular on 11 disability residential services which have been identified as priority for quality improvement and where the policy of decongregation is being accelerated.

Actions to Monitor Recommendations from HIQA Inspection Reports	Q
Establish a process with the Chief Officers to monitor the percentage of recommendations implemented which have arisen from HIQA Inspection Reports.	Q3-Q4

Administrative Arrangements around Dormant Accounts – Persons with a Disability Fund

- The HSE including Social Care services will work with POBAL and also with and on behalf of the DoH in administering the disability measures awarded funding in 2015 and in developing proposals for the 2016 disability measures.

Actions to Administer the Disability Measures	**Q**
Monitor progress in relation to implementation of projects approved by Pobal in 2015 as they relate to the disability reform agenda	Q1-Q4

Safeguarding Vulnerable Adults – Continuing the Implementation Process

In 2016, in order to continue to promote the welfare of vulnerable adults and safeguard them from abuse, Social Care services will:

- Develop an I.T. based logging and tracking system in relation to safeguarding concerns within each CHO area. This will allow safeguarding and protection teams to track safeguarding concerns and support the establishment of an anonymised database to aid statistical analysis.
- Continue training of designated officers and awareness-raising of frontline staff at an accelerated pace in 2016. By the end of Quarter 2, all designated officers will have received formal training and, by year end, a minimum of 8,000 frontline staff will have attended an awareness-raising programme on safeguarding.
- Complete a checklist by the end of Quarter 1 to assure compliance of all Social Care funded agencies policies and procedures with the national policy.
- Explore, proposals and options in relation to commissioning research related to safeguarding vulnerable adults through the National Inter-Sectoral Safeguarding Committee
- Explore options for an awareness campaign on promoting the rights and independence of vulnerable adults through the National Inter-Sectoral Safeguarding Committee.
- Develop a practice handbook for use by all staff, in relation to safeguarding and in line with the policy
- Commence a formal review of the policy by the end of Quarter 4, 2016.

Actions to Continue the Implementation Process of the *Safeguarding Vulnerable Adults Policy*	**Q**
Safeguarding and Protection Committees to be in place in all 9 CHOs	Q1
Complete training rollout of Safeguarding and Protection Team Members	Q1
Complete training of Designated Officers	Q2
Front line staff – awareness briefings	Q1-Q4
Reporting procedure to be agreed between HSE and An Garda Siochana	Q1
Update the HSE website to incorporate safeguarding	Q1
Recruit additional 9 WTE administrative staff to support the CHO teams	Q1
NSO to complete review of safeguarding documentation	Q2
Complete final compilation of Funded Agencies audit checklists to ensure policy alignment	Q2
National database of safeguarding concerns to be maintained by NSO with information supplied by each CHO	Q1-Q4
Develop and distribute practice handbook	Q2
Complete a review of membership of the National Inter-Sectoral Committee	Q4

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

The Social Care Division will support the implementation of the People Strategy 2015–2018 by driving implementation through a number of key areas including leadership, employee engagement and learning and development

Leadership

- Support the development of leaders at CHO level to provide direction and purpose, and connect with all staff and teams through open and ongoing communication and engagement as a core leadership activity.
- Support the development of leaders' capacity to engage effectively with service users, work with other relevant health service areas and connect with local communities to enhance patient pathways and patient experiences.
- These actions will be achieved through the delivery of individual CHO leadership development programmes.
- The National Learning and Development Programme have procured to provide Leadership Development Training for 400 health service staff across all Divisions. It is planned that 16 programmes will be delivered with 25 people on each training programme.

Actions to Deliver Leadership Development Training	Q
Social Care Division will promote the availability of coaching and mentoring services	Q1
Social Care Division will release staff to participate on the Leadership Development Programme	Q2

- In 2016, Social Care Division staff will continue to participate in training to improve the quality and safety of our services. This will include:

Actions to Deliver Person In Charge Training	Q
PIM (HIQA) training	Q2
HIQA Compliance training	Q2
Social Role Valorisation Training	Q4
Audit Training	Q3

Quality Improvement through Staff Engagement

- Support the work undertaken by national HR to create a culture of staff engagement in service design and delivery, which will be achieved by ongoing consultation and workshops on the CHO reform programme.

Actions to Deliver Improved Staff Engagement	Q
Social Care Division, in partnership with CHO's and Systems Reform Group, will arrange for staff engagement through ongoing consultation and workshops on the CHO reform programme	Q2

- Continue to improve the current partnership arrangement with HR and the Quality Improvement Division to identify, use and share learning from staff engagement initiatives, through the Quality Enablement Programme, quality improvement team and service improvement teams.

Actions to Enhance Quality Improvement	Q
Set up a residential Social Care quality risk CHO area	Q1
Set up residential quality risk group per residential service	Q1
Nomination for quality lead for residential services per CHO area	Q1
Implementation of recommendation from QI Team Action papers on medication management, leadership and governance PPGs, Key Worker, Supervision, and Risk Management.	Q4

Employee Engagement

- Prioritise effective communication as a core enabler of employee engagement in partnership with communications.
- Create an environment where front line workers are afforded the opportunity to provide constructive feedback on service delivery through regular staff team meetings and national workshops.
- Support staff to act as advocates for service users and enable their participation in decision making regarding care planning and solution focused approaches through the advocacy work being undertaken by Inclusion Ireland within the Social Care services.
- The Social Care Division is committed to multi-disciplinary team working at the core unit of service delivery through the establishment of Children's Disability Network Teams in partnership with voluntary providers to improve the overall service delivery.

Actions to Improve Employee Engagement	Q
Social Care Division will issue a newsletter for staff, service user and their families to communicate on progress in relation to the disability reform programme	Q3
The Social Care Division will request updates from the CHO's on their local initiatives to support employee engagement to provide constructive feedback on service delivery. The Social Care Division will provide this through the continuation of the national disability summits	Q1-Q4

Learning and Development Approach

- In partnership with HR, work with professional bodies and staff representative associations to develop continuous professional development responses that support improved performance.
- Explore with voluntary providers opportunities to develop on the job experiential learning through job rotation and shadowing.

Actions to Develop Continuous Professional Development Opportunities	Q
The Social Care Division will nominate a representative to work with National HR to develop continuous professional development responses that support improved performance.	Q2
Through the HR & Finance Group between the HSE and three umbrella organisations for disability services, this group will identify opportunities to develop on the job experiential learning through job rotation and shadowing.	Q4

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

Pay bill Management and Control – National Framework 2015

The 2015 Framework clearly states the overall requirement for each Chief Officer to remain within their notified budget and the recruitment of staff must not breach that requirement in the current year, nor build in unsustainable levels into the following year. There is an absolute requirement for each CHO and sub-element to have a fully funded workforce plan developed in line with their allocated pay envelope and this should drive all recruitment decisions.

There is a clear expectation from Social Care services, that each Chief Officer will fully utilise the 2015 Framework and delegation to eliminate and/or reduce the use of agency and overtime within their CHO. The Chief Officers will be required to clearly demonstrate for both HSE direct provision and S38 agencies the actions taken by them to progress this and provide evidence of same.

The Service Improvement Team, Disabilities will build on the baseline analysis completed in 2015 across five section 38 Intellectual Disability agencies which has delivered phase 1 comparative analysis in terms of top line activity, outputs, cost, quality and outcomes. In 2016, the deliverables will be an enhanced understanding for CHOs and voluntary organisations of capacity to meet existing, new and changing levels of support requirements, capacity to provide quality and safe services and capacity to meet the requirements of the reform programme in a sustainable manner for the benefit of the people who require the access to supports and services. The outcome from both of these initiatives will be cascaded throughout the CHOs to assist them to maintain compliance with the Paybill Management Framework.

Actions to Implement Pay bill Management	**Q**
Distribute the results of the phase 1 baseline analysis of the Service Improvement Team to CHOs to assist them with maintaining compliance with the Pay bill Management Framework	Q1
Participate in the development of an integrated strategy in respect of recruitment, agency conversion and workforce planning	Q1-Q4

Transforming Lives – The Programme to Implement the Recommendations of the *VFM and Policy Review of Disability Services*

Person-centred model of services and supports - This working group is supporting the implementation of strategic aims, 3, 6 and 7 of the *National Implementation Framework*, addressing in 2016 the priority actions included in the Social Care Operational Plan – Disability Services.

- Report on the volume and nature of future service needs.
- Baseline evaluation criteria and evaluating too (aligned to DPER criteria) to assess projects / services within 'listing'.
- Evaluation report on 'listed' services.
- Report of future capacity required.

Actions to Develop Person-centred Model of Services and Supports	**Q**
Develop evaluation tool to assess best practice delivery sites across day and residential services/phase 1	Q2
Assess potential for scaling programmes around individualised supports across a wide range of services in the sector	Q4
Implement evaluation tool across best practice sites, day and residential services – phase 2	Q4
Complete report on the national forecast of future need within the Disability Sector	Q4
Complete report following implementation of the evaluation tool across best practice sites, day and residential services	Q4

People with disabilities and community involvement This working group is supporting the implementation of strategic aims 3 and 7 of the National Implementation Framework, addressing in 2016 the priority actions included in the Social Care Operational Plan – Disability Services.

An important focus of the work of this group is to build on the existing national and local consultative processes so as to develop a model, which meets the changing needs of the health service and will be fit for purpose to support the new model of service delivery envisaged in *Future Health*. The intention is to maximise the potential of local communities to support people with disabilities and their families within their own area and to develop both the informal and formal social networks which have the capacity to support the new service models.

- Develop a participation framework which describes how to engage with and enable persons with disabilities, carers, families and the wider community to have a meaningful role and voice in service design and delivery.

- Oversee implementation of Participation Framework.

Actions to Enhance Community Involvement for People with Disabilities	Q
Complete the development of a participation framework which describes how to engage with and enable persons with disabilities, carers, families and the wider community to have a meaningful role and voice in service design and delivery	Q2
Develop a plan for national consultation and engagement with relevant stakeholders	Q2

Quality and standards This working group is enhancing the quality and safety of services for people with a disability and improving their service experience through putting in place a Quality Framework and Outcomes Measurement Framework.

- Design a Quality Framework for disability service and associated self audit.

Actions to Design a Quality Framework for Disability Services	Q
Research and evaluate existing national and international Quality Frameworks and Outcomes Measurement	Q2
Design an Outcome Measurement Framework	Q3
Design a Quality Framework for Disability Services with associated self audit tools	Q4

Management and information systems This working group supports the implementation of strategic aims 4 and 5 of the National Implementation Framework, addressing in 2016 the priority actions included in the Social Care Operational Plan – Disability Services.

- Plan for implementation of assessment tool.

Actions to Implement an Assessment Tool in Disability Services	Q
Sign off and submit draft report on IT requirements	Q1
Develop and implement a web based system which will act as a single point of information and advice on the Disability Services for service users, family and the community	Q3
Review the methodology for setting Key Performance Indicator targets in the Disability Services – Phase 1	Q4
Further develop the output focused performance indicator set building on recommendations in the KPI development phase 1	Q4

Governance and Service Arrangements

- Social Care services will develop a strong national capability to ensure effective governance and accountability in respect of S38 and S39 Agencies. Within disability services, the following SLA Part 2's will be signed:

CHO	No. of Part 2's to be Signed	By
1	29	29th February 2016
2	29	29th February 2016
3	34	29th February 2016
4	29	29th February 2016
5	45	29th February 2016
6	29	29th February 2016
7	36	29th February 2016
8	36	29th February 2016
9	31	29th February 2016

Service Improvement Team (SIT) - *Build national capability to support evidence based decision making: linking funding provided, to activity and outputs, cost, quality and outcomes.*

- In 2016 the Service Improvement Team, will commence a comparative analysis of a further 45 organisations (both section 38 and section 39) based on significant learning garnered to date from the analysis of the top five section 38 organisations, which linked funding provided to activity, outputs, cost, quality and outcomes.
- The deliverables will include an enhanced understanding for CHOs and organisations of capacity to meet existing, new and changing levels of support requirements, capacity to provide quality and safe services and capacity to meet the requirements of the reform programme in a sustainable manner for the benefit of the people who require the access to supports and services.

Actions of the Service Improvement Team	**Q**
Finalise the Baseline Analysis/ Reports for the Large 5 S38 Disability Service Providers, complete comparator analysis and report.	
• For the Large 5 Agencies: Complete and close out Base Line Analysis Reports for the Large 5 Agencies, with the relevant CHO areas and Social Care Division.	Q1-Q2
• Complete technical clean up, clarify report findings and analysis with agencies, produce final reports.	Q1-Q2
• Complete Comparator Report (6th Report).	
• Collect and collate process related feedback from Agencies & CHO areas on the Base Line Analysis process undertaken and developed in 2015 to inform and improve the process going forward in 2016 with a further number of agencies. Engage with the following agencies and CHO areas:	Q1-Q2
i. Brothers of Charity – CHO 2,3,4 ii. Daughters of Charity - CHO 3,9 iii. St. John of Gods CS - CHO 4,6,7,8 iv. St. Michael's House - CHO 9 v. COPE – CHO 4	
Select and prioritise improvements that can be implemented in 2016 from the findings / signposts reported on in the Large 5 base line reports. In collaboration with the large 5 agencies relevant CHO areas develop implementation plans and a performance management framework to measure the delivery of identified specific improvements.	
• Rate and select agency specific and global signposts identified in the Base Line Analysis Reports using SMART criteria i.e. Specific-Measurable-Achievable-Relevant-Time-bound.	Q1
• Complete a SIT Guidance paper that sets out the SIT improvement process to be undertaken with the CHO areas and agencies. SIT will support and facilitate the CHO areas to draft action and implementation plans to deliver the identified agency specific improvements and global industry wide improvements.	Q1-Q2
• Set out a performance management framework to measure and report on the delivery of actions and leading to improvements and rollout of an agreed framework with CHO and Agencies that reports on the delivery of improvements in terms of maximising efficiencies and service effectiveness.	Q3-Q4
Complete more in-depth analysis of the Large 5 Agencies.	
• Identify key areas/providers where further in-depth analysis would add value and lead to actionable improvements focusing on specific efficiencies and specific service area that could be delivered more effectively.	Q1-Q2
• Pilot in specific agencies/HSE locations a systematic approach to collection & granular bottom up analysis of information relating to costs/headcount/skill-mix and client presentation. The objective is provision of an in-depth comparison of resource utilization and	Q1-Q2

cost by unit, WTE individual presentation, need and model of service.	
• Complete a detailed time-bound work plan in collaboration with identified agencies and CHO.	Q1-Q2
• Evaluate the value of the outcomes of the pilot based on evidential findings from the analysis.	Q4
• Identify the feasibility of roll-out of the pilot project on a national basis and resource requirements to facilitate implementation.	Q4
Undertake baseline analysis reports for a further number of S38 & S39 organisations on a prioritized basis. Identify the order that the next 45 agencies baseline analysis that will be undertaken & advanced in 2016	
• Identify which agencies a base line report will be undertaken on in 2016.	Q1
• Define baseline report content from the learning's garnered in the creation of base line reports for the Large 5 Agencies.	Q2
• Define what data will be collected, sources, methods of collection and repositories.	Q2
• For each agency, complete prepopulated pro-forma baseline reports from existing data bases such as Service Arrangement Schedules 2015 & 2016, NIDD, HIQA, AFS, IMR, and EMR.	Q3
• Collaborate with Agencies & CHO Areas to quality assure, validate and complete base line reports.	Q4
Supporting & Linking with Disability Key Priorities in 2016	
• The SIT will work with Transforming Lives groups collaboratively in the advancement of Assessment of Need and Resource Allocation mechanisms and tools for the sector through sharing of the data and information it collects and analyses.	Q1-Q4
• The SIT will engage & work collaboratively to support Social Care Disability Key Priorities in 2016.	Q1-Q4

- Specific focus on resource allocation and cost models will take place during 2016 the output of which will inform the choice of a standardised assessment tool for disability services through the *Transforming Lives* process.

European Working Time Directive

The Social Care Division is committed to maintaining and progressing compliance with the requirements of the European Working Time Directive (EWTD) for staff in the Social Care sector. Key indicators of performance in each case include:

- Maximum average 48 hour week.
- 30 minute breaks.
- 11 hour daily rest / equivalent compensatory rest.
- 35 hour weekly / 59 hour fortnightly / equivalent compensatory rest.
- A maximum 24 hour shift (in relation to NCHDs only).

Actions to achieve EWTD compliance in relation to Social Care staff will commence in 2016 linked to the implementation of the reform programme in Social Care.

Actions to Achieve EWTD Compliance	**Q**
Develop evaluation tool to assess best practice delivery sites across day and residential services/phase 1	Q2
Assess potential for scaling programmes around individualised supports across a wide range of services in the sector	Q4
Implement evaluation tool across best practice sites, day & residential service, phase 2	Q4
Complete report on the national forecast of future need within the Disability Sector	Q4
Complete report following implementation of the evaluation tool across best practice sites, day and residential services	Q4

Older Persons Services
Key Priorities and Actions to Deliver on Goals in 2016

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

Promote the health and wellbeing of older persons facilitating them to stay active and well for as long as possible

- Progress the implementation of *Healthy Ireland in the Health Services National Implementation Plan 2015–2017* and the Positive Ageing Strategy across the delivery system and wider organisation.
- 118 staff in older persons services to receive training in brief intervention smoking cessation.
- Implement actions from the *Dementia Strategy* implementation programme, in agreement with Atlantic Philanthropies.

Actions from the *Dementia Strategy* Implementation Programme	**Q**
Implement a nationwide support and social media campaign for people with dementia and their carers through the; o Development of print and online resources o Provision of accessible training and promotional materials	Q1-Q4
Establish consortia in each of the following CHO's to co-ordinate the initiative to deliver intensive home care packages for people with dementia: – CHO 2: Galway – CHO 3: Limerick – CHO 4: Cork City – CHO 5: Waterford – CHO 7: Dublin South West & Dublin South East – CHO 9: Dublin North & Dublin North City	Q2 Q2 Q2 Q1 Q1 Q2 Q1
Implement as part of the roll out of dementia specific intensive home care packages, key performance indicators, and a verification framework (in conjunction with Genio), for intensive home care packages for people with dementia.	Q2-Q4
Continue to support a HSE Cross Divisional approach to provide an integrated approach to the implementation of the strategy.	Q1-Q4
Support the design and delivery of a dementia specific educational programme for Primary Care Teams and GP's as part of the Primary Care Education, Pathways and Research in Dementia (PREPARED) Project (joint approach with the Primary Care Division).	Q1
Commence the delivery of the Primary Care Educational programme in selected sites.	Q3
Complete a framework to evaluate the impact of the National Dementia Strategy (NDS).	Q4
Develop guidance material on the appropriate management of medication for people with dementia.	Q1-Q4
In line with the Home Care Service Improvement Plan, consider how the learning's and outcomes from the HSE/Genio supported dementia specific initiatives can be applied to other CHOs.	Q 3

- Continue to provide day care services, and other community supports either directly or in partnership with voluntary organisations, so as to ensure that older people are provided with the necessary supports to remain active and participate in their local communities.

Actions to Support Day Care Services	Q
Review service provision to determine future needs across CHOs	Q4

- Develop an integrated care pathway for falls prevention and bone health and introduce in designated sites.

Actions for Falls Prevention and Bone Health	Q
Complete analysis of evaluation of four early adapter sites and agree on-going individual action plans with each of the four early adapter sites (CHO 3, 5, 6 & 9)	Q1
o Chief Officers to progress the further development of integrated care pathways for falls in the early adapter sites as a result of the 2015 evaluation	Q1
Identify additional adapter sites in CHOs 1,2,4,7 & 8	Q2
Progress to support and monitor the CHO projects through the assistance of a national project team.	Q1-Q4

- Implement the *Carers Strategy* – through leading a multi-divisional group to progress the implementation of the *National Carers Strategy, Recognised, Supported, Empowered*. The Carers Need Assessment Tool will be tested for implementation in 2017. Collaboration with Local Authorities to support the concept of Age Friendly Cities and local Older Persons Councils will continue.

Actions to Implement the *Carers Strategy*	Q
Complete a Carers Information page on the HSE website to provide information for carers and their families.	Q1
Establish a HSE multi divisional Review Group to review respite services. o To determine the requirements for respite care and identify the gaps in service provision.	Q3
Monitor progress on the *National Carers Strategy* for the HSE Annual Progress Report (September 2015-September 2016).	Q3-Q4
Establish a HSE multi divisional group to review the progress of the recommendations of the Home Solutions Report (tele care services) and provide recommendations.	Q4
Each CHO will continue to work with Local Authorities to further promote the concepts of the Age Friendly Cities and Communities Strategy. Each CHO will nominate a senior manager to work with the local Older Persons Councils to ensure the views and experiences of older people in relation to health issues within the age friendly cities concept are considered in health service reviews and planning. These cities are as follows: CHO 1: Donegal, Sligo/Leitrim/West Cavan & Cavan Monaghan CHO 2: Galway CHO 3: Limerick CHO 4: Cork City CHO 5: Waterford CHO 7: Kildare West Wicklow, Dublin South West & Dublin South East CHO 8 : Laois Offaly, Longford Westmeath, Louth & Meath CHO 9: Dublin North & Dublin North City	Q1-Q4
The Carers Need Assessment will continue to be developed in 2016, as part of the SAT project.	Q1-Q4

Promote the health and wellbeing of older people facilitating them to stay active and well for as long as possible

- Ensure that all new older persons services residential units and 75% of existing older persons services residential units are compliant with the HSE Tobacco Free Campus Policy.
- Staff to make every service user interaction count by routinely assessing levels of physical activity of service users and to promote as much physical activity as is possible for the individual.
- Support Health and Wellbeing to map the catering facilities in Social Care settings with a view to implementation of calorie posting in relevant Social Care settings.
- Improve compliance with *Safeguarding Vulnerable Persons at Risk of Abuse*.
- Implement appropriate medication management policy across residential services.

- Ensure that IDS – TILDA and TILDA are used to inform planning and decision making in respect of health and wellbeing.
- Participate on Local Community Development Committees to maximise opportunities for older people and people with disabilities to access services that support general health and wellbeing in their local area.
- Improve influenza vaccination uptake rates among persons aged 65 and over.
- Improve influenza vaccine uptake rates among staff in front line settings.
- Health Care Associated Infections (HCAI): work with HCAI AMR (Antimicrobial Resistance) Programme team to support implementation of quality improvement initiatives with regard to HCAI and AMR with particular focus on Hand Hygiene, Antimicrobial stewardship and device related infections

Actions to Implement Home Care improvement Plan	Q
Participate in the workforce planning exercise for Infection Prevention Control and antimicrobial stewardship	Q1-Q4
Support maximum participation of older persons residential services in the National HALT Study 2016	Q2

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

Home Care Service Improvement Plan

- Document and approve the model of home care – focused on how home care services (home help and home care packages) will be improved and streamlined to:
  - Make processes and services easier to navigate
  - Improve and ensure confidence in the quality of the service delivered
  - Give clients choice of approved service provider when care is not delivered directly by HSE employed staff
  - Give clients more input into the care they receive and the times they receive it.
- Develop implementation plan for the model of home care – setting out requirements for home care services for older people in the future which will apply to all funded homecare service providers over time.

Actions to Implement Home Care improvement Plan		Q
Document and approve Model of Home Care		Q1
Develop & approve implementation plan identifying critical dependencies		Q2
Commence implementation of Model of Care in line with plan		Q2
Commence preparations across HSE funded Home Care services for future regulation		
	o Review HSE Quality Guidelines for Home Care	Q1
	o Approve HSE Quality Guidelines for Home Care in consultation with DOH	Q2
	o Develop implementation plan for HSE Quality Guidelines (subject to approvals)	Q2
	o Commence implementation of HSE Quality Guidelines for Home Care in line with plan	Q3
Develop communication plan relating to Model of Home Care		Q2
Commence development of national standard service delivery processes as appropriate to support model of home care having regard to local implementation		Q3
Commence implementation of processes in line with implementation plan		Q3
CHO Specific Actions		**Q**
CHO	**Action**	
CHOs 1 -9	o COs will nominate CHO Lead for Model of Home Care implementation	Q1
	o Establish implementation group(s) and/or pilot projects as required to progress implementation in line with national plan	Q1

- Work with DoH with regard to proposals for regulation of home care.
- Develop communication plan relating to the model of home care.

- Develop, describe and implement service delivery processes to support the above.
- Identify and manage any critical dependencies.

Home Care Service Resource Management

- Prioritise available services to need and demand to ensure that older people needing home care support can be discharged in a timely manner from hospital; a standardised process will be introduced to record waiting lists for both home help and home care packages in each CHO.

Actions to Implement Home Care Resource Management		**Q**
National standard approach to management of resources (including waiting list). o HCP guidelines to be re-circulated, & o HH guidelines to be outlined and agreed for implementation across the CHOs		Q1
Reporting of data on waiting lists for HCP and HH commencing January 2016 to be standardised during the year		Q4
CHO Specific Actions		**Q**
CHO	**Action**	
CHOs 1 -9	CHOs will implement the national standard approach to management of home care resources (including waiting lists)	Q1
CHOs 1 -9	CHOs will commence reporting data on waiting lists for HCP & HH in January 2016 through the national data collection templates provided for this purpose with a view to having standardised approach fully in place by end 2016	Q1

Residential Care

- Complete short stay public bed project – review is ongoing of service provision and capacity of short stay residential care to maximise its potential to rehabilitate older people as part of an integrated care approach. This will include a 'money follows the person' approach to funding these services. Progress capital programme of works to ensure maximum number of public residential care units can reach compliance by end of 2021.

Actions to implement	**Q**
Public Short Stay Bed Review	
Map current service o Analyse data from 128 completed site surveys of public centres and finalise report on current short stay bed provision, identifying range and type of services provided across these centres	Q1
Establishment of payment model – pilot site o Choose 4 Pilot Sites in CHO 4 o Design process and tool for payment model o Document SOP for process o Establish Cost of Care for each pilot site	Q1
Training o Develop training programme for pilot sites o Deliver Training	Q1
Implementation of model at pilot sites o Implement payment model at 4 pilot sites o Monitor and review data o Sign off on pilot phase	Q2
Establish national payment model o Establish cost of care rate for categories of beds in all public units with Short Stay Beds o Review and refine payment process o Develop training plan for each CHO area o Agree plan with Chief Officers	Q3

o Deliver Training	
Implement payment model nationally	Q4
o Implement payment model in all CHO areas o Mid implementation review	
Public Registered Residential Care Services – infrastructural improvements	
• Agree programme of improvements in public residential care in line with HIQA requirements and funding available in Capital Plan 2016-2021	Q1

► Participate in the inter-departmental working group that is being established to oversee the implementation of the recommendations included in *Review of the NHSS (A Fair Deal)*. Implement by end of 2016, the administrative recommendations as outlined in the review.

Actions to Implement Recommendations included in Review of the NHSS	**Q**
Finalise work plan in January regarding the implementation of the administrative reforms included in the Review	Q1
Work closely with the Department of Health and the Revenue Commissioners in implementing the administrative reforms required	Q1-Q4
Consolidate the number of nursing homes support offices from 17 to 4 or 5 while ensuring that local customer service is maintained	Q2
Review all NHSS documentation to ensure that is it sufficiently customer friendly	Q2
Work with other State agencies in developing links to information sources that will assist the HSE in accurately assessing NHSS applicants for financial support under the scheme	Q1-Q4

Models of Living Care

► Work with statutory and relevant government departments to develop models of living with care outside of the standard residential care settings including working with ISAX Project and HSE review of Boarding Out Schemes.

Actions to Implement Models of Living Care	**Q**
ISAX Project **"Independent Living with Care" Taskforce.**	
o HSE will continue to be a member of Task force during 2016. Phase 1 of Project focusing on research of various housing models and the effectiveness of these models in delivering care and support to Older Persons	Q1
o Tender for research issued and research to commence in Q1	Q1.
Dublin City Age Friendly Housing with Care Working Group	
o HSE will continue to hold membership both from a national and local operational level on this Working Group	Q1–Q4
o Dublin City Council to identify potential site for delivery of housing care model	Q1
o Model of care to be agreed and draft proposal to be agreed and signed off by Working Group	Q1–Q2
o Timelines for delivery of model to be agreed	Q2
Boarding Out Scheme	
o HSE Working Group to be established to review current schemes in operation and examine options and make recommendations on the potential of extending this scheme nationally as an additional options of care services for older people	Q1- Q3
Research – Housing with Care Models	
o HSE will work with Waterford Institute of Technology regarding a research project which will be undertaken around existing models of housing with care in Ireland and their effectiveness and potential for delivering additional options of care for older persons	
o Terms of Reference for research project will be finalised (Jan 2016)	Q1
o Project will commence – (Feb 2016)	Q1
o Timelines for completion of project to be agreed following sign off on TOR for research project	

Integrated Care Programme for Older Persons

- The purpose of the Integrated Care Programme for Older Persons (ICPOP) is to augment primary and secondary care services for older people in the community enabling a shift from a model of acute, hospital-based episodic care to a model that reflects increased co-ordination and care planning based on the needs of the older person. Given the ageing demographics there is an urgent need to build capacity in the provision of healthcare services that can meet this change in the model in both community and acute services. Work is already well established in Cork and Limerick, while programmes are being initiated in conjunction with Tallaght and Our Lady of Lourdes (OLOL) Hospitals. The priority in 2016 is developing this programme across 4 pioneer sites (CHO 7, Tallaght Hospital; CHO 8, OLOL; CHO 4, Cork University Hospital (CUH); CHO 3 University College Hospital Limerick (UCHL) which will commence the implementation of the integrated care programme in 2016. Social care services will lead the process which is multi-agency and multi-divisional.

Actions to Implement ICPOP	**Q**
Engage with CHO and Hospital Group Leadership to prepare pioneer areas in working towards shifting model of care towards community based services and building on local initiatives in combination with ICPOP framework.	Q1-Q4
Establish governance structures in Pioneer Areas (CHOs 3, 4, 7, 8). o Support establishment of local Integrated Care Team o Develop new clinical roles and structures to support ICPOP o Establish project work streams to develop and evaluate model	Q2
Support enhancement of care pathways and work towards a model of integrated care in non-pioneer areas (in conjunction with National Clinical Programme Older Persons) including developing appropriate governance and evaluation mechanisms	Q3-Q4

CHO Specific Actions to Implement ICPOP		**Q**
CHO	**Action**	
CHO 1	Recruit 6 WTE multidisciplinary team in conjunction with Sligo General Hospital to support development of enhancing care pathways for older persons	Q1-Q4
CHO 2	Support development of enhancing care pathways for older persons in conjunction with ICPOP and National Clinical Care Programme, Older People	Q1-Q4
CHO 3	Continue to develop integrated care pathways building on existing structures and relationships in the area	Q1-Q4
CHO 4	Recruit 4.0 wte multidisciplinary team in conjunction with Cork University Hospital to support development of enhancing care pathways for older persons	Q1-Q4
CHO 5	Support development of enhancing care pathways for older persons in conjunction with ICPOP and National Clinical Care Programme, Older People	Q1-Q4
CHO 6	Recruit 5.0 WTE; Consultant Geriatrician and multidisciplinary team in conjunction with St. Vincent's University Hospital to support development of enhancing care pathways for older persons	Q1-Q4
CHO 7	Recruit 6.0 WTE; Consultant Geriatrician and multidisciplinary team in conjunction with Tallaght Hospital to support development of enhancing care pathways for older persons	Q1-Q4
CHO 8	Recruit 7.0 WTE multidisciplinary team in conjunction with Our Lady Of Lourdes hospital to support development of enhancing care pathways for older persons	Q1-Q4
CHO 9	Recruit 6.0 WTE; 2 wte Consultant Geriatrician posts and multidisciplinary team in conjunction with North side Dublin hospitals to support development of enhancing care pathways for older persons	Q1-Q4

Child Protection and Welfare

Actions in line with Child Protection and Welfare	**Q**
Implement the Child Protection And Welfare Policy once published and ensure all Older Persons services have a local Child Protection And Welfare Policy	Q1-Q4
Social Care Division will ensure that all new staff receives information on the HSE Child Protection and Welfare policy as part of their induction process.	Q1-Q4

Goal 3

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

Social Care services have a particular requirement to develop a culture of openness, transparency and accountability. Social Care is supporting the emergence of an independent voice for persons with a disability and their families and continuing to foster this same approach in older person's services through the use of advocacy groups and residents councils.

Governance and communication

- Ensure that authority and accountability for the quality and safety of services across all service areas is integrated into operational service management through appropriate leadership, governance, structures, and processes.

Actions to Implement Improved Governance and Communication	Q
Monitor the establishment of Quality and Safety Structures in each CHO through the introduction of a Social Care Quality and Safety Dashboard. This will include reporting on the current operational governance structures in place: • CHO Quality and Safety Committee • Social Care Quality and Safety Committee • HCAI / Infection Control Committee per CHO • Drugs and Therapeutics Committee per CHO	Q1

- Strengthen the governance arrangements under the health service Accountability Framework by measuring, monitoring and reporting on the performance of the health service in relation to the quality and safety of care, with a specific focus on identifying and addressing areas of under performance by recommending appropriate and proportionate action to ensure the improvement of services.

Actions to Strengthen Governance Arrangements in Relation to Quality and Safety	Q
Commence monitoring of a range of Quality and Safety metrics in the nine Community Health Organisations under the Themes of Person-centred Care, Effective Care, and Safe Care	Q1
Continue the monitoring function of the Quality and Safety Social Care national team by providing continuous feedback and learning from HIQA inspection reports	Q1-Q4

- Promote the reduction of risk to service users, the public and staff by implementing best practice Risk Management processes aligned with national policies.
- Improve the incident monitoring and investigation processes, creating opportunities for learning from serious incidents, including Serious Reportable Events.
- Support the work of the National Independent Review Panel.
- Build capacity to effectively manage incidents and complaints.

Actions to Reduce Risk and Improve Incident Monitoring and Investigation, and Complaints Procedures	Q
Provide training and education to CHOs for: • Systems Analysis • NIMS (National Incident Management System) Phase 2 • NIRF (National Incident Report Form) training	Q1-Q4
Maintain accurate and timely progress reports on the management of serious incidents (SIs) including serious reportable events (SREs) using the incident information management system (IMMS)	Q1-Q4
Commence monitoring of the CHO Social Care Risk Registers through the Quality and Safety Dashboard	Q1
Utilise the National Independent Review Panel for complex investigations	Q3

Monitor the analysis of complaints in Social Care in CHOs through the Quality and Safety Dashboard	Q3
Support the revision of the HSE Complaints Management Policy	Q1-Q4

- Continue the implementation, control and prevention of HCAIs / Antimicrobial Resistance (AMR) in accordance with HCAI standards across all service areas including decontamination standards.
- Promote improvement in Medication Management and Prescribing in Social Care.

Actions to Improve Medication Management and Prescribing	**Q**
Support all HSE and HSE-funded Social Care Residential Providers to participate in the HALT Survey of Healthcare Associated Infections (HCAI) and antimicrobial use	Q2
Implement a Quality Improvement Initiative in safe prescribing of Anti-psychotic medication in a number of early adopter sites in Older Persons Residential Services	Q4

- Work with the communications lead for Social Care to put in place a compassionate communication and engagement strategy including plans for developing appropriate communication and engagement with service users, their families, staff, unions, advocate groups, political representatives, the media and others.

Actions to Develop and Implement Communication and Engagement Strategy	**Q**
Develop a Social Care Communication & Engagement Plan with a clear plan outlining the steps of engagement with service users, their families, staff, unions, advocate groups, political representatives, the media and others.	Q1
Submit Social Care Communication and Engagement Plan to the Social Care Management Team for sign-off	Q2
Establish a Social Care Communications Sub-Group to oversee implementation of the Communication and Engagement Plan	Q2

Enhance Patient / Service User Advocacy Services

- Work alongside SAGE, the National Advocacy Service for Older Persons, and the new proposed National Advocacy Body, in 2016 Social Care to strengthen existing advocacy services for older persons.

Improved Service User Engagement

- Ensure that all service users and their families are aware of the role of the Confidential Recipient

Actions to Improve Service User and Family Engagement	**Q**
Ensure that the poster for the Confidential Recipient is distributed to all older persons residential care services for display	Q1
Continue bi-weekly meetings between Head of Quality and Safety Social Care Division and the Confidential Recipient	Q1-Q4

- Continue to support the establishment of Residents' Councils for older persons residential care services.

Actions to Support Establishment of Residents' Councils	**Q**
Progress the implementation of Residents Councils for older persons residential care services	Q1-Q4
Monitor the implementation and effectiveness of Residents Councils for older persons residential care services as part of the quarterly process with Chief Officers	Q1-Q4
Request evidence of evaluation of Residents Councils in older persons residential care services where they have been in operation for a period of time	Q4

- Continue to implement the National Quality Standards for Residential Care Settings – Older Persons Services.
- Ensure effective implementation of recommendations arising from inspections by HIQA.
- Continue to self-evaluate and implement quality improvement plans to support person-centred care in public residential services.

Actions to Monitor and Improve Quality of Care in Older Persons Residential Care Services	**Q**
Continue to hold quarterly review meetings with Chief Officers regarding compliance with Quality and Patient Safety issues including complaints management and serious incident management.	Q1-Q4
Continue to schedule regular formal meetings with the Chief Officers in relation to specific issues in relation to services for older persons	Q1-Q4
In order to support these processes, proactive and reactive monitoring will be put in place. This will include: *Proactively* **–** Published inspection reports and associated actions plans are reviewed and monitored for emerging trends. Each facility is aware of the requirement to produce an annual quality review in accordance with the requirements of the HIQA Judgement Framework in relation to older persons residential care services. Published inspection reports will be collated quarterly. *Reactively* **–** Review visits are undertaken to identified facilities to provide support for further inspections and the resultant action plans from these visits are monitored monthly until they are resolved satisfactorily. The timeline for this is dependent on service need and has to take place within a short period of time. The aim is that reports would be collated within one week of a visit.	Q1-Q4

Safeguarding Vulnerable Adults – Continuing the Implementation Process

In 2016, in order to continue to promote the welfare of vulnerable adults and safeguard them from abuse, Social Care services will:

- Develop an I.T. based logging and tracking system in relation to safeguarding concerns within each CHO area. This will allow safeguarding and protection teams to track safeguarding concerns and support the establishment of an anonymised database to aid statistical analysis.
- Continue training of designated officers and awareness-raising of frontline staff at an accelerated pace in 2016. By the end of Quarter 2, all designated officers will have received formal training and, by year end, a minimum of 8,000 frontline staff will have attended an awareness-raising programme on safeguarding.
- Complete a checklist by the end of Quarter 1 to assure compliance of all Social Care funded agencies policies and procedures with the national policy.
- Explore, proposals and options in relation to commissioning research related to safeguarding vulnerable adults through the National Inter-Sectoral Safeguarding Committee
- Explore options for an awareness campaign on promoting the rights and independence of vulnerable adults through the National Inter-Sectoral Safeguarding Committee.
- Develop a practice handbook for use by all staff, in relation to safeguarding and in line with the policy
- Commence a formal review of the policy by the end of Quarter 4, 2016.

Actions to Continue the Implementation Process of the *Safeguarding Vulnerable Adults Policy*	**Q**
Safeguarding and Protection Committees to be in place in all 9 CHOs	Q1
Complete training rollout of Safeguarding and Protection Team Members	Q1
Complete training of Designated Officers	Q2
Front line staff – awareness briefings	Q1-Q4
Reporting procedure to be agreed between HSE and An Garda Siochana	Q1
Update the HSE website to incorporate safeguarding	Q1
Recruit additional 9 WTE administrative staff to support the CHO teams	Q1
NSO to complete review of safeguarding documentation	Q2
Complete final compilation of Funded Agencies audit checklists to ensure policy alignment	Q2
National database of safeguarding concerns to be maintained by NSO with information supplied by each CHO	Q1-Q4

Develop and distribute practice handbook	Q2
Complete a review of membership of the National Inter-Sectoral Committee	Q4

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

Older persons services will support the implementation of the People Strategy 2015–2018 by driving implementation through a number of key areas including leadership, employee engagement and learning and development

Leadership

- Support the development of leaders at CHO level to provide direction and purpose, and connect with all staff and teams through open and ongoing communication and engagement as a core leadership activity.
- Support the development of leaders' capacity to engage effectively with service users, work with other relevant health service areas and connect with local communities to enhance patient pathways and patient experiences.
- These actions will be achieved through the delivery of individual CHO leadership development programmes.
- The National Learning and Development Programme have procured to provide Leadership Development Training for 400 health service staff across all Divisions. It is planned that 16 programmes will be delivered with 25 people on each training programme.

Actions to Deliver Leadership Development Training	**Q**
Social Care Division will promote the availability of coaching and mentoring services	Q1
Social Care Division will release staff to participate on the Leadership Development Programme	Q2

Quality Improvement through Staff Engagement

- Support the work undertaken by national HR to create a culture of staff engagement in service design and delivery, which will be achieved by ongoing consultation and workshops on the CHO reform programme.
- Continue to improve the current partnership arrangement with HR and the Quality Improvement Division to identify, use and share learning from staff engagement initiatives, through the Quality Enablement Programme, quality improvement team and service improvement teams.

Actions to Deliver Improved Staff Engagement	**Q**
Social Care Division, in partnership with CHO's and Systems Reform Group, will arrange for staff engagement through ongoing consultation and workshops on the CHO reform programme	Q2

Employee Engagement

- Prioritise effective communication as a core enabler of employee engagement in partnership with communications.
- Create an environment where front line workers are afforded the opportunity to provide constructive feedback on service delivery through regular staff team meetings and national workshops.
- Support staff to act as advocates for service users and enable their participation in decision making regarding care planning and solution focused approaches through the advocacy work being undertaken by Inclusion Ireland within the Social Care services.
- The Social Care Division is committed to multi-disciplinary team working at the core unit of service delivery through the establishment of Children's Disability Network Teams in partnership with voluntary providers to improve the overall service delivery.

Actions to Improve Employee Engagement	Q
Social Care Division will issue a newsletter for staff, service user and their families to communicate on progress in relation to the disability reform programme	Q3
The Social Care Division will request updates from the CHO's on their local initiatives to support employee engagement to provide constructive feedback on service delivery. The Social Care Division will provide this through the continuation of the national disability summits	Q1-Q4

Learning and Development Approach

- In partnership with HR, work with professional bodies and staff representative associations to develop continuous professional development responses that support improved performance.
- Explore with voluntary providers opportunities to develop on the job experiential learning through job rotation and shadowing.

Actions to Develop Continuous Professional Development Opportunities	Q
The Social Care Division will nominate a representative to work with National HR to develop continuous professional development responses that support improved performance.	Q2
Through the HR & Finance Group between the HSE and three umbrella organisations for disability services, this group will identify opportunities to develop on the job experiential learning through job rotation and shadowing.	Q4

Public Residential Care Workforce Plan

- Implement, following reaching agreement through the auspices of the Labour Relations Commission, proposals regarding the matching of staffing levels and skill-mix to care needs requirements across all public residential care services.

Actions to Implement the Public Residential Care Workforce Plan	Q
Finalise consultation process with Unions under the auspices of the WRC on framework for sustainable workforce plans	Q1
Implementation across 9 CHOs of Framework Agreement	Q1-Q4
Progress discussions on nurse management structures in public residential care services to agree CHO design of governance arrangements	Q3
In partnership with the CHO's, National Older Persons services will develop a SMART action plan to implement the agreement reached at the Workplace Relations Commission regarding skill mix	Q1-Q4

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

Paybill Management and Control – National Framework 2015

The 2015 Framework clearly states the overall requirement for each Chief Officer to remain within their notified budget and the recruitment of staff must not breach that requirement in the current year, nor build in unsustainable levels into the following year. There is an absolute requirement for each CHO and sub-element to have a fully funded workforce plan developed in line with their allocated pay envelope and this should drive all recruitment decisions.

There is a clear expectation from Social Care services, that each Chief Officer will fully utilise the 2015 Framework and delegation to eliminate and/or reduce the use of agency and overtime within their CHO. The Chief Officers will be required to clearly demonstrate for both HSE direct provision and S38 agencies the actions taken by them to progress this and provide evidence of same.

Social Care Division will finalise and implement the agreement in relation to staffing requirements of public older persons residential care services.

Actions to Implement Pay bill Management in Older Persons Services	Q
Finalise consultation process with Unions under the auspices of the WRC on framework for sustainable workforce plans	Q1
Implementation across 9 CHOs of Framework Agreement	Q1-4
Progress discussions on nurse management structures in public residential care services to agree CHO design of governance arrangements	Q3
The Social Care Division will require monthly updates from the CHO's on the development and implementation of their workforce plan and the actions taken to reduce agency and overtime in all services within the CHO, statutory and voluntary. This will be a regular agenda item on the engagement between the CHO and the Social Care Management Team.	Q1-Q4

Governance and Service Arrangements

- Social Care services will develop a strong national capability to ensure effective governance and accountability in respect of S38 and S39 Agencies. Within older persons services, the following SLA Part 2's will be signed:

CHO	No. of Part 2's to be Signed	By
1	11	29th February 2016
2	12	29th February 2016
3	13	29th February 2016
4	16	29th February 2016
5	12	29th February 2016
6	14	29th February 2016
7	16	29th February 2016
8	8	29th February 2016
9	22	29th February 2016

Introduction of the Single Assessment Tool (SAT)

- Progress the implementation of the IT enabled standardised assessment of health and care needs of older people through the implementation of the Single Assessment Tool project. Phased implementation is planned with an initial focus on access to long term care, resulting in a minimum of 50% of NHSS application assessed using SAT by the end of 2016. Implementation for applications to home care services will follow resulting in a minimum of 25% of HCP applications assessed using SAT by the end of 2016.

Actions to Implement SAT		Q
Implementation of SAT initially in 4 Early Adopter sites (Beaumont, CUH, UHG & Tallaght hospitals and surrounding community locations)		Q1 – Q2
–	Identification of SAT assessors & release for training and completion of Training and Assessor Competency Evaluation	Q1 – Q2
–	Commencement of SAT assessments for 6 month period initially for older people seeking access to NHSS and thereafter HCP	Q1 – Q2
Evaluation of implementation in Early Adopter sites after 6 months		Q3
Phased implementation into remaining locations		Q3-Q4
CHO Specific Actions to Implement SAT		**Q**
CHO	**Action**	
CHO 2, 4, 7, 9	Implementation in Early Adopter Hospital/Community Site – UGH and Galway, CUH & Cork City, Tallaght Hospital and Dublin SW, Beaumont & Dublin North	Q1- Q2

CHO 1, 3,5,6,8	Commence phased implementation following Early Adopter evaluation	Q3-Q4

Assisted Technology

- Consider the potential contribution that new assistive technologies can make to the support of older people in their own homes and communities.
- In this regard, mainstream the innovative approach of the '5 step programme' for people with dementia and specifically the 'show house' located in Clonmel that provide a display of new assistive technologies.

Appendices

Appendix 1: Performance Indicators

System-Wide

System-Wide				
Indicator	**Reporting Frequency**	**NSP 2015 Expected Activity / Target**	**Projected Outturn 2015**	**Expected Activity / Target 2016**
Budget Management including savings **Net Expenditure variance from plan (within budget)** Pay – Direct / Agency / Overtime	M	≤ 0%	To be reported in Annual Financial Statements 2015	0.33%
Non-pay	M	≤0%		0.33%
Income	M	≤ 0%		0.33%
Acute Hospitals private charges – Debtor Days – Consultant Sign-off	M	New PI 2016	New PI 2016	90% @ 15 days by 31/12/16
Acute Hospitals private income receipts variance from Actual v Plan	M	New PI 2016	New PI 2016	≤ 5%
Capital Capital expenditure versus expenditure profile	Q	New PI 2016	New PI 2016	100%
Audit % of internal audit recommendations implemented by due date	Q	New PI 2016	New PI 2016	75%
% of internal audit recommendations implemented, against total no. of recommendations, within 12 months of report being received	Q	New PI 2016	New PI 2016	95%
Service Arrangements / Annual Compliance Statement % of number of Service Arrangements signed	M	100%	100%	100%
% of the monetary value of Service Arrangements signed	M	100%	100%	100%
% of Annual Compliance Statements signed	A	100%	100%	100%
HR % absence rates by staff category	M	3.5%	4.19%	≤ 3.5%
% variation from funded staffing thresholds	M	New PI 2016	To be reported in Annual Report 2015	≤ 0.5%
EWTD < 24 hour shift (Acute and Mental Health)	M	100%	96%	100%
< 48 hour working week (Acute and Mental Health)	M	100%	78%	95%
Health and Safety				

System-Wide				
Indicator	**Reporting Frequency**	**NSP 2015 Expected Activity / Target**	**Projected Outturn 2015**	**Expected Activity / Target 2016**
No. of calls that were received by the National Health and Safety Helpdesk	Q	New PI 2016	New PI 2016	15% increase
Service User Experience % of complaints investigated within 30 working days of being acknowledged by the complaints officer	M	75%	75%	75%
Serious Reportable Events % of Serious Reportable Events being notified within 24 hours to the Senior Accountable Officer and entered on the National Incident Management System (NIMS)	M	New PI 2016	New PI 2016	99%
% of investigations completed within 120 days of the notification of the event to the Senior Accountable Officer	M	90%	62%	90%
Safety Incident reporting % of safety incidents being entered onto NIMS within 30 days of occurrence by hospital group / CHO	Q	New PI 2016	New PI 2016	90%
% of claims received by State Claims Agency that were not reported previously as an incident	A	New PI 2016	New PI 2016	To be set in 2016

Key Performance Indicators Service Planning 2016	KPIs 2016									
Disability KPI Title	**2016 National Target / Expected Activity**	**CHO1**	**CHO2**	**CHO3**	**CHO4**	**CHO5**	**CHO6**	**CHO7**	**CHO8**	**CHO9**
No. of requests for assessments received	5,539	302	299	268	1,184	406	201	1,355	484	1,040
% of assessments commenced within the timelines as provided for in the regulations	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
% of assessments completed within the timelines as provided for in the regulations	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
% of service statements completed within the timelines as provided for in the regulations	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Proportion of established Children's Disability Network Teams having current individualised plans for all children	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Number of Childrens Disability Network Teams established	100% (129/129)	100% (16/16)	100% (15/15)	100% (12/12)	100% (17/17)	100% (20/20)	100% (7/7)	100% (9/9)	100% (21/21)	100% (12/12)
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	191	58	241	320	352	64	206	123	50
No. of people with a disability in receipt of work / work-like activity services(ID/Autism and Physical and Sensory Disability)	3,253	346	149	383	923	606	176	284	283	103
No. of people with a disability in receipt of Other Day Services (excl. RT and work/like-work activities) - Adult (Q2 & Q4 only) (ID/Autism and Physical and Sensory Disability)	15,907	1,301	1,691	1,188	2,417	1,863	1,084	2,048	1,867	2,448
No. of Rehabilitative Training places provided (all disabilities)	2,583	272	385	206	355	254	195	394	206	316

Key Performance Indicators Service Planning 2016	KPIs 2016									
Disability KPI Title	2016 National Target / Expected Activity	CHO1	CHO2	CHO3	CHO4	CHO5	CHO6	CHO7	CHO8	CHO9
No. of people (all disabilities) in receipt of Rehabilitative Training (RT)	2,870	292	512	231	394	309	188	362	203	379
% of school leavers and RT graduates who have received a placement which meets their needs	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
No. of people with a disability in receipt of residential services (ID/Autism and Physical and Sensory Disability)	8,885	746	854	871	1,201	915	815	1,254	913	1,316
No. of new referrals accepted for people with a disability for respite services (ID/Autism and Physical and Sensory Disability)	1,023	109	85	119	215	132	36	140	123	65
No. of new people with a disability who commenced respite services (ID/Autism and Physical and Sensory Disability)	782	78	63	110	142	79	21	129	57	103
No. of existing people with a disability in receipt of respite services (ID/Autism and Physical and Sensory Disability)	5,964	558	1,059	534	835	573	352	626	641	786
No. of people with a disability formally discharged from respite services (ID/Autism and Physical and Sensory Disability)	591	39	118	102	115	47	11	22	95	46
No. of people with a disability in receipt of respite services (ID/Autism and Physical and Sensory Disability)	5,274	505	663	377	772	567	445	733	527	685
No. of overnights (with or without day respite) accessed by people with a disability (ID/Autism and Physical and Sensory Disability)	180,000	11,711	32,343	12,691	26,885	14,281	16,768	26,654	17,391	21,276
No. of day only respite sessions accessed by people with a disability (ID/Autism and Physical and Sensory Disability)	35,000	5,001	6,254	9,838	2,026	1,032	2,196	4,395	866	3,392
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	6	11	1	10	9	1	6	2	5
No. of new referrals accepted for adults with a physical and / or sensory disability for a PA service	271	25	35	66	11	47	0	0	58	29
No. of new adults with a physical and / or sensory disability who commenced a PA service	223	24	64	60	11	11	0	0	24	29
No. of existing adults with a physical and / or sensory disability in receipt of a PA service	2,284	230	389	386	415	263	9	77	268	247
No. of adults with a physical or sensory disability formally discharged from a PA service	134	18	35	31	1	10	0	0	12	27
No. of adults with a physical and /or sensory disability in receipt of a PA service	2,186	217	282	388	389	254	10	123	232	291
Number of PA Service hours delivered to adults with a physical and / or sensory disability	1,318,819	123,011	238,424	265,721	115,468	94,602	24,508	17,382	151,599	288,104
No. of adults with a physical and / or sensory disability in receipt of 1 - 5 PA Hours per week	957	95	124	104	270	164	1	28	102	69
No. of adults with a physical and / or sensory disability in receipt of 6 - 10 PA hours per week	538	50	96	85	101	51	2	24	81	48

Key Performance Indicators Service Planning 2016	KPIs 2016									
Disability KPI Title	2016 National Target / Expected Activity	CHO1	CHO2	CHO3	CHO4	CHO5	CHO6	CHO7	CHO8	CHO9
No. of adults with a physical and / or sensory disability in receipt of 11 - 20 PA hours per week	397	44	95	82	29	24	1	19	56	47
No. of adults with a physical and / or sensory disability in receipt of 21 - 40 PA hours per week	256	28	52	77	10	13	2	11	24	39
No. of adults with a physical and / or sensory disability in receipt of 41 - 60 PA hours per week	73	9	7	25	1	4	1	3	6	17
No. of adults with a physical and / or sensory disability in receipt of 60+ PA hours per week	83	2	15	27	0	2	2	1	1	33
No. of new referrals accepted for people with a disability for home support services (ID/Autism and Physical and Sensory Disability)	1,416	94	207	41	321	104	106	104	283	156
No. of new people with a disability who commenced a home support service (ID/Autism and Physical and Sensory Disability)	1,273	153	168	78	299	78	67	90	112	228
No. of existing people with a disability in receipt of home support services (ID/Autism and Physical and Sensory Disability)	6,380	759	659	392	676	825	555	714	753	1,047
No. of people with a disability formally discharged from home support services (ID/Autism and Physical and Sensory Disability)	466	61	45	50	53	49	31	27	60	90
No of people with a disability in receipt of Home Support Services (ID/Autism and Physical and Sensory Disability)	7,312	856	582	929	726	702	559	888	1,007	1,063
No of Home Support Hours delivered to persons with a disability (ID/Autism and Physical and Sensory Disability)	2,600,000	336,605	181,961	141,279	188,812	210,588	303,227	376,758	432,859	427,911
No. of people with a disability in receipt of 1 - 5 Home Support hours per week (ID/Autism and Physical and Sensory Disability)	3,140	301	280	339	413	200	279	360	458	510
No. of people with a disability in receipt of 6 – 10 Home Support hours per week (ID/Autism and Physical and Sensory Disability)	1,197	94	86	65	174	99	141	158	169	211
No. of people with a disability in receipt of 11 – 20 Home Support hours per week (ID/Autism and Physical and Sensory Disability)	753	46	24	23	95	143	69	109	109	135
No. of people with a disability in receipt of 21- 40 Home Support hours per week (ID/Autism and Physical and Sensory Disability)	402	32	11	9	38	43	45	54	81	89
No. of people with a disability in receipt of 41 – 60 Home Support hours per week (ID/Autism and Physical and Sensory Disability)	97	7	3	1	6	4	18	11	28	19
No. of people with a disability in receipt of 60 +Home Support hours per week (ID/Autism and Physical and Sensory Disability)	127	20	1	1	15	4	14	17	48	7
Facilitate the movement of people from congregated to community settings	160									

Key Performance Indicators Service Planning 2016	KPIs 2016									
Disability KPI Title	2016 National Target / Expected Activity	CHO1	CHO2	CHO3	CHO4	CHO5	CHO6	CHO7	CHO8	CHO9
In respect of agencies in receipt of €3m or more in public funding, the % which employ an internationally recognised quality improvement methodology such as EFQM, CQL or CARF	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
% of compliance with outcomes of Disability Units following HIQA inspections by CHO	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%
Service Improvement Team Process Deliver on Service Improvement priorities	100%									
Transforming Lives Deliver on VfM Implementation Priorities	100%									
Percentage of CHOs who have a plan in place on how they will implement their approach to the establishment of a Residents Council/Family Forum/Service User Panel or equivalent for Disability Services (reporting to commence by Q3)	100%									

Key Performance Indicators Service Planning 2016	KPIs 2016									
Older Persons KPI Title	2016 National Target / Expected Activity	CHO1	CHO2	CHO3	CHO4	CHO5	CHO6	CHO7	CHO8	CHO9
Total no. of persons in receipt of a HCP/DDI HCP(Monthly target)	15,450	1235	1140	940	1395	900	1670	1988	2132	4050
No. of new HCP clients, annually	6,000	525	490	325	540	370	680	825	680	1565
Intensive HCPs number of persons in receipt of an Intensive HCP at a point in time (Capacity)	130									
No. of home help hours provided for all care groups (excluding provision of hours from HCPs)	10,437,000	1,375,000	1,274,000	926,000	2,162,000	1,219,000	404,000	734,000	1,203,000	1,140,000
No. of people in receipt of home help hours (excluding provision of hours from HCPs) (Monthly target)	47,800	4,900	5,700	3,650	7,950	6,000	2,800	5,200	6,700	4,900
No. of persons funded under NHSS in long term residential care during reporting month	23,450									
% of clients with NHSS who are in receipt of	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%

Key Performance Indicators Service Planning 2016	KPIs 2016									
Older Persons KPI Title	2016 National Target / Expected Activity	CHO1	CHO2	CHO3	CHO4	CHO5	CHO6	CHO7	CHO8	CHO9
Ancillary State Support										
% of clients who have CSARs processed within 6 weeks	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
No. in receipt of subvention	187	13	24	24	18	19	28	19	24	18
No. of NHSS Beds in Public Long Stay Units.	5,255	534	609	346	1,046	556	386	642	629	507
No. of Short Stay Beds in Public Long Stay Units	2,005	395	254	184	336	275	165	199	96	101
Average length of Stay for NHSS clients in Public, Private and Saver Long Stay Units	3.2	3.2	3.2	3.2	3.2	3.2	3.2	3.2	3.2	3.2
% of population over 65 years in NHSS funded Beds (based on 2011 Census figures)	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%
Service Improvement Team Process Deliver on Service Improvement priorities.	100%									
Percentage of CHOs who have a plan in place on how they will implement their approach to the establishment of a Residents Council / Family Forum/ Service User Panel or equivalent for Older Persons Services (reporting to commence by Q3)	100%									
Safeguarding: % of Preliminary Screenings with an outcome of reasonable grounds for concern that are submitted to the Safeguarding and Protection Teams accompanied by an interim Safeguarding Plan.	100%									
% of CHO Heads of Social Care who can evidence implementation of the HSE's Safeguarding Vulnerable Persons at Risk of Abuse Policy throughout the CHO as set out in Section 4 of the policy Reporting to begin by Quarter 2 2016	100%									
% of CHO Heads of Social Care that have	100%									

Key Performance Indicators Service Planning 2016	KPIs 2016									
Older Persons KPI Title	2016 National Target / Expected Activity	CHO1	CHO2	CHO3	CHO4	CHO5	CHO6	CHO7	CHO8	CHO9
established CHO wide organisational arrangements required by the HSE's Safeguarding Vulnerable Persons at Risk of Abuse Policy as set out in Section 9.2 of the policy Reporting to begin by Quarter 2 2016										
Total no. of preliminary screenings for adults under 65 years										
Total no. of preliminary screenings for adults aged 65 and over										
No. of staff trained in safeguarding policy										

Appendix 2: Balanced Score Cards

Disability Services

Quality and Safety

Service User Experience	
• % of CHOs who have a plan in place on how they will implement their approach to the establishment of a Residents Council / Family Forum/ Service User Panel or equivalent for Disability Services (from Q3)	100%
Congregated Settings	
• Facilitate the movement of people from congregated to community settings	160
Serious Reportable Events	
• % of Serious Reportable Events being notified within 24 hours to the Senior Accountable Officer and entered on the National Incident Management System (NIMS)	99%
• % of investigations completed within 120 days of the notification of the event to the Senior Accountable Officer	90%
Safety Incident Reporting	
• % of safety incidents being entered onto NIMS within 30 days of occurrence by CHO	90%
Complaints	
• % of complaints investigated within 30 working days of being acknowledged by the complaints officer	75%
Safeguarding	
• % of preliminary screenings with an outcome of reasonable grounds for concern that are submitted to the Safeguarding and Protection Teams accompanied by an interim Safeguarding Plan	100%
• % of CHO Heads of Social Care who can evidence implementation of the HSE's Safeguarding Vulnerable Persons at Risk of Abuse Policy throughout the CHO as set out in Section 4 of the policy	100%
• % of CHO Heads of Social Care that have established CHO wide organisational arrangements required by the HSE's Safeguarding Vulnerable Persons at Risk of Abuse Policy as set out in Section 9.2 of the policy	100%
• % compliance with inspected outcomes following HIQA inspection of Disability Residential Units	75%
Service Improvement Team Process	
• Deliver on Service Improvement priorities	100%
Transforming Lives - VfM Policy Review	
• Deliver on VfM Implementation priorities	100%
Quality	
• In respect of agencies in receipt of €3m or more in public funding, the % which employ an internationally recognised quality improvement methodology such as EFQM, CQL or CARF	100%
Governance for Quality and Safety	
• Quality and Safety committees across all Divisions at Divisional, Hospital Group and Community Healthcare Organisation	100%

Access

Progressing Disability Services for Children and Young People (0-18s) Programme	
• No. of Childrens Disability Network Teams established	100% (129/129)
Disability Act Compliance	
• % of assessments completed within the timelines as provided for in the regulations	100%
Day Services	
• % of school leavers and RT graduates who have been provided with a placement	100%
Respite*	
• No. of day only respite sessions accessed by people with a disability	35,000
• No. of overnights (with or without day respite0 access by people with a disability	180,000
Personal Assistance (PA)	
• No. of PA service hours delivered to adults with a disability	1.3m
Home Support Service	
• No. of Home Support Hours delivered to persons with a disability	2.6m

Finance		Human Resources	
Budget Management including savings		**Absence**	
Net Expenditure variance from plan (budget)		• % of absence rates by staff category	**≤ 3.5%**
• Pay - Direct / Agency / Overtime	**≤ .33%**		
• Non-pay	**≤ .33%**	**Staffing Levels and Costs**	
• Income	**≤ .33%**	• % variation from funded staffing thresholds	**≤ 0.5%**
Service Arrangements/ Annual Compliance Statement		**Compliance with European Working Time Directive (EWTD)**	
• % of number of Service Arrangement signed	**100%**	• < 48 hour working week	**95%**
• % of the monetary value of Service Arrangements signed	**100%**		
• % of Annual Compliance Statements signed	**100%**	**Health and Safety**	
		• No. of calls that were received by the National Health and Safety Helpdesk during the quarter	**15% increase**
Capital			
• Capital expenditure versus expenditure profile	**100%**		
Governance and Compliance			
• % of internal audit recommendations implemented by due date	**75%**		
• % of internal audit recommendations implemented, against total number of recommendations, within 12 months of report being received	**95%**		

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

Older Persons Services

Quality and Safety

Service User Experience	
• % of CHOs who have a plan in place on how they will implement their approach to the establishment of a Residents Council / Family Forum/ Service User Panel or equivalent for Older Persons Services (Q3)	**100%**
Serious Reportable Events	
• % of Serious Reportable Events being notified within 24 hours to the Senior Accountable Officer and entered on the National Incident Management System (NIMS)	**99%**
• % of investigations completed within 120 days of the notification of the event to the Senior Accountable Officer	**90%**
Safety Incident Reporting	
• % of safety incidents being entered onto NIMS within 30 days of occurrence by CHO	**90%**
Complaints	
• % of complaints investigated within 30 working days of being acknowledged by the complaints officer	**75%**
Safeguarding	
• % of preliminary screenings with an outcome of reasonable grounds for concern that are submitted to the Safeguarding and Protection Teams accompanied by an interim Safeguarding Plan	**100%**
• % of CHO Heads of Social Care who can evidence implementation of the HSE's Safeguarding Vulnerable Persons at Risk of Abuse Policy throughout the CHO as set out in Section 4 of the policy	**100%**
• % of CHO Heads of Social Care that have established CHO wide organisational arrangements required by the HSE's Safeguarding Vulnerable Persons at Risk of Abuse Policy as set out in Section 9.2 of the policy	**100%**
Service Improvement Team Process	
• Deliver on Service Improvement priorities	**100%**
Governance for Quality and Safety	
• Quality and Safety committees across all Divisions at Divisional, Hospital Group and Community Healthcare Organisation	**100%**

Access

Home Care Packages	
• Total no. of persons in receipt of a HCP including delayed discharge initiative HCPs	**15,450**
• Intensive HCPs: Total no. of persons in receipt of an intensive HCP	**130**
Home Help	
• No. of home help hours provided for all care groups (excluding provision of hours from HCPs)	**10.4m**
• No. of people in receipt of home help hours (excluding provision from HCPs)	**47,800**
NHSS	
• No. of persons funded under NHSS in long term residential care	**23,450**
• No. of NHSS beds in Public Long Stay Units	**5,255**
• No. of short stay beds in Public Long Stay Units	**2,005**

Finance

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

Human Resources

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

Appendix 3: HR Information

Social Care	WTE Dec 14	WTE Dec 15
Disabilities	1,313	1,357
Older People	1,299	1,287
CHO Area 1	**2,612**	**2,643**
Disabilities	1,281	1,305
Older People	961	1,085
CHO Area 2	**2,242**	**2,390**
Disabilities	1,383	1,568
Older People	783	783
CHO Area 3	**2,166**	**2,351**
Disabilities	2,112	2,151
Older People	1,575	1,666
CHO Area 4	**3,687**	**3,817**
Disabilities	1,030	1,136
Older People	995	1,003
CHO Area 5	**2,025**	**2,139**
Disabilities	2,121	2,127
Older People	730	784
CHO Area 6	**2,851**	**2,910**
Disabilities	1,713	1,835
Older People	1,058	1,060
CHO Area 7	**2,771**	**2,894**
Disabilities	1,729	1,818
Older People	1,167	1,175
CHO Area 8	**2,896**	**2,993**
Disabilities	2,749	2,807
Older People	829	840
CHO Area 9	**3,579**	**3,647**
other	1	1
Total	**24,831**	**25,786**

Appendix 4: Home Care Expected Activity Older Persons

Home Care Targets/Expected Activity 2016				
CHO	**LHO**	**HCP Proposed 2016 Target**	**HH Hours Proposed 2016 Target**	**HH Clients 2016 Expected Activity**
1	LHO Cavan Monaghan	550	320,000	
	LHO Donegal	340	630,000	
	LHO Sligo/Leitrim	345	425,000	
CHO 1 Total		**1,235**	**1,375,000**	4,900
2	LHO Galway	575	633,000	
	LHO Mayo	350	401,000	
	LHO Roscommon	215	240,000	
CHO 2 Total		**1,140**	**1,274,000**	5,700
3	LHO Clare	230	207,000	
	LHO Limerick	450	384,000	
	LHO Nth Tipperary	260	335,000	
CHO 3 Total		**940**	**926,000**	3,650
4	LHO Kerry	525	580,000	
	LHO Nth Cork	155	393,000	
	LHO Nth Lee	265	418,000	
	LHO Sth Lee	345	449,000	
	LHO West Cork	105	322,000	
CHO 4 Total		**1,395**	**2,162,000**	7,950
5	LHO Carlow/Kilkenny	230	305,000	
	LHO Sth Tipperary	215	295,000	
	LHO Waterford	135	259,000	
	LHO Wexford	320	360,000	
CHO 5 Total		**900**	**1,219,000**	6,000
6	LHO Area 2 Dublin South Central	545	108,000	
	LHO Area 1 Dublin South	705	81,000	
	LHO Area 10 Wicklow	420	215,000	
CHO 6 Total		**1,670**	**404,000**	2,800
7	LHO Area 3 Dublin South City	405	119,000	
	LHO Area 4 Dublin South West	703	135,000	
	LHO Area 5 Dublin West	465	200,000	
	LHO Area 9 Kildare/West Wicklow	415	280,000	
CHO 7 Total		**1,988**	**734,000**	5,200
8	LHO Area 11 Laois/Offaly	570	270,000	
	LHO Area 12 Longford/Westmeath	241	242,000	
	LHO Louth	851	221,000	
	LHO Meath	470	470,000	
CHO 8 Total		**2,132**	**1,203,000**	6,700
9	LHO 8 Dublin North	1,810	470,000	
	LHO	**HCP Proposed 2016 Target**	**HH Hours Proposed 2016 Target**	**HH Clients 2016 Expected Activity**
	LHO 7 Dublin North	1,070	400,000	
	LHO 6 Dublin North	1,170	270,000	
CHO 9 Total		**4,050**	**1,140,000**	4900
National Total		**15,450**	**10,437,000**	**47,800**

Appendix 5: Public Long Stay Residential Care Beds Older Persons

CHO Area	LHO Area	Name of Unit	No. of Beds at 31st December 2015	
			NHSS	Short Stay
CHO Area 1	Sligo / Leitrim / W. Cavan	Aras Breffni	25	0
	Sligo / Leitrim / W. Cavan	Aras Carolan	31	6
	Sligo / Leitrim / W. Cavan	Our Lady's Community Hospital	0	35
	Sligo / Leitrim / W. Cavan	St John's Community Hospital	100	39
	Sligo / Leitrim / W. Cavan	St Patrick's Community Hospital	63	22
	Sligo / Leitrim / W. Cavan Total		**219**	**102**
	Cavan / Monaghan	Virginia Community Services	31	6
	Cavan / Monaghan	Ballyconnell	22	0
	Cavan / Monaghan	Sullivan Memorial	16	5
	Cavan / Monaghan	Lisdarn Unit	22	14
	Cavan / Monaghan	Oriel House	0	21
	Cavan / Monaghan	St Mary's Hospital	62	8
	Cavan / Monaghan Total		**153**	**54**
	Donegal	Buncrana CNU	15	15
	Donegal	Ramelton CNU	14	16
	Donegal	Cardonagh Community Hospital	23	22
	Donegal	Donegal Town Community Hospital	3	26
	Donegal	Dungloe Community Hospital	16	19
	Donegal	Falcarragh Community Hospital	10	28
	Donegal	Killybegs Community Hospital	10	31
	Donegal	Lifford Community Hospital	3	17
	Donegal	Rock CNU	22	0
	Donegal	Shiel Community Unit	17	16
	Donegal	St Joseph's Community Hospital	29	49
	Donegal Total		**162**	**239**
CHO AREA 1 TOTAL			**534**	**395**
CHO Area 2	Galway	Aras Mac Dara	44	3
	Galway	Aras Mhuire	18	2
	Galway	Aras Ronan	12	2
	Galway	Clifden District Hospital	0	33
	Galway	St Anne's CNU	24	0
	Galway	St Brendan's Home	94	6
	Galway	Units 5 and 6 - Merlin PK	34	18
	Galway	Ballinasloe Community Unit	0	24
	Galway Total		**226**	**88**
	Roscommon	Aras Mathair Pol	29	1
	Roscommon	Plunkett Community Unit	36	2
	Roscommon	Sacred Heart Hospital	80	15
	Roscommon Total		**145**	**18**
	Mayo	Dalton Community Unit	30	0
	Mayo	Belmullet District Hospital	37	20

CHO Area	LHO Area	Name of Unit	No. of Beds at 31st December 2015	
			NHSS	Short Stay
	Mayo	Mc Bride Community Unit	30	0
	Mayo	Sacred Heart Hospital	77	36
	Mayo	St Augustine's Community Nursing Unit	34	0
	Mayo	St Fionnan's Community Nursing Unit	30	2
	Mayo	St Joseph's District Hospital	0	50
	Mayo	Swinford District Hospital	0	40
	Mayo Total		**238**	**148**
CHO AREA 2 TOTAL			**609**	**254**
CHO Area	**LHO Area**	**Name of unit**	**No. of Beds at 31st December 2015**	
			NHSS	**Short Stay**
CHO Area 3	Limerick	St Camillus Community Hospital	66	34
	Limerick	St Ita's Community Hospital	65	27
	Limerick Total		**131**	**61**
	N. Tipperary / East Limerick	Hospital of the Assumption	31	29
	N. Tipperary / East Limerick	St Conlon's Community Nursing Unit	24	3
	N. Tipperary / East Limerick	Dean Maxwell Community Nursing Unit	22	5
	N. Tipperary / East Limerick Total		**77**	**37**
	Clare	Ennistymon Community Nursing Unit	19	8
	Clare	Raheen Community Nursing Unit	15	10
	Clare	Regina House	20	10
	Clare	St Joseph's Community Hospital	84	58
	Clare Total		**138**	**86**
CHO AREA 3 TOTAL			**346**	**184**
CHO Area 4	North Cork	Kanturk Community Hospital	30	10
	North Cork	St Joseph's Community Hospital, Millstreet	20	6
	North Cork	St Patrick's Community Hospital, Fermoy	54	18
	North Cork Total		**104**	**34**
	North Lee	Cois Abhainn	24	7
	North Lee	Youghal Community Hospital	30	8
	North Lee	Macroom Community Hospital	33	5
	North Lee	Midleton Community Hospital	46	7
	North Lee	Heather House	50	0
	North Lee Total		**183**	**27**
	South Lee	Bandon Community Hospital	18	7
	South Lee	Kinsale Community Hospital	28	12
	South Lee	St Finbarrs Hospital	89	76
	South Lee	Ballincollig CNU	80	20
	South Lee	Farranlee CNU	90	10

CHO Area	LHO Area	Name of Unit	No. of Beds at 31st December 2015	
			NHSS	Short Stay
	South Lee Total		**305**	**125**
	West Cork	Bantry General Hospital	18	6
	West Cork	Clonakilty Community Hospital	118	11
	West Cork	Skibbereen Community Hospital	27	13
	West Cork	Dunmanway Community Hospital	19	4
	West Cork	Schull Community Hospital	16	5
	West Cork	Castletownbere Community Hospital	20	11
	West Cork Total		**218**	**50**
	Kerry	Caherciveen Community Hospital	28	5
	Kerry	Kenmare Community Hospital	15	20
	Kerry	Listowel Community Hospital	24	16
	Kerry	Killarney Community Hospital	92	41
	Kerry	West Kerry Community Hospital	34	18
	Kerry	Tralee Community Nursing Unit	43	0
	Kerry Total		**236**	**100**
CHO AREA 4 TOTAL			**1046**	**336**
CHO Area	**LHO Area**	**Name of unit**	**No. of Beds at 31st December 2015**	
			NHSS	**Short Stay**
CHO Area 5	South Tipperary	Cluain Arainn	0	10
	South Tipperary	St Patrick's Hospital	95	39
	South Tipperary	Carrick on Suir	0	16
	South Tipperary	Clogheen District Hospital *	0	18
	South Tipperary Total		**95**	**83**
	Carlow / Kilkenny	Castlecomer District Hospital	0	18
	Carlow / Kilkenny	Sacred Heart Hospital	58	15
	Carlow / Kilkenny	St Columba's Hospital	69	19
	Carlow / Kilkenny	Carlow District Hospital	0	18
	Carlow / Kilkenny Total		**127**	**70**
	Waterford	Dunabbey House	28	2
	Waterford	Dungarvan Community Hospital	74	42
	Waterford	St Patrick's Hospital	72	24
	Waterford Total		**174**	**68**
	Wexford	New Haughton Hospital	44	0
	Wexford	Abbeygale	116	31
	Wexford	Gorey District Hospital	0	23
	Wexford Total		**160**	**54**
CHO AREA 5 TOTAL			**556**	**275**
CHO Area 6	Dun Laoghaire	Dalkey Community Unit	36	14
	Dun Laoghaire Total		**36**	**14**
	Dublin South East	Dublin South East Units	81	9
	Dublin South East	Leopardstown Pk	118	23
	Dublin South East	The Royal Hospital	66	112
	Dublin South East Total		**265**	**144**
	Wicklow	St Colman's Hospital	85	7

CHO Area	LHO Area	Name of Unit	No. of Beds at 31st December 2015	
			NHSS	Short Stay
	Wicklow Total		**85**	**7**
CHO AREA 6 TOTAL			**386**	**165**
CHO Area 7	Dublin South City	Belvilla Community Unit	37	9
	Dublin South City	Our Lady's Hospice	50	40
	Dublin South City	St James Hospital	46	4
	Dublin South City	Meath Community Unit	46	5
	Dublin South City Total		**179**	**58**
	Dublin West	Cherry Orchard Hospital	166	27
	Dublin West	Peamount Hospital	48	26
	Dublin West Total		**214**	**53**
	Dublin South West	St Brigids Home	51	4
	Dublin South West	Mount Carmel	0	65
	Dublin South West Total		**51**	**69**
	Kildare / West Wicklow	Baltinglass District Hospital	54	6
	Kildare / West Wicklow	Maynooth Community Unit	38	3
	Kildare / West Wicklow	St Vincent's Hospital	106	10
	Kildare / West Wicklow Total		**198**	**19**
CHO AREA 7 TOTAL			**642**	**199**
CHO Area 8	Laois / Offaly	Birr Community Unit	66	10
	Laois / Offaly	Ofalia House	27	2
	Laois / Offaly	Abbeyleix	12	8
	Laois / Offaly	Riada House	29	6
	Laois / Offaly	St Vincent's Hospital	91	5
	Laois / Offaly	St Brigid's Shaen	19	4
	Laois / Offaly Total		**244**	**35**
	Longford / Westmeath	St Vincent's Care Centre	38	6
	Longford / Westmeath	St Joseph's Care Centre	67	7
	Longford / Westmeath	St Mary's Hospital	0	16
	Longford / Westmeath	Cluain Lir Care Centre	48	0
	Longford / Westmeath Total		**153**	**29**
	Louth	St Joseph's Hospital, Ardee	20	0
	Louth	St Mary's Hospital	38	0
	Louth	St Oliver Plunketts	61	2
	Louth	Boyne View	21	5
	Louth	Cottage Hospital	0	23
	Louth Total		**140**	**30**
	Meath	St Joseph's Hospital, Trim	48	2
	Meath	Beaufort	44	0
	Meath Total		**92**	**2**
CHO AREA 8 TOTAL			**629**	**96**
CHO Area 9	Dublin North	Raheny Community Unit	100	
	Dublin North	Lusk Community Unit	45	5
	Dublin North Total		**145**	**5**
	Dublin North West	Connolly Hospital	38	2
	Dublin North West	St Mary's Hospital	201	75
	Dublin North West	Cuan Ros Community Unit	37	0

CHO Area	LHO Area	Name of Unit	No. of Beds at 31st December 2015	
			NHSS	Short Stay
	Dublin North West Total		**276**	**77**
	Dublin North Central	Clarehaven	21	4
	Dublin North Central	Seanchara	34	6
	Dublin North Central	St Clares	31	9
	Dublin North Central Total		**86**	**19**
CHO AREA 9 TOTAL			**507**	**101**
NATIONAL TOTAL			**5255**	**2005**
			7260	

Appendix 6: Service Arrangement Funding

Social Care Service Arrangement Funding Summary

Disability Services

Summary	Care Group	Disability funding €	CHO Area 1 € -Cavan/ Monaghan -Donegal - Sligo/ Leitrim/ W. Cavan	CHO Area 2 € -Galway -Mayo Roscommon	CHO Area 3 € -Clare -Limerick -N. Tipperary	CHO Area 4 € -Kerry - North Cork -North Lee -South Lee -West Cork	CHO Area 5 € - Carlow /Kilkenny - S. Tipperary -Waterford -Wexford	CHO Area 6 € - Dublin S.E. -Dun Laoghaire - Wicklow	CHO Area 7 € - Dublin S. City - Dublin S.W - Dublin W - Kildare/ W. Wicklow	CHO Area 8 € - Laois/ Offally -Longford/ Westmeath -Louth - Meath	CHO Area 9 € - Dublin N. - Dublin N Central - Dublin N.W	National
S38 – SA	Disability	705,056,123	264,001	59,001,740	74,054,275	97,741,306	49,197,954	76,499,245	158,110,917	53,936,970	136,249,715	0
S39 – SA	Disability	422,372,114	22,504,327	71,033,782	43,842,427	57,427,488	53,454,063	60,021,263	28,405,178	38,520,503	41,371,991	5,791,092
S39 – GA	Disability	5,650,550	1,495,200	371,886	274,890	225,709	838,765	735,543	280,002	145,675	1,273,775	9,104
Total S39	Disability	428,022,663	23,999,527	71,405,668	44,117,317	57,653,197	54,292,828	60,756,806	28,685,180	38,666,178	42,645,766	5,800,196
Total Voluntary	Disability	1,133,078,786	24,263,528	130,407,408	118,171,592	155,394,504	103,490,781	137,256,051	186,796,097	92,603,148	178,895,481	5,800,196
For Profit – SA	Disability	63,516,176	2,287,703	1,734,000	2,991,663	3,211,465	4,632,917	3,432,188	12,783,830	14,098,230	18,344,180	0
Out of State – SA	Disability	7,503,740	2,736,900	300,000	0	80,606	594,758	0	369,733	3,157,505	264,238	0
Total Commercial	Disability	71,019,915	5,024,603	2,034,000	2,991,663	3,292,071	5,227,675	3,432,188	13,153,563	17,255,735	18,608,418	0
Total All	**Disability**	**1,204,098,701**	**29,288,132**	**132,441,408**	**121,163,255**	**158,686,575**	**108,718,456**	**140,688,239**	**199,949,660**	**109,858,883**	**197,503,898**	**5,800,196**

Section 38 Service Arrangements

Parent agency	Disability Funding €	CHO Area 1 € -Cavan/ Monaghan -Donegal - Sligo/ Leitrim/ W. Cavan	CHO Area 2 € -Galway -Mayo Roscommon	CHO Area 3 € -Clare -Limerick -N. Tipperary	CHO Area 4 € -Kerry - North Cork -North Lee -South Lee -West Cork	CHO Area 5 € - Carlow /Kilkenny - S. Tipperary -Waterford -Wexford	CHO Area 6 € - Dublin S.E. -Dun Laoghaire - Wicklow	CHO Area 7 € - Dublin S. City - Dublin S.W - Dublin W - Kildare/ W. Wicklow	CHO Area 8 € - Laois/ Offally -Longford/ Westmeath -Louth - Meath	CHO Area 9 € - Dublin N. - Dublin N Central - Dublin N.W	National
Saint John of God Community Services Limited	102,158,194	0	0	0	14,332,273	0	21,175,276	40,734,077	25,916,567	0	0
Daughters of Charity Disability Support Services Limited	94,481,475	0	0	37,599,128	0	0	0	376,607	1,905,846	54,599,894	0
St. Michael's House	68,420,349	0	0	0	0	0	0	119,032	627,032	67,674,285	0
Brothers of Charity (Galway)	45,191,741	0	45,191,741	0	0	0	0	0	0	0	0
COPE Foundation	44,331,970	0	0	0	44,331,970	0	0	0	0	0	0
Stewart's Care Ltd	42,599,039	0	0	0	0	53,591	0	42,545,448	0	0	0
Muiriosa Foundation	41,146,083	28,835	0	0	0	0	0	16,224,224	24,893,024	0	0
Brothers of Charity Southern Services	38,808,331	0	0	0	38,808,331	0	0	0	0	0	0
National Rehabilitation Hospital	29,204,416	0	0	0	0	0	29,204,416	0	0	0	0
Brothers of Charity Services South East	28,609,138	0	0	0	0	28,609,138	0	0	0	0	0
Brothers of Charity (Limerick)	25,039,829	0	0	25,039,829	0	0	0	0	0	0	0
Sunbeam House Services	22,416,952	0	0	0	0	0	22,416,952	0	0	0	0
Cheeverstown House	22,121,565	0	0	0	0	0	0	22,121,565	0	0	0
Peamount	19,761,435	0	0	0	0	0	0	19,761,435	0	0	0
KARE	16,236,288	0	0	0	0	140,313	0	15,743,533	352,442	0	0
Central Remedial Clinic (CRC)	15,451,892	0	0	354,261	0	925,944	0	184,995	11,156	13,975,536	0
Brothers of Charity (Roscommon)	14,273,073	235,166	13,809,999	0	0	0	0	0	227,908	0	0
Brothers of Charity (Clare)	11,329,789	0	0	11,061,057	268,732	0	0	0	0	0	0
Sisters of Charity - Kilkenny	10,675,575	0	0	0	0	10,675,575	0	0	0	0	0
Carriglea Cairde Services	8,793,393	0	0	0	0	8,793,393	0	0	0	0	0

Parent agency	Disability Funding €	CHO Area 1 €	CHO Area 2 €	CHO Area 3 €	CHO Area 4 €	CHO Area 5 €	CHO Area 6 €	CHO Area 7 €	CHO Area 8 €	CHO Area 9 €	National
The Children's Sunshine Home	4,005,596	0	0	0	0	0	3,702,601	300,000	2,995	0	0
Section 38 Service Arrangements Funding Tool	**705,056,123**	**264,001**	**59,001,740**	**74,054,275**	**97,741,306**	**49,197,954**	**76,499,245**	**158,110,916**	**53,936,970**	**136,249,715**	**0**

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

Parent agency	Disability Funding €	CHO Area 1 € -Cavan/ Monaghan -Donegal - Sligo/ Leitrim/ W. Cavan	CHO Area 2 € -Galway -Mayo Roscommon	CHO Area 3 € -Clare -Limerick -N. Tipperary	CHO Area 4 € -Kerry - North Cork -North Lee -South Lee -West Cork	CHO Area 5 € - Carlow /Kilkenny - S. Tipperary -Waterford -Wexford	CHO Area 6 € - Dublin S.E. -Dun Laoghaire - Wicklow	CHO Area 7 € - Dublin S. City - Dublin S.W - Dublin W - Kildare/ W. Wicklow	CHO Area 8 € - Laois/ Offally -Longford/ Westmeath -Louth - Meath	CHO Area 9 € - Dublin N. - Dublin N Central - Dublin N.W	National
Rehabcare	43,238,328	4,491,165	4,452,829	11,908,629	2,422,419	3,436,161	8,501,517	23,116	7,980,626	21,866	0
I.W.A. Limited	37,567,410	2,566,786	4,536,318	4,900,501	4,343,570	4,354,267	2,462,810	2,548,145	3,594,448	8,210,816	49,749
Enable Ireland	35,735,297	1,372,238	2,671,982	7,606,087	6,976,983	1,046,168	12,463,992	1,154,778	2,443,069	0	0
Western Care Association	27,844,425	0	27,844,425	0	0	0	0	0	0	0	0
The Cheshire Foundation in Ireland	23,743,012	1,334,559	2,382,080	2,326,789	3,047,302	3,175,275	7,203,012	1,825,210	358,201	2,090,584	0
Ability West	22,623,770	0	22,588,085	35,685	0	0	0	0	0	0	0
National Learning Network Limited	14,291,234	2,065,428	1,590,189	744,054	2,908,080	1,134,162	997,718	1,458,279	2,382,720	1,010,604	0
St. Joseph's Foundation	13,862,674	0	0	5,646,621	8,216,053	0	0	0	0	0	0
Peter Bradley Foundation Limited	9,916,242	1,050,331	18,691	1,765,690	554,111	1,266,736	2,145,266	997,042	1,366,182	752,193	0
Camphill Communities of Ireland	8,922,416	585,277	129,276	245,073	389,260	3,491,786	381,132	3,414,234	228,379	57,999	0
Kerry Parents & Friends Association	8,704,867	0	0	0	8,704,867	0	0	0	0	0	0
St. Christopher's Services Ltd	8,267,804	77,576	0	0	0	0	0	0	8,190,228	0	0
SOS Kilkenny Ltd	8,263,569	0	0	0	0	8,263,569	0	0	0	0	0
St. Catherine's Association Ltd	7,174,080	0	0	0	0	0	6,036,510	991,570	146,000	0	0
Gheel Autism Services	6,996,837	0	234,195	0	0	0	4,099,266	1,694,678	72,894	895,804	0

Prosper Fingal	6,962,571	0	0	0	0	0	0	0	0	6,962,571	0
Parent agency	**Disability Funding €**	**CHO Area 1 €**	**CHO Area 2 €**	**CHO Area 3 €**	**CHO Area 4 €**	**CHO Area 5 €**	**CHO Area 6 €**	**CHO Area 7 €**	**CHO Area 8 €**	**CHO Area 9 €**	**National**
NCBI Services	6,496,661	377,423	452,035	429,151	792,647	665,920	104,844	174,930	361,433	2,859,721	278,557
CoAction West Cork	6,045,625	0	0	0	6,045,625	0	0	0	0	0	0
Autism Spectrum Disorder Initiatives Limited	5,469,650	0	0	0	0	180,000	4,564,756	724,894	0	0	0
Section 39 Service Arrangements Funding (> €5m) Total	**302,126,472**	**13,920,783**	**66,900,105**	**35,608,280**	**44,400,917**	**27,014,044**	**48,960,823**	**15,006,876**	**27,124,180**	**22,862,158**	**328,306**

Agencies in receipt of funding in excess of €1m

Parent agency	**Disability Funding €**	**CHO Area 1 €** **-Cavan/ Monaghan -Donegal - Sligo/ Leitrim/ W. Cavan**	**CHO Area 2 €** **-Galway -Mayo Roscommon**	**CHO Area 3 €** **-Clare -Limerick -N. Tipperary**	**CHO Area 4 €** **-Kerry - North Cork -North Lee -South Lee -West Cork**	**CHO Area 5 €** **- Carlow /Kilkenny - S. Tipperary -Waterford -Wexford**	**CHO Area 6 €** **- Dublin S.E. -Dun Laoghaire - Wicklow**	**CHO Area 7 €** **- Dublin S. City - Dublin S.W - Dublin W - Kildare/ W. Wicklow**	**CHO Area 8 €** **- Laois/ Offally -Longford/ Westmeath -Louth - Meath**	**CHO Area 9 €** **- Dublin N. - Dublin N Central - Dublin N.W**	**National**
112 x Section 39 Service Arrangement Agencies											
Rehabcare	43,238,328	4,491,165	4,452,829	11,908,629	2,422,419	3,436,161	8,501,517	23,116	7,980,626	21,866	0
I.W.A. Limited	37,567,410	2,566,786	4,536,318	4,900,501	4,343,570	4,354,267	2,462,810	2,548,145	3,594,448	8,210,816	49,749
Enable Ireland	35,735,297	1,372,238	2,671,982	7,606,087	6,976,983	1,046,168	12,463,992	1,154,778	2,443,069	0	0
Western Care Association	27,844,425	0	27,844,425	0	0	0	0	0	0	0	0
The Cheshire Foundation in Ireland	23,743,012	1,334,559	2,382,080	2,326,789	3,047,302	3,175,275	7,203,012	1,825,210	358,201	2,090,584	0
Ability West	22,623,770	0	22,588,085	35,685	0	0	0	0	0	0	0
National Learning Network Limited	14,291,234	2,065,428	1,590,189	744,054	2,908,080	1,134,162	997,718	1,458,279	2,382,720	1,010,604	0
St. Joseph's Foundation	13,862,674	0	0	5,646,621	8,216,053	0	0	0	0	0	0
Peter Bradley Foundation Limited	9,916,242	1,050,331	18,691	1,765,690	554,111	1,266,736	2,145,266	997,042	1,366,182	752,193	0
Camphill Communities of Ireland	8,922,416	585,277	129,276	245,073	389,260	3,491,786	381,132	3,414,234	228,379	57,999	0
Kerry Parents & Friends Association	8,704,867	0	0	0	8,704,867	0	0	0	0	0	0

Parent agency	Disability Funding €	CHO Area 1 € -Cavan/ Monaghan -Donegal - Sligo/ Leitrim/ W. Cavan	CHO Area 2 € -Galway -Mayo Roscommon	CHO Area 3 € -Clare -Limerick -N. Tipperary	CHO Area 4 € -Kerry - North Cork -North Lee -South Lee -West Cork	CHO Area 5 € - Carlow /Kilkenny - S. Tipperary -Waterford -Wexford	CHO Area 6 € - Dublin S.E. -Dun Laoghaire - Wicklow	CHO Area 7 € - Dublin S. City - Dublin S.W - Dublin W - Kildare/ W. Wicklow	CHO Area 8 € - Laois/ Offally -Longford/ Westmeath -Louth - Meath	CHO Area 9 € - Dublin N. - Dublin N Central - Dublin N.W	National
St. Christopher's Services Ltd	8,267,804	77,576	0	0	0	0	0	0	8,190,228	0	0
SOS Kilkenny Ltd	8,263,569	0	0	0	0	8,263,569	0	0	0	0	0
St. Catherine's Association Ltd	7,174,080	0	0	0	0	0	6,036,510	991,570	146,000	0	0
Gheel Autism Services	6,996,837	0	234,195	0	0	0	4,099,266	1,694,678	72,894	895,804	0
Prosper Fingal	6,962,571	0	0	0	0	0	0	0	0	6,962,571	0
NCBI Services	6,496,661	377,423	452,035	429,151	792,647	665,920	104,844	174,930	361,433	2,859,721	278,557
CoAction West Cork	6,045,625	0	0	0	6,045,625	0	0	0	0	0	0
Autism Spectrum Disorder Initiatives Limited	5,469,650	0	0	0	0	180,000	4,564,756	724,894	0	0	0
Walkinstown Association for People with an Intellectual Disability Limited	4,519,613	0	0	0	0	0	0	4,519,613	0	0	0
Cork Association for Autism	4,255,393	0	0	0	4,255,393	0	0	0	0	0	0
St. Hilda's Service for the Mentally Handicapped	4,235,824	0	674,848	0	0	0	0	0	3,560,976	0	0
Irish Society for Autism	4,224,004	0	0	113,085	0	741,744	0	2,227,639	1,141,536	0	0
St. Aidan's Day Care Centre	4,186,000	0	0	0	0	4,186,000	0	0	0	0	0
Childvision	4,041,957	0	0	0	0	0	0	0	0	4,041,957	0
The National Association for the Deaf	3,946,009	231,382	432,394	303,669	384,916	293,620	180,588	286,394	303,449	1,299,437	230,161
Catholic Institute for Deaf People (CIDP)	3,812,752	0	0	50,969	0	0	1,193,409	0	41,374	2,527,000	0
County Wexford Community Workshop (Enniscorthy) Ltd (CWCW)	3,811,477	0	0	0	0	3,811,477	0	0	0	0	0
Ard Aoibhinn Centre	3,261,505	0	0	0	0	3,261,505	0	0	0	0	0
St. Mary's Centre (Telford) Ltd	3,231,752	0	0	0	0	0	3,231,752	0	0	0	0
Prosper Meath	3,031,954	0	0	0	0	0	0	0	0	3,031,954	0
Genio Ltd	3,000,000	0	0	0	0	0	0	0	0	0	3,000,000
St. Paul's Hospital & Special School	2,909,463	0	0	0	0	0	0	0	0	2,909,463	0
Headway (Ireland) Ltd - The	2,817,851	0	0	228,032	960,905	29,762	136,728	127,359	23,138	1,293,740	18,187

Parent agency	Disability Funding €	CHO Area 1 € -Cavan/ Monaghan -Donegal - Sligo/ Leitrim/ W. Cavan	CHO Area 2 € -Galway -Mayo Roscommon	CHO Area 3 € -Clare -Limerick -N. Tipperary	CHO Area 4 € -Kerry - North Cork -North Lee -South Lee -West Cork	CHO Area 5 € - Carlow /Kilkenny - S. Tipperary -Waterford -Wexford	CHO Area 6 € - Dublin S.E. -Dun Laoghaire - Wicklow	CHO Area 7 € - Dublin S. City - Dublin S.W - Dublin W - Kildare/ W. Wicklow	CHO Area 8 € - Laois/ Offally -Longford/ Westmeath -Louth - Meath	CHO Area 9 € - Dublin N. - Dublin N Central - Dublin N.W	National
National Association for Acquired Brain Injury											
L'Arche Ireland	2,745,723	0	0	0	1,603,844	768,287	0	0	0	373,592	0
Delta Centre	2,702,928	0	0	0	0	2,395,453	0	0	307,475	0	0
The Multiple Sclerosis Society of Ireland	2,554,291	126,316	129,732	63,673	194,167	121,699	0	1,654,663	97,289	0	166,752
Anne Sullivan Foundation for Deaf/Blind	2,417,294	189,151	0	192,934	0	603,365	1,175,650	0	184,770	71,424	0
St. Margaret's Centre	2,377,272	0	0	0	0	0	2,377,272	0	0	0	0
North West Parents & Friends	2,338,797	2,333,042	0	5,755	0	0	0	0	0	0	0
Waterford Intellectual Disability Association (WIDA)	2,248,501	0	0	0	0	2,248,501	0	0	0	0	0
Moorehaven Centre	2,209,149	0	0	371,504	0	1,837,645	0	0	0	0	0
St. Gabriel's Centre	2,034,019	0	0	2,034,019	0	0	0	0	0	0	0
Dara Residential Services Limited	1,817,382	0	0	0	0	0	0	1,804,382	0	13,000	0
Disability Federation of Ireland	1,566,979	0	0	0	0	0	0	0	0	0	1,566,979
Centre for Independent Living (CIL) - Cork Ltd	1,565,900	0	0	0	1,565,900	0	0	0	0	0	0
West Limerick Independent Living Limited	1,485,861	0	0	1,485,861	0	0	0	0	0	0	0
St. Cronan's Association Limited	1,476,312	0	0	1,006,598	0	0	0	0	469,714	0	0
St. Vincent's Centre	1,474,662	0	0	0	1,474,662	0	0	0	0	0	0
Centre for Independent Living (CIL) - Laois/Offaly	1,377,586	0	0	0	0	0	0	0	1,377,586	0	0
Steadfast House Ltd.	1,360,864	1,360,864	0	0	0	0	0	0	0	0	0
County Wexford Community Workshop (New Ross) Ltd (CWCW)	1,266,090	0	0	0	0	1,266,090	0	0	0	0	0
Donegal Centre for Independent Living Limited	1,263,436	1,263,436	0	0	0	0	0	0	0	0	0

Parent agency	Disability Funding €	CHO Area 1 € -Cavan/ Monaghan -Donegal - Sligo/ Leitrim/ W. Cavan	CHO Area 2 € -Galway -Mayo Roscommon	CHO Area 3 € -Clare -Limerick -N. Tipperary	CHO Area 4 € -Kerry - North Cork -North Lee -South Lee -West Cork	CHO Area 5 € - Carlow /Kilkenny - S. Tipperary -Waterford -Wexford	CHO Area 6 € - Dublin S.E. -Dun Laoghaire - Wicklow	CHO Area 7 € - Dublin S. City - Dublin S.W - Dublin W - Kildare/ W. Wicklow	CHO Area 8 € - Laois/ Offally -Longford/ Westmeath -Louth - Meath	CHO Area 9 € - Dublin N. - Dublin N Central - Dublin N.W	National
Order of Malta Regional Services Drogheda Limited	1,220,138	0	0	0	0	0	0	0	1,220,138	0	0
Muscular Dystrophy Ireland	1,127,495	14,788	18,200	2,000	91,251	16,750	19,584	63,131	54,632	767,709	79,450
Clann Mór	1,106,713	0	0	0	0	0	0	0	1,106,713	0	0
Drumlin House Training Centre	1,031,448	1,031,448	0	0	0	0	0	0	0	0	0
Section 39 Service Arrangements Funding over €1m	**398,180,866**	**20,471,210**	**68,155,279**	**41,466,379**	**54,931,955**	**48,595,942**	**57,275,806**	**25,690,057**	**37,012,970**	**39,191,434**	**5,389,835**
50 x For Profit Service Arrangement Agencies											
Nua Healthcare Services	15,409,328	95,200	79,306	446,338	1,978,344	2,765,646	2,803,833	4,471,222	1,025,705	1,743,734	0
Talbot Group	14,087,604	0	180,000	2,118,874	142,272	320,000	628,355	570,488	3,083,233	7,044,382	0
Three Steps Ltd	3,614,953	288,088	0	0	0	0	0	1,612,621	998,252	715,992	0
Galro	2,798,729	0	0	0	0	0	0	789,552	2,009,177	0	0
Resilience Healthcare Ltd	2,121,164	0	0	78,318	1,056,320	3,364	0	0	380,120	603,042	0
Simplicitas Ltd (UK)	1,930,976	0	0	0	0	0	0	1,930,976	0	0	0
Moorehall Lodge Healthcare Services Ltd	1,793,768	0	0	0	0	0	0	0	1,793,768	0	0
Tara Winthrop Private Clinic	1,636,094	0	0	0	0	0	0	0	0	1,636,094	0
Vurzol Ltd	1,396,365	0	0	0	0	0	0	0	1,396,365	0	0
Guardian Healthcare Ltd	1,382,817	0	0	0	0	0	0	244,799	0	1,138,018	0
All In Care	1,116,830	0	0	0	0	0	0	0	0	1,116,830	0
Talura House Ltd	1,040,389	0	0	0	0	0	0	24,000	1,016,389	0	0
For Profit Service Arrangements Funding above €1m	**48,329,017**	**383,288**	**259,306**	**2,643,530**	**3,176,936**	**3,089,010**	**3,432,188**	**9,643,658**	**11,703,009**	**13,998,092**	**0**
8 x Out of State Service Arrangements											
Praxis Care	5,556,539	2,390,300	0	0	0	85,230	0	0	2,816,771	264,238	0
Out of State Service Arrangements Funding over €1m	**5,556,539**	**2,390,300**	**0**	**0**	**0**	**85,230**	**0**	**0**	**2,816,771**	**264,238**	**0**

Older Persons Services

Older Persons Services – Total Funding	Older Persons Total €	CHO Area 1 € -Cavan/ Monaghan -Donegal - Sligo/ Leitrim/ W. Cavan	CHO Area 2 € -Galway -Mayo Roscommon	CHO Area 3 € -Clare -Limerick -N. Tipperary	CHO Area 4 € -Kerry - North Cork -North Lee -South Lee -West Cork	CHO Area 5 € - Carlow /Kilkenny - S. Tipperary -Waterford -Wexford	CHO Area 6 € - Dublin S.E. -Dun Laoghaire - Wicklow	CHO Area 7 € - Dublin S. City - Dublin S.W - Dublin W - Kildare/ W. Wicklow	CHO Area 8 € - Laois/ Offally -Longford/ Westmeath -Louth - Meath	CHO Area 9 € - Dublin N. - Dublin N Central - Dublin N.W	National
S38 – SA	48,471,796	0	0	0	0	0	28,374,680	7,712,016	0	12,385,100	0
S39 – SA	88,788,552	3,877,368	6,828,054	12,515,134	11,859,993	2,754,278	12,651,209	10,985,783	1,660,562	25,081,387	574,785
S39 – GA	16,674,569	2,454,190	1,139,167	1,993,795	4,126,784	3,258,354	735,016	1,095,432	593,181	1,276,650	2,000
Total S39	105,463,120	6,331,557	7,967,221	14,508,929	15,986,776	6,012,632	13,386,225	12,081,215	2,253,743	26,358,037	576,785
Total Voluntary	153,934,916	6,331,557	7,967,221	14,508,929	15,986,776	6,012,632	41,760,905	19,793,231	2,253,743	38,743,137	576,785
For Profit – SA	63,574,392	7,132,389	9,562,848	4,093,967	9,348,634	1,888,609	3,565,537	5,260,733	7,027,825	15,693,850	0
Out of State – SA	133,000	0	0	0	0	0	0	0	133,000	0	0
Total Commercial	**63,707,392**	**7,132,389**	**9,562,848**	**4,093,967**	**9,348,634**	**1,888,609**	**3,565,537**	**5,260,733**	**7,160,825**	**15,693,850**	**0**
Total All	**217,642,309**	**13,463,946**	**17,530,069**	**18,602,896**	**25,335,411**	**7,901,241**	**45,326,442**	**25,053,964**	**9,414,568**	**54,436,987**	**576,785**

Agencies in receipt of Funding in excess of €1m

Parent agency	Older Persons Total €	CHO Area 1 € -Cavan/ Monaghan -Donegal - Sligo/ Leitrim/ W. Cavan	CHO Area 2 € -Galway -Mayo Roscommon	CHO Area 3 € -Clare -Limerick -N. Tipperary	CHO Area 4 € -Kerry - North Cork -North Lee -South Lee -West Cork	CHO Area 5 € - Carlow /Kilkenny - S. Tipperary -Waterford -Wexford	CHO Area 6 € - Dublin S.E. -Dun Laoghaire - Wicklow	CHO Area 7 € - Dublin S. City - Dublin S.W - Dublin W - Kildare/ W. Wicklow	CHO Area 8 € - Laois/ Offally -Longford/ Westmeath -Louth - Meath	CHO Area 9 € - Dublin N. - Dublin N Central - Dublin N.W	National
5 x Section 38 Service Arrangement Agencies											
Royal Hospital Donnybrook	16,689,136	0	0	0	0	0	16,689,136	0	0	0	0
Leopardstown Park Hospital	11,685,544	0	0	0	0	0	11,685,544	0	0	0	0
Incorporated Orthopaedic Hospital of Ireland	9,800,000	0	0	0	0	0	0	0	0	9,800,000	0
Peamount	7,712,016	0	0	0	0	0	0	7,712,016	0	0	0
Cappagh National Orthopaedic Hospital	2,585,100	0	0	0	0	0	0	0	0	2,585,100	0
Section 38 Service Arrangements Funding Total	**48,471,796**	**0**	**0**	**0**	**0**	**0**	**28,374,680**	**7,712,016**	**0**	**12,385,100**	**0**

Parent agency	Older Persons Total €	CHO Area 1 € -Cavan/ Monaghan -Donegal - Sligo/ Leitrim/ W. Cavan	CHO Area 2 € -Galway -Mayo Roscommon	CHO Area 3 € -Clare -Limerick -N. Tipperary	CHO Area 4 € -Kerry - North Cork -North Lee -South Lee -West Cork	CHO Area 5 € - Carlow /Kilkenny - S. Tipperary -Waterford -Wexford	CHO Area 6 € - Dublin S.E. -Dun Laoghaire - Wicklow	CHO Area 7 € - Dublin S. City - Dublin S.W - Dublin W - Kildare/ W. Wicklow	CHO Area 8 € - Laois/ Offally -Longford/ Westmeath -Louth - Meath	CHO Area 9 € - Dublin N. - Dublin N Central - Dublin N.W	National
74 x Section 39 Service Arrangement Agencies											
Alzheimer Society of Ireland	10,235,068	676,022	492,508	1,484,439	1,500,324	887,926	2,712,894	881,643	942,918	656,394	0
Clarecare	5,058,261	0	0	5,058,261	0	0	0	0	0	0	0
The Carers Association	4,022,023	359,687	914,725	1,288,262	145,000	486,135	129,937	325,218	273,946	99,112	0
Marymount University Hospital and Hospice Limited	3,774,189	0	0	0	3,774,189	0	0	0	0	0	0
Fold Housing Association Ireland Limited	3,581,760	0	0	0	0	0	0	0	0	3,581,760	0
Dublin North Inner City Home Help	3,452,800	0	0	0	0	0	0	0	0	3,452,800	0
Roscommon Home Services Co-operative Limited	3,160,776	0	3,160,776	0	0	0	0	0	0	0	0
CareBright	2,424,477	0	0	2,396,816	27,662	0	0	0	0	0	0
St. Luke's Home	2,338,768	0	0	0	2,338,768	0	0	0	0	0	0
Ballymun Home Help	2,287,023	0	0	0	0	0	0	0	0	2,287,023	0
Fingal Home Help	2,267,311	0	0	0	0	0	0	0	0	2,267,311	0
Finglas Home Help/Care Organisation Ltd	2,165,041	0	0	0	0	0	0	0	0	2,165,041	0
Rehabcare	2,163,932	0	0	0	0	0	2,163,932	0	0	0	0
Caritas Convalescent Centre Ltd	2,047,000	0	0	0	0	0	2,047,000	0	0	0	0
Charter Medical Group Limited	1,971,870	0	0	0	0	0	0	0	0	1,971,870	0
Crumlin Home Care Service Limited	1,961,440	0	0	0	0	0	0	1,961,440	0	0	0
Blanchardstown & Inner City Home Care Association Ltd	1,862,568	0	0	0	0	0	0	0	0	1,862,568	0
Ballyfermot Home Help Ltd	1,703,789	0	0	0	0	0	0	1,703,789	0	0	0
Nazareth House Management Ltd	1,569,790	1,569,790	0	0	0	0	0	0	0	0	0
Nazareth House - Cork	1,439,883	0	0	0	1,439,883	0	0	0	0	0	0
Northside Homecare Services Ltd	1,379,163	0	0	0	0	0	0	0	0	1,379,163	0

Parent agency	Older Persons Total €	CHO Area 1 € -Cavan/ Monaghan -Donegal - Sligo/ Leitrim/ W. Cavan	CHO Area 2 € -Galway -Mayo Roscommon	CHO Area 3 € -Clare -Limerick -N. Tipperary	CHO Area 4 € -Kerry - North Cork -North Lee -South Lee -West Cork	CHO Area 5 € - Carlow /Kilkenny - S. Tipperary -Waterford -Wexford	CHO Area 6 € - Dublin S.E. -Dun Laoghaire - Wicklow	CHO Area 7 € - Dublin S. City - Dublin S.W - Dublin W - Kildare/ W. Wicklow	CHO Area 8 € - Laois/ Offally -Longford/ Westmeath -Louth - Meath	CHO Area 9 € - Dublin N. - Dublin N Central - Dublin N.W	National
Drumcondra Home Help & Care Services Ltd	1,321,954	0	0	0	0	0	0	0	0	1,321,954	0
Donnycarney / Beaumont Home Help	1,320,943	0	0	0	0	0	0	0	0	1,320,943	0
Terenure Home Care Services	1,151,493	0	0	0	0	0	0	1,151,493	0	0	0
CLR Home Help	1,135,705	0	0	0	0	0	0	1,135,705	0	0	0
Wicklow Community & Family Services	1,132,019	0	0	0	0	0	1,132,019	0	0	0	0
Greystones Home Help Services Ltd	1,081,205	0	0	0	0	0	1,081,205	0	0	0	0
West of Ireland Alzheimer's Foundation	1,000,699	0	1,000,699	0	0	0	0	0	0	0	0
Arklow South Wicklow Home Help Service Ltd	1,000,363	0	0	0	0	0	1,000,363	0	0	0	0
Section 39 Service Arrangements Funding Over €1m	**70,011,313**	**2,605,499**	**5,568,708**	**10,227,778**	**9,225,826**	**1,374,061**	**10,267,350**	**7,159,288**	**1,216,864**	**22,365,939**	**0**
75 x For Profit Service Arrangements Agencies											
Comfort Keepers (Elder Homecare Ltd)	13,633,923	170,811	1,360,000	1,753,787	1,119,864	224,678	800,000	2,370,513	505,295	5,328,975	0
All In Care	6,555,645	0	0	0	0	0	0	545,934	0	6,009,711	0
Homecare & Health Services (Ireland) Ltd (Homecare Independent Living)	4,344,101	2,348,086	0	0	0	0	0	0	1,996,015	0	0
Lynmara Healthcare Ltd	2,630,000	0	2,630,000	0	0	0	0	0	0	0	0
Caspian BMP Ltd	2,160,000	0	2,160,000	0	0	0	0	0	0	0	0
Talura House Ltd	2,085,568	184,695	0	0	0	0	39,010	544,545	1,317,318	0	0
MK Expert Providers Ltd	1,605,528	921,528	0	0	0	0	0	0	684,000	0	0
Limerick Senior Care Ltd	1,511,925	0	0	1,511,925	0	0	0	0	0	0	0
Sandra Cooney Home Care	1,295,279	0	0	0	0	0	0	0	0	1,295,279	0
Galway Senior Care Ltd	1,150,000	0	1,150,000	0	0	0	0	0	0	0	0
Byzantium MOD Limited	1,133,779	0	0	0	1,133,779	0	0	0	0	0	0

Parent agency	Older Persons Total €	CHO Area 1 € -Cavan/ Monaghan -Donegal - Sligo/ Leitrim/ W. Cavan	CHO Area 2 € -Galway -Mayo Roscommon	CHO Area 3 € -Clare -Limerick -N. Tipperary	CHO Area 4 € -Kerry - North Cork -North Lee -South Lee -West Cork	CHO Area 5 € - Carlow /Kilkenny - S. Tipperary -Waterford -Wexford	CHO Area 6 € - Dublin S.E. -Dun Laoghaire - Wicklow	CHO Area 7 € - Dublin S. City - Dublin S.W - Dublin W - Kildare/ W. Wicklow	CHO Area 8 € - Laois/ Offally -Longford/ Westmeath -Louth - Meath	CHO Area 9 € - Dublin N. - Dublin N Central - Dublin N.W	National
For Profit – SAs Funding €1m	38,105,748	3,625,120	7,300,000	3,265,712	2,253,643	224,678	839,010	3,460,992	4,502,628	12,633,965	0

Appendix 7: Capital Programme for Older Persons Residential Services

There will be significant investment over the six years, 2016-2021, to replace or improve 90 residential centres for older people across the country. This will enable the HSE to meet HIQA standards for residential settings ensuring the comfort and safety of older people who require long term residential care.

The investment of €385m is inclusive of €148 m in the current capital plan with an additional investment of a further €237m being made available by the government under its recently published multi annual capital plan.

In addition, the programme includes 10 centres to a value of €150m for which public private partnerships (PPP) or alternative funding arrangements will be considered.

Through this extensive programme of works, more than 4,700 registered beds in total will be secured in line with HIQA's standards.

In 2016 the refurbishment of 14 centres will be completed. These are as follows:

Centres Refurbished & Completed by end of 2016				
CHO	**Residential Care Unit**	**County**	**Refurbish /Extension**	**Replacement**
Area 1	St. Mary's Hospital, Castleblaney	Monaghan	Yes	
Area 1	Killybegs	Donegal	Yes	
Area 1	Ballymote	Sligo	Yes	
Area 1	Lisdarn	Cavan	Yes	
Area 2	Aras Mac Dara	Galway	Yes	
Area 2	Dalton CNU, Claremorris	Mayo	Yes	
Area 2	Belmullet District Hospital (including Aras Deirbhile)	Mayo	Yes	
Area 2	McBride Community Unit	Mayo	Yes	
Area 2	St. Augustine's CNU	Mayo	Yes	
Area 3	Ennistymon Community Nursing Unit	Clare	Yes	
Area 4	Dunmanway Community Hospital	Cork	Yes	
Area 8	St. Oliver Plunkett Hospital	Louth	Yes	
Area 8	St. Joseph's Hospital, Trim	Meath	Yes	
Area 9	Seanchara Community Unit	Dublin North City	Yes	
Total 14 Centres				

In 2017 the refurbishment of 12 centres will be completed. These are as follows:

Centres Refurbished & Completed by end of 2017				
CHO	**Residential Care Unit**	**County**	**Refurbish / Extension**	**Replacement**
Area 1	Oriel House	Monaghan	Yes	
Area 2	St. Fionnan's Community Nursing Unit	Mayo	Yes	
Area 2	Aras Mathair Pol Community Nursing Unit	Roscommon	Yes	
Area 2	Plunkett Community Nursing Unit	Roscommon	Yes	
Area 3	Regina House Community Nursing Unit Kilrush	Clare	Yes	
Area 4	Bantry General Hospital (St. Joseph's)	Cork	Yes	
Area 4	Castletownbere Community Hospital -St. Joseph's	Cork	Yes	
Area 4	Cois Abhainn	Cork	Yes	
Area 7	Belvilla Community Unit for Older Persons	Dublin South Central	Yes	
Area 8	Offalia House Community Nursing Unit	Offaly	Yes	
Area 8	Riada House Tullamore	Offaly	Yes	
Area 9	Clarehavan Nursing Home	Dublin North City	Yes	
Total 12 Centres				

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

Centres with Refurbishment / Replacement Completed by end of 2018				
CHO	**Residential Care Unit**	**County**	**Refurbish/ Extension**	**Replacement**
Area 1	Falcarragh Community Hospital	Donegal	Yes	
Area 1	Buncrana Community Nursing Unit	Donegal	Yes	
Area 2	Sacred Heart Hospital, Castlebar	Mayo		Yes
Area 3	St. Itas's New Castle West	Limerick	Yes	
Area 4	Listowel Community Hospital	Kerry	Yes	
Area 4	St. Patrick's Community Hospital, Fermoy	Cork	Yes	
Area 4	Skibbereen CNU	Cork	Yes	
Area 4	Bandon CNU	Cork	Yes	
Area 4	Kanturk CNU	Cork	Yes	
Area 4	St. Joseph's Millstreet	Cork	Yes	
Area 5	New Houghton Hospital	Wexford	Yes	
Area 5	Gorey District Hospital	Wexford	Yes	
Area 6	Dalkey Community Unit	Dublin South East	Yes	
Total 13 Centres				

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

Centres with Refurbishment/ Replacement completed by end of 2019				
CHO	**Residential Care Unit**	**County**	**Refurbish/ Extension**	**Replacement**
Area 1	Ballyconnell Community Services	Cavan	Yes	
Area 1	St John's Community Hospital, Sligo	Sligo	Yes	
Area 2	Aras Ronan	Galway	Yes	
Area 3	Raheen Community Hospital	Clare	Yes	
Area 4	Youghal Community Hospital	Cork	Yes	
Area 4	Macroom Community Hospital	Cork	Yes	
Area 5	St Patrick's Hospital, Johns Hill	Waterford		Yes
Area 5	Sacred Heart Carlow	Carlow	Yes	
Area 6	Royal Hospital Donnybrook	Dublin	Yes	
Area 7	The Meath Hospital	Dublin	Yes	
Area 7	Peamount hospital	Dublin		Yes
Total 11 Centres				

In 2020 the refurbishment of 5 centres and replacement of 4 centres with new centres will be completed. These are as follows:

Centres with Refurbishment/ Replacement completed by end of 2020				
CHO	**Residential Care Unit**	**County**	**Refurbish/ Extension**	**Replacement**
Area 1	Dungloe Community Hospital	Donegal	Yes	
Area 4	Clonakilty Community Hospital	Cork	Yes	
Area 4	Caherciveen Community Hospital	Kerry	Yes	
Area 4	Kinsale Community Hospital	Cork	Yes	
Area 4	Midleton Community Hospital	Cork		Yes
Area 5	St. Joseph's Dungarvan	Waterford		Yes
Area 7	Tymon North (replacing St. Brigid's Crooksling)	Dublin		Yes
Area 8	St. Mary's Hospital Drogheda incl Boyne view (90 beds replacing 64 in total).	Louth	Yes	
Area 8	St. Vincent's Care Centre Athlone	Westmeath		Yes
Total 9 Centres				

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

Centres with Refurbishment / Replacement completed by end of 2021				
CHO	**Residential Care Unit**	**County**	**Refurbish/ Extension**	**Replacement**
Area 1	Ballyshannon CNU (New)	Donegal		Yes
Area 1	Rock - replaced by Bally Shannon new CNU	*Donegal*		
CHO	**Residential Care Unit**	**County**	**Refurbish/ Extension**	**Replacement**
Area 1	Shiel - replaced by Bally Shannon new CNU	*Donegal*		

Centres with Refurbishment / Replacement completed by end of 2021				
CHO	**Residential Care Unit**	**County**	**Refurbish/ Extension**	**Replacement**
Area 1	Carndonagh	Donegal	Yes	
Area 2	Aras Mhuire Community Nursing Unit, Tuam	Galway		Yes
Area 2	St. Anne's Community Nursing Unit, Clifden	Galway		Yes
Area 2	Sacred Heart Hospital, Roscommon	Roscommon		Yes
Area 2	Units 5 & 6 Merlin Park, Galway	Galway		Yes
Area 3	St. Conlon's Community Nursing Unit Nenagh	Tipperary		Yes
Area 3	Dean Maxwell CNU Roscrea	Tipperary	Yes	
Area 3	St. Joseph's Community Hospital, Ennis	Clare		Yes
Area 3	St. Camillus' Community Hospital	Limerick		Yes
Area 5	St. Columba's Hospital, Thomastown	Kilkenny		Yes
Area 6	St. Colman's Hospital (50 beds)	Wicklow		Yes
Area 6	Leopardstown Park	Dublin SE		Yes
Area 7	St. Vincent's Athy (50 beds)	Kildare		Yes
Area 7	Our Lady's Hospice	Dublin South	Yes	
Area 7	Baltinglass Community Hospital	Wicklow	Yes	
Area 8	St. Joseph's Hospital, Ardee (50 beds replacing 20)	Louth		Yes
Area 8	St. Joseph's Care Centre Longford	Westmeath	Yes	
Area 9	Chapel View (St Mary's Phoenix Park) & St. Clares to be replaced in Grangegorman (70 Beds)	Dublin		Yes
Total 21 Centres				

PPP or Alternative Funding Mechanism.

In addition, as part of the **PPP** or alternative funding mechanism, 8 other centres, (replacing 10 existing centres) will also be completed in 2021

Centres to be replaced by PPP or Alterative Funding mechanism by end of 2021				
CHO	**Residential Care Unit**	**County**	**Refurbish/ Extension**	**Replacement**
Area 1	St Patrick's Community Hospital, Carick-0n-Shannon (90 beds)	Leitrim		Yes
Area 1	Letterkenny CNU (130 beds).	Donegal		Yes
Area 4	Killarney Community Hospital (St. Columbanus) (130 beds)	Kerry		Yes
Area 4	St. Finbarr's Hospital (90 beds)	Cork		Yes
Area 5	St Patrick's Hospital, Cashel (100 beds)	South Tipperary		Yes
Area 7	Cherry Orchard Hospital (70 beds)	Dublin South		Yes
Area 8	St Vincent's Hospital, Mountmellick (130 beds)	Laois		Yes
Area 9	Connolly Memorial Hospital (100 beds)	Dublin North		Yes
Total 8 Centres replacing 10				