



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

*CHO 8 - Laois, Offaly, Longford, Westmeath, Louth and Meath  
2017 Plan*

2017



**Building a Better Health Service**

CARE COMPASSION TRUST LEARNING

Goal  
**1**

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

Goal  
**2**

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

Goal  
**3**

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

Goal  
**4**

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

Goal  
**5**

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

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The CHO 8 Management Team will try to maintain existing levels of services in line with financial resources available whilst noting specific developments relating to emergency and home respite support services as well as day/ rehabilitative training interventions. The CHO is cognisant that the demand for disability supports and services is growing in a significant way and will ensure throughout 2017 effective monitoring of the impact in this area as part of ongoing planning processes with the National Social Care Division in respect of the 2018 estimates process. CHO 8 need to implement cost containment measures commencing in Q.1 onwards to provide services within our budget allocation for 2017. Cost Containment Plans (CCPs) include the following measures: targeted reduction in agency staff; targeted reduction in overtime; time-related savings arising from the replacement of posts; review of external placements; review of medication management.

## Cross Organisational Themes

### Healthy Ireland

Improving the health and wellbeing of the people in the CHO 8 as part of Ireland's population is a government priority and is one of four pillars of healthcare reform. The implementation of the HSE's *Healthy Ireland Implementation Plan* is key to the creation of a more sustainable health and social care service and to the rebalancing of health priorities towards chronic disease prevention and population health improvement. The appointment in the latter part of 2016 of a Head of Health and Wellbeing to the Senior Management of the HSE CHO 8 is a significant enabler to the translation of the goals and actions set out in the *Healthy Ireland Implementation Plan* within communities in the CHO 8.

### Children First

In 2017, high level actions include the development of Children First implementation plans by CHOs with support from the Children First National Office; and the delivery of a suite of Children First training programmes for HSE staff and HSE funded organisations. Child protection policies at CHO level will also be developed and reports will be tracked and monitored by the Children First Office. Children First compliance will also be included in the performance assurance process. CHO 8 has established our Children's First Implementation Committee and is currently appointing our Designated Liaison Persons in order to develop the CHO Children's First Implementation Plan.

### Suicide Prevention

*Connecting for Life 2015–2020* sets out a vision of an Ireland where fewer lives are lost through suicide and where communities and individuals are empowered to improve their mental health and wellbeing. In CHO 8 the development of the multi- agency action plans will commence during 2017 and ensure the vision set out in the national plan is achieved.

### Programme for Health Service Improvement

The *Framework for Improving Quality* resource has been developed to influence and guide our thinking, planning and delivery of care in our services. It provides a strategic approach to improving quality whether at the front-line, management, board or national level. It has a clear aim to foster a culture of quality that continuously seeks to provide safe effective person centred care across all services.

In this CHO it is accepted that we all have a role to play in this and that we share responsibility for the safety and quality of health services delivered to patients / service users. Our aim is to provide the best care possible for all those we deliver care to.

### Improving Compliance with Regulatory Framework

CHO 8 services are regulated by a number of independent bodies, the main ones being the Health Information and Quality Authority (HIQA) and the Mental Health Commission (MHC). The functions of the regulators are to promote and foster high standards and good practices in the delivery of services and to protect the interest of the people who receive services from us. Inspection reports are published following each inspection and action plans / improvement plans are drawn up, implemented and monitored to ensure corrective actions are taken to improve our regulatory compliance.

### Integrated Care and Clinical 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. This is a major element of health reform in Ireland requiring a long term programme of improvement and change involving 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 the CHO 8 both Community Healthcare and the three Hospitals Groups will work together to ensure patients / service users experience a seamless transition from one service to the other. We will continue to expand on our 2016 initiatives to provide better, easier access to high quality services which are close to where people live and are delivered in a joined up way, placing people's needs at its core.

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.

The **National Clinical Programmes** continue to modernise and improve the way in which specific areas of health and social care services are provided and delivered by designing and guiding the implementation of standardised models of care, clinical guidelines, care pathways and associated strategies through 31 national clinical programmes.

### Nursing and Midwifery

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.

## Quality and Safety

In each of our four divisions we aim to improve quality, strengthen safety, give the greatest access to services to the people of the CHO 8 as possible and work within the resources available. Through demonstrating our effectiveness and providing evidence of performance we will advocate for continued growth as additional resources become available into the future. We view ourselves not only as a service provider, not only as a commissioner of services through our partner organisations but also as an advocate for the people we serve.

## Performance and Accountability Framework

The HSE's *Accountability Framework* was introduced in 2015 and has been further enhanced and developed for 2017. 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 full document detailing the processes can be found on [www.hse.ie](http://www.hse.ie). The performance agreement focuses on a number of key priorities which are captured in a Balanced Score Card (Appendix 1) which ensures accountability for the four dimensions referenced above.

## CHO Priorities for 2017

### Health and Wellbeing

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

### Primary Care, Social Inclusion and Palliative Care

- Improve quality, safety, access and responsiveness of primary care services to support the decisive shift of services to primary care
- Improve health outcomes for the most vulnerable in society including those with addiction issues, the homeless, refugees, asylum seekers, Traveller and Roma communities
- Improve access, quality and efficiency of palliative care services
- Strengthen accountability and compliance across all services and reviewing contractor arrangements.

### Mental Health

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

- Enhance service user and carer engagement across CHO8 through the development of consumer panels across all areas and the involvement of the CHO8 Service User Lead in area and executive management teams.
- Implement the suicide reduction policy *Connecting for Life* through the development of a CHO8 plan with multi-agency involvement at local and regional level and aligned to national frameworks..
- Improve early intervention and youth mental health through the enhancement of integrated care pathways between CAMHS, Primary Care and voluntary groups such as Jigsaw. Increase community mental health service capacity across all specialties.
- Develop and enhance recovery focused services to meet the needs of those with severe and enduring mental illness with complex presentations through the implementation of Service Reform Fund initiatives.
- Develop, implement and integrate specialist clinical responses through the mental health clinical programmes.
- Increase the safety and quality of mental health services in CHO8, including improved regulatory compliance, incident management and the implementation of best practice standards across the region.
- Strengthen corporate and clinical governance arrangements in Mental Health Services across CHO8.

## Social Care

### Disability Services

- Reconfigure day services including school leavers and rehabilitation training in line with New Directions
- Implement the recommendations of the Value for Money and Policy Review of Disability Services in Ireland in line with the Transforming Lives Programme
- Further implement the Progressing Disability Services and Young People (0-18) Programme
- Enhance governance for Service Arrangements.

### Services for Older People

- Finalise the Home Care and Community Supports Service Improvement Plan
- Improve patient flow with continued focus on delayed discharges and hospital avoidance
- Roll out the Integrated Care Programme for Older Persons
- Further develop the Single Assessment Tool (SAT)

## Risks to the Delivery of the CHO 8 Operational Plan

The budget allocation for 2017 effectively means that CHO8 will have significant financial management challenges given the increasing demand for services arising from a growing and ageing population. In identifying our cost containment measures to address funding deficits, we have identified potential risks to existing levels of service across some of the divisions. In identifying potential risks to the delivery of the CHO 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. Examples include:

- Control over pay and staff numbers, including the extent of the requirement to reduce agency and overtime expenditure whilst;
  - Managing specific safety, regulatory, demand and practice driven pressures



- Seeking to ensure recruitment and retention of a highly skilled and qualified workforce
- Managing the scale of the change required to support new models of service delivery and structures
- Continued demographic pressures over and above those already planned for in 2017, with particular emphasis on
  - Community Demand Led Schemes
  - Emergency needs for residential placements in Disability and Mental Health services
  - Supporting complex paediatric discharges within primary care
- Maintaining staff morale based on our financial challenges.
- Regulatory compliance requirements in residential units and funding of same.
- Compliance in relation to Service Arrangement targets and the financial risks associated with same.

The CHO 8 budget will be closely monitored during 2017 and those agreed cost containment measures will be implemented and kept under review in order to ensure that CHO 8 meets its obligations under the accountability framework.

### Conclusion

CHO 8 has financial management challenges in the year ahead. CHO 8 will do all in our power to continue to work towards maximising the delivery of services within the resources available while at the same time ensuring that quality patient centred care and patient safety remains at the core of the delivery system. This will be supported by the Accountability Framework, which will ensure that all managers are accountable for delivering services against target and within the financial and human resources available.

CHO 8 advocates for a population based approach to budget allocation within the HSE. This will ensure equity of access to services for our service users and a consistent approach to service delivery across all CHO's. Population based budget allocation needs to be prioritised and planned for, by the HSE Leadership Team, for the delivery of health services in the coming years.

I look forward to working with all of our staff and colleagues across the HSE, the independent and voluntary sector in implementing this operational plan in 2017.



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Pat Bennett  
Chief Officer  
CHO 8

## Operational Framework

## Financial Plan

## Context

CHO 8 will receive a total revenue allocation of €498m in 2017 to provide health and social care services within its catchment area. The total funding available for existing services represents an increase of € 11m (2.3 %) on the final 2016 budget. Demand Led Schemes benefit from an increase of €0.304 m.

This needs to be factored against the backdrop of economic and other factors such as wider projected population growth of 4% nationally by 2021 (4.9% for CHO 8), increased levels of service demand associated with an ageing population and the overall non-funding of increments and non-pay inflation.

These factors will also be evident during 2017.

CHO 8 is fully committed to delivering efficiencies where possible, whilst acknowledging the requirement to continue to provide safe and effective services to a growing and ageing population.

CHO Budget tables – \*include New Developments/Initiatives 2017 and full year funding for 2016 developments

Table 1

Division	Closing Budget 2016 (This includes once off funding for 2016 only)	Revised Opening Budget 2017
Mental Health	84,093	87,958
Social Care		
Older Persons	63,781	66,148
Disability Services	186,365	196,523
<b>Total Social Care</b>	<b>254,446</b>	<b>262,671</b>
Primary Care		
Primary Care Services	112,080	112,082
Social Inclusion	3,810	3,811
Palliative Care	5,800	5,918
Demand Led Schemes	26,600	26,700
<b>Total Primary Care</b>	<b>148,290</b>	<b>148,511</b>
<b>Total CHO8</b>	<b>486,829</b>	<b>499,140</b>

### Service Pressures/ELS

Preliminary estimates indicate that in order to maintain existing levels of service, net spending in CHO 8 is projected to increase by circa €5m (1.1 %) to circa €505m. Examples of headings under which there will be cost increases include (i) the rollover costs of services which commenced during 2016; (ii) cost associated with LRA; and (iii) increments. The projected expenditure also takes account of embedded deficits, which were incurred in the provision of service levels in 2016.

The 2017 allocation provides some funding for ELS. The majority of our financial challenge is expected to be in Social Care, in Disability services, and also in Mental Health

### Savings and Efficiency Measures

Notified with the allocation for CHO 8 are savings in the sum of € 2.359m for Social Care. This will have to be met through non-pay efficiencies. Additional cost containment plans will be required to achieve a breakeven position within all Divisions. These plans include the following measures: targeted reduction in agency staff; targeted reduction in overtime; time-related savings arising from the replacement of posts; review of external placements; review of medication management.

### Financial Risks

All services will need to operate within the 2017 budgetary allocation in order for CHO 8 to deliver a breakeven position.

Some of the anticipated financial risk areas during 2017 in CHO 8 include: -

- Compliance with HIQA/Mental Health Commission standards which may entail incremental expenditure on staffing and / or infrastructure.
- Demographic issues, with the 2016 census expected to show a further significant increase in population in CHO 8
- Continued Agency costs arising from difficulty in recruitment and unlikely to reduce in 2017

### Pay Bill Management

Pay Bill Management meetings will continue to be the forum for agreeing to all new engagements of staff.

Development of Funds and Position Management will be trialed in Mental Health as the tool to bring clarity to decision making for all posts, both permanent and temporary.

## Workforce Plan

The HSE Corporate Plan 2015-2017 *Building a high quality health service for a healthier Ireland* acknowledges the central and critical role played by staff at all levels and across all settings to the achievement of the goals of the HSE to provide the best possible care in the most cost-effective manner to our patients and service users. Goal 4 of the Corporate Plan clearly sets out the commitment of the HSE to engage, develop and value our workforce so that they can provide the best possible care and service to those that depend on them. This commitment is at the heart of our approach to the engagement, management and development of staff in CHO8 notwithstanding the significant challenges arising.

The Health Services People Strategy 2015-2018 *Leaders in People Services* provides a cohesive framework to lead, manage and develop the contribution of staff in an environment that is conducive to learning and wellbeing. It provides the means for translating the ambition and commitments of Goal 4 of the HSE Corporate Plan. The People Strategy sets out eight key priorities for people management and the workforce plan for CHO8 sets out actions under each of these priorities.

A key contingency for the workforce plan is for a properly resourced HR structure to be in place with adequate funding and access to national HR resources. The sub-structures for HR are currently the subject of planning and discussion at national level.

### Leadership and Culture

- Working with HR Leadership, Education and Development, CHO8 will put in place a multidisciplinary leadership development programme to commence no later than Q2 of 2017.
- Arrange for a facilitated support for the CHO8 Management Team to assist in identifying specific actions and supports to develop a strong leadership presence in CHO8. This will be undertaken in Q1 of 2017. Where specific supports are identified that require funding these will be discussed with HR Leadership, Education and Development.
- Roll out the level III, “unlocking leadership potential” – leadership talent management development programme, when it is finalised and available from the National Leadership, Education and Development office by Q4 of 2017.

### Staff Engagement

- Agree an action plan to implement the recommendations and findings of the Staff Survey in respect of CHO8 by Q1 of 2017.
- Roll-out a series of engagement workshops in 2017 in partnership with the National HR Lead for engagement, to commence by Q2 of 2017.
- Run a minimum of two workshops on Diversity, Inclusion and Equality in CHO8 by Q3 of 2017 in partnership with the National HR Lead for Diversity, Inclusion and Equality.

### Learning & Development

- Develop an integrated learning and development plan for CHO8 with an agreed funding stream in partnership with HR Leadership, Education and Development by Q2 of 2017.
- Promote coaching and mentoring as supportive interventions.
- Promote HSELAND as a development vehicle in partnership with HR Leadership, Education and Development.
- Promote Personal Development Planning to support staff development and inform discussions under Performance Achievement.
- Promote job-rotation and shadowing as development opportunities for staff and to refresh and strengthen organisational capacity in consultation with relevant stakeholders. This will be ongoing in 2017.

### Workforce Planning

- Reconfigure all existing CHO8 staff into the new Heads of Services and Heads of Functions and this will be completed by Q1 of 2017, subject to any discussions arising at national level.
- Work with National HR to implement the *Workforce Planning Framework for Health* in CHO8 and agree an approach for this by Q1 of 2017.
- Engage with ERPS and National HR to establish HR reporting functionality available to CHO8 to support organisational optimisation and facilitate planning and to put in place the necessary arrangements, including training, by Q1 of 2017.
- Work with Heads of Service and the Head of Finance to ensure a robust approach to paybill management that seeks to optimise available resources to meet service priorities.

### Evidence & Knowledge

- Working with colleague Heads of HR across the CHOs agree with National HR, Workforce Planning, Analytics and Informatics and ERPS relevant and timely reports in usable formats and linked to service/business and payroll data (direct pay elements, overtime and agency) in a meaningful way to assist decision making. Discussions to commence in Q1 of 2017 with progressive implementation throughout 2017.
- Review learning from employee relations issues to inform supports required to position employee relations as a proactive service to line managers and inform any national work on this. This is to be completed by Q2 of 2017.

### Performance

- Following the reconfiguration of staffing to align with the Heads of Service and Heads of Functions all staff will be clear on their roles, responsibilities and accountabilities, and reporting relationships in CHO8 by the end of Q1 of 2017.
- In accordance with agreements at national level implement Performance Achievement in CHO8 on a phased and planned basis in 2017

### Partnering

- Establish through discussion with the trades unions and National HR appropriate mechanisms for engagement to create a workplace culture and environment that supports good employee relations to commence in Q1 2017.
- Progress HR as a strategic business partner during 2017 in line with the development at national level of the HR Delivery Model.
- Engage with leaders of HR in the Hospital Groups that interact with CHO8 and the key voluntary service providers to identify opportunities for collaborative working. This will commence in 2017 and will be ongoing.

### Human Resource Professional Services

- The relationship between CHO8 and HBS, in terms of personnel administration and other related services and supports, and NRS, in terms of recruitment, will be clarified by Q2 of 2017.

## Quality and Safety

The HSE is committed to putting in place a quality, safety and enablement programme to support high quality, evidence based safe effective and person centred care. Quality improvement, quality assurance and verification, will underpin the HSE approach to quality and safety in 2017, as is essential in times of constrained resources and change.

Leadership, including clinical leadership, is essential to embed a quality ethos in all services delivered and funded by the HSE and extends from the Directorate, the service Divisions and across the health and social care services. The appointment of Chief Executive Officers to the Hospital Groups and Chief Officers to the Community Healthcare Organisations paves the way for strong leadership so that quality is at the core of all we do.

Quality and safety priority areas for 2017 are:

- Proactive approach to service user and staff engagement.
- Completion of Self-assessment against the *National Standards for Safer Better Healthcare* at CHO and divisional level (where applicable), Development and implementation of Quality Improvement Plans
- Ensure Community Healthcare Organisations have clear structures to govern and deliver quality care.
- Quality improvement capacity building and the establishment of quality improvement collaboratives.
- The development and use of appropriate quality performance measures.
- Establishment of Key performance indicators for quality improvement and patient safety and monitoring of this system.
- Introduction of Quality Profiles to measure and support improvement.
- The development and implementation of a quality assurance and verification framework.
- The management of Reportable and Serious Reportable Events in accordance with HSE protocol.
- Identification and management of Risk through the Implementation of the Risk Register system at divisional and CHO level.

### Strategic Priorities for 2017

#### Person Centred Care

- Develop strong partnerships with patients and service users to achieve meaningful input into the planning, delivery and management of health and social care services to improve patient and service user experience and outcomes.

#### Effective Care

- Ensure that patients or service users are responded to and cared for in the appropriate setting including:
- Home, community and primary care, mental health and social care settings.
- Implement the National Clinical Guideline - Sepsis Management.
- Support the work of the National Clinical Effectiveness Committee and the implementation of the National Clinical Effectiveness Committee guidelines.

- Health & Wellbeing will work to improve the uptake rate of the influenza vaccine amongst frontline healthcare workers in acute hospitals and long-term facilities in the community

#### Safe Care

- Continue quality improvement programmes in the area of Healthcare Associated Infections (HCAI) and implement the national guidelines for Methicillin-resistant Staphylococcus aureus (MRSA), Clostridium difficile and Sepsis, and the *National Standards for the Prevention and Control of Healthcare Associated Infections* with a particular focus on antimicrobial stewardship and control measures for multi-resistant organisms.
- Continue quality improvement in Medication Management and Safety.
- Implementation of HSE Open Disclosure policy across all health and social care settings.
- Implementation of the *Safeguarding Vulnerable Persons at Risk of Abuse – National Policy & Procedures* (December 2014)

#### Improving Quality

- Development of models of frontline staff engagement to improve services.
- Mental Health services will lead a national safety programme which will aim to reduce avoidable harm in mental health services with an initial focus on acute inpatient care and post discharge period.
- Build capacity (Diploma, methodologies and toolkits).
- Develop further quality improvement collaborative in key services.
- Lead, in consultation with the services, a programme focused on the improvement of hydration and nutrition for service users.
- Development and implementation of a system of Healthcare Quality Improvement Audits.
- Implementation of Framework for Improving Quality in our Health Service, part 1: Introducing the Framework
- Implementation of new Best Practice Guidance for Mental Health Services
- Agree and implement a strategic approach to improving quality and patient safety to support the HSE in continuing to deliver on its overall priority on quality and patient safety.

#### Assurance and Verification

- Development and Implementation of measurable performance indicators and outcome measures for quality and risk.
- Development of quality and risk performance standards.
- Ensure routine assessment and reports on key aspects of quality and risk indicators.
- Implementation the National Adverse Events Management System (NAEMS) across all services.
- Development and Implementation of a system to facilitate the identification, assessment and management of risk at CHO, Divisional and service level
- Implementation remedial actions, additional control measures where required.
- Development, Implementation and audit of a process for the management of serious events requiring reporting and investigation in accordance with the safety incident management policy 2014.



- Implementation of a system for the dissemination, implementation and monitoring of recommendations from investigations.
- Develop and maintain CHO and divisional Risk Registers
- Manage complaints to ensure that learning is derived

## Delivery of Services 2017

### Health and Wellbeing

#### Introduction

Improving the health and wellbeing of the population is a key aspect of public policy and a cornerstone of the health reform programme. The implementation of *Healthy Ireland: A Framework for Improved Health and Wellbeing 2013-2025* is key to this improvement.

Building on significant progress made to date, 2017 will see the further implementation and delivery of this work within the health services.

	2017 NSP Budget €m	2017 Closing Budget €m
Health and Wellbeing		
Full details of the 2017 budget are available in Table xx		

#### Priorities for 2017

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

CHO8's Head of Health & Wellbeing will work in a collaborative and integrated manner with all Heads of Service to ensure that Health & Wellbeing initiatives are a priority within and across all services areas. While the following sets out the priority actions for 2017, the achievement of elements of the plan (e.g. improvement of uptake in immunisation rates) will be dependent upon the resource capacity in the CHO8 service areas. CHO 8 planned actions are:

Priority Actions	Q
<b>Accelerate implementation of the <i>Healthy Ireland Framework</i> through the <i>Healthy Ireland in the Health Services Implementation Plan 2015 – 2017</i></b>	
Develop a CHO 8 Healthy Ireland Implementation Plan in partnership with H&WB National office and all relevant stakeholders.	Q1-4
Support the development of HSE Staff Health and Wellbeing Strategy.	Q1-4
Commence Implementation of Making Every Contact Count (MECC) in CHO 8 on a phased basis with the support of the National MECC implementation team in line with the recommendation of the National MECC Framework. <ul style="list-style-type: none"> <li>- Commence rollout of training package for MECC once service provider is appointed</li> <li>- Train cohort of staff which will be based on targets for BISC and SBI for alcohol</li> </ul>	Q2-4
Implement the Self-Management Support (SMS) framework in CHO 8 on a phased basis. <ul style="list-style-type: none"> <li>- Appoint a CHO Self Management Support Co-Coordinator</li> <li>- Commence CHO implementation of SMS framework as outlined in the National Framework for Self Management Support</li> <li>- Develop signposting of local community and voluntary resources to support Self Management Support</li> </ul>	Q1-4

Priority Actions	Q
<ul style="list-style-type: none"> <li>- Facilitate the development of peer support through voluntary and community organisations in CHO8</li> </ul>	
<b>Reduce levels of chronic disease and improve the health and wellbeing of the population</b>	
<b>National Priority Programmes</b>	
<p>Implement actions in support of national policy priority programmes for tobacco, alcohol, health eating &amp; active living, healthy childhood, sexual health, positive ageing and wellbeing and mental health.</p> <ul style="list-style-type: none"> <li>- Healthy Childhood – Support the implementation of the Nurture Programme – Infant Health and Wellbeing</li> <li>- Healthy Childhood – Support the implementation of the National Healthy Childhood Programme</li> <li>- Healthy Childhood – Support and maintain the existing level of service of Triple P training and extend with partners to remaining counties in line with available resources</li> <li>- Healthy Eating &amp; Active Living – Support roll-out of CAREpals training for staff working in residential and daycare services for older people</li> <li>- Connecting for Life – Support the engagement and consultation process in the development of a mental health promotion plan and support implementation of finalised plan.</li> </ul> <p>Support the development and implementation of relevant national clinical guidelines and audits (asthma, chronic obstructive pulmonary disease, diabetes, HCAI, under-nutrition), hepatitis C screening, smoking cessation.</p>	Q1-4
<b>Tobacco Free Ireland</b>	
<p>Implement the HSE Tobacco Free Campus Policy in all remaining sites across mental health and social care and strengthen monitoring and compliance in all other services.</p> <ul style="list-style-type: none"> <li>- Continue to monitor compliance with the HSE Tobacco Free Campus Policy</li> <li>- 50% of approved and Residential Mental Health sites will implement the HSE Tobacco Free Campus Policy</li> <li>- 100% of Residential Disability Services (HSE Section 38 &amp; 39s) will implement the HSE Tobacco Free Campus Policy</li> </ul> <p>All services in the CHO (Mental Health, Disability, Older Persons Services and Primary Care) will actively participate in the European Network of Smoke free Healthcare Service – Global process – to complete annual on-line self-audit and commence a process to validate implementation of ENSH-Global Standards.</p>	Q1-4
<p>Release 189 frontline staff to BISC training to support the routine treatment of tobacco addiction as a healthcare issue.</p> <p>Display QUIT support resources in appropriate services.</p> <p>Ensure staff are aware of the QUIT campaign and refer Patients/clients to QUIT and other appropriate smoking cessation services.</p>	Q1-4
<b>Healthy Eating and Active Living</b>	
<p>Implement and support key initial actions under A Healthy Weight for Ireland: Obesity Policy and Action Plan 2016-2025 and National Physical Activity Plan for Ireland through the Healthy Eating Active Living Programme.</p> <ul style="list-style-type: none"> <li>- Implement Calorie Posting and healthier vending policies in all sites within CHO 8.</li> <li>- Support planning for the provision of enhanced community based, weight management</li> </ul>	Q1-4

Priority Actions	Q
<p>programmes and specialist treatment services</p> <ul style="list-style-type: none"> <li>- Support the embedding of an evidence based framework for the prevention of childhood obesity into CHO 8 child health operating structures</li> <li>- Support the delivery of structured community based cooking programmes (Healthy Food Made Easy and Cook It)</li> <li>- Release 97 PHNs to train in the Nutrition Reference Pack for infants aged 0-12 months</li> </ul>	
<b>Alcohol</b>	
<p>Support the National Division's implementation of the 3-year alcohol plan incorporating recommendations from the Steering Group Report on the <i>National Substance Misuse Strategy (2012)</i> and aligned with the measures contained in the <i>Public Health Alcohol Bill (2015)</i>.</p> <ul style="list-style-type: none"> <li>- Support the key actions of the 3 year HSE Alcohol Programme Implementation Plan including: <ul style="list-style-type: none"> <li>- Supporting the roll-out of the national alcohol risk communications campaign.</li> <li>- Support the HSE internal communications campaign on alcohol harm.</li> <li>- Support the implementation of the HSE strategic statement on public health messaging on alcohol risk.</li> <li>- Support the roll-out of MECC for alcohol.</li> <li>- Engage with the work of the Alcohol Programme Implementation Group on alcohol harm data &amp; analysis.</li> </ul> </li> </ul>	Q1-4
<b>Positive Ageing</b>	
<p>Support the building of a network of local and national partnerships under the Dementia Understand Together campaign to increase awareness and create compassionate inclusive communities for people with dementia and their carers.</p>	Q1-4
<b>Protect the population from threats to health and wellbeing</b>	
<p>Improve immunisation uptake rates</p> <ul style="list-style-type: none"> <li>- Improve uptake rates for the School Immunisation Programmes (SIP) with a particular focus on HPV vaccine.</li> </ul>	Q1-4
<p>Complete implementation of the Rotavirus and Men B vaccination programmes.</p>	Q1-4
<p>Support Health and Wellbeing division to develop a revised child health and immunisation model for implementation in the context of the Immunisation Review.</p>	Q1-4
<p>Improve influenza vaccine uptake rates amongst staff in frontline settings and among persons aged 65 and over.</p> <ul style="list-style-type: none"> <li>- Develop and implement a flu plan for 2017/2018 to improve influenza vaccine uptake rates amongst staff in frontline settings and persons aged 65 and over</li> </ul>	Q2-4
<p>Promote the Bowel Screen Programme among the population of the CHO group (60 to 69 yrs) in collaboration with the National Screening Service</p>	Q1-4
<p>Promote the Breast Check Programme among female staff who are new to the Breast Check age cohort (i.e. female staff in the 50 to 52 yrs age group) in collaboration with the National Screening Service</p>	Q1-4

Priority Actions	Q
Support capacity building for the prevention, surveillance and management of HCAIs and antimicrobial resistance (AMR) and the implementation of an agreed action plan for HCAIs in line with new governance structures and available resources.	Q1-4
<b>Create and strengthen cross-sectoral partnerships for improved health outcomes and address health inequalities</b>	
Develop a CHO8 structure to support HSE representatives on Local Community Development Committees (LCDCs) to build capacity and ensure health and wellbeing priorities are mainstreamed as part of the LCDC agenda	Q1-4
Improve co-ordination and input to multi-agency partnerships/committees to ensure joined up approaches to public health priorities (CYPSCs; Healthy Cities; Age-Friendly etc). <ul style="list-style-type: none"> <li>- Continue to support Healthy Cities and Counties in collaboration with Health &amp; Wellbeing</li> </ul>	Q1-4

## Primary Care

### Introduction

The development of primary care services is a key element of the overall health reform programme. A decisive shift to primary care in the Irish health system is required to bring about improvements to the health and wellbeing of the population and better integrated health services. The key objective is to achieve a more balanced health service by ensuring that the vast majority of patients and clients who require urgent or planned care are managed within primary and community based settings, while ensuring that services are:

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

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

As part of the Health Service Reform the Head of Primary Care came into post late in 2016 will lead the CHO 8 Primary Care reform with the implementation of the spatial Mapping plan and introduction of the Network Manager role. There are 65 Primary Care Teams in CHO 8 within be 12 networks (HSCN's).

### CHO 8 Primary Care Services

Administration	Public Health Nursing
Primary Care Teams	Paediatric Home Care Packages
Audiology	Physiotherapy
Community , Alcohol & Drugs & Service (CADS)	Primary Care Units (Primary care Schemes)
Dental	Psychology
Dietetics	Speech & Language Therapy
GP Training Schemes	Civil Registration
Grants	Podiatry
GP Out of Hours( MIDOC& NEDOC)	Medical Officers
Immunisations/Schools Screening	Occupational Therapy

	2017 NSP Budget €m	2016 Closing Budget €m
Primary Care	112,082	110,105
Social Inclusion	3,811	3,791
Palliative Care	5,918	5,705
Local Demand-Led Schemes	26,700	26,396
Full details of the 2017 budget are available in Table 1		

Orthodontics	Social Work
Ophthalmology	Primary Care Counselling

### Primary Care Delivery of Services

Priority Actions	Target Q
<b>Primary Care</b>	
<b>Improve quality, safety, access and responsiveness of primary care services to support the decisive shift of services to primary care</b>	
<b>Deliver integrated care programmes for chronic disease prevention and management in primary care</b>	<b>Q3</b>
<b>CHO 8 Actions:</b> Support the implementation of the Chronic Disease Framework.	Q3
<b>Diabetes</b> CHO 8 will support the roll out of the Diabetes and COPD Asthma chronic disease programmes utilising the 2016 CHO 8 approved posts for diabetes - CHO 8 – Senior Podiatrist (2) and Senior Dietitian (2). Support the Inter Divisional Local Implementation Group in the delivery of the chronic disease programme across CHO 8.	Q2
<b>Strengthen and expand Community Intervention Team (CIT) / Outpatient Parenteral Antimicrobial Therapy (OPAT) services</b>	<b>Q2</b>
<b>CHO 8 Actions:</b> Provide treatment for in excess of 2,656 referrals. Support the strengthen of governance and reporting of CIT services in line with national directives in particular in Louth and Meath.	Q4 Q2
<b>Consolidate the provision of minor surgery services in primary care sites</b>	<b>Q4</b>
<b>CHO 8 Actions:</b> Consolidate provision of minor surgery by GP Surgeons providing 15 minor surgery procedures. Expand minor surgery sites subject to resources.	Q2 Q2
<b>Strengthen governance arrangements to support packages of care for children discharged from hospital with complex medical conditions to funded levels</b>	<b>Q4</b>
<b>CHO 8 Actions:</b> Support packages of care for children discharged from hospital with complex medical conditions to funded levels. Implement, when agreed, a protocol for discharge planning for children with complex medical conditions. Implement, when agreed, a clinical and service assessment tool for children with complex medical conditions.	Q4 Q3 Q3

Priority Actions	Target Q
<b>Implement the recommendations of the GP Out of Hours and Primary Care Eye Services</b>	<b>Q4</b>
<b>CHO 8 Actions:</b> <b>GP Out of Hours Review Report Operational Plan Actions</b> Continue to support the development and expansion of out of hours services through the continued funding of MIDOC and NEDOC. Support roll out of actions arising from the GP Out of Hours Review.	Q4
<b>CHO 8 Actions:</b> <b>Primary Care Eye Services Review Report Operational Plan Actions</b> Implement recommendations of Primary Care Eye Services Review as appropriate in CHO 8 and to funded levels. Provide change management / team training for CHO primary care eye team staff.	Q4 Q2
<b>Improve waiting times for therapy services by implementing a revised model of care for children's speech and language therapy services and psychology services and develop new models for physiotherapy, occupational therapy and lymphodema services</b>	<b>Q4</b>
<b>CHO 8 Actions:</b> Conclude recruitment of 9 WTEs for implementation of speech and language therapy service improvement initiatives across CHO 8.	Q3
Agree and implement the revised model for children's speech and language therapy services.	Q3
Provide in excess of 9,198 additional speech and language assessment/therapy appointments as part of the 2016 service improvement initiative.	Q4
Implement, when agreed the new models for physiotherapy and occupational therapy services.	Q4
Implement when agreed, standardised model of care for lymphodema services including the supply and reimbursement of compression garments.	Q4
<b>Implement the mental health and primary care initiative to enhance counselling services with a focus on enhanced counselling interventions for children and adolescents</b>	<b>Q4</b>
<b>CHO 8 Actions:</b> Roll out, when agreed, the revised psychology service model with a focus on children and adolescents including recruitment of staff grade and assistant psychologists.	Q4
<b>Improve access to children's oral health services and improve access to orthodontic services for children</b>	<b>Q2</b>
<b>CHO 8 Actions:</b> Implement targeted screening for 11-13 year olds. Provide treatment for 11-13 year old children prioritising public dental health i.e. fissure sealants. Continue the waiting list initiative for children's orthodontic services for 'long-waiters'.	Q1-Q4
<b>Other CHO 8 Actions Primary Care Services</b>	
Continue to consolidate the delivery of primary care services through our Primary Care Teams and 12 Networks.	Q4
Establish a fora for engagement with GPs across CHO 8.	Q2
Complete implementation of National Policy on Access to Services for Children with a Disability or	



Priority Actions	Target Q
Developmental Delay Care with children's disability network teams as they are established in CHO 8.	Q4
<b>Quality and Safety</b>	
<b>CHO 8 Actions:</b>	
Promote quality and safe services in line with the Framework for Improving Quality	Q3
Support the roll out of the HSE Framework for "Improving Quality in our Health Service".	Q1-Q4
Develop primary care action plan for increased compliance with HIQA standards for Safer Better Health Care.	Q1-Q4
Support the implementation of national safety programmes such as pressure ulcers to zero collaborative, HCAI, falls prevention and decontamination.	Q1-Q4
Establish primary care quality & patient safety committee	Q1
Implement Risk Management Policy 2016	Q1-Q4
Continue return of data through the primary care quality and safety dashboard. Continue to meet QPS targets.	Q4
Support the roll out of NIMS in primary care. Ensure robust systems and structures are in place for the reporting and monitoring of serious reportable incidents. Update and maintain the SRE/SI Log3.	
Collaborate with Consumer Affairs on the management and analysis of complaints	Q1
Support initiatives to develop a more person centred approach through the roll out of the primary care survey	Q4
Implement the open disclosure policy. Support staff training by ensuring senior management staff participate in the Train the Trainer Programme.	Q4
Develop a robust CHO wide clinical audit programme, as resources allow.	
<b>Patient Engagement</b>	Q3
Establish a formal process to engage with patients and service users, using a wide range of methods to obtain feedback and commit to dissemination of this information	
<b>Implement Children First Initiatives</b>	
Implement Children First Implementation Plan actions. Ensure compliance with Children First training requirements by HSE and funded services.	Q4
<b>ED Taskforce and Winter Planning</b>	
Provide primary care services to support hospital avoidance and early discharge including GP out of hours services, community intervention team services and aids and appliances in CHO 8.	Q4
<b>Strengthen national supports and guidance to PC providers in relation to Health Care Associated Infection</b>	Q3
CHO 8 will continue to promote hand hygiene training and audit and will maintain target of 100% compliance in 2017	
<b>Healthy Ireland/Health and Wellbeing Cross Divisional</b>	
<b>CHO 8 Actions:</b>	

Priority Actions	Target Q
Healthy Ireland: Develop CHO 8 plan for <i>Healthy Ireland</i> .	Q4
Policy Programmes: Implement actions in support of policy priority programmes for tobacco, alcohol, healthy eating active living, healthy childhood, sexual health, positive ageing and wellbeing and mental health.	Q1-Q4
Improve immunisation rates: Improve influenza vaccination rates amongst persons aged 65 years and over. Improve influenza vaccination rates among staff in front line settings. Increase the percentage of children who receive vaccines to the target percentages. Support the implementation of the rotavirus and meningococcal B vaccination programmes within available resources.	Q1-Q4
Breastfeeding: Increase breastfeeding rates at the first PHN visit and at three months by the phased implementation of the Action Plan for Breastfeeding 2016 -2021.	Q4
Implement Tobacco Control Implementation Framework: Release a further 5% of front line primary care staff to attend brief intervention training on smoking cessation to support the routine treatment of tobacco addiction as a healthcare issue. Display QUIT support resources in all appropriate services. Ensure staff are aware of the QUIT campaign and refer patients/clients to QUIT and to other appropriate smoking cessation services.	Q4 Q4 Q4
Staff Health and Wellbeing Increase support for staff health and wellbeing.	Q4
<b>Social Inclusion</b>	
<b>Improve health outcomes for the most vulnerable in society including those with addiction issues, the homeless, refugees, asylum seekers, Traveller and Roma communities</b>	
<b>Addiction Services</b>	
<b>Improve access to addiction treatment services for adults and children, with a particular focus on services for the under 18s</b>	<b>Q4</b>
<b>CHO 8 Actions:</b> Ensure that adults deemed appropriate for treatment for substance use receive treatment within one calendar month ( <i>National Drug Strategy, 2009-2016, Action 32</i> ). Ensure that children deemed appropriate for treatment for substance use receive treatment within one week. Prepare an action plan to align addiction services in accordance with locations of clinics in CHO 8.	Q4 Q4 Q4
<b>Implement the recommendations of the <i>National Drugs Rehabilitation Framework</i></b>	<b>Q4</b>
<b>CHO 8 Actions:</b> Roll out the <i>National Drugs Rehabilitation Framework</i> to all HSE services, statutory bodies and the community and voluntary sector in CHO 8. Train 100 staff on SAOR screening and brief intervention for problem alcohol and substance use. Support the implementation of making every contact count. Undertake a service users experience survey and address findings Roll out training in CHO 8 for administration of naloxone.	Q4 Q2
<b>Other Addiction Services CHO 8 Actions</b>	

Priority Actions	Target Q
Develop a co-ordinated plan to respond to alcohol use in conjunction with the Drug and Alcohol Drug Task Forces.	
<b>CHO 8 Actions:</b> <b>Pharmacy Needle Exchange</b> Implement the recommendations of the Evaluation Report for the Pharmacy Needle Exchange Programme.	Q4
Ensure the provision of pharmacy needle exchange matches demand	Q3
Develop integrated care pathways and referral pathways from pharmacy needle exchange to other agencies e.g. sexual health, blood borne virus testing.	Q2
Expand and monitor the provision of other paraphernalia i.e. foil within the pharmacy needle exchange programme to allow clients the option of smoking rather than injecting.	Q2
<b>Homeless Services</b>	
<b>Improve health outcomes for people experiencing or at risk of homelessness, particularly those with addiction and mental health needs by providing key worker, case management, general practitioner (GP) and nursing services</b>	Q4
<b>CHO 8 Actions:</b> Provide supports including key working, case management, GP and nursing services, to address the complex and diverse health needs of homeless people through the Homeless Action Team(s).	Q4
Review existing service arrangements with Section 39 service providers to ensure a stronger focus on addressing the health needs of homeless persons including the development of targets, outcomes, quality standards, enhanced monitoring and evaluation.	Q2
Ensure that the Discharge Protocol for Homeless Persons in Acute Hospitals and Mental Health facilities is implemented, when developed.	Q4
<b>Traveller, refugees, asylum seeker and Roma communities</b>	Q4
<b>Deliver targeted programmes to support Travellers to manage chronic conditions such as diabetes, asthma and cardiovascular disease</b>	Q4
<b>CHO 8 Actions:</b> Train staff in Traveller Health Units on <i>Connecting for Life</i> so that it can be promoted, in a culturally appropriate manner, to members of the Traveller community.	Q4
Develop closer working relationships between Traveller Primary Care Health Projects, Mental Health and Health and Wellbeing.	
Promote and support the development of Small Changes – Big Differences Traveller Education Programme for Heart Disease and Diabetes.	
Establish the Asthma Education Programme for Traveller Community Health Workers.	
Develop knowledge base of Travellers to begin to address issues concerning domestic violence.	
Continue to support the Traveller Primary Health Care Projects.	
<b>Expand primary care health screening and primary care services for refugees, asylum seeker and Roma communities</b>	Q4
<b>CHO 8 Actions:</b> Roll out a mobile health screening unit to facilitate access to basic health screening, GP and nursing services by marginalised groups, refugees, asylum seekers and Roma communities.	Q1
Implement health actions, within available resources, including provision of GP, nursing and mental health support services, to support the Irish Refugee Protection Programme including	Q4

Priority Actions	Target Q
<p>supports at emergency reception and orientation centres during the resettlement phase.</p> <p>Train a minimum of 2 staff on intercultural awareness and practice in health and social care. On completion of training each CHO to develop a quality improvement plan incorporating the further roll out of this training.</p> <p>Participate in the development of a national medical screening programme for homeless and refugee programme.</p> <p>Enhance service provision of medical care to refugees in Mosney, Portlaoise.</p>	Q3
Implement the Lesbian, Gay Bisexual, Transgender and intersex LGBTI policy in CHO 8.	Q4
Implement health related actions in line with <i>National Strategy on Domestic, Sexual and Gender-based Violence 2016-2021</i>	Q3
<p><b>CHO 8 Action:</b></p> <p>Train a minimum of 2 staff in Domestic Sexual and Gender Based Violence on a train the trainer basis. On completion of training, each CHO to develop a quality improvement plan incorporating further roll out of this training to frontline staff.</p>	Q4
<b>Palliative Care Services</b>	
<b>Improve access, quality and efficiency of palliative care services</b>	
<b>Implement the model of care for adult palliative care services</b>	<b>Q4</b>
<p><b>CHO 8 Action:</b></p> <p>Commence the implementation the model of care for adult palliative care services.</p>	Q4
<b>Implement a standardised approach to the provision of children's palliative care in the community</b>	<b>Q3</b>
<p><b>CHO 8 Action:</b></p> <p>Ensure patients with a primary non-cancer diagnosis have equal access to services as per the eligibility criteria guideline.</p>	Q2
<p><b>CHO 8 Action:</b></p> <p>Support the development of the clinical guideline on 'Care of the Dying Adult in the last days of life'.</p>	Q4
<p><b>CHO 8 Action:</b></p> <p>Improve the physical environment for patients, families and staff through the Irish Hospice Foundation / HSE Design and Dignity Grant Scheme.</p>	Q3
<p><b>CHO 8 Action:</b></p> <p>Implement, on a phased basis, the 10 recommendations from the Palliative Care Support Beds Review.</p>	Q4
<p><b>CHO 8 Action:</b></p> <p>Work in partnership with four nursing homes in CHO 8 (and CHO 1) to ensure residents requiring palliative care can remain at home (nursing home), prevent inappropriate admissions to acute hospitals and enable people to return home as quickly as possible after a stay in hospital.</p>	Q3
Develop closer governance links across the palliative care services in the six counties	Q4



## Mental Health

### Introduction

The CHO 8 Mental Health Service has core objectives of:

- Striving to provide high quality services by implementing A Vision for Change (Vision) and delivering a modern, recovery focused, clinically excellent service built around the needs and wishes of service users, carers and family members.
- Supporting improvement in the mental health of the CHO 8 population and in our approach to suicide prevention through the Connecting for Life strategy.
- Implementing the Health Reform programme fully within CHO 8 mental health services in a way which ensures appropriate integration with other health and social services.
- Fulfilling our purpose to provide safe services to those who need them and to seek to continuously improve those services, the divisional and area plans aim to set out credible steps which will, over time, enable us to improve the service.

	2017 NSP Budget €m	2016 Closing Budget €m (Includes once off funding 2016 only)
Mental Health	87.958	84,093

### Area Description

CHO 8 Mental Health services comprises Louth Meath Mental Health Service (LMMHS) and the Midlands Mental Health Services (MHS) which delivers psychiatric services to a total population of 615,258 (Census, 2016). The Midlands area incorporates 2 former Mental Health (MH) Catchment Areas (CAs) of Laois/Offaly (LO) and Longford/Westmeath (LW). The Midlands service transitioned to Community Healthcare Organization CHO Area 8 also on the 1<sup>st</sup> January 2016.

### Service Description Louth Meath

Louth Meath Mental Health Service provides a broad range of community and inpatient mental health services across all age groups:

- There are 10 General Adult Community Mental Health Teams with an average catchment area of 30/35,000 population.
- The opening of the New Acute Inpatient Unit in Drogheda will allow for the reconfiguration of existing Community Mental Health teams to take place in line with Vision for Change.
- There are 3 psychiatry of old age multi-disciplinary Teams with (100,000 approx. pop each).
- There is a Liaison Team and Deliberate Self Harm Nurse based at Our Lady of Lourdes Hospital, Drogheda & Self Harm Nurse at Our Lady's Hospital, Navan.
- A Rehabilitation Team has been established.
- Two Adult MHID teams have been approved and are being established

Service	No. Provided	Service	No. Provided
<b>No. of Adult Acute In Patient Beds</b>	46	<b>Psychiatry of Old Age</b>	Access to beds from within the 46 inpatient beds
<b>General Adult</b>	Access to beds from within the 46 inpatient beds		
No. of non acute beds for adults	75	<b>Number of Day Hospitals</b>	0
No. of Day Hospitals	4	<b>No. of Community Mental Health Teams</b>	3
No. of Community Mental Health Teams	10	<b>Number of Day Centres</b>	0
Number of Day Centres	4 (currently under reconfiguration)	<b>Specialist Mental Health Services</b>	
No. of High Support Community Residences	4	<b>No. of Rehab and Recovery Teams</b>	1
No. of Low and Medium support Community Residences	2 (low support)	<b>No. of Liaison Psychiatry Teams</b>	1
<b>CAMHS</b>		<b>No. of MHID Teams</b>	1 Covers L/M & C/M
Number of In Patient Beds	0	<b>Other</b>	
No. of Day Hospitals	0	<b>Assertive Outreach Team</b>	2
No. of Community Mental Health Teams	6	<b>Home based treatment team</b>	2
		<b>Effective Disorder Team (Louth only)</b>	1
		<b>Community Support Team (Dundalk only)</b>	1

### Service Description Midlands

The Midlands Mental Health Management Team has managerial responsibility for lifespan Mental Health Services (MHS) i.e. CAMHS, Adult Mental Health (AMH), MHID (Child and Adult), Psychiatry of Later Life (POLL), and other Specialist Services such as Rehabilitation & Recovery (R&R), Psychiatry of Substance Misuse, Liaison and the 3 National Clinical Programme (NCP) services; Deliberate Self-Harm (DSH), Eating Disorder (ED) and Early Intervention in Psychosis (EIP) services. Regional and National MHS such as Forensic MHS are delivered to the area from these tertiary specialties. Please see table below;

Service	No. Provided	Service	No. Provided
<b>No. of Adult Acute In Patient Beds</b>	60 (+10KWW)	<b>Psychiatry of Old Age</b>	
<b>General Adult</b>			
No. of non acute beds for adults	92	<b>Number of Day Hospitals</b>	2
No. of Day Hospitals	10	<b>No. of Community Mental Health Teams</b>	3
No. of Community Mental Health Teams	10	<b>Number of Day Centres</b>	0
Number of Day Centres	9	<b>Specialist Mental Health Services</b>	
No. of High Support Community Residences	7	<b>No. of Rehab and Recovery Teams</b>	2
No. of Low and Medium support Community Residences	24 (9 medium and 15 low)	<b>No. of Liaison Psychiatry Teams</b>	< 0.5
<b>CAMHS</b>		<b>No. of MHID Teams</b>	2
Number of In Patient Beds	0	<b>Other</b>	
No. of Day Hospitals	0	<b>Training Centre</b>	1
No. of Community Mental Health Teams	7		

### Priorities for 2017

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

- Enhance service user and carer engagement across CHO8 through the development of consumer panels across all areas and the involvement of the CHO8 Service User Lead in area and executive management teams.
- Implement the suicide reduction policy *Connecting for Life* through the development of a CHO8 plan with multi-agency involvement at local and regional level.
- Improve early intervention and youth mental health through the enhancement of integrated care pathways between CAMHS, Primary Care and voluntary groups such as Jigsaw. Increase community mental health service capacity across all specialties.
- Develop and enhance recovery focused services to meet the needs of those with severe and enduring mental illness with complex presentations through the implementation of Service Reform Fund initiatives.
- Develop, implement and integrate specialist clinical responses through the mental health clinical programmes.
- Increase the safety and quality of mental health services in CHO8, including improved regulatory compliance, incident management and the implementation of best practice standards across the region.



- Strengthen corporate and clinical governance arrangements in Mental Health Services across CHO8

#### Delivery of Services

Key Result Area	Actions to Achieve Key Results	Lead	Target Q
<b>Mental Health Priority 1:- Promote the mental health of the population in collaboration with other services and agencies including loss of life by suicide.</b>			
<b>Connecting for Life (CfL)</b>			
Development and implementation of local CfL plans capable of being reported at CHO level per national CfL requirements	o Support the work of the CfL Planning Groups (3)	CHO 8 CfL Oversight Group	Q1-Q3
	o Develop CfL Plans (3) aligned to national framework	CHO 8 CfL Oversight Group & Local CfL Groups	Q3
	o Develop the CfL implementation structures (3)	CHO 8 CfL Oversight Group & Local CfL Groups	Q4
<b>Youth Mental Health Services</b>			
Improve early intervention and youth mental health, including embedding of Jigsaw sites and development of primary care based therapeutic responses for Under 18s	<b>Early intervention youth mental health</b>		
	o Develop actions through the CfL plans promoting early interventions for young people experiencing mental health issues	CHO 8 CfL Oversight Group & Local CfL Groups	Q3
	o Collaborate with the CHO 8 Jigsaw sites – Tullamore & Navan to identify current pathways between Primary Care and CAMHs	SMT LO, LM	Q1
o Establish best practice pathways and work to implement across both sites between CHO 8 care groups	SMT LO, LM	Q1-Q4	
<b>Primary Care based therapeutic responses Under 18's</b>			
	o Identify other models across CHO 8, gaps in service and required pathways	SMT LW, LO, LM	Q1
	o Establish a CHO 8 Youth Mental Health group update - HSE, Tusla, CAMHs, Primary Care,	Head of Mental Health	Q3
<b>Physical Health of mental health service users</b>			

	<ul style="list-style-type: none"> <li>▪ Identify physical health needs in clients with complex mental health diagnoses</li> <li>▪ Pilot individual and group interventions in this population in line with international best practice</li> </ul>		
<b>Mental Health Priority 2:-Design integrated, evidence based and recovery focused mental health services</b>			
<b>National Clinical Care Programmes</b>	<p>Develop specialist clinical responses through the mental health clinical programmes.</p> <ul style="list-style-type: none"> <li>○ Map current staffing resource, services and relevant leads across the CHO</li> <li>○ Enhance and embed new services in mental health services across the region</li> <li>○ Implement Lead NCHD initiative per McCraith Report.</li> </ul>	SMT LW, LO, LM	Q1 Q1- Q4
<b>Strategic Priority 3 - Deliver timely, clinically effective and standardised safe mental health services in adherence to statutory requirements</b>			
	<ul style="list-style-type: none"> <li>○ General Adult <ul style="list-style-type: none"> <li>▪ Map service and perform gap analysis against Vision for Change</li> <li>▪ Identify clear actions based on gaps – HR, accommodation, pathways , HR/IR community reconfiguration process, future training requirements</li> <li>▪ Develop plan to maximise team activity with deficits that cannot be overcome</li> <li>▪ Introduce video and IT technology to support the individual Care Planning Process in approved centres with community teams</li> <li>▪ Scope requirements to enhance 7/7 services across CHO8.</li> </ul> </li> </ul>	SMT LW, LO, LM  SMTs & Head of Mental Health SMTs & Head of Mental Health	
	<ul style="list-style-type: none"> <li>○ Psychiatry of Old Age – <ul style="list-style-type: none"> <li>▪ Map service and perform gap analysis against Vision for Change</li> <li>▪ Identify clear actions based on gaps – HR, accommodation, pathways</li> <li>▪ Develop plan to maximise team activity with deficits that cannot be</li> </ul> </li> </ul>	SMT LW, LO, LM SMT's & Head of Mental Health SMT's & Head of Mental Health	

	over come		
	<p>CAMHS</p> <ul style="list-style-type: none"> <li>▪ Monitor activity across all teams to ensure that waiting times meet national targets</li> <li>▪ Continue interagency meetings with CAMHS, Social Care and partners in Education</li> <li>▪ Roll out of Child to Parent Violence Awareness Training</li> </ul>	<p>LM,LO,LW</p> <p>LO, LW</p> <p>LW</p>	<p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q2</p>
	<p>MHID (Mental Health Intellectual Disability)</p> <ul style="list-style-type: none"> <li>• Continue dev of MHID services in line with national model (including identifying progress on implementation of MHID post for children)</li> <li>•</li> </ul>		
<p>Increase services to meet the needs of those with severe and enduring mental illness with complex presentations</p>	<ul style="list-style-type: none"> <li>○ Rehabilitation &amp; Recovery                             <ul style="list-style-type: none"> <li>▪ Map service and perform gap analysis against Vision for Change</li> <li>▪ Identify current pathways to continuing care</li> <li>▪ Identify current service provision for those with complex mental health needs</li> <li>▪ Carry out staff education in relation to international best practice interventions for this population</li> <li>▪ Establish CHO 8 Rehab &amp; Recovery Group</li> <li>▪ Develop plan to maximise team activity with deficits that cannot be over come</li> </ul> </li> </ul>	<p>SMT LW, LO, LM</p> <p>SMT's &amp; Head of Mental Health</p> <p>SMT's &amp; Head of Mental Health</p>	

	<ul style="list-style-type: none"> <li>▪ Embed recovery culture in residential units</li> <li>○ Continue to work with Local Authorities, housing agencies and HAT to provide appropriate housing for service users with mental health problems in line with national policies</li> </ul>		
	<ul style="list-style-type: none"> <li>○</li> </ul>		

**Managing within resources**

CHO8 Mental Health services are committed to the provision of quality, safe and patient-centred services within allocated resources through regular financial performance management reviews and the implementation of a series of cost containment measures. Cost Containment Plans (CCPs) include the following measures: targeted reduction in agency staff; targeted reduction in overtime; time-related savings arising from the replacement of posts; review of external placements; review of medication management

## Social Care

### CHO 8 Priorities and priority actions 2017

A key priority for 2017 is the development of a sub structure under the Heads of Division to manage resources in an efficient and effective manner to meet client's needs, and invest in staff training and development to assist us to retain our valued and experienced staff. We want to develop a sustainable model of person centred services in

both Disability and Older Person Services which will meet current and future needs. The current financial position in CHO 8 Social Care will present challenges to continue to provide existing levels of service to our client's at a time when we wish to develop a sustainable service to meet future need.

	2017 NSP Budget €m	2016 Closing Budget €m
Social Care	262.456	254.446
Older Persons	66.148	63.781
Disabilities	196.523	190.665
Full details of the 2017 budget are available in Table 1		

#### Safeguarding Vulnerable Persons at Risk of Abuse

- Advance implementation of training programme for awareness for designated officers and frontline staff
- Achieve training and awareness-raising target of 1,206 staff
- Implement plan to ensure outcome of review of policy
- Secure one additional Senior Social Worker to support workload in Meath.

#### Assisted Decision-Making

- With support from the National Division in terms of advice and additional resources commence implementation of the *Assisted Decision-Making (Capacity) Act 2015*.

#### HCAIs and AMR

- Implement an agreed action plan for HCAIs and AMR in line with new governance structures subject to the provision of additional resources.

### 2017 Social Care Division key result areas and priority actions includes:

Priority Actions	
<b>Health &amp; Wellbeing, Social Care Division Actions</b>	<b>Q</b>
Develop a CHO 8 <i>Healthy Ireland in the Health Service Implementation Plan 2015–201</i>	Q1 – Q4
Implement actions in support of national policy priority programmes for tobacco, alcohol, healthy eating active living, healthy childhood, sexual health, positive ageing and wellbeing and mental health	Q1 – Q4

Priority Actions	
Support the implementation of <i>Making Every Contact Count</i>	Q1 – Q4
Increase support for staff health and wellbeing	Q1 – Q4
Improve influenza uptake rates amongst persons aged 65 years and over	Q1 – Q4
Improve influenza uptake rates amongst healthcare staff in frontline setting	Q1 – Q4
Support the building of a network of local and national partnerships under the Dementia UnderStandTogether campaign to increase awareness, and create compassionate inclusive communities for people with dementia and their carers	Q1 – Q4
Support Social Care staff to attend BISC training to support the routine treatment of tobacco addiction as a Healthcare issue	Q1 – Q4
Implement the HSE Tobacco Free Campus Policy in 100% of residential disability services (HSE, Section 38&39)	Q1 – Q4
Implement the HSE Tobacco Free Campus Policy across 100% of residential sites for Older Persons	Q1 – Q4
Display QUIT support resources in all appropriate services	Q1 – Q4
Ensure staff are aware of the QUIT campaign and refer patients/clients to QUIT and to other appropriate smoking cessation services	Q1 – Q4

## Disability Services

### Priorities and priority actions 2017

In 2017, the CHO will deliver social care supports and services to people with a disability across the spectrum of day, residential and home support provision. The financial resources made available to the CHO as part of the HSEs 2017 National Service Plan is focussed on specific and targeted provision which is set out in the tables detailing agreed priority actions. Specifically, CHO 8 will maintain existing levels of services in line with financial resources available whilst noting specific developments relating to emergency and home respite support services as well as day/ rehabilitative training interventions. CHO 8 is cognisant that the demand for disability supports and services is growing in a significant way and will ensure throughout 2017 effective monitoring of the impact in this area as part of ongoing planning processes with the National Social Care Division in respect of the 2018 estimates process. This plan outlines mitigating actions to mitigate this risk including management arrangements and processes to prioritise service needs and ensure standardised waiting list arrangements.

Priority Actions	
<b>Disability Services Actions</b>	<b>Q</b>
<b><i>Emergency places and support provided to people with a Disability</i></b>	
A Residential Care – Executive Management Committee, is being established to in CHO 8, led by the Head of Social Care to provide robust and effective management of the existing residential base and in respect of the management of emergency places.	Q1- Q4
CHO 8 will strengthen the overall management and review process for emergency cases	Q2-Q4
CHO 8 will establish an emergency placement review board to prioritise cases	Q2- Q4
<b><i>Congregated Settings</i></b>	
In line with National Guidelines and having regard to the Capital Programme, capital funding from the Local Authority CAS Scheme as well as reconfiguration of existing resources, <b>CHO 8</b> will in implementing our operational plans:	
<ul style="list-style-type: none"> <li>- Work with the 30 residents in SJOG, Drumcar and 6 residents in Muiriosa (and their families as appropriate) who are to transition in 2017 to ensure transition plans and outcomes reflect individual's will and preference for a <i>good life</i></li> </ul>	Q1-Q4
<ul style="list-style-type: none"> <li>- The joint HSE /SJOG Transforming Lives Leadership Team and Implementation Team will provide governance and oversight for the SJOG decongregation targets in 2017.</li> </ul>	Q1-Q4
<ul style="list-style-type: none"> <li>- CHO 8 will support the Leadership and Implementation teams with six workstreams which include: Communications Group, Financial Group, Individual Planning Group, Housing Group, Workforce Training and Service Model Planning.</li> </ul>	Q1-Q4
<ul style="list-style-type: none"> <li>- A Transforming Lives Programme Manager and Project Leader will support the project with a reporting relationship into the Transforming Lives Leadership Team.</li> </ul>	Q1-Q4

Priority Actions	
<ul style="list-style-type: none"> <li>- CHO 8 will support individuals to integrate in their community, connecting to natural and other supports.</li> </ul>	Q2
<ul style="list-style-type: none"> <li>- CHO 8 will consult with staff and progress development within existing agreements and frameworks to ensuring best and earliest outcomes for individuals requiring supports in the community</li> </ul>	Q1-Q4
<ul style="list-style-type: none"> <li>- In collaboration with residents moving out, we will identify housing supported by HSE Estates capital and/or DoH funding and progress modifications as required through to registration where necessary on a project basis so that targets are met on time</li> </ul>	Q1-Q4
<ul style="list-style-type: none"> <li>- Ensure all services have developed specific local communication plans</li> <li>- CHO 8 will ensure that the Service Reform Fund allocated to CHO 8 is used to establish sustainable cost effective models which will support self directed living for those who transfer from de-congregated settings to have meaningful lives in their new home and be part of the local community .</li> </ul>	Q1-Q4
<p>Support and facilitate the transitions of residents from the following centres to community settings:</p> <ul style="list-style-type: none"> <li>- SJOG, St Marys Campus, Drumcar – 30</li> <li>- Muiriosa Foundation - 6</li> </ul>	Q1- Q4
<b>Compliance with the Disability Act on Assessment of Need</b>	
<p>CHO 8 will take a Project Management approach to improve compliance with the Disability Act, 2005. The members of the Project Team will ensure that all activities within the project are aligned with that which is being completed by the National Working Group has been set up to examine the issues/current practice involved in the continued poor performance against targets in this activity with a view to identifying best practice and issuing recommendations and guidelines to improve performance against this measure working group.</p> <p>The Project will identify achievable targeted improvements to take effect Q3 &amp; Q4, 2017 to achieve our target of 545 assessments in 2017.</p>	Q1- Q4
<b>Transforming Lives</b>	
<p>Establish a local consultative forum consistent with the terms of reference nationally circulated which will link with the National Consultative Forum as part of an overall consultative process for the disability sector. Each local consultative forum will have a number of sub groups:</p> <ul style="list-style-type: none"> <li>- Time to Move on from Congregated Settings</li> <li>- New Directions</li> <li>- Progressing disability services for children and young people (LIG's already in place but need to be connected to overall disability services)</li> <li>- Service user engagement</li> <li>- Safeguarding</li> </ul>	Q1 - Q4
<b>New Directions</b>	
<p>Establish a New Directions Implementation Group which will meet quarterly to monitor progress</p>	Q1 – Q4
<p>CHO 8 will provide additional day service supports for 176 school leavers and those</p>	Q1 – Q4



Priority Actions			
graduating from RT programmes in 2017 that have a requirement:			
HSE CHO	RT Leaver	School Leaver	Total
CHO Area 8	54	122	176
*Data above preliminary and indicative			
CHO 8 will provide updated data regarding all individuals requiring a HSE funded day service in 2017			Q1
Identify the capacity available from within current resources to meet the needs of school leavers and those graduating from RT in 2017			Q1
Advise on the accommodation requirements for new day service entrants 2017			Q1
CHO 8 will complete the profiling exercise for each individual			Q1
CHO 8 will be informed of the resource being allocated to meet the needs of School Leavers by the end of March 2017 and will prepare and deliver appropriate service responses with the provider sector during April and May 2017 so that families can be communicated with before the end of May 2017			Q1-Q2
CHO 8 will provide detailed information regarding the final agreed allocation of new funding to all service providers			Q3
CHO 8 will provide final data reports regarding the commencement of school leavers in services			Q4
CHO 8 will participate in the validation of the school leaver funding process for 2016 and 2017			Q1-Q4
CHO 8 will participate in the piloting and review of the self assessment tool to support the implementation of the Interim Standards within existing resources			Q2
CHO 8 will provide feedback to National division Group on the self assessment tool.			Q2
CHO 8 will commence use of the self assessment tool to support the implementation of the Interim Standards within existing resources			Q4
CHO 8 will complete a training needs analysis to develop a schedule for person centred planning training in line with identified priorities			Q4
In association with national guidance we will develop RT programmes focused on the transition of young people from school to HSE funded services			Q.3
CHO 8 will continue to support the implementation of the recommendations attributed to the HSE in the Comprehensive Employment Strategy			Q1 – Q4
CHO 8 will support the National Specialist Team established to oversee the implementation of a dedicated programme across CHO 8 to address in 2017 three key priorities:			Q1 – Q4
<ul style="list-style-type: none"> <li>- Formation of National Disability Network Teams</li> <li>- Provision of a full range of therapeutic services in a consistent way</li> <li>- Progress the implementation of a targeted plan to reduce waiting times for Assessment of Need</li> </ul>			
CHO 8 will reconfigure 0–18s disability services into children's disability network teams to support the implementation of the programme with the following milestones:			Q1 -4
<ul style="list-style-type: none"> <li>- Reconfigure 0–18s disability services into children's disability network teams</li> <li>- Implement the National Access Policy in collaboration with primary care to</li> </ul>			

Priority Actions	
<p>ensure one clear pathway of access for all children with a disability into their local services</p> <ul style="list-style-type: none"> <li>- Evaluate the effectiveness of the national policy on access to services for children with a disability or developmental delay in collaboration with primary care</li> <li>- Improve <i>Disability Act</i> Compliance for assessment of need with a particular emphasis on putting in place improvement plans for CHOs that have substantial compliance operational challenges.</li> </ul>	
<b>Progressing Disability Services</b>	
Roll out of the HSE MIS as an interim solution for Children's Disability Network Teams who currently do not have IT systems	Q2-Q4
<b>Residential Services</b>	
CHO 8 will establish a robust and effective <i>Residential Service Executive Management Committee</i> that will have the overarching responsibility of managing and co-ordinating residential placements and supports (including emergency placements which will include senior management participation by funded relevant section 38 and 39 residential providers.	
CHO 8 will review and monitor the % of compliance with outcomes of designated centres following HIQA inspections	
CHO 8 will reconfigure school age services as follows: <ul style="list-style-type: none"> <li>- Louth will reconfigure its school age services into 2 SATs</li> <li>- Midlands will reconfigure its school services into 5 SATs</li> </ul>	Q1- Q4
With support from National Division CHO 8 will plan and manage residential care resource across public, voluntary and private providers including the management of emergency cases	Q1-Q4
CHO 8 will nominate and support three Nurse Managers to participate in an accredited national programme to enable staff to improve cultures of person centeredness in our residential Intellectual Disability centres.	Q1-Q4
CHO 8 will develop a Register which maps all existing residential provision which will support the work of the Residential Service Executive Management Committee.	Q1
<b>Enhance Governance and Management</b>	
Ensure HIQA compliance is an integral part of the Social Care disability governance group with monitoring process established for action plans following inspections of our centres	Q1-Q4
We will establish a Designated Centres for Disability Services Governance Group who will concentrate on units that have not yet reached a satisfactory standard in relation to regulations and standards.	Q1-Q4
We will review and monitor the % of compliance with outcomes of designated centres following HIQA inspections	Q1 – Q4
CHO 8 will implement the improvements from the findings / signposts of the completed SIT based reports completed for CHO 8	Q1-Q4
<b>Service Arrangements</b>	
Complete all service arrangements by 28th February 2017	Q.1

Priority Actions	
Update SPG as required	Q.1
Identify a mechanism in CHO 8 for service evaluation, monitoring and compliance of S38/S39 service arrangements	Q1- Q4
Complete all grant aid agreements by 28th February, 2017	Q.1
<b>Respite Services including Home Sharing</b>	
CHO 8 will focus on further development of home sharing as a person-centered and community inclusive type of support for people with disabilities involving the development of an Implementation Plan in 2017 which will address the priority recommendations of the National Expert Group Report on Home Sharing published in 2016	Q1-Q4
CHO 8 will undertake a review of clients availing of Home Sharing	Q2 – Q4
CHO 8 will review existing respite provision to determine a baseline and identify capacity within existing resources	Q.2- Q4
CHO 8 will establish Residents Councils / Family Forums / Service User Panels or equivalent in our Disability Services	Q1-Q4
<b>Quality of Service and Client Safety</b>	
CHO 8 will establish a Quality & Safety Committee for CHO 8 Disability Services	Q1- Q4
CHO 8 will establish a HCAI or Infection Control Committee for CHO 8 ( subject to additional resources)	Q1-Q4
CHO 8 will establish a Drugs and Therapeutic Committee for CHO 8 ( subject to additional resources)	Q1- Q4
CHO 8 will establish a Health & Safety Committee for Social Care	Q1- Q4
CHO 8 will report monthly on the Social Care Quality and Safety Dashboard	Q1-Q4
CHO 8 will take a project management approach to reviewing and analysing incidents (numbers, types, trends)	Q1-Q4
CHO 8 will ensure the recommendations of any serious investigations are implemented, and learning shared to include SRE's/Serious Incident Investigations	Q1-Q4
CHO 8 will take a Project Management approach to reviewing and analysing complaints (numbers, types, trends)	Q1-Q4
CHO 8 will finalise work on the development of an active integrated Social Care Risk Register	Q1-Q4
CHO 8 will nominate appropriate person to hold one workshop for Person in Charge (PIC)/Persons Participating in Management (PPIM's)	Q1-Q4
<b>Procurement &amp; Transport</b>	
CHO 8 will engage with the Transport Co-Ordinators in each of the Local Authorities to progress use of the Community Transport Schemes to meet clients transport needs in CHO 8	Q1-Q4

## Services of Older People

Home support via Home Help and Home Care Packages are essential to support to support older persons to remaining in their own home as long as possible. In CHO 8 we had a significant gap between demand and the resources available in 2016 and this demand will be greater in 2017 with a need to prioritise support towards hospital avoidance for our elderly. We will focus on building on the strong foundation of integrated working with our acute colleagues established in 2016 Winter Planning with a commitment to patient flow and with a strong focus on delayed discharges and hospital avoidance. We will engage with National Division to secure additional resources to establish Community Geriatrician services in CHO 8.

### Priorities and priority actions 2017

- Ensure older people are provided with the appropriate supports following an acute hospital episode by maintaining the focus on the reduction of Delayed Discharges in acute hospital.
- Progress key actions from the National Dementia Strategy
- Work with the national office to progress the implementation of the outstanding recommendations of the NHSS Review.
- Support the roll-out of the Single Assessment Tool (SAT) when commenced in CHO 8

Priority Actions	End Q
<b>Services for Older People actions</b>	
<b>Maintain a focus on the reduction of Delayed Discharges in acute hospitals</b>	
CHO 8 will continue to provide older people with appropriate supports following an acute hospital episode	Q1-Q4
CHO 8 will continue to provide dedicated home care supports to the 6 acute hospitals as part of the 2016/2017 Winter Initiative	Q1&Q2
CHO 8 will ensure that we maximise full use of the 9 dedicated home care packages as part of the 2016/2017 total of 54 packages. This Winter Initiative is in OLOL, Drogheda and Mullingar General Hospital in CHO 8 approved to March, 2017.	Q1
Deliver HCPs to 2,373 people by year end (includes WI 2016/17 additional 9 HCPs)	Q1-Q4
Deliver 1.26m Home Help Hours in CHO 8 (however the increased rates payable to private providers following tender process in 2016 will present a challenge for CHO8 )	Q1-Q4
We will 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	Q1-Q4
<b>Transitional Care</b>	
CHO 8 will prioritise home care and transition care resources to support acute hospital discharge	Q1- Q4

Priority Actions	End Q
CHO 8 will work with colleagues in acute hospitals to minimise delayed discharges and ensure that older people are transitioned from acute hospital to an appropriate facility or home as quickly as possible	Q1-Q4
CHO 8 will monitor use of existing transitional beds and new beds approved as part of the 2016/2017 Winter Initiative	Q1-Q4
CHO 8 will seek additional transitional care funding when required to assist with timely discharge from acute hospital setting	Q1-Q4
<b>National Dementia Strategy</b>	
Support the building of a network of local and national partnerships under the Dementia UnderStandTogether campaign to increase awareness, and create compassionate inclusive communities for people with dementia and their carers.	Q1-Q4
Continue the roll out of dementia initiatives in accordance with the National Dementia Strategy	Q1-Q4
Support the roll out of Dementia Training to staff and carers	Q1-Q4
Complete a mapping of services for people with dementia and carers currently across the CHO area to inform future development and identify gaps in the service.	Q2-Q4
Map services to identify areas of good practice and establish where shared learning can take place	Q2-Q4
With assistance from National Division we will deliver a dementia specific educational programme for primary care teams and GP's as part of the Primary Care Education, Pathways and Research in Dementia (PREPARED) Project (joint approach with the Primary Care Division)	Q4
<b>Integrated Care Framework</b>	
CHO 8 will embed the governance structure required to implement the 10 Step Integrated care framework	Q2- Q4
CHO 8 will finalise the recruitment of the 2.0 WTE posts under the integrated care programme	Q2 – Q4
Embed the MDT ICT OP team in a shared base with an agreed operational policy	Q2-Q4
Agree on and work with ICP OP in implementing key elements of ICP OP Framework	Q2-Q4
<b>Nursing Home Support Scheme</b>	
CHO 8 will work with the national office to progress the implementation of the outstanding recommendations of the NHSS Review including : <ul style="list-style-type: none"> <li>- review of cost of care in relation to national average</li> <li>- review of skill mix</li> </ul>	Q2- Q4
CHO 8 will work to ensure that the average wait time for funding approval under the NHSS at 4 weeks.	Q1 –Q4
CHO 8 will assist families with NHSS applications by providing clear information for the public, in relation to the scheme.	Q1-Q4
CHO 8 will support the National Division to reduce the number of Nursing Homes Support Offices to create regional centres to improve efficiency and responsiveness.	Q1- Q2

Priority Actions	End Q
<b>Single Assessment Tool (SAT)</b>	
CHO 8 will work with the National office towards the commencement of the implementation of the Single Assessment Tool (SAT) in CHO 8	Q1-Q4
<b>National Carers Strategy</b>	
CHO 8 will collaborate with our Local Authorities to support the roll-out of age friendly towns and local Older Persons Councils and the LCDC across CHO 8	Q2 – Q4
<b>Public Residential Care Services</b>	
Progress the HSE's Capital Plan 2016-2021 for CHO 8 through continued collaboration with Estates and National Division	Q1-Q4
CHO 8 will establish a Designated Centres for Older People (DCOP) Governance group who will meet on a quarterly basis to monitor progress on the quality of services provided by our Community Nursing Units	Q1- Q4
CHO 8 will review and monitor the % of compliance with outcomes of designated centres following HIQA inspections	Q1- Q4
CHO 8 will take a project management approach towards the introduction of a system to review the trends from the collation of HIQA Notification Forms submitted by HSE provided-services	Q2-Q4
All CHO 8 Older Persons Residential Units and other HSE older person services will have in place: <ul style="list-style-type: none"> <li>- Emergency plans</li> <li>- Evacuation Plans</li> <li>- Severe Weather Warning Plans</li> </ul>	Q.3 – Q4
CHO 8 will develop a long term plan for provision of services to Older People in CHO 8	Q2- Q4
<b>Enhance Governance and Management</b>	
As part of cost containment CHO 8 will work with the National Division to implement a reduction of reliance on agency staffing and to provide for a sustainable workforce into the future	Q1-Q2
CHO 8 will work with the National Division to progress the phased implementation of the 'money follows the patient' payment model from pilot phase to full implementation for short stay public residential care	Q1-Q4
With assistance from National Division CHO 8 will deliver a dementia specific educational programme for primary care teams and GP's as part of the Primary Care Education, Pathways and Research in Dementia (PREPARED) Project (joint approach with the Primary Care Division)	Q4
<b>Keeping Older People Well</b>	
CHO 8 will progress the implementation of <i>Healthy Ireland in the Health Services National Implementation Plan 2015-2017</i> and the <i>Positive Ageing Strategy</i>	Q1 – Q4
CHO 8 will 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	Q1-Q4

Priority Actions	End Q
communities	
<b>Integrated Care</b>	
CHO 8 will continue to develop an integrated care pathway for falls prevention and bone health in our CHO taking the learning from the original pilot sites	Q1-Q4
<b>Service User Engagement</b>	
CHO 8 will support vulnerable clients by promoting the use of SAGE, the National Advocacy Service for Older Persons, to strengthen existing advocacy services for older persons.	Q1– Q4
Ensure that all service users and their families are aware of the role of the Confidential Recipient	Q1– Q4
<b>Service Arrangements</b>	
Complete all service arrangements by 28th February 2017	Q.1
<b>Quality and Safety for our clients</b>	
CHO 8 will establish a Quality & Safety Committee for Older Person Services in CHO 8	Q1- Q4
CHO 8 will establish a HCAI or Infection Control Committee for CHO 8 ( subject to additional resources)	Q1- Q4
CHO 8 will establish a Drugs and Therapeutic Committee for CHO 8 ( subject to additional resources)	Q1- Q4
CHO 8 will establish a Health & Safety Committee for Social Care	Q1- Q4
CHO 8 will report monthly on the Social Care Quality and Safety Dashboard	Q1- Q4
CHO 8 will take a project management approach to reviewing and analysing incidents (numbers, types, trends)	Q1-Q4
CHO 8 will ensure the recommendations of any serious investigations are implemented, and learning shared to include SRE's/Serious Incident Investigations	Q1-Q4
CHO 8 will take a Project Management approach to reviewing and analysing complaints (numbers, types, trends)	Q1-Q4
CHO 8 will finalise work on the development of an active integrated Social Care Risk Register	Q1-Q4
<b>Open Disclosure</b>	
CHO 8 will nominate a lead for CHO 8 on the <i>Open Disclosure Policy</i> and demonstrate implementation and training	Q1-Q4
Open Disclosure Trainers subject to resources being provided will provide on-going training programme which will be recorded on HR PPARS	Q1-Q4
CHO 8 will record Monitor the percentage of users of <i>Open Disclosure Policy</i> on the National Incident Management System (NIMS)	Q1-Q4
<b>Assisted Decision Making ACT</b>	
CHO 8 will carry out Needs Assessment workshops in our CHO	Q3 –Q4
<b>Integrated Care Programme for Older People</b>	
Work with National Division and with local service partners to address steps 1-3 of 10 Step Integrated Care Framework	Q2- Q4
Embed the MDT ICT OP team in a shared base with an agreed operational policy	Q2 – Q4

Priority Actions	End Q
Finalise the recruitment of the 4 .0 WTE posts under the integrated care programme	Q1-Q4
Agree with National Division and work with ICP OP in implementing key elements of ICP OP Framework	Q1 – Q4



## 2017 Balance Scorecard - Quality and Access Indicators of Performance

## System Wide

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

System-Wide				
Indicator	Reporting Frequency	NSP 2016 Target	Projected Outturn 2016	NSP 2017 Target
<b>Safety Incident Reporting</b>				
% of safety incidents being entered onto NIMS within 30 days of occurrence by Hospital Group / CHO	Q	90%	50%	90%
Extreme and major safety incidents as a % of all incidents reported as occurring	Q	New PI 2017	New PI 2017	Actual results to be reported in 2017
% of claims received by State Claims Agency that were not reported previously as an accident	A	New PI 2016	55%	40%

## Health and Wellbeing Quality and Access Indicators of Performance

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

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

Quality and Safety	Expected Activity/ Target 2017	Access	Expected Activity/ Target 2017
<b>Primary Care</b>		<b>Primary Care</b>	
<b>Healthcare Associated Infections: Medication Management</b>		<b>GP Activity (National)</b>	
<ul style="list-style-type: none"> <li>Consumption of antibiotics in community settings (defined daily doses per 1,000 population)</li> </ul>	<21.7	<ul style="list-style-type: none"> <li>Number of contacts with GP out of hours service</li> </ul>	1,055,388
<b>Community Intervention Teams (CITs) – Number of referrals</b>	<b>2,656</b>	<b>Nursing</b>	
<ul style="list-style-type: none"> <li>Admission avoidance (includes OPAT)</li> </ul>	179	<ul style="list-style-type: none"> <li>% of new patients accepted onto the caseload and seen within 12 weeks</li> </ul>	100%
<ul style="list-style-type: none"> <li>Hospital avoidance</li> </ul>	1,319	<b>Physiotherapy</b>	
<ul style="list-style-type: none"> <li>Early discharge (includes OPAT)</li> </ul>	975	<ul style="list-style-type: none"> <li>% of new patients seen for assessment within 12 weeks</li> </ul>	81%
<ul style="list-style-type: none"> <li>Unscheduled referrals from community sources</li> </ul>	184	<ul style="list-style-type: none"> <li>% on waiting list for assessment ≤ 52 weeks</li> </ul>	98%
<b>Health Amendment Act: Services to persons with State Acquired Hepatitis C</b>	50	<b>Occupational Therapy</b>	
<ul style="list-style-type: none"> <li>Number of Health Amendment Act cardholders who were reviewed</li> </ul>		<ul style="list-style-type: none"> <li>% of new service users seen for assessment within 12 weeks</li> </ul>	72%
<b>Primary Care Reimbursement Service</b>		<ul style="list-style-type: none"> <li>% on waiting list for assessment ≤ 52 weeks</li> </ul>	92%
<b>Medical Cards</b>		<b>Speech and Language Therapy</b>	
<ul style="list-style-type: none"> <li>% of medical card/GP visit card applications, assigned for medical officer review, processed within five days</li> </ul>	91%	<ul style="list-style-type: none"> <li>% on waiting list for assessment ≤ 52 weeks</li> </ul>	100%
<ul style="list-style-type: none"> <li>% of medical card/GP visit card applications which are accurately processed from a financial perspective by National Medical Card Unit staff</li> </ul>	95%	<ul style="list-style-type: none"> <li>% on waiting list for treatment ≤ 52 weeks</li> </ul>	100%
<b>Social Inclusion</b>		<b>Podiatry</b>	
<b>Homeless Services</b>		<ul style="list-style-type: none"> <li>% on waiting list for treatment ≤ 12 weeks</li> </ul>	44%
<ul style="list-style-type: none"> <li>Number and % of service users admitted to homeless emergency accommodation hostels/facilities whose health needs have been assessed within two weeks of admission</li> </ul>	111 85%	<ul style="list-style-type: none"> <li>% on waiting list for treatment ≤ 52 weeks</li> </ul>	88%
		<b>Ophthalmology</b>	
		<ul style="list-style-type: none"> <li>% on waiting list for treatment ≤ 12 weeks</li> </ul>	50%
		<ul style="list-style-type: none"> <li>% on waiting list for treatment ≤ 52 weeks</li> </ul>	81%
		<b>Audiology</b>	
		<ul style="list-style-type: none"> <li>% on waiting list for treatment ≤ 12 weeks</li> </ul>	50%
		<ul style="list-style-type: none"> <li>% on waiting list for treatment ≤ 52 weeks</li> </ul>	95%

Quality and Safety	Expected Activity/ Target 2017	Access	Expected Activity/ Target 2017
<b>Traveller Health</b>		<b>Dietetics</b>	
<ul style="list-style-type: none"> <li>Number of people who received health information on type 2 diabetes and cardiovascular health</li> </ul>	587	<ul style="list-style-type: none"> <li>% on waiting list for treatment ≤ 12 weeks</li> <li>% on waiting list for treatment ≤ 52 weeks</li> </ul>	<ul style="list-style-type: none"> <li>48%</li> <li>96%</li> </ul>
<b>Palliative Care</b>		<b>Psychology</b>	
<b>Inpatient Palliative Care Services</b>		<ul style="list-style-type: none"> <li>% on waiting list for treatment ≤ 12 weeks</li> <li>% on waiting list for treatment ≤ 52 weeks</li> </ul>	<ul style="list-style-type: none"> <li>60%</li> <li>100%</li> </ul>
<ul style="list-style-type: none"> <li>% of patients triaged within one working day of referral (inpatient unit)</li> <li>% of patients with a multidisciplinary care plan documented within five working days of initial assessment (inpatient unit)</li> </ul>	<ul style="list-style-type: none"> <li>90%</li> <li>90%</li> </ul>	<b>Oral Health</b>	
		<ul style="list-style-type: none"> <li>% of new patients who commenced treatment within three months of assessment</li> </ul>	88%
<b>Community Palliative Care Services</b>		<b>Orthodontics</b>	
<ul style="list-style-type: none"> <li>% of patients triaged within one working day of referral (community)</li> </ul>	90%	<ul style="list-style-type: none"> <li>% of referrals seen for assessment within six months</li> <li>Reduce the proportion of patients on the treatment waiting list waiting longer than four years (grades 4 and 5)</li> </ul>	<ul style="list-style-type: none"> <li>75%</li> <li>&lt;5%</li> </ul>
		<b>Primary Care Reimbursement Service</b>	
		<b>Medical Cards (national)</b>	
		<ul style="list-style-type: none"> <li>% of completed medical card/GP visit card applications processed within 15 days</li> <li>Number of persons covered by medical cards as at 31<sup>st</sup> December</li> <li>Number of persons covered by GP visit cards as at 31<sup>st</sup> December</li> </ul>	<ul style="list-style-type: none"> <li>96%</li> <li>1,672,654</li> <li>528,593</li> </ul>
		<b>Social Inclusion</b>	
		<b>Substance Misuse</b>	
		<ul style="list-style-type: none"> <li>% of substance misusers (over 18 years) for whom treatment has commenced within one calendar month following assessment</li> <li>% of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment</li> </ul>	<ul style="list-style-type: none"> <li>100%</li> <li>100%</li> </ul>
		<b>Opioid Substitution</b>	

Quality and Safety	Expected Activity/ Target 2017	Access	Expected Activity/ Target 2017
		<ul style="list-style-type: none"> <li>▪ Number of clients in receipt of opioid substitution treatment (outside prisons) 594</li> <li>▪ Average waiting time from referral to assessment for opioid substitution treatment 4 days</li> <li>▪ Average waiting time from opioid substitution assessment to exit from waiting list or treatment commenced 28 days</li> </ul>	
		<p><b>Needle Exchange</b></p> <ul style="list-style-type: none"> <li>▪ Number of unique individuals attending pharmacy needle exchange 481</li> </ul>	
		<p><b>Palliative Care</b></p> <p><b>Inpatient Palliative Care Services</b></p> <ul style="list-style-type: none"> <li>▪ Access to specialist inpatient bed within seven days 98%</li> <li>▪ Number accessing specialist inpatient bed within seven days 0</li> </ul> <p><b>Community Palliative Care Services</b></p> <ul style="list-style-type: none"> <li>▪ Access to specialist palliative care services in the community provided within seven days (normal place of residence) 95%</li> <li>▪ Number of patients who received treatment in their normal place of residence 430</li> </ul> <p><b>Children's Palliative Care Services</b></p> <ul style="list-style-type: none"> <li>▪ Number of children in the care of the children's outreach nurse 35</li> <li>▪ No. of children in the care of the specialist paediatric palliative care team in an acute hospital setting (during the reporting month) 0</li> </ul>	
<b>Child Health</b>			
<ul style="list-style-type: none"> <li>▪ % of children reaching 10 months within the reporting period who have had child development health screening on time or before reaching 10 months of age 95%</li> <li>▪ % of newborn babies visited by a PHN within 72 hours of discharge 98%</li> </ul>			

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

Quality and Safety	Expected Activity/ Target 2017	Access	Expected Activity/ Target 2017
<ul style="list-style-type: none"> <li>implemented within 6 months of the report being received</li> <li>% of internal audit recommendations implemented, against total number of recommendations, within 12 months of report being received</li> </ul>	95%		
<b>Service Arrangements/Annual Compliance Statement</b> <ul style="list-style-type: none"> <li>% of number of service arrangements signed</li> <li>% of the monetary value of service arrangements signed</li> <li>% annual compliance statements signed</li> </ul>	100%		
Finance		Workforce	
<b>Budget Management</b> <ul style="list-style-type: none"> <li>Net expenditure: variance from plan</li> <li>Pay: Direct / Agency / Overtime</li> </ul>	≤0.1%	<b>Absence</b> <ul style="list-style-type: none"> <li>% absence rates by staff category</li> </ul>	≤3.5%
<b>Capital</b> <ul style="list-style-type: none"> <li>Capital expenditure versus expenditure profile</li> </ul>	100%	<b>Staffing Levels and Costs</b> <ul style="list-style-type: none"> <li>% adherence to funded staffing thresholds</li> </ul>	>99.5%



Mental Health Quality and Access Indicators of Performance

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

Social Care Quality and Access Indicators of Performance

Disability Services

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

Comment [A1]: Remove

Services for Older People

Quality and Safety	Access
<p><b>All Divisions</b></p> <ul style="list-style-type: none"> <li>Serious reportable events (SREs): investigations completed within 120 days</li> <li>Complaints investigated within 30 working days</li> <li>Safeguarding and screening                             <ul style="list-style-type: none"> <li>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</li> <li>100% of CHO Heads of Social Care that have established CHO wide organisational arrangements required by the HSE's <i>Safeguarding Vulnerable Persons at Risk of Abuse</i> policy throughout the CHO as set out in Section 9.2 of the policy</li> <li>100% of preliminary screenings for adults with an outcome of reasonable grounds for concern that are submitted to the safeguarding and protection teams accompanied by an</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Home Care Services for Older People                             <ul style="list-style-type: none"> <li>16,750 people in receipt of a HCP/DDI HCP (Monthly target) including delayed discharge initiative HCPs</li> <li>10,570,000 home help hours provided for all care groups (excluding provision of hours from HCPs)</li> <li>49,000 people in receipt of home help hours (excluding provision of hours from HCPs) (Monthly target)</li> </ul> </li> <li>NHSS:                             <ul style="list-style-type: none"> <li>23,603 people funded under NHSS in long term residential care at year end</li> <li>5,088 NHSS beds in public long stay units</li> <li>1,918 short stay beds in public long stay units</li> <li>2.9 years average length of stay for NHSS clients in public, private and saver long stay units</li> </ul> </li> <li>Delayed discharges                             <ul style="list-style-type: none"> <li>152 average weekly transitional care beds available to acute</li> </ul> </li> </ul>

## Service Delivery

<p>interim safeguarding plan</p> <ul style="list-style-type: none"> <li>- Adults aged 65 and over</li> <li>- Adults under 65 years</li> </ul> <ul style="list-style-type: none"> <li>▪ HIQA inspection compliance</li> <li>▪ 80% compliance with inspected outcomes following HIQA inspection of disability residential units</li> </ul>	<p>hospitals</p> <ul style="list-style-type: none"> <li>- 15 additional weekly transitional care beds winter plan (October 16 – February 17)</li> <li>- 7,200 people in acute hospitals approved for transitional care to move to alternative care settings</li> </ul>
<p><b>Finance, Governance and Compliance</b></p> <p><b>All Divisions</b></p> <ul style="list-style-type: none"> <li>▪ Pay and non-pay control</li> <li>▪ Income management</li> <li>▪ Service arrangements</li> <li>▪ Audit recommendations (internal and external)</li> <li>▪ Reputational governance and communications stewardship</li> </ul>	<p><b>Workforce</b></p> <p><b>All Divisions</b></p> <ul style="list-style-type: none"> <li>▪ Staffing Levels</li> <li>▪ Absence</li> </ul>

**Comment [A2]:** Remove

Appendices

## Appendix 1: Finance Tables

**Table 5 : CHO 8 Indicative Allocation**

Division	2017 NSP Budget	Closing Budget 2016	
Primary Care	112.08	112.08	
Social Inclusion	3.81	3.9	
Palliative Care	5.92	5.8	
<b>Core Services</b>	121.81	121.78	
<b>Local DLS</b>	26.70	26.6	
<b>Total Primary Care</b>	<b>148.51</b>	<b>148.38</b>	
<b>Mental Health</b>	87.96	84.093	
<b>Total Social Care</b>	262.671	254.446	
<b>Total CHO 8</b>	<b>498.916</b>	<b>.91</b>	<b>486.919</b>
		<b>9</b>	

**Table 6 : Primary Care Finance Table**

Primary Care Division	2017 Pay Budget	2017 Non Pay Budget	2017 Gross Budget	2017 Income	2017 Net Budget
Primary Care	78.67	36.07	114.74	(2.66)	112.08
Social Inclusion	1.78	2.04	3.81	(0.00)	3.81
Palliative Care	5.34	1.06	6.40	(0.48)	5.92
<b>Core Services</b>	85.79	39.16	124.95	(3.14)	121.81
<b>Local DLS</b>	0.00	26.70	26.70	0.00	26.70
<b>Total</b>	<b>85.79</b>	<b>65.86</b>	<b>151.65</b>	<b>(3.14)</b>	<b>148.51</b>

**Table 7 : Mental Health Finance Table**

Mental Health	2017 Opening budget	Dev Posts to start 2017	Other Pay and Non Pay Once offs	2017 Closing Budget
	000's	000's	000's	000's
	88,465	2,216	2,970	87,958

**Table 8: Service Arrangement Funding - Disability Services**

Summary	Disability Funding	CHO 8
		Laois/Offaly Longford/Westmeath Louth/Meath
S38 – SA	723,276,230	76,952,038
S39 – SA	428,048,401	40,209,200
S39 – GA	5,653,847	183,878
Total S39	433,702,248	40,393,078
Total Voluntary	1,156,978,477	117,345,116
For Profit – SA	68,051,117	13,934,194
Out of State – SA	8,230,736	3,392,055
Total Commercial	76,281,853	17,326,249
<b>Total All</b>	<b>1,233,260,330</b>	<b>134,671,365</b>

**Table 9: Service Arrangement Funding – Section 38 Service Arrangements**

Parent agency	Disability Funding €	CHO Area 8 €
		- Laois/ Offaly -Longford/ Westmeath -Louth -Meath
Saint John of God Community Services Limited	109,853,353	31,208,399
Daughters of Charity Disability Support Services Limited	100,261,756	1,886,000
St. Michael's House	68,303,376	627,036
Muiriosa Foundation	42,626,430	42,626,430
KARE	16,284,355	365,109
Central Remedial Clinic (CRC)	15,979,924	11,156
Brothers of Charity (Roscommon)	14,980,646	227,908
Total All	368,289,840	76,952,038

**Table10: Service Arrangement Funding – Section 39 Service Arrangement Agencies in receipt of funding in excess of €5m ( 11 agencies)**

Parent agency	Disability Funding €	CHO Area 8 €
		- Laois/ Offaly -Longford/ Westmeath -Louth -Meath
Rehabcare	44,098,844	8,179,600
Enable Ireland	35,709,903	2,443,069
I.W.A. Limited	29,588,489	3,715,258
The Cheshire Foundation in Ireland	23,935,810	358,021
National Learning Network Limited	14,631,040	2,490,674
Camphill Communities of Ireland	10,802,117	227,778
Peter Bradley Foundation Limited	10,271,127	1,384,434
St. Christopher's Services Ltd	8,784,769	8,696,861
St. Catherine's Association Ltd	7,789,594	146,000
Gheel Autism Services	7,331,173	72,894
NCBI Services	6,499,935	361,433
<b>Section 39 Service Arrangements Funding (&gt; €5m) Total</b>	<b>199,422,801</b>	<b>28,076,022</b>

Comment [A3]: 199,442,801

**Table 11: Service Arrangement Funding - Agencies in receipt of funding in excess of €1m**

Parent agency	National Disability Funding €	CHO Area 8 €
		- Laois/ Offaly - Longford/ Westmeath - Louth - Meath
<b>Section 39 Service Arrangement Agencies</b>		
Rehabcare	44,098,844	8,179,600
Enable Ireland	35,709,903	2,443,069
I.W.A. Limited	29,588,489	3,715,258
The Cheshire Foundation in Ireland	23,935,810	358,021
National Learning Network Limited	14,631,040	2,490,674
Camphill Communities of Ireland	10,802,117	227,778
Peter Bradley Foundation Limited	10,271,127	1,384,434
St. Christopher's Services Ltd	8,784,769	8,696,861
St. Catherine's Association Ltd	7,789,594	146,000
Gheel Autism Services	7,331,173	72,894
NCBI Services	6,499,935	361,433
Irish Society for Autism	4,511,651	1,278,356
St. Hilda's Service for the Mentally Handicapped	4,360,980	3,675,905
The National Association for the Deaf	3,822,609	303,449
Catholic Institute for Deaf People (CIDP)	3,812,753	41,374
Delta Centre	2,694,128	322,475
Headway (Ireland) Ltd - The National Association for Acquired Brain Injury	2,607,621	11,569
The Multiple Sclerosis Society of Ireland	2,575,578	88,289
Anne Sullivan Foundation for Deaf/Blind	2,564,694	184,770
St. Cronan's Association Limited	1,457,445	469,714
Centre for Independent Living (CIL) - Laois/Offaly	1,377,586	1,377,586
Áiseanna Tacaíochta Ltd	1,365,862	282,880
Fingal Home Care Limited	1,248,944	25,000
Order of Malta Regional Services Drogheda Limited	1,193,674	1,193,674
Muscular Dystrophy Ireland	1,139,285	52,632
Clann Mór	1,106,713	1,106,713
<b>Section 39 Service Arrangements Funding over €1m</b>	<b>66,244,994</b>	<b>38,490,409</b>
<b>For Profit Service Arrangement Agencies</b>		
Nua Healthcare Services	18,404,265	1,593,033
Talbot Group	12,822,543	2,946,904
Galro	3,948,068	2,308,867
Elder Home Care Limited	2,618,230	177,590
Three Steps Ltd	2,191,877	802,327
Moorehall Lodge Healthcare Services Ltd	1,743,313	1,743,313
Vurzol Limited	1,646,394	1,396,365
Aaron Homecare Limited	1,043,984	1,019,984
<b>For Profit Service Arrangements Funding above €1m</b>	<b>44,418,674</b>	<b>11,988,382</b>
<b>Out of State Service Arrangements</b>		
Praxis Care	5,976,126	3,051,321

Parent agency	National Disability Funding €	CHO Area 8 €
		- Laois/ Offaly - Longford/ Westmeath - Louth - Meath
<b>Out of State Service Arrangements Funding over€1m</b>	<b>5,976,126</b>	<b>3,051,321</b>

**Table 12: Service Arrangement Funding - Services for Older People**

Older Persons Services – Total Funding	National Older Persons Total €	CHO Area 8 €
		- Laois/ Offaly - Longford/ Westmeath - Louth - Meath
S38 - SA	54,095,282	0
S39 -SA	97,717,581	1,624,818
S39 – GA	15,810,041	559,781
Total S39	112,802,837	2,184,599
Total Voluntary	166,898,235	2,184,599
For Profit – SA	65,491,433	7,286,239
Out of State – SA	88,000	88,000
Total Commercial	65,579,433	7,374,239
<b>Total All</b>	<b>233,203,837</b>	<b>9,558,838</b>

**Table14: Service Arrangement Funding - Agencies in receipt of Funding in excess of €1m**

Parent agency	Older Persons Total €	CHO Area 8 €
		- Laois/ Offaly - Longford/ Westmeath - Louth - Meath
<b>Section 39 Service Arrangement Agencies</b>		
Alzheimer Society of Ireland	10,736,161	790,597
Family Carers Ireland	5,291,726	282,586
<b>Section 39 Service Arrangements Funding Over €1m</b>	<b>16,027,887</b>	<b>1,073,183</b>
<b>For Profit Service Arrangement Agencies</b>		
Elder Home Care Limited	12,617,237	527,262
Homecare & Health Services (Ireland) Limited	4,734,611	1,996,000
Aaron Homecare Limited	3,117,291	1,289,078
MK Expert Providers Ltd	2,032,572	684,000
Kare Plan Limited	1,181,276	280,000
<b>For Profit – SAs Funding €1m</b>	<b>23,682,987</b>	<b>4,776,340</b>



## Appendix 2– HR Information

### Workforce Position : Staff Category Information as at September, 2016

	Medical/ Dental	Nursing	Health & Social Care Professionals	Management/ Admin	General Support Staff	Patient & Client Care	WTE Dec 16
Primary Care	148	406	324	404	26	136	1,444
Social Care- HSE	12	524	134	139	58	874	1741
Section 38	1	284	323	70	75	573	1326
<b>Mental Health*</b>	81	505	134	101	58	163	1041
<b>Health &amp; Wellbeing</b>							
<b>Total</b>							5636

*\*Denotes Dec 16 figures*

# Appendix 3: Performance Indicator Suite

## National KPI Indicators

Key Performance Indicators Service Planning 2017		2016	2016	2017		2017 Expected Activity / Target
KPI Title	Report Frequency	2016 National Target / Expected Activity	2016 Projected outturn	2017 National Target / Expected Activity	Reported at National / CHO	CHO 8
<b>Budget Management including savings</b> Net Expenditure variance from plan (within budget) Pay – Direct /	M	≤0.33%	2016 Annual Financial Statements	≤0.1%	CHO	≤0.1%

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Agency / Overtime						
Non-pay	M	≤0.33%	2016 Annual Financial Statements	≤0.1%	CHO	≤0.1%
Income	M	≤0.33%	2016 Annual Financial Statements	≤0.33%	CHO	≤0.1%

<b>Capital</b> Capital expenditure versus expenditure profile	Q	100%	100%	100%	CHO	100%
<b>Audit</b> % of internal audit recommendations implemented within 6 months of the report being received	Q	75%	75%	75%	CHO	75%
% of internal audit recommendations implemented, against total number of recommendations, within 12 months of being received	Q	95%	95%	95%	CHO	95%
<b>Service Arrangements / Annual Compliance Statement</b> % of number of service arrangements signed	M	100%	100%	100%	CHO	100%
% of the monetary	M	100%	100%	100%	CHO	100%

value of service arrangements signed						
% of annual compliance statements signed	A	100%	100%	100%	CHO	100%
<b>Workforce</b> % absence rates by staff category	M	≤3.5%	4.3%	≤3.5%	CHO	≤3.5%
% adherence to funded staffing thresholds	M	>99.5%	>99.5%	>99.5%	CHO	>99.5%
<b>Health and Safety</b> No. of calls that were received by the National Health and Safety Helpdesk	Q	15% increase	15%	10% increase		10% increase
<b>Service User Experience</b> % of complaints investigated within 30 working days of being acknowledged by the complaints officer	M	75%	75%	75%	CHO	75%
<b>Serious</b>						

<b>Reportable Events (SREs)</b> % of Serious Reportable Events being notified within 24 hours to the senior accountable officer	M	99%	40%	99%	CHO	99%
% of investigations completed within 120 days of the notification of the event to the senior accountable officer	M	90%	0%	90%	CHO	90%
<b>Safety Incident Reporting</b> % of safety incidents being entered on the National Incident Management System (NIMS) within 30 days of occurrence by CHO	Q	90%	50%	90%	CHO	90%
Extreme and major safety incidents as a %	Q	New PI 2017	New PI 2017	Actual to be reported in 2017	CHO	Actual to be reported in 2017

Appendices

of all incidents reported as occurring						
% of claims received by State Claims Agency that were not reported previously as an incident	A	New PI 2016	55%	40%	CHO	40%

## Performance Indicator Suites

## Health and Wellbeing

Key Performance Indicators Service Planning 2017		NSP/DOP	Reported at National / CHO / HG Level	Reporting Frequency	Expected Activity / Target 2017 CHO 8
Metric Titles					
Tobacco	No. of smokers who received intensive cessation support from a cessation counsellor	NSP	CHO/National Quitline	M	1,130
	No. of frontline staff trained in brief intervention smoking cessation	NSP	CHO	M	189
	% of smokers on cessation programmes who were quit at one month	NSP	National	Q 1 qtr in arrears	45%
HP&I - Healthy Eating Active Living	No. of 5k Parkruns completed by the general public in community settings	DOP	CHO	M	20,103
	No. of unique runners completing a 5k parkrun in the month	DOP	CHO	M	11,689
	No. of unique new first time runners completing a 5k parkrun in the month	DOP	CHO	M	4,520
	No. of people who have completed a structured patient education programme for diabetes	NSP	CHO	M	372
	% of PHNs trained by dieticians in the Nutrition Reference Pack for Infants 0-12 months	DOP	CHO	Q	97



Immunisations and Vaccines	No. of people attending a structured community based healthy cooking programme	DOP	CHO	M	900
	% of preschools participating in Smart Start	DOP	CHO	Q	20%
	% of primary schools trained to participate in the after schools activity programme - Be Active	DOP	CHO	Q	25%
	% children aged 12 months who have received 3 doses Diphtheria (D3), Pertussis (P3), Tetanus (T3) vaccine Haemophilus influenzae type b (Hib3) Polio (Polio3) hepatitis B (HepB3) (6 in 1)	DOP	CHO	Q 1 qtr in arrears	95%
	% children at 12 months of age who have received two doses of the Pneumococcal Conjugate vaccine (PCV2)	DOP	CHO	Q 1 qtr in arrears	95%
	% children at 12 months of age who have received 1 dose of the Meningococcal group C vaccine (MenC2)	DOP	CHO	Q 1 qtr in arrears	95%
	% children aged 24 months who have received 3 doses Diphtheria (D3), Pertussis (P3), Tetanus (T3) vaccine, Haemophilus influenzae type b (Hib3), Polio (Polio3), hepatitis B (HepB3) (6 in 1)	NSP	CHO	Q 1 qtr in arrears	95%
	% children aged 24 months who have received 3 doses Meningococcal C (MenC3) vaccine	DOP	CHO	Q 1 qtr in arrears	95%
	% children aged 24 months who have received 1 dose Haemophilus influenzae type B (Hib) vaccine	DOP	CHO	Q 1 qtr in arrears	95%
	% children aged 24 months who have received 3 doses Pneumococcal Conjugate (PCV3) vaccine	DOP	CHO	Q 1 qtr in arrears	95%
	% children aged 24 months who have received the Measles, Mumps, Rubella (MMR) vaccine	NSP	CHO	Q 1 qtr in arrears	95%

% children in junior infants who have received 1 dose 4-in-1 vaccine (Diphtheria, Tetanus, Polio, Pertussis)	DOP	CHO	A	95%
% children in junior infants who have received 1 dose Measles, Mumps, Rubella (MMR) vaccine	DOP	CHO	A	95%
% first year students who have received 1 dose Tetanus, low dose Diphtheria, Acellular Pertussis (Tdap) vaccine	DOP	CHO	A	95%
% of first year girls who have received two doses of HPV Vaccine	NSP	CHO	A	85%
% of first year students who have received one dose meningococcal C (MenC) vaccine	DOP	CHO	A	95%
% of health care workers who have received seasonal Flu vaccine in the *current influenza season (acute hospitals) <i>*The current influenza season is Sept '16 to Apr '17</i>	NSP	CHO	A	40%
% of health care workers who have received seasonal Flu vaccine in the *current influenza season (long term care facilities in the community) <i>*The current influenza season is Sept '16 to Apr '17</i>	NSP	CHO	A	40%
% uptake in Flu vaccine for those aged 65 and older with a medical card or GP visit card	NSP	CHO	A	75%

## Primary Care, Social Inclusion, Palliative Care and PCRS

## Quality and Access Indicators of Performance

## 2017 Primary Care – Full Metrics/KPI Suite (All metrics highlighted in yellow background are those that are included in the Balance Scorecard)

Key Performance Indicators Service Planning 2017				2016	2016	2017		2017 Expected Activity / Target
KPI Title	NSP/ DOP	KPI Type Access/ Quality /Access Activity	Report Frequ-ency	2016 National Target / Expected Activity	2016 Projected outturn	2017 National Target / Expected Activity	Reported at National/ CHO / HG	CHO 8
<b>Community Intervention Teams (No. of referrals)</b>				<b>24,202</b>	<b>27,033</b>	<b>32,861</b>		<b>2,656</b>
Admission Avoidance (includes OPAT)	NSP	Quality	M	914	949	1,187	CHO	179
Hospital Avoidance	NSP	Quality	M	12,932	17,555	21,629	CHO	1,319
Early discharge (includes OPAT)	NSP	Quality	M	6,360	5,240	6,072	CHO	975
Unscheduled referrals from community sources	NSP	Quality	M	3,996	3,289	3,972	CHO	184
Outpatient Parenteral Antimicrobial Therapy (OPAT) Re-admission rate %	DOP	Access /Activity	M	≤5%	2.3%	≤5%	HG	≤5%
<b>Community Intervention Teams Activity (by referral source)</b>				<b>24,202</b>	<b>27,033</b>	<b>32,861</b>	<b>CHO</b>	<b>2,656</b>
ED / Hospital wards / Units	DOP	Access /Activity	M	13,956	18,042	21,966	CHO	1,898
GP Referral	DOP	Access /Activity	M	6,386	5,619	7,003	CHO	409
Community Referral	DOP	Access /Activity	M	2,226	1,896	2,212	CHO	186
OPAT Referral	DOP	Access /Activity	M	1,634	1,476	1,680	CHO	163
<b>GP Out of Hours</b>								
No. of contacts with GP Out of Hours Service	NSP	Access /Activity	M	964,770	1,053,996	1,055,388	National	
<b>Physiotherapy</b>								
No. of patient referrals	DOP	Activity	M	193,677	197,592	197,592	CHO	27,276

Key Performance Indicators Service Planning 2017				2016	2016	2017		2017 Expected Activity / Target
KPI Title	NSP/ DOP	KPI Type Access/ Quality /Access Activity	Report Freq-uecy	2016 National Target / Expected Activity	2016 Projected outturn	2017 National Target / Expected Activity	Reported at National/ CHO / HG	CHO 8
No. of patients seen for a first time assessment	DOP	Activity	M	160,017	163,596	163,596	CHO	22,056
No. of patients treated in the reporting month (monthly target)	DOP	Activity	M	36,430	37,477	37,477	CHO	5,172
No. of face to face contacts/visits	DOP	Activity	M	775,864	756,000	756,000	CHO	107,184
Total no. of physiotherapy patients on the assessment waiting list at the end of the reporting period	DOP	Access	M	28,527	30,454	30,454	CHO	4,492
No. of physiotherapy patients on the assessment waiting list at the end of the reporting period 0 - ≤ 12 weeks	DOP	Access	M	No target	20,282	No target	CHO	No target
No. of physiotherapy patients on the assessment waiting list at the end of the reporting period >12 weeks - ≤ 26 weeks	DOP	Access	M	No target	6,437	No target	CHO	No target
No. of physiotherapy patients on the assessment waiting list at the end of the reporting period >26 weeks but ≤ 39 weeks	DOP	Access	M	No target	2,118	No target	CHO	No target
No. of physiotherapy patients on the assessment waiting list at the end of the reporting period >39 weeks but ≤ 52 weeks	DOP	Access	M	No target	993	No target	CHO	No target
No. of physiotherapy patients on the assessment waiting list at the end of the reporting period > 52 weeks	DOP	Access	M	No target	624	No target	CHO	No target
% of new physiotherapy patients seen for assessment within 12 weeks	NSP	Access	M	70%	81%	81%	CHO	81%
% of physiotherapy patients on waiting list for assessment ≤ 26 weeks	DOP	Access	M	90%	88%	88%	CHO	88%
% of physiotherapy patients on waiting list for assessment ≤ 39 weeks	DOP	Access	M	95%	95%	95%	CHO	95%
% of physiotherapy patients on waiting list for assessment ≤ to 52 weeks	NSP	Access	M	100%	98%	98%	CHO	98%
<b>Occupational Therapy</b>								

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KPI Title	NSP/ DOP	KPI Type Access/ Quality /Access Activity	Report Frequ-ency	2016 National Target / Expected Activity	2016 Projected outturn	2017 National Target / Expected Activity	Reported at National/ CHO / HG	CHO 8
No. of service user referrals	DOP	Activity	M	89,989	93,264	93,264	CHO	15,348
No. of new service users seen for a first assessment	DOP	Activity	M	86,499	87,888	90,605	CHO	14,048
No. of service users treated (direct and indirect) monthly target	DOP	Activity	M	20,291	20,675	20,675	CHO	3,684
Total no. of occupational therapy service users on the assessment waiting list at the end of the reporting period	DOP	Access	M	19,932	25,874	25,874	CHO	4,123
No. of occupational therapy service users on the assessment waiting list at the end of the reporting period 0 - ≤ 12 weeks	DOP	Access	M	No target	9,074	No target	CHO	No target
No. of occupational therapy service users on the assessment waiting list at the end of the reporting period >12 weeks - ≤ 26 weeks	DOP	Access	M	No target	6,249	No target	CHO	No target
No. of occupational therapy service users on the assessment waiting list at the end of the reporting period >26 weeks but ≤ 39 weeks	DOP	Access	M	No target	3,506	No target	CHO	No target
No. of occupational therapy service users on the assessment waiting list at the end of the reporting period >39 weeks but ≤ 52 weeks	DOP	Access	M	No target	2,385	No target	CHO	No target
No. of occupational therapy service users on the assessment waiting list at the end of the reporting period > 52 weeks	DOP	Access	M	No target	4,660	No target	CHO	No target
% of new occupational therapy service users seen for assessment within 12 weeks	NSP	Access	M	70%	72%	72%	CHO	72%
% of occupational therapy service users on waiting list for assessment ≤ 26 weeks	DOP	Access	M	80%	59%	59%	CHO	59%
% of occupational therapy service users on waiting list for assessment ≤ 39 weeks	DOP	Access	M	95%	73%	73%	CHO	73%

Key Performance Indicators Service Planning 2017				2016	2016	2017		2017 Expected Activity / Target
KPI Title	NSP/ DOP	KPI Type Access/ Quality /Access Activity	Report Freq-uency	2016 National Target / Expected Activity	2016 Projected outturn	2017 National Target / Expected Activity	Reported at National/ CHO / HG	CHO 8
% of occupational therapy service users on waiting list for assessment ≤ to 52 weeks	NSP	Access	M	100%	82%	92%	CHO	92%
<b>Primary Care – Speech and Language Therapy</b>								
No. of patient referrals	DOP	Activity	M	50,863	52,584	52,584	CHO	7,968
Existing patients seen in the month	DOP	Activity	M	New 2016	16,958	16,958	CHO	2,846
New patients seen for initial assessment	DOP	Activity	M	41,083	44,040	44,040	CHO	6,912
Total no. of speech and language patients waiting initial assessment at end of the reporting period	DOP	Access	M	13,050	14,164	14,164	CHO	2,227
Total no. of speech and language patients waiting initial therapy at end of the reporting period	DOP	Access	M	8,279	8,823	8,823	CHO	1,193
% of speech and language therapy patients on waiting list for assessment ≤ to 52 weeks	NSP	Access	M	100%	97%	100%	CHO	100%
% of speech and language therapy patients on waiting list for treatment ≤ to 52 weeks	NSP	Access	M	100%	85%	100%	CHO	100%
<b>Primary Care – Speech and Language Therapy Service Improvement Initiative</b>								
New patients seen for initial assessment	DOP	Activity	M	New 2017	New 2017	17,646	CHO	2,666
No. of speech and language therapy initial therapy appointments	DOP	Access	M	New 2017	New 2017	43,201	CHO	4,666
No. of speech and language therapy further therapy appointments	DOP	Access	M	New 2017	New 2017	39,316	CHO	4,666

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<b>Primary Care – Podiatry</b>								
No. of patient referrals	DOP	Activity	M	11,589	11,148	11,148	CHO	3,624
Existing patients seen in the month	DOP	Activity	M	5,210	5,454	5,454	CHO	683
New patients seen	DOP	Activity	M	8,887	9,192	9,504	CHO	3,072
Total no. of podiatry patients on the treatment waiting list at the end of the reporting period	DOP	Access	M	3,186	2,699	2,699	CHO	566
No. of podiatry patients on the treatment waiting list at the end of the reporting period 0 - ≤ 12 weeks	DOP	Access	M	No target	1,194	No target	CHO	No target
No. of podiatry patients on the treatment waiting list at the end of the reporting period >12 weeks - ≤ 26 weeks	DOP	Access	M	No target	481	No target	CHO	No target
No. of podiatry patients on the treatment waiting list at the end of the reporting period >26 weeks but ≤ 39 weeks	DOP	Access	M	No target	244	No target	CHO	No target
No. of podiatry patients on the treatment waiting list at the end of the reporting period >39 weeks but ≤ 52 weeks	DOP	Access	M	No target	190	No target	CHO	No target
No. of podiatry patients on the treatment waiting list at the end of the reporting period > 52 weeks	DOP	Access	M	No target	590	No target	CHO	No target
% of podiatry patients on waiting list for treatment ≤ 12 weeks	NSP	Access	M	75%	44%	44%	CHO	44%
% of podiatry patients on waiting list for treatment ≤ 26 weeks	DOP	Access	M	90%	62%	62%	CHO	62%
% of podiatry patients on waiting list for treatment ≤ 39 weeks	DOP	Access	M	95%	71%	71%	CHO	71%
% of podiatry patients on waiting list for treatment ≤ to 52 weeks	NSP	Access	M	100%	78%	88%	CHO	88%

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KPI Title	NSP/ DOP	KPI Type Access/ Quality /Access Activity	Report Freg-uency	2016 National Target / Expected Activity	2016 Projected outturn	2017 National Target / Expected Activity	Reported at National/ CHO / HG	CHO 8
No of patients with diabetic active foot disease treated in the reporting month	DOP	Quality	M	133	140	166	CHO	14
No. of treatment contacts for diabetic active foot disease in the reporting month	DOP	Access /Activity	M	532	561	667	CHO	59
<b>Primary Care – Ophthalmology</b>								
No. of patient referrals	DOP	Activity	M	26,913	28,452	28,452	CHO	2,448
Existing patients seen in the month	DOP	Activity	M	4,910	5,281	5,281	CHO	273
New patients seen	DOP	Activity	M	16,524	23,616	33,779	CHO	1,593
Total no. of ophthalmology patients on the treatment waiting list at the end of the reporting period	DOP	Access	M	14,267	16,090	16,090	CHO	785
No. of ophthalmology patients on the treatment waiting list at the end of the reporting period 0 - ≤ 12 weeks	DOP	Access	M	No target	4,550	No target	CHO	No target
No. of ophthalmology patients on the treatment waiting list at the end of the reporting period >12 weeks - ≤ 26 weeks	DOP	Access	M	No target	3,117	No target	CHO	No target
No. of ophthalmology patients on the treatment waiting list at the end of the reporting period >26 weeks but ≤ 39 weeks	DOP	Access	M	No target	2,095	No target	CHO	No target
No. of ophthalmology patients on the treatment waiting list at the end of the reporting period >39 weeks but ≤ 52 weeks	DOP	Access	M	No target	1,670	No target	CHO	No target
No. of ophthalmology patients on the treatment waiting list at the end of the reporting period > 52 weeks	DOP	Access	M	No target	4,658	No target	CHO	No target
% of ophthalmology patients on waiting list for treatment ≤ 12 weeks	NSP	Access	M	60%	28%	50%	CHO	50%



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% of ophthalmology patients on waiting list for treatment ≤ 26 weeks	DOP	Access	M	80%	48%	58%	CHO	58%
% of ophthalmology patients on waiting list for treatment ≤ 39 weeks	DOP	Access	M	90%	61%	61%	CHO	61%
% of ophthalmology patients on waiting list for treatment ≤ 52 weeks	NSP	Access	M	100%	71%	81%	CHO	81%
<b>Primary Care – Audiology</b>								
No. of patient referrals	DOP	Activity	M	18,317	22,620	22,620	CHO	2,232
Existing patients seen in the month	DOP	Activity	M	2,850	2,740	2,740	CHO	298
New patients seen	DOP	Activity	M	16,459	15,108	23,954	CHO	5,014
Total no. of audiology patients on the treatment waiting list at the end of the reporting period	DOP	Access	M	13,870	14,650	14,650	CHO	3,204
No. of audiology patients on the treatment waiting list at the end of the reporting period 0 - ≤ 12 weeks	DOP	Access	M	No target	5,956	No target	CHO	No target
No. of audiology patients on the treatment waiting list at the end of the reporting period >12 weeks - ≤ 26 weeks	DOP	Access	M	No target	3,352	No target	CHO	No target
No. of audiology patients on the treatment waiting list at the end of the reporting period >26 weeks but ≤ 39 weeks	DOP	Access	M	No target	1,856	No target	CHO	No target
No. of audiology patients on the treatment waiting list at the end of the reporting period >39 weeks but ≤ 52 weeks	DOP	Access	M	No target	1,340	No target	CHO	No target
No. of audiology patients on the treatment waiting list at the end of the reporting period > 52 weeks	DOP	Access	M	No target	2,146	No target	CHO	No target
% of audiology patients on waiting list for treatment ≤ 12 weeks	NSP	Access	M	60%	41%	50%	CHO	50%

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% of audiology patients on waiting list for treatment ≤ 26 weeks	DOP	Access	M	80%	64%	64%	CHO	64%
% of audiology patients on waiting list for treatment ≤ 39 weeks	DOP	Access	M	90%	76%	76%	CHO	76%
% of audiology patients on waiting list for treatment ≤ to 52 weeks	NSP	Access	M	100%	85%	95%	CHO	95%
<b>Primary Care – Dietetics</b>								
No. of patient referrals	DOP	Activity	M	27,858	31,884	31,884	CHO	1,896
Existing patients seen in the month	DOP	Activity	M	5,209	3,480	3,480	CHO	164
New patients seen	DOP	Activity	M	21,707	22,548	23,457	CHO	3,132
Total no. of dietetics patients on the treatment waiting list at the end of the reporting period	DOP	Access	M	5,479	8,843	8,843	CHO	1,576
No. of dietetics patients on the treatment waiting list at the end of the reporting period 0 - ≤ 12 weeks	DOP	Access	M	No target	4,255	No target	CHO	No target
No. of dietetics patients on the treatment waiting list at the end of the reporting period >12 weeks - ≤ 26 weeks	DOP	Access	M	No target	1,921	No target	CHO	No target
No. of dietetics patients on the treatment waiting list at the end of the reporting period >26 weeks but ≤ 39 weeks	DOP	Access	M	No target	912	No target	CHO	No target
No. of dietetics patients on the treatment waiting list at the end of the reporting period >39 weeks but ≤ 52 weeks	DOP	Access	M	No target	536	No target	CHO	No target
No. of dietetics patients on the treatment waiting list at the end of the reporting period > 52 weeks	DOP	Access	M	No target	1,219	No target	CHO	No target
% of dietetics patients on waiting list for treatment ≤ 12 weeks	NSP	Access	M	70%	48%	48%	CHO	48%

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% of dietetics patients on waiting list for treatment ≤ 26 weeks	DOP	Access	M	85%	70%	70%	CHO	70%
% of dietetics patients on waiting list for treatment ≤ 39 weeks	DOP	Access	M	95%	80%	80%	CHO	80%
% of dietetics patients on waiting list for treatment ≤ to 52 weeks	NSP	Access	M	100%	86%	96%	CHO	96%
<b>Primary Care – Psychology</b>								
No. of patient referrals	DOP	Activity	M	12,261	13,212	13,212	CHO	4,044
Existing patients seen in the month	DOP	Activity	M	2,626	2,312	2,312	CHO	643
New patients seen	DOP	Activity	M	9,367	10,152	10,152	CHO	2,748
Total no. of psychology patients on the treatment waiting list at the end of the reporting period	DOP	Access	M	6,028	7,068	7,068	CHO	1,267
No. of psychology patients on the treatment waiting list at the end of the reporting period 0 - ≤ 12 weeks	DOP	Access	M	No target	1,979	No target	CHO	No target
No. of psychology patients on the treatment waiting list at the end of the reporting period >12 weeks - ≤ 26 weeks	DOP	Access	M	No target	1,584	No target	CHO	No target
No. of psychology patients on the treatment waiting list at the end of the reporting period >26 weeks but ≤ 39 weeks	DOP	Access	M	No target	1,026	No target	CHO	No target
No. of psychology patients on the treatment waiting list at the end of the reporting period >39 weeks but ≤ 52 weeks	DOP	Access	M	No target	694	No target	CHO	No target
No. of psychology patients on the treatment waiting list at the end of the reporting period > 52 weeks	DOP	Access	M	No target	1,785	No target	CHO	No target
% of psychology patients on waiting list for treatment ≤ 12 weeks	NSP	Access	M	60%	28%	60%	CHO	60%
% of psychology patients on waiting list for treatment ≤ 26 weeks	DOP	Access	M	80%	50%	80%	CHO	80%

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% of psychology patients on waiting list for treatment ≤ 39 weeks	DOP	Access	M	90%	65%	90%	CHO	90%
% of psychology patients on waiting list for treatment ≤ to 52 weeks	NSP	Access	M	100%	75%	100%	CHO	100%
<b>Primary Care – Nursing</b>								
No. of patient referrals	DOP	Activity	M	159,694	135,384 Data Gap	135,384 Data Gaps	CHO	Unavailable
Existing patients seen in the month	DOP	Activity	M	64,660	46,293 Data Gap	64,660 Data Gaps	CHO	Unavailable
New patients seen	DOP	Activity	M	123,024	110,784 Data Gap	123,024 Data Gaps	CHO	Unavailable
% of new patients accepted onto the caseload and seen within 12 weeks	NSP	Access	M	New 2017	New 2017	100%	CHO	100%
<b>Child Health</b>								
% of children reaching 10 months within the reporting period who have had child development health screening on time or before reaching 10 months of age	NSP	Quality	M	95%	94%	95%	CHO	95%
% of newborn babies visited by a PHN within 72 hours of discharge from maternity services	NSP	Quality	Q	97%	98%	98%	CHO	98%
% of babies breastfed (exclusively and not exclusively) at first PHN visit	NSP	Quality	Q	56%	57%	58%	CHO	58%
% of babies breastfed (exclusively and not exclusively) at three month PHN visit	NSP	Quality	Q	38%	38%	40%	CHO	40%
<b>Oral Health Primary Dental Care</b>								

Key Performance Indicators Service Planning 2017				2016	2016	2017		2017 Expected Activity / Target
KPI Title	NSP/ DOP	KPI Type Access/ Quality /Access Activity	Report Freq-uency	2016 National Target / Expected Activity	2016 Projected outturn	2017 National Target / Expected Activity	Reported at National/ CHO / HG	CHO 8
No. of new patients attending for scheduled assessment	DOP	Access /Activity	M	Unavailable	47,904 Data Gap	Unavailable	CHO	Unavailable
No. of new patients attending for unscheduled assessment	DOP	Access /Activity	M	Unavailable	25,476 Data Gap	Unavailable	CHO	Unavailable
% of new patients who commenced treatment within three months of assessment	NSP	Access	M	80%	88% Data Gap	88%	CHO	88%
<b>Orthodontics</b>								
No. of patients receiving active treatment at the end of the reporting period	DOP	Access	Q	16,887	18,404	18,404	National/ former region	
% of referrals seen for assessment within 6 months	NSP	Access	Q	75%	60%	75%	National/ former region	
% of orthodontic patients on the waiting list for assessment ≤ 12 months	DOP	Access	Q	100%	99%	100%	National/ former region	
% of orthodontic patients on the treatment waiting list less than two years	DOP	Access	Q	75%	62%	75%	National/ former region	
% of orthodontic patients on treatment waiting list less than four years (grades 4 and 5)	DOP	Access	Q	95%	94%	95%	National/ former region	
No. of orthodontic patients on the assessment waiting list at the end of the reporting period	DOP	Access	Q	5,966	6,720	6,720	National/ former region	
No. of orthodontic patients on the treatment waiting list – grade 4 –at the end of the reporting period	DOP	Access /Activity	Q	9,912	9,741	9,741	National/ former region	
No. of orthodontic patients on the treatment waiting list – grade 5 –at the end of the reporting period	DOP	Access /Activity	Q	8,194	8,136	8,136	National/ former region	
Reduce the proportion of orthodontic patients on the treatment	NSP	Access	Q	<5%	6%	<5%	National/	

Key Performance Indicators Service Planning 2017				2016	2016	2017		2017 Expected Activity / Target
KPI Title	NSP/ DOP	KPI Type Access/ Quality /Access Activity	Report Freq-uency	2016 National Target / Expected Activity	2016 Projected outturn	2017 National Target / Expected Activity	Reported at National/ CHO / HG	CHO 8
waiting list waiting longer than 4 years (grades 4 and 5)							former region	
<b>Health Amendment Act - Services to persons with State Acquired Hepatitis C</b>								
No. of Health Amendment Act cardholders who were reviewed	NSP	Quality	Q	798	212	586	National	50
<b>Healthcare Associated Infections: Medication Management</b>								
Consumption of antibiotics in community settings (defined daily doses per 1,000 population)	NSP	Quality	Q	<21.7	27.6	<21.7	National	
<b>Tobacco Control</b>								
% of primary care staff to undertake brief intervention training for smoking cessation	DOP	Quality	Q	5%	5%	5%	CHO	5%

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

				2016	2016	2017		2017 Expected Activity / Target
KPI Title	NSP / DOP	KPI Type Access/ Quality /Access Activity	Report Frequency	2016 National Target / Expected Activity	2016 Projected outturn	2017 National Target / Expected Activity	Reported at National / CHO	CHO 8
<b>Substance Misuse</b>								
No. of substance misusers who present for treatment	DOP	Access	Q, 1 Qtr in arrears	6,972	6,760	6,760	CHO	652
No. of substance misusers who present for treatment who receive an assessment within two weeks	DOP	Quality	Q, 1 Qtr in Arrears	4,864	4,748	4,748	CHO	216
% of substance misusers who present for treatment who receive an assessment within two weeks	DOP	Quality	Q, 1 Qtr in Arrears	100%	70%	100%	CHO	100%
No. of substance misusers (over 18 years) for whom treatment has commenced following assessment	DOP	Quality	Q, 1 Qtr in Arrears	5,584	5,932	5,932	CHO	516
No. of substance misusers (over 18) for whom treatment has commenced within one calendar month following assessment	DOP	Quality	Q, 1 Qtr in Arrears	5,024	5,304	5,304	CHO	512
% of substance misusers (over 18 years) for whom treatment has commenced within one calendar month following assessment	NSP	Access	Q, 1 Qtr in Arrears	100%	89%	100%	CHO	100%
No. of substance misusers (under 18 years) for whom treatment has commenced following assessment	DOP	Access	Q, 1 Qtr in Arrears	268	348	348	CHO	0
No. of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment	DOP	Access	Q, 1 Qtr in Arrears	260	296	296	CHO	0
% of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment	NSP	Access	Q, 1 Qtr in Arrears	100%	85%	100%	CHO	100%

				2016	2016	2017		2017 Expected Activity / Target
KPI Title	NSP / DOP	KPI Type Access/ Quality /Access Activity	Report Frequency	2016 National Target / Expected Activity	2016 Projected outturn	2017 National Target / Expected Activity	Reported at National / CHO	CHO 8
% of substance misusers (over 18 years) for whom treatment has commenced who have an assigned key worker	DOP	Quality	Q, 1 Qtr in Arrears	100%	74%	100%	CHO	100%
% of substance misusers (over 18 years) for whom treatment has commenced who have a written care plan	DOP	Quality	Q, 1 Qtr in Arrears	100%	87%	100%	CHO	100%
% of substance misusers (under 18 years) for whom treatment has commenced who have an assigned key worker	DOP	Quality	Q, 1 Qtr in Arrears	100%	91%	100%	CHO	100%
% of substance misusers (under 18 years) for whom treatment has commenced who have a written care plan	DOP	Quality	Q, 1 Qtr in Arrears	100%	90%	100%	CHO	100%
<b>Opioid Substitution</b>								
Total no. of clients in receipt of opioid substitution treatment (outside prisons)	NSP	Access	M, 1 Mth in Arrears	9,515	9,560	9,700	CHO	594
No. of clients in opioid substitution treatment in clinics	DOP	Access	M, 1 Mth in Arrears	5,470	5,466	5,084	CHO	196
No. of clients in opioid substitution treatment with level 2 GP's	DOP	Access	M, 1 Mth in Arrears	1,975	2,083	2,108	CHO	206
No. of clients in opioid substitution treatment with level 1 GP's	DOP	Access	M, 1 Mth in Arrears	2,080	2,011	2,508	CHO	192
No. of clients transferred from clinics to level 1 GP's	DOP	Access	M, 1 Mth in Arrears	300	288	300	CHO	12
No. of clients transferred from clinics to level 2 GP's	DOP	Access	M, 1 Mth in Arrears	134	81	140	CHO	9
No. of clients transferred from level 2 to level 1 GPs	DOP	Access	M, 1 Mth in Arrears	119	21	150	CHO	10



				2016	2016	2017		2017 Expected Activity / Target
KPI Title	NSP / DOP	KPI Type Access/ Quality /Access Activity	Report Frequency	2016 National Target / Expected Activity	2016 Projected outturn	2017 National Target / Expected Activity	Reported at National / CHO	CHO 8
Total no. of new clients in receipt of opioid substitution treatment (outside prisons)	DOP	Access	M, 1 Mth in Arrears	617	552	645	CHO	55
Total no. of new clients in receipt of opioid substitution treatment (clinics)	DOP	Access	M, 1 Mth in Arrears	498	449	507	CHO	33
Total no. of new clients in receipt of opioid substitution treatment (level 2 GP)	DOP	Access	M, 1 Mth in Arrears	119	103	138	CHO	22
Average waiting time (days) from referral to assessment for opioid substitution treatment	NSP	Access	M, 1 Mth in Arrears	14 days	4 days	4 days	CHO	4 days
Average waiting time (days) from opioid substitution assessment to exit from waiting list or treatment commenced	NSP	Access	M, 1 Mth in Arrears	28 days	31 days	28 days	CHO	28 days
No. of pharmacies providing opioid substitution treatment	DOP	Access	M, 1 Mth in Arrears	653	654	654	CHO	96
No. of people obtaining opioid substitution treatment from pharmacies	DOP	Access	M, 1 Mth in Arrears	6,463	6,630	6,630	CHO	639
<b>Alcohol Misuse</b>								
No. of problem alcohol users who present for treatment	DOP	Access	Q, 1 Qtr in Arrears	3,540	3,736	3,736	CHO	420
No. of problem alcohol users who present for treatment who receive an assessment within two weeks	DOP	Access	Q, 1 Qtr in Arrears	2,344	1,900	1,900	CHO	128
% of problem alcohol users who present for treatment who receive an assessment within two weeks	DOP	Access	Q, 1 Qtr in Arrears	100%	51%	100%	CHO	100%
No. of problem alcohol users (over 18 years) for whom treatment has commenced following assessment	DOP	Access	Q, 1 Qtr in Arrears	3,228	3,424	3,424	CHO	324

				2016	2016	2017		2017 Expected Activity / Target
KPI Title	NSP / DOP	KPI Type Access/ Quality /Access Activity	Report Frequency	2016 National Target / Expected Activity	2016 Projected outturn	2017 National Target / Expected Activity	Reported at National / CHO	CHO 8
No. of problem alcohol users (over 18 years) for whom treatment has commenced within one calendar month following assessment	DOP	Access	Q, 1 Qtr in Arrears	3,228	2,956	2,956	CHO	312
% of problem alcohol users (over 18 years) for whom treatment has commenced within one calendar month following assessment	DOP	Access	Q, 1 Qtr in Arrears	100%	86%	100%	CHO	100%
No. of problem alcohol users (under 18 years) for whom treatment has commenced following assessment	DOP	Access	Q, 1 Qtr in Arrears	56	36	36	CHO	0
No. of problem alcohol users (under 18 years) for whom treatment has commenced within one week following assessment	DOP	Access	Q, 1 Qtr in Arrears	56	28	28	CHO	0
% of problem alcohol users (under 18 years) for whom treatment has commenced within one week following assessment	DOP	Access	Q, 1Qtr in Arrears	100%	78%	100%	CHO	100%
% of problem alcohol users (over 18 years) for whom treatment has commenced who have an assigned key worker	DOP	Quality	Q, 1 Qtr in Arrears	100%	60%	100%	CHO	100%
% of problem alcohol users (over 18 years) for whom treatment has commenced who have a written care plan	DOP	Quality	Q, 1 Qtr in Arrears	100%	91%	100%	CHO	100%
% of problem alcohol users (under 18 years) for whom treatment has commenced who have an assigned key worker	DOP	Quality	Q, 1 Qtr in Arrears	100%	89%	100%	CHO	100%
% of problem alcohol users (under 18 years) for whom treatment has commenced who have a written care plan	DOP	Quality	Q, 1 Qtr in Arrears	100%	67%	100%	CHO	100%

				2016	2016	2017		2017 Expected Activity / Target
KPI Title	NSP / DOP	KPI Type Access/ Quality /Access Activity	Report Frequency	2016 National Target / Expected Activity	2016 Projected outturn	2017 National Target / Expected Activity	Reported at National / CHO	CHO 8
No. of staff trained in SAOR Screening and Brief Intervention for problem alcohol and substance use	DOP	Quality	Q, 1 Qtr in Arrears	300	397	778	CHO	100
<b>Needle Exchange</b>								
No. of pharmacies recruited to provide Needle Exchange Programme	DOP	Quality	TRI M, 1 Qtr in Arrears	119	112	112	CHO	34
No. of unique individuals attending pharmacy needle exchange	NSP	Access	TRI M, 1 Qtr in Arrears	1,731	1,647	1,647	CHO	481
Total no. of clean needles provided each month	DOP	Access	TRI M, 1 Qtr in Arrears	New 2017	New 2017	23,727	CHO	6,382
Average no. of clean needles (and accompanying injecting paraphenilia) per unique individual each month	DOP	Quality	TRI M, 1 Qtr in Arrears	New 2017	New 2017	14	CHO	14
No. and % of needle / syringe packs returned	DOP	Quality	TRI M, 1 Qtr in Arrears	1,032 (30%)	863 (22%)	1,166 (30%)	CHO	300 (30%)
<b>Homeless Services</b>								
No. and % of individual service users admitted to homeless emergency accommodation hostels/ who have medical cards	DOP	Quality	Q	1,108 (75%)	1,093 (73%)	1,121 (75%)	CHO	98 (75%)
No. and % of service users admitted during the quarter who did not have a valid medical card on admission and who were assisted by hostel staff to acquire a medical card during the quarter	DOP	Quality	Q	302 (70%)	218 (54%)	281 (70%)	CHO	24 (70%)

				2016	2016	2017		2017 Expected Activity / Target
KPI Title	NSP / DOP	KPI Type Access/ Quality /Access Activity	Report Freq-uency	2016 National Target / Expected Activity	2016 Projected outturn	2017 National Target / Expected Activity	Reported at National / CHO	CHO 8
No. and % of service users admitted to homeless emergency accommodation hostels / facilities whose health needs have been assessed within two weeks of admission	NSP	Quality	Q	1,311 (85%)	1,022 (68%)	1,272 (85%)	CHO	111 (85%)
No. and % of service users admitted to homeless emergency accommodation hostels / facilities whose health needs have been assessed and are being supported to manage their physical / general health, mental health and addiction issues as part of their care/support plan	DOP	Quality	Q	80%	1,128 (76%)	1,017 (80%)	CHO	89 (80%)
<b>Traveller Health</b>								
No. of people who received health information on type 2 diabetes and cardiovascular health	NSP	Quality	Q	3,470 20% of the population in each Traveller Health Unit	3,481	3,481	CHO	587
No. of people who received awareness and participated in positive mental health initiatives	DOP	Quality	Q	3,470 20% of the population in each Traveller Health Unit	4,167	3,481	CHO	587

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

Key Performance Indicators Service Planning 2017				2016	2016	2017		2017 Expected Activity / Target
KPI Title	NSP / DOP	KPI Type Access/ Quality /Access Activity	Report Freq-uecy	2016 National Target / Expected Activity	2016 Projected outturn	2017 National Target / Expected Activity	Reported at National/ CHO / HG Level	CHO 8 Ireland East, Royal College of Surgeons and Dublin Midlands HGs
<b>Inpatient Palliative Care Services</b>								
Access to specialist inpatient bed within seven days (during the reporting month)	NSP	Access	M	98%	97%	98%	CHO/HG	No inpatient service
No. accessing specialist inpatient bed within seven days (during the reporting month)	NSP	Access	M	New 2017	New 2017	3,555	CHO/HG	No inpatient service
Access to specialist palliative care inpatient bed from eight to 14 days (during the reporting month)	DOP	Access	M	2%	3%	2%	CHO/HG	No inpatient service
% patients triaged within one working day of referral (Inpatient Unit)	NSP	Quality	M 2016 Q4 Reporting	90%	90%	90%	CHO/HG	No inpatient service
No. of patients in receipt of treatment in specialist palliative care inpatient units (during the reporting month)	DOP	Access /Activity	M	474	466	494	CHO/HG	No inpatient service
No. of new patients seen or admitted to the specialist palliative care service (monthly cumulative)	DOP	Access /Activity	M	2,877	2,916	3,110	CHO/HG	No inpatient service
No. of admissions to specialist palliative care inpatient units (monthly cumulative)	DOP	Access /Activity	M	3,310	3,708	3,815	CHO/HG	No inpatient service

Key Performance Indicators Service Planning 2017				2016	2016	2017		2017 Expected Activity / Target
KPI Title	NSP / DOP	KPI Type Access/ Quality /Access Activity	Report Frequ-ency	2016 National Target / Expected Activity	2016 Projected outturn	2017 National Target / Expected Activity	Reported at National/ CHO / HG Level	CHO 8 Ireland East, Royal College of Surgeons and Dublin Midlands HGs
% patients with a multidisciplinary care plan documented within five working days of initial assessment (Inpatient Unit)	NSP	Quality	M 2016 Q4 Reporting	90%	90%	90%	CHO/HG	No inpatient service
<b>Community Palliative Care Services</b>								
Access to specialist palliative care services in the community provided within seven days (Normal place of residence) (during the reporting month)	NSP	Access	M	95%	92%	95%	CHO	95%
Access to specialist palliative care services in the community provided to patients in their place of residence within eight to 14 days (Normal place of residence) (during the reporting month)	DOP	Access	M	3%	6%	3%	CHO	3%
Access to specialist palliative care services in the community provided to patients in their place of residence within 15+ days (Normal place of residence) (during the reporting month)	DOP	Access	M	2%	2%	2%	CHO	2%
% patients triaged within one working day of referral (Community )	NSP	Quality	M	New 2017	New 2017	90%	CHO	90%
No. of patients who received treatment in their normal place of residence	NSP	Access /Activity	M	3,309	3,517	3,620	CHO	430
No. of new patients seen by specialist palliative care services in their normal place of residence	DOP	Access /Activity	M	9,353	9,864	9,610	CHO	1,360
<b>Day Care</b>								
No. of patients in receipt of specialist palliative day care services (during the reporting month)	DOP	Access /Activity	M	349	337	355	CHO	0

Key Performance Indicators Service Planning 2017				2016	2016	2017		2017 Expected Activity / Target
KPI Title	NSP / DOP	KPI Type Access/ Quality /Access Activity	Report Freq-uecy	2016 National Target / Expected Activity	2016 Projected outturn	2017 National Target / Expected Activity	Reported at National/ CHO / HG Level	CHO 8 Ireland East, Royal College of Surgeons and Dublin Midlands HGs
No. of new patients who received specialist palliative day care services (monthly cumulative)	DOP	Access	M	985	996	1,010	CHO	0
<b>Intermediate Care</b>								
No. of patients in receipt of care in designated palliative care support beds (during the reporting month)	DOP	Access /Activity	M	165	146	176	CHO	15
<b>Children's Palliative Care Services</b>								
No. of children in the care of the children's outreach nurse	NSP	Access /Activity	M	New 2017	New 2017	269	CHO	35
No. of new children in the care of the children's outreach nurse	DOP	Access /Activity	M	New 2017	New 2017	New metric 2017	CHO	To be set in 2017
No. of children in the care of the specialist paediatric palliative care team in an acute hospital setting in the month	NSP	Access /Activity	M	New 2017	New 2017	20	HG	
No. of new children in the care of the specialist paediatric palliative care team in an acute hospital setting	DOP	Access /Activity	M	New 2017	New 2017	63	HG	
<b>Acute Services Palliative Care</b>								
No. of new referrals for inpatient services seen by the specialist palliative care team	DOP	Access /Activity	M	11,224	12,300	12,300	HG	1,258

Key Performance Indicators Service Planning 2017				2016	2016	2017		2017 Expected Activity / Target
KPI Title	NSP / DOP	KPI Type Access/ Quality /Access Activity	Report Freq-uecy	2016 National Target / Expected Activity	2016 Projected outturn	2017 National Target / Expected Activity	Reported at National/ CHO / HG Level	CHO 8 Ireland East, Royal College of Surgeons and Dublin Midlands HGs
Specialist palliative care services provided in the acute setting to new patients and re-referrals within two days	DOP	Access /Activity	M	13,298	13,520	13,520	HG	1,372
<b>Bereavement Services</b>								
No. of family units who received bereavement services	DOP	Access /Activity	M	621	670	671	CHO	78



## Mental Health Quality and Access Indicators of Performance

## Mental Health - KPI Review 2017

	Office Use Only KPI No. (source: target doc)	Office Use Only Active or Retired	Key Performance Indicators Service Planning 2016	Reported against NSP	KPI Type Access/Quality /Access Activity	Healthy Ireland / Corporate Plan / HI & CP	Report Frequency	KPIs 2016		KPIs 2017		
			KPI Title					2016 National Target / Expected Activity	2016 Estimate outturn	2017 National Target / Expected Activity	Reported at National / CHO / HG Level	CHO8
NSP Suite	MH1	Active	% of accepted referrals / re-referrals offered first appointment within 12 weeks / 3 months by General Adult Community Mental Health Team	NSP	Quality		M	90%	93%	90%	CHO	90%
	MH2	Active	% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks / 3 months by General Adult Community Mental Health Team	NSP	Quality		M	75%	73%	75%	CHO	75%
	MH24	Active	%. of new (including re-referred) General Adult Community Mental Health Team cases offered appointment and DNA in the current month	NSP	Access /Activity		M	18%	23%	20%	CHO	20%

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MH3	Active	% of accepted referrals / re-referrals offered first appointment within 12 weeks / 3 months by Psychiatry of Old Age Community Mental Health Teams	NSP	Quality		M	98%	99%	98%	CHO	98%
MH4	Active	% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks / 3 months by Psychiatry of Old Age Community Mental Health Teams	NSP	Quality		M	95%	97%	95%	CHO	95%
MH32	Active	%. of new (including re-referred) Old Age Psychiatry Team cases offered appointment and DNA in the current month	NSP	Access /Activity		M	3%	2%	3%	CHO	3%
MH5	Active	Admissions of children to Child and Adolescent Acute Inpatient Units as a % of the total number of admissions of children to mental health acute inpatient units.	NSP	Quality		M	95%	79%	85%	National	N/A
MH57	Active	Percentage of Bed days used in HSE Child and Adolescent Acute Inpatient Units as a total of Bed days	NSP	Quality		M	95%	96%	95%	CHO	95%

		used by children in mental health acute inpatient units										
MH6	Active	% of accepted referrals / re-referrals offered first appointment within 12 weeks / 3 months by Child and Adolescent Community Mental Health Teams	NSP	Quality		M	78%	76%	78%	CHO	78%	
MH7	Active	% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks / 3 months by Child and Adolescent Community Mental Health Teams	NSP	Quality		M	72%	66%	72%	CHO	72%	
MH48	Active	%. of new (including re-referred) child/adolescent referrals offered appointment and DNA in the current month	NSP	Access /Activity		M	10%	14%	10%	CHO	10%	
MH50	Active	Total No. to be seen for a first appointment at the end of each month.	NSP	Access /Activity		M	2,449	2,643	2,599	CHO	353	
MH51	Active	Total No. to be seen 0-3 months	NSP	Access /Activity		M	1,308	1,344	1,546	CHO	237	

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Adult Inpatient	MH56	Active	Total No. on waiting list for a first appointment waiting > 3 months	NSP	Access /Activity		M	1,141	1,299	1,053	CHO	116
	MH55	Active	Total No. on waiting list for a first appointment waiting > 12 months	NSP	Access /Activity		M	0	235	0	CHO	0
	MH8	Active	No. of admissions to adult acute inpatient units	DOP	Access /Activity		Q in arrears	12,726	12,956	12,726	CHO	1,548
	MH9	Active	Median length of stay	DOP	Access /Activity		Q in arrears	10	#DIV/0!	10	CHO	10
	MH10	Active	Rate of admissions to adult acute inpatient units per 100,000 population in mental health catchment area	DOP	Access /Activity		Q in arrears	70.5	71.1	70.5	CHO	69.5
	MH11	Active	First admission rates to adult acute units (that is, first ever admission), per 100,000 population in mental health catchment area	DOP	Access /Activity		Q in arrears	23.1	24.0	23.1	CHO	22.4
	MH12	Active	Acute re-admissions as % of admissions	DOP	Access /Activity		Q in arrears	67%	67%	67%	CHO	68%
	MH13	Active	Inpatient re-admission rates to adult acute units per 100,000 population in mental health catchment area	DOP	Access /Activity		Q in arrears	47.6	48.0	47.6	CHO	47.1

MH14	Active	No. of adult acute inpatient beds per 100,000 population in the mental health catchment area	DOP	Access /Activity		Q in arrears	21.6	22.2	21.6	CHO	18.8
MH15	Active	No. of adult involuntary admissions	DOP	Access /Activity		Q in arrears	1,724	1,928	1,724	CHO	204
MH16	Active	Rate of adult involuntary admissions per 100,000 population in mental health catchment area	DOP	Access /Activity		Q in arrears	9.3	10.2	9.3	CHO	6.9
MH18	Active	Number of General Adult Community Mental Health Teams	DOP	Access		M	114	114	114	CHO	17
MH19	Active	Number of referrals (including re-referred) received by General Adult Community Mental Health Teams	DOP	Access /Activity		M	43,637	44,574	44,664	CHO	6,060
MH20	Active	Number of Referrals (including re-referred) accepted by General Adult Community Mental Health Teams	DOP	Access /Activity		M	41,448	38,694	42,396	CHO	5,736
MH21	Active	No. of new (including re-referred) General Adult Community Mental Health Team cases offered first appointment for the current month (seen	DOP	Access /Activity		M	41,810	38,058	47,316	CHO	5,976

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			and DNA below)									
	MH22	Active	No. of new (including re-referred) General Adult Community Mental Health Team cases seen in the current month	DOP	Access /Activity		M	35,430	29,428	39,396	CHO	4,992
	MH23	Active	No. of new (including re-referred) General Adult Community Mental Health Team cases offered appointment and DNA in the current month	DOP	Access /Activity		M	6,380	8,630	7,920	CHO	984
	MH24	Active	% of new (including re-referred) General Adult Community Mental Health Team cases offered appointment and DNA in the current month	DOP	Access /Activity		M	18%	23%	20%	CHO	20%
	MH25	Active	Number of cases closed/discharged by General Adult Community Mental Health Teams	DOP	Access /Activity		M	33,158	23,710	33,984	CHO	4,596
Psychiatry of Old Age	MH26	Active	Number of Psychiatry of Old Age Community Mental Health Teams	DOP	Access		M	26	29	29	CHO	5

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MH27	Active	Number of referrals (including re-referred) received by Psychiatry of Old Age Mental Health Teams	DOP	Access /Activity		M	11,664	12,054	12,168	CHO	1,992
MH28	Active	Number of Referrals (including re-referred) accepted by Psychiatry of Old Age Community Mental Health Teams	DOP	Access /Activity		M	11,082	11,022	11,604	CHO	1,896
MH29	Active	No. of new (including re-referred ) Old Age Psychiatry Team cases offered first appointment for the current month (seen and DNA below)	DOP	Access /Activity		M	10,384	9,176	11,820	CHO	1,872
MH30	Active	No. of new (including re-referred) Old Age Psychiatry Team cases seen in the current month	DOP	Access /Activity		M	10,083	8,950	11,436	CHO	1,812
MH31	Active	No. of new (including re-referred) Old Age Psychiatry cases offered appointment and DNA in the current month	DOP	Access /Activity		M	301	226	384	CHO	60
MH32	Active	% of new (including re-referred) Old Age Psychiatry Team cases	DOP	Access /Activity		M	3%	2%	3%	CHO	3%

			offered appointment and DNA in the current month									
	MH33	Active	Number of cases closed/discharged by Old Age Psychiatry Community Mental Health Teams	DOP	Access /Activity		M	8,866	7,074	9,276	CHO	1,512
Child & Adolescent	MH34	Active	No. of child and adolescent Community Mental Health Teams	DOP	Access		M	66	65	66	CHO	10
	MH35	Active	No. of child and adolescent Day Hospital Teams	DOP	Access		M	4	4	4	CHO	0
	MH36	Active	No. of Paediatric Liaison Teams	DOP	Access		M	3	3	3	CHO	0
	MH37	Active	No. of child / adolescent admissions to HSE child and adolescent mental health inpatient units	DOP	Access /Activity		M	281	302	336	CHO	0
	MH38	Active	No. of children / adolescents admitted to adult HSE mental health inpatient units	DOP	Access /Activity		M	30	80	30	National	N/A
	MH39	Active	i). <16 years	DOP	Access /Activity		M	0	10	0	National	N/A
	MH40	Active	ii). <17 years	DOP	Access /Activity		M	0	18	0	National	N/A
	MH41	Active	iii). <18 years	DOP	Access /Activity		M	30	52	30	National	N/A
	MH42	Active	No. and % of	DOP	Access		Annual	15	15	15	National	N/A



		involuntary admissions of children and adolescents	/Activity									
MH43	Active	No. of child / adolescent referrals (including re-referred) received by mental health services	DOP	Access /Activity		M	18,864	19,478	20,448	CHO	3,240	
MH44	Active	No. of child / adolescent referrals (including re-referred) accepted by mental health services	DOP	Access /Activity		M	15,092	14,334	16,356	CHO	2,592	
MH45	Active	No. of new (including re-referred ) CAMHs Team cases offered first appointment for the current month (seen and DNA below)	DOP	Access /Activity		M	13,895	15,898	15,827	CHO	2,472	
MH46	Active	No. of new (including re-referred) child/adolescent referrals seen in the current month	DOP	Access /Activity		M	12,628	13,610	14,376	CHO	2,244	
MH47	Active	No. of new (including re-referred) child/adolescent referrals offered appointment and DNA in the current month	DOP	Access /Activity		M	1,259	2,288	1,451	CHO	228	
MH48	Active	% of new (including re-referred) child/adolescent	DOP	Access /Activity		M	10%	14%	10%	CHO	10%	

		referrals offered appointment and DNA in the current month										
MH49	Active	No. of cases closed / discharged by CAMHS service	DOP	Access /Activity		M	12,072	13,816	12,911	CHO	1,896	
MH50	Active	Total No. to be seen for a first appointment by expected wait time at the end of each month.	DOP	Access /Activity		M	2,449	2,659	2,599	CHO	353	
MH51	Active	i) 0-3 months	DOP	Access /Activity		M	1,308	1,344	1,546	CHO	237	
MH52	Active	ii). 3-6 months	DOP	Access /Activity		M	585	613	603	CHO	80	
MH53	Active	iii). 6-9 months	DOP	Access /Activity		M	346	322	310	CHO	34	
MH54	Active	iv). 9-12 months	DOP	Access /Activity		M	210	146	140	CHO	2	
MH55	Active	v). > 12 months	DOP	Access /Activity		M	0	235	0	CHO	0	

## Social Care Quality and Access Indicators of Performance

## Social Care

Key Performance Indicators Service Planning 2017		
KPI Title	2017 National Target / Expected Activity	CHO8
<b>Safeguarding</b>		
% of CHO Heads of Social Care who can evidence implementation of the HSE's <i>Safeguarding Vulnerable Persons at Risk of Abuse</i> policy throughout the CHO as set out in Section 4 of the policy	100%	100%
% of CHO Heads of Social Care that have established CHO wide organisational arrangements required by the HSE's <i>Safeguarding Vulnerable Persons at Risk of Abuse</i> policy throughout the CHO as set out in Section 9.2 of the policy	100%	100%
% of preliminary screenings for adults with an outcome of reasonable grounds for concern that are submitted to the safeguarding and protection teams accompanied by an interim safeguarding plan - Adults aged 65 and over - Adults under 65 years	100%	100%
Total no. of preliminary screenings for adults under 65 years	7,000	971
Total no. of preliminary screenings for adults aged 65 and over	3,000	344
No. of staff trained in safeguarding policy	17,000	1,206

## Disability Services

Key Performance Indicators Service Planning 2017		
KPI Title	2017 National Target / Expected Activity	CHO8
<b>Service User Experience</b> % of CHOs who have established a Residents' Council / Family Forum / Service User Panel or equivalent for Disability Services by Q3	100%	100%
<b>Quality</b> % compliance with inspected outcomes following HIQA inspection of disability residential units	80%	80%
In respect of agencies in receipt of €3m or more in public funding, the % which employ an internationally recognised quality improvement methodology such as EFQM, CQL or CARF	100%	100%
In respect of agencies in receipt of €3m or more in public funding, the % which employ an internationally recognised quality improvement methodology such as EFQM, CQL or CARF	100%	100%
<b>Service Improvement Team Process</b> Deliver on Service Improvement priorities	100%	100%
<b>Transforming Lives</b> Deliver on VFM Implementation Priorities	100%	100%
<b>Congregated Settings</b> Facilitate the movement of people from congregated to community settings	223	36
<b>Disability Act Compliance</b> No. of requests for assessments received	6,234	545
% of assessments commenced within the timelines as provided for in the regulations	100%	100%
% of assessments completed within the timelines as provided for in the regulations	100%	100%
<b>Progressing Disability Services for Children and Young People (0-18s) Programme</b> % of Children's Disability Network Teams established	100%	100%
<b>Children's Disability Network Teams</b> Proportion of established Children's Disability Network Teams having current individualised plans for all children	100%	100%
Number of Children's Disability Network Teams established	100% (129/129)	100% (21/21)
<b>School Leavers</b>		100%

Key Performance Indicators Service Planning 2017		
KPI Title	2017 National Target / Expected Activity	CHO8
% of school leavers and rehabilitation training (RT) graduates who have been provided with a placement	100%	
<b>Work/work like activity</b>		
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	123
No. of people with a disability in receipt of work / work-like activity services (ID/Autism and Physical and Sensory Disability)	3,253	283
<b>Other Day services</b>		
No. of people with a disability in receipt of Other Day Services (excl. RT and work/like-work activities) - Adult (Q2 & Q4 only) (ID/Autism and Physical and Sensory Disability)	18,672 *	2,038
<b>Rehabilitative Training</b>		
No. of Rehabilitative Training places provided (all disabilities)	2,583	206
No. of people (all disabilities) in receipt of Rehabilitative Training (RT)	2,870	203
No. of people with a disability in receipt of residential services (ID/Autism and Physical and Sensory Disability)	8,885	913
<b>Respite Services</b>		
No. of new referrals accepted for people with a disability for respite services (ID/Autism and Physical and Sensory Disability)	1,023	123
No. of new people with a disability who commenced respite services (ID/Autism and Physical and Sensory Disability)	782	57
No. of existing people with a disability in receipt of respite services (ID/Autism and Physical and Sensory Disability)	5,964	641
No. of people with a disability formally discharged from respite services (ID/Autism and Physical and Sensory Disability)	591	95
No. of people with a disability in receipt of respite services (ID/Autism and Physical and Sensory Disability)	6,320	849
No. of overnights (with or without day respite) accessed by people with a disability (ID/Autism and Physical and Sensory Disability)	182,506	18,009
No. of day only respite sessions accessed by people with a disability (ID/Autism and Physical and Sensory Disability)	41,000	1014
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	2
<b>PA Service</b>		
No. of new referrals accepted for adults with a physical and / or sensory disability for a PA service	271	58
No. of new adults with a physical and / or sensory disability who commenced a PA service	223	24
No. of existing adults with a physical and / or sensory disability in receipt of a PA service	2,284	268

Key Performance Indicators Service Planning 2017		
KPI Title	2017 National Target / Expected Activity	CHO8
No. of adults with a physical or sensory disability formally discharged from a PA service	134	12
No. of adults with a physical and /or sensory disability in receipt of a PA service	2357	250
Number of PA Service hours delivered to adults with a physical and / or sensory disability	1,412,561	161,583
No. of adults with a physical and / or sensory disability in receipt of 1 - 5 PA Hours per week	957	102
No. of adults with a physical and / or sensory disability in receipt of 6 - 10 PA hours per week	538	81
No. of adults with a physical and / or sensory disability in receipt of 11 - 20 PA hours per week	397	56
No. of adults with a physical and / or sensory disability in receipt of 21 - 40 PA hours per week	256	24
No. of adults with a physical and / or sensory disability in receipt of 41 - 60 PA hours per week	73	6
No. of adults with a physical and / or sensory disability in receipt of 60+ PA hours per week	83	1
<b>Home Support</b>		
No. of new referrals accepted for people with a disability for home support services (ID/Autism and Physical and Sensory Disability)	1,416	283
No. of new people with a disability who commenced a home support service (ID/Autism and Physical and Sensory Disability)	1,273	112
No. of existing people with a disability in receipt of home support services (ID/Autism and Physical and Sensory Disability)	6,380	753
No. of people with a disability formally discharged from home support services (ID/Autism and Physical and Sensory Disability)	466	60
No of people with a disability in receipt of Home Support Services (ID/Autism and Physical and Sensory Disability)	7,447	1,231
No of Home Support Hours delivered to persons with a disability (ID/Autism and Physical and Sensory Disability)	2,749,712	514,404
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	458
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	169
No. of people with a disability in receipt of 11 – 20 Home Support hours per week (ID/Autism and Physical and Sensory Disability)	753	109
No. of people with a disability in receipt of 21- 40 Home Support hours per week (ID/Autism and Physical and Sensory Disability)	402	81

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Key Performance Indicators Service Planning 2017		
KPI Title	2017 National Target / Expected Activity	CHO8
No. of people with a disability in receipt of 41 – 60 Home Support hours per week (ID/Autism and Physical and Sensory Disability)	97	28
No. of people with a disability in receipt of 60 +Home Support hours per week (ID/Autism and Physical and Sensory Disability)	127	48

## Services for Older People

Key Performance Indicators		Service Planning 2017	
KPI Title	2017 National Target / Expected Activity	CHO8	
<b>Quality</b>			
% of CHOs who have established a Residents Council/Family Forum/Service User Panel or equivalent for Older People Services (reporting to commence by Q3)	100%	100%	
% of compliance with inspected outcomes following HIQA inspection of Older Persons Residential Units	80%	80%	
<b>Service Improvement Team Process</b>			
Deliver on Service Improvement priorities.	100%	100%	
<b>Home Care Services for Older People</b>			
Total no. of persons in receipt of a HCP/DDI HCP(Monthly target) including delayed discharge initiative HCPs	16,750	2,373	
No. of new HCP clients, annually	8,000	1,150	
Intensive HCPs number of persons in receipt of an Intensive HCP including AP funded IHCPs.		190	
% of clients in receipt of an IHCP with a key worker assigned	100%	100%	
% of clients in receipt of an IHCP on the last day of the month who were clinically reviewed (includes initial assessment for new cases) within the last 3 months	100%	100%	
No. of home help hours provided for all care groups (excluding provision of hours from HCPs)	10,570,000	1,260,000	
No. of people in receipt of home help hours (excluding provision of hours from HCPs) (Monthly target)	49,000	6,868	
<b>NHSS</b>			
No. of persons funded under NHSS in long term residential care at year end.*		23,603	
% of clients with NHSS who are in receipt of Ancillary State Support		10%	
% of clients who have CSARs processed within 6 weeks		90%	
No. in receipt of subvention	168		



Key Performance Indicators		Service Planning 2017	
KPI Title	2017 National Target / Expected Activity		CHO8
No. of NHSS Beds in Public Long Stay Units.	5,088		601
No. of Short Stay Beds in Public Long Stay Units	1918		96
Average length of Stay for NHSS clients in Public, Private and Saver Long Stay Units	2.9 years		
% of population over 65 years in NHSS funded Beds (based on 2011 Census figures)	4%		
No of population over 65 in NHSS funded beds at the last date of the month along with the number on Subvention/Section 39 (x 95.3% as estimate over 65s)	21,416		
<b>Transitional Care</b>	152		
Average number of weekly transitional care beds approved per week	167 for Jan and Feb, 152 from March – Dec		

## Appendix 4: Capital Infrastructure

This appendix outlines capital projects that were completed in 2015 / 2016 but not operational, projects due to be completed and operational in 2017 and projects due to be completed in 2017 but not operational until 2018

Facility	Project details	Project Completion	Fully Operational	Additional Beds	Replace-ment Beds	Capital Cost €m		2017 Implications	
						2017	Total	WTE	Rev Costs €m
<b>PRIMARY CARE</b>									
<b>CHO 8: Laois/Offaly, Longford/Westmeath, Louth/Meath</b>									
Mullingar, Co. Westmeath	Primary Care Centre, by lease agreement	Q2 2017	Q2 2017	0	0	0.00	0.00	0	0.00
Drogheda (North), Co. Louth	Primary Care Centre, by lease agreement	Q4 2017	Q1 2018	0	0	0.00	0.00	0	0.00
Tullamore, Co. Offaly	Primary Care Centre, by lease agreement	Q4 2017	Q1 2018	0	0	0.00	0.00	0	0.00
<b>Social Care – Services for Older People</b>									
<b>CHO 8: Laois/Offaly, Longford/Westmeath, Louth/Meath</b>									
Facility	Project details	Project Completion	Fully Operational	Additional Beds	Replace-ment Beds	Capital Cost €m		2017 Implications	
						2017	Total	WTE	Rev Costs €m
Offalia House, Edenderry, Co. Offaly	Refurbishment and upgrade (to achieve HIQA compliance)	Q4 2016	Q1 2017	0	28	0.77	3.27	0	0.00

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Appendices

Riada House, Tullamore, Co. Offaly	Refurbishment and upgrade (to achieve HIQA compliance)	Q3 2017	Q3 2017	0	35	0.29	0.55	0	0.00
St. Vincent's Hospital, Athlone, Co. Westmeath	Electrical upgrade	Q1 2017	Q1 2017	0	40	0.48	0.90	0	0.00
St. Oliver Plunkett Hospital, Dundalk, Co. Louth	Refurbishment and upgrade (to achieve HIQA compliance)	Q1 2017	Q1 2017	0	63	0.27	5.22	0	0.00

# Appendix 5: Public Residential Care Beds

## Services for Older People

CHO Area	County	Name of Unit	No. of Beds at 31st December 2017		
			NHSS	Short Stay	
CHO Area 8	Offaly	Birr Community Unit	66	10	
	Offaly	Ofalia House	26	2	
	Offaly	Riada House	29	6	
	Laois	Abbeyleix	3	17	
	Laois	St Vincent's Hospital	79	3	
	Laois	St Brigid's Shaen	20	3	
	Longford	St Joseph's Care Centre	61	7	
	Westmeath	St Vincent's Care Centre	40	6	
	Westmeath	St Mary's Hospital	0	10	
	Westmeath	Cluain Lir Care Centre	48	0	
	Louth	St Joseph's Hospital, Ardee	20	0	
	Louth	St Mary's Hospital	38	0	
	Louth	St Oliver Plunketts	61	2	
	Louth	Boyne View	18	5	
	Louth	Cottage Hospital	0	23	
	Meath	St Joseph's Hospital, Trim	48	2	
	Meath	Beaufort	44	0	
	CHO Area 8 Total			601	96