

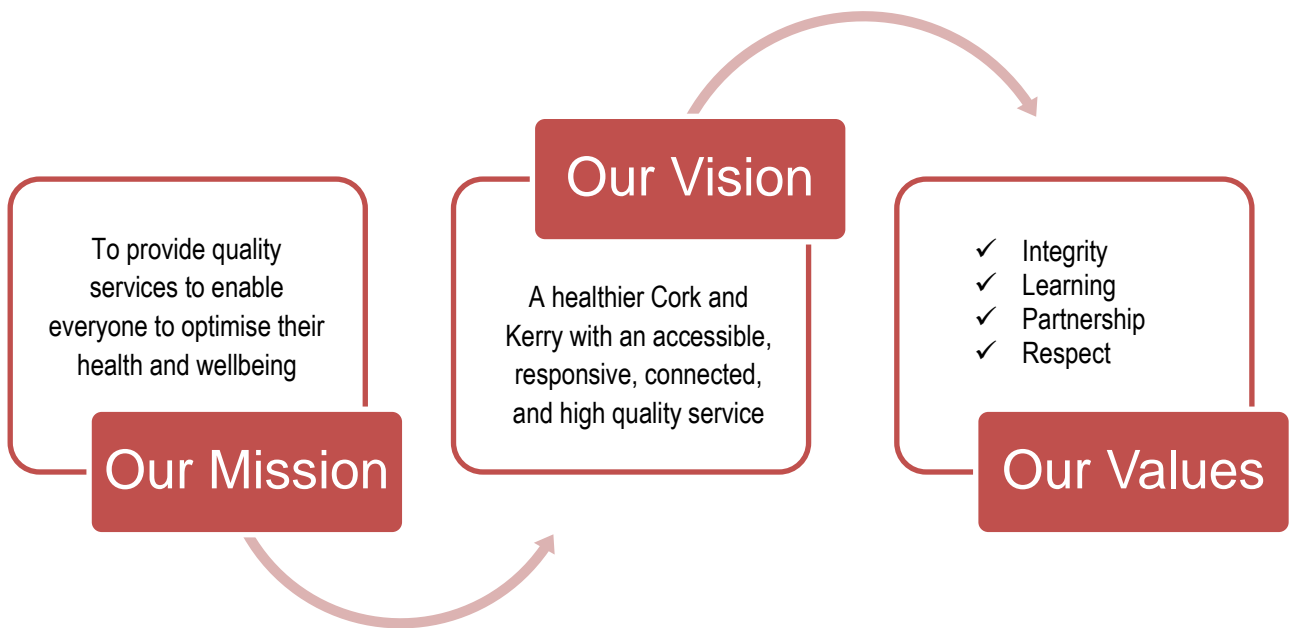


Cork Kerry **Community Healthcare** Operational Plan 2018

Building a
Better Health
Service

Seirbhís Sláinte
Níos Fearr
á Forbairt





Our Strategic Priorities

1. Access	<i>To provide the best possible access to our services</i>
2. People	<i>To value and respect our staff, those who use our services, and their families and carers</i>
3. Quality	<i>To ensure we deliver the best possible quality, compliant services</i>
4. Resources	<i>To create a culture of efficiency that makes the best use of resources in all of our services</i>
5. Health and Wellbeing	<i>To improve the health of all who live in Cork and Kerry</i>
6. Engagement	<i>To foster a culture of pride, confidence & trust in our services</i>

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Foreword from the Chief Officer

The Cork Kerry Community Healthcare Operational Plan 2018 sets out the type and volume of health and personal social services to be provided in community settings in Cork and Kerry in 2018 within the funding available. It also sets out the developmental actions that will be undertaken in 2018 to continue to improve service delivery. The plan seeks to balance priorities across the full range of our service areas in alignment with the HSE 2018 National Service Plan, HSE *Corporate Plan 2015 – 2017*, the HSE National Community Healthcare Plan and our own local strategic priorities. The 2018 Cork Kerry Community Healthcare Operational Plan 2018 recognises that underpinning these actions is the goal of improving the health and wellbeing of the population of Cork and Kerry, and of ensuring the services we deliver are safe and of high quality.

The total funding available to Cork Kerry Community Healthcare in 2018 is €629.6m. This represents an increase of 1.4% over 2017 funding.

Cork Kerry Community Healthcare continues to deliver services in an environment where the population is growing, the number of people seeking to access services is higher than ever before and where public expectations for quality of services continue to increase. Balancing demands and needs within the funding available will be an on-going and significant management challenge in 2018.

Our progress in 2017

The Management Team for Cork Kerry Community Healthcare is now fully established and was substantially in place from the beginning of 2017, allowing us to strengthen the coordination and standardisation of community healthcare services across Cork and Kerry throughout the year. This was strengthened with the reorganisation of management structures below Heads of Service, to bring clarity for staff on the governance structure.

We commenced building the identity for Community Healthcare Services in Cork and Kerry throughout our Forward Thinking Strategic Direction initiative. This commenced with the selection of the name Cork Kerry Community Healthcare following a survey responded to by over 600 staff. The Mission, Vision, Values and Strategic Priorities were established through workshops involving the CHO Management Team and over 100 frontline managers. This enabled us to develop a set of strategic measures to meet the current and anticipated healthcare needs of the population of Cork and Kerry in the context of national strategies, policies and frameworks.

At Oireachtas level, a ten year cross party strategy for healthcare provision was published in May 2017. Sláintecare emphasises the importance of integration and the role of community healthcare networks in achieving effective integration between primary care and other community healthcare services and between community healthcare and acute hospital services.

Cork Kerry Community Healthcare commenced a substantial number of initiatives in 2017 designed to improve the health and wellbeing of service users, staff and the wider population and preventing chronic illnesses. Work is near completion on the COMPASS Healthy Ireland Implementation plan for Cork and Kerry.

A range of factors have constrained service provision in 2017, driven by the need to balance demand and need for our services with the available funding. In spite of this 2017 has seen significant progress in the development and improvement of local services for the people of Cork and Kerry. These include:

- ▶ Implementation Plan for Healthy Ireland almost complete
- ▶ Number of new initiatives designed to help improve staff health and wellbeing
- ▶ Opening deer lodge mental health facility
- ▶ Opening palliative care unit in University Hospital Kerry
- ▶ Opening Primary care centre in Carrigaline
- ▶ Reduced waiting lists in speech and language
- ▶ Reduction in waiting lists for home care services for older people
- ▶ Commencement of integrated care team for older people in Cork city (joint project with acute hospitals in cork city)
- ▶ Opening of transitional care beds in Clonakilty Community Hospital and Bridehaven Nursing Home to alleviate Emergency Department (ED) pressures in Cork Community Hospitals
- ▶ Twenty four people with disabilities supported to move from institutional settings to community living in St Raphaels, Youghal, and Cluain Fhionnain, Killarney
- ▶ Commencement of new respite service in Cork for people with disabilities in Cope Foundation.

During 2017 Cork Kerry Community Healthcare saw an increase in the resource available to support Quality and Patient Safety. This will continue to enable a greater focus on systematic improvement of quality including initiatives based on service user feedback and increased user participation during 2018.

Key priorities for Cork Kerry Community Healthcare in 2018:

The appointment of National Director for Community Healthcare will provide national direction which will assist in the alignment of all community healthcare services around patient needs. We will continue to work with the South/ South West Hospital Group and acute hospitals in Cork and Kerry to improve pathways for patients into and out of acute hospitals.

The next priority in the implementation of the Community Healthcare Organisations – Report and Recommendations of the Integrated Service Area Review Group (2014) in 2018 will be the phased implementation of Community Healthcare Networks. The commencement of a learning site community healthcare network in Cork Kerry Community Healthcare will provide the opportunity to model new multi-disciplinary governance structures for primary care and how these structures assist integration of services. In 2018 we will also commence mapping and aligning disability, mental health and home support services to community healthcare networks.

Our Operational Plan 2018 sets out the full range of our priorities for the year ahead and details within each section the priority actions that we will undertake in 2018 to address deliver on these. Our key priorities for 2018 include:

New Developments

- ▶ To successfully establish a Community Healthcare Network 'Learning Site' within Cork and Kerry.
- ▶ To launch and begin delivery of COMPASS – a Healthy Ireland Implementation Plan for Cork Kerry Community Healthcare.
- ▶ To further develop Primary Care centres which together with a planned new General Practitioner (GP) contract and on-going investment in services such as diagnostics, chronic illness, etc., will assist in reducing demand on acute hospitals.
- ▶ To improve Flu vaccination rates for staff and service users
- ▶ To support the embedding of an evidence based framework for the prevention of childhood obesity & associated actions into the delivery of child health services in Cork & Kerry child health operating structures
- ▶ To support the implementation of Making Every Contact Count (MECC) in Cork & Kerry
- ▶ To establish a specialist perinatal service in line with the National Perinatal Clinical Care Programme

- ▶ To establish Early Intervention Psychosis Hub & Spoke Model across South Lee MHS.
- ▶ To establish a specialist Child and Adolescent Mental Health Services (CAMHS) eating disorder community team in line with the National Clinical Programme for Eating Disorders.
- ▶ To implement of the Progressing Disabilities Multi- Disciplinary Teams for children with disabilities aged 0-18 in Cork throughout 2018
- ▶ To implement the National Access Criteria for children and young people with disabilities
- ▶ To implement Dementia Strategy by establishing an overall steering group to integrate our approach across all service areas in line with the goals of the strategy.
- ▶ To progress the Community Hospitals Capital Development Plan improving the environment in community hospitals where older people live.

On-going Service Improvements

- ▶ To continue the development of integrated care services in conjunction with acute hospitals focussing on improving service pathways including specifically the areas of falls, dementia and the frail elderly.
- ▶ To maximise access to home help services within available resources in order to continue to support older people living at home.
- ▶ To continue to monitor pathways between acute hospitals and community services with a focus on allowing acute hospitals reduce both the numbers waiting and the time awaiting discharge.
- ▶ To continue to improve high quality, safe, accessible and responsiveness of Primary Care services to support the transfer of services to Primary Care.
- ▶ To improve co-ordination of chronic disease services and supports across the CHO and with the acute hospitals.
- ▶ To support people with disabilities in priority institutional settings in Cork and Kerry to move to community living within available resources.
- ▶ To work collaboratively with disability agencies to address emergency residential, respite and home support needs using new and existing capacity in residential services.
- ▶ To provide increased respite for people with disabilities through opening new houses in Kerry and Cork and through new flexible forms of respite.
- ▶ To continue to progress the implementation of Single Assessment Tool (SAT).

Waiting List Reduction

- ▶ To reduce waiting lists and waiting times for specific Primary Care services including Speech & Language Therapy, Occupational Therapy, Ophthalmology, and Podiatry, within available resources.
- ▶ To increase accessibility for children and adolescents to CAMHS services across Cork and Kerry, with a priority on those waiting in excess of 12 months in line with the CAMHS Enhancement Project.
- ▶ To improve the waiting time for assessments under the Disability Act with a particular waiting List Initiative for ASD Assessments.

Regulatory Actions

- ▶ To ensure plans are in place to achieve compliance with Health Information and Quality Authority (HIQA) and Mental Health Commission standards and national guidance.
- ▶ To implement the Children First Act 2015, conferring new statutory obligations on HSE employees, funded services and contracted services to report child abuse / neglect.
- ▶ To provide leadership and develop a local programme to prevent and control healthcare associated infections

Value Improvement

To mitigate the estimated operational financial challenge for 2018, the HSE has developed a comprehensive Value Improvement Programme which has commenced from the beginning of 2018. The Value Improvement Programme is a single over-arching programme, but with three broad priority themes:

1. Improving value within existing services
2. Improving value within non-direct service areas; and
3. Strategic value improvement.

Robust governance and appropriate support arrangements are being established to manage the programme at a national level.

Value will be judged in terms of improvement of services and service user experience alongside evidence of economy, efficiency and effectiveness:

- Value through economy – project where the same level of services is delivered at lower cost
- Value through efficiency – where increased numbers of people receive services for the same cost
- Value through effectiveness – where higher quality or improved service user is delivered at the same cost

The Cork Kerry Community Healthcare management team will act as the Steering Group for the Value Improvement Programme (VIP) within the CHO. The VIP will be on the agenda for the CHO Management team meeting every four weeks.

The initial focus is on value through economy projects in Disability Services and in Older Person Services. Further areas are being identified across all services for selection as VIP projects.

- ▶ To reduce dependency on agency and overtime through review of staffing levels, skill mix and through proactive recruitment.
- ▶ To implement Value Improvement Programmes (VIPS) in all Care Groups

Workforce support and development

- ▶ To implement HSE Staff Health and Wellbeing strategy
- ▶ To continue to prioritise nursing and other staff recruitment.
- ▶ To develop workforce plans within each care group
- ▶ A coordinated plan encompassing various staff training requirements

Partnership and engagement

- ▶ To establish the remaining 4 Mental Health Engagement Fora in 2018, along with establishing an Area Forum, to include service users / family carers and staff
- ▶ To support acute hospital system by delivery of rehabilitation and through step down capacity in 30 community based transitional beds.

Risks to the delivery of the Cork & Kerry CHO Operational Plan 2018

The National Service Plan 2018 sets out the potential risks for the wider health service along with the requirements of the HSE's Integrated Risk Management policy. In identifying potential risks to the delivery of the level and type of services in this CHO Operational Plan 2018, it is acknowledged that while every effort will be made to mitigate these risks, it may not be possible to eliminate them in full. Cork Kerry Community Healthcare has agreed a set of assumptions and shared risks with the National Community Healthcare Team. Some of the risks to achieving the priorities and targets set out in the plan include:

- ▶ The budget and staffing assigned to CHP 2018 provides for an expected level of service demand. There is a risk that continued demographic pressures and increasing demand for services will be over and above the planned levels thus impacting on the ability to deliver services within the resources available.
 - The capacity in General Practice and in the development of a new modernised contract for the provision of GP services.
 - Expenditure levels in community (demand led) schemes exceeding funded levels.
 - Meeting requirements for paediatric home care packages for children with complex medical needs within available financial and staffing resources
 - Achieving required reduction in waiting lists for O.T, SLT, Psychology, Orthodontics and Ophthalmology within available financial and staffing resources
 - Demographic pressures in under 18's and in the increased population over 65 will increase demand respectively for Child and Adolescent Mental Health and Psychiatry of Later Life services. There are also challenges to meet the demands for emergency placements for people with complex mental health presentation within the available budget allocations.
 - Reducing waiting times for child and adolescent Mental Health Services in the context of difficulties in staff recruitment and retention.
 - Capacity to meet the demand for residential and respite services and the provision of emergency places for people with a disability.
 - Difficulty in securing appropriate accommodation and adapting this accommodation to meet requirements of people with disabilities may lead to delays in achieving targets for people to move to community living
 - Improving compliance with Disability Act timeframes due to limited financial and staffing resources
 - Delays in provision of additional School Leaver placements due to limited, and delayed, access to capital funding
 - Providing residential services for Older Persons within the available funding due to increasing staff costs, delivering services in buildings with older and challenging environments, reliance on Agency staffing to maintain roster arrangements and a lack of progress on having an agreed framework for staffing and skill-mix to provide these services.
 - Significant levels of multi-occupancy rooms in public residential facilities which provides challenges to delivering services with appropriate dignity and privacy for residents, leading to a reduction in demand and a subsequent loss of income particularly in relation to the NHSS.
 - The development of a funding model for short stay services in residential care settings based on occupancy levels will need to be introduced carefully so as to ensure there is sufficient budget availability to provide such services in a sustainable manner.
 - The capacity of NHSS (A Fair Deal) to maintain the wait time at four weeks given the number and complexity of variables involved and the underlying assumptions will be monitored and managed very closely in conjunction with the DoH.
 - Meeting the demand for Older Persons Home Supports and particularly the increasing demands to support discharges of patients from acute hospitals to home remains a challenge where the work-force requirement for these services is not increasing at the required level. This increased demand

is also being met where there has been an increase in the costs of delivering Home Supports due to the level of complexity of those requiring the service as well as the provision of the service on an out of hours basis. Any further increases in cost could curtail the planned level of service to be provided.

- ▶ Maintaining Regulatory requirements in public long-stay residential care facilities, mental health services and the disability sector which must be responded to within the limits of the revenue and capital funding available and without impacting on planned service levels.
- ▶ The capacity to recruit and retain a highly-skilled and qualified medical and clinical workforce, particularly in high-demand areas and specialties.
- ▶ The capacity to maintain effective control over pay and staff numbers in the context of safety and quality, regulatory, volume and practice driven pressures.
- ▶ The capacity and resources to continue to develop and involve staff in improving quality and safety and the culture of the organisation.
- ▶ The limitations of our clinical, business information, financial and HR systems. Specifically, the delivery of the plan is impeded by the lack data in Community Health Services.
- ▶ Maintaining a focus on whole-system reform, new ways of working and change management initiatives in the context of day to day service demands; competing strategic priorities and concurrent health reform programmes and the funding levels available.
- ▶ Achieving the correct balance between local planning and delivery of services and the development and implementation of national strategies and frameworks.
- ▶ Responding to urgent safety concerns and emergencies such as Carbapenemase-Producing Enterobacteriaceae (CPE). Delivering in full on the Value Improvement Programme targets in Services for Older People in the absence of nationally agreed framework on staffing and skill mix.
- ▶ Ability to continue to work in partnership with all non- statutory agencies to maintain service levels with the limited funding available.
- ▶ Delays in commencing learning sites for Community Healthcare Networks leading to further delays in full implementation of CHNs and reduced integration of Community Health Services.

Section 1: Introduction and Key Reform Themes

Community Healthcare Networks

The launch in late 2014 of 'Community Healthcare Organisations – Report and Recommendations of the Integrated Service Area Review Group (October 2014)' set out a blueprint for a system of community healthcare services orientated around people's needs. This led to the establishment in 2015 of Cork Kerry Community Healthcare as one of nine Community Healthcare Organisations (CHOs) across the country. Since then work has been undertaken to establish the structure, leadership, identity, and future strategic direction of the organisation.

The next phase of this major reform programme will focus on the establishment of new local community networks for health services. This positions primary care in a central role of providing care to local communities within a set geographic area covering a population of between 50,000 - 100,000 people. The establishment of networks will allow for both improved primary care team working and improved links between primary care staff and other staff, through greater integration of services around the local area.

There will be 14 Community Healthcare networks established across Cork and Kerry, with one person within each network responsible for core primary care services. Each CHO across the country will be selecting and implementing a single Community Healthcare Network 'Learning Site' during 2018. This Learning Site will operate for a six-month period, to identify learning to allow for further roll-out of other networks. This will provide an opportunity to see the best way to proceed with the full rollout of networks. The process to select a learning site in Cork and Kerry has yet to be confirmed.

Developing our identity

Since the publication of the CHO report in 2014 we have been working to establish an effective community healthcare organisation for the people of Cork and Kerry.

By the end of 2016 we had made significant progress in this process with recruitment of the CHO Management Team and the finalisation of the governance structures that support the new organisation.

In 2017 we have made further strides forward with the aim of creating an identity and long term direction for the new organisation. This process began through engagement with staff to identify our new name - Cork Kerry Community Healthcare.

It has continued through extensive engagement with 140 senior managers across the CHO during the 2017, with the aim of establishing the strategic direction of the organisation.

CORK KERRY COMMUNITY HEALTHCARE



We embarked on this process with two initial aims, which we have now achieved:

- ▶ To establish an identity for Cork Kerry Community Healthcare that staff can identify with, through a brand, mission, vision, and a set of values (see diagram) that sit alongside and complement those of the wider HSE;
- ▶ To identify the long term strategic priorities for the CHO over the next 3-5 years in order that we can begin putting in place the actions now that will allow us to achieve our vision in the future through an effective multi-year planning process.

The development of our own local strategic direction for Cork Kerry Community Healthcare has been undertaken in line with the HSE goals, to complement and build upon these in the development of our services. The alignment of national structures under single National Director for Community Healthcare further affords the opportunity to develop strategic multi-annual plans across community services.

Our Strategic Priorities:

In order to realise our vision and implement the ethos and values that we want to create, we have identified six strategic priorities for the next 3-5 years:

1. **Access:** *To provide the best possible access to our services*
2. **People:** *To value and respect our staff, those who use our services, and their families and carers*
3. **Quality:** *To ensure we deliver the best possible quality, compliant services*
4. **Resources:** *To create a culture of efficiency that makes the best use of resources in all of our services*
5. **Health & Wellbeing:** *To improve the health of all who live in Cork and Kerry*
6. **Engagement:** *To foster a culture of pride, confidence & trust in our services*

We have begun to set up the structures that will enable delivery of our Strategic Priorities. This starts with a focus on strategic planning and delivery at every other Management Team meeting, and a commitment from the management team to support the strategic process.

However support across the organisation is required to deliver on our Strategic Priorities and they will be implemented both through dedicated CHO wide strategic priority workstreams and through initiatives within each care group and each service unit.

This process began in December 2017 through the launch of our Strategic Priorities at seven staff events held across Cork and Kerry. This has continued in January 2018 with the establishment of six Strategic Priority Workstreams which will be tasked with developing multi-year plans for the achievement of the objectives that have been set out for that priority area. It will continue throughout 2018 both through the workstreams but also through conversations within every service, with every manager asked to discuss this work with their teams and identify ways to progress our priorities immediately within their own area.

The action plans in this document have been set out by the five HSE Goals. To complement this we have also provided a column to indicate alignment to our local Strategic Priorities.

Key reform themes

The National Service Plan 2018 sets out four key reform themes which will shape how the wider HSE will seek to improve the health of the population and radically reshape where and how services are provided. Three of these relate directly to community services and are a key focus of our 2018 Operational Plan:

Improving population health

The launch of our local implementation plan for Healthy Ireland, COMPASS, represents a landmark moment in our plans for improving the health of our population. In 2018 this will include the implementation of Making Every Contact Count across all of our services, the development of local weight management services, and the piloting of community based referral schemes to utilise existing community based wellbeing services to support people to live healthy lives. Further details are set out in the health and wellbeing section of the plan.

Delivering care closer to home

The design of new community-based models to provide improved care and outcomes for service users, close to their home and at the lowest level of complexity that is deemed safe, and redesign care from traditional secondary care models to community-based models, is a priority for Cork Kerry Community Healthcare. We will continue to work with our local hospitals in 2018 to identify opportunities to move services from the acute setting to community settings, with a focus on utilising primary care centres to their full potential.

Two examples of how this will progress in 2018 are the establishment of gynaecology out-reach clinic in Mallow Primary Healthcare Centre and our aim to develop a plan with the South/ South West Hospital Group for the delivery of eye care services to provide a responsive service delivered in the most appropriate setting to those at greatest risk. Further details are set out in the primary care section of the plan.

Improving quality safety and value

The on-going development of the Quality and Patient Safety function in the Cork Kerry Community Healthcare will support the on-going improvement the quality of the experience of care for service users, with focus in 2018 on preventing:

- healthcare associated infection
- anti-microbial resistance
- falls
- pressure ulcers
- medication errors

In addition we will continue to develop robust quality and safety systems to maintain standards of care, manage risks, identify areas for improvement and support learning. Further details can be found in the QPS section of the plan.

Cork Kerry Community Healthcare will also be implementing the Value Improvement Programme in 2018 to deliver efficiencies across all our services and provide the best possible value for the budget we have. Further details are set out in the finance section of the plan.

Section 2: Our Population

Our Population

The population of the geographic area covered by Cork Kerry Community Healthcare - Cork County, Cork City and Kerry County - is 690,575, an increase of 3.9% since the 2011 census.

Health service planning also needs to take into account that Cork Kerry Community Healthcare is a large geographical area which incorporates both areas of high population density and sparsely populated rural regions. This includes 23 inhabited islands with a combined population of 1747, an increase of 6% since 2011.

Life Expectancy and Health Status

The population of the region is ageing. There is a decline in the younger working age cohorts and a decline in the numbers of those aged 0-4. In terms of future health service planning, the decline in the younger working age cohort is particularly significant for supporting our older population.

Life expectancy in Ireland has increased by almost two and a half years since 2005 and is now above the EU average, with women at just over 83 years and men at 79.3 years. The greatest gains in life expectancy have been achieved in the older age groups, reflecting decreasing mortality rates from major diseases. Mortality rates from circulatory system diseases fell by 28% between 2006 and 2015 and cancer death rates decreased by 13% over the same period. Transport accident mortality rates have fallen by 51% in the past decade, and suicide rates by 6% (Health in Ireland - Key Trends 2016, DoH).

Approximately three quarters of deaths in Ireland are due to three chronic diseases – cancer, cardiovascular disease and respiratory diseases. These are largely preventable by modifying lifestyle risk factors such as obesity, smoking and alcohol. From 2017 to 2022, it is estimated there will be more than a 17% increase in the number of adults aged 65 years and over with two or more chronic conditions.

Approximately 86% of people aged 65 years and over have one or more chronic diseases, and 65% of people aged 65 years and over live with multi-morbidity (two or more chronic conditions) (The Irish Longitudinal Study on Ageing (TILDA), wave1, 2010).

Arthritis affects 44% of those aged 65 years and over (The Irish Longitudinal Study on Ageing (TILDA), wave2, 2014).

Healthy Ireland Framework

Many diseases and premature deaths are preventable. Increased morbidity and mortality are strongly related to lifestyle-based health determinants such as smoking, alcohol consumption, lack of exercise and obesity. They are also related to inequalities in our society. The Healthy Ireland framework sets out a comprehensive and co-ordinated plan to improve health and wellbeing over the coming years. This is being actively implemented within Cork and Kerry through COMPASS – our local Healthy Ireland implementation plan.

Health Inequalities

Our society is becoming more unequal. The choices we make as individuals are likely to be significantly influenced by social and economic circumstances. We need to look at successful interventions to help our

most vulnerable and deprived communities and address the wider structural determinants of health to help reduce health inequalities.

There is a recognised link between deprivation and chronic illness. The Pobal HP Deprivation Index measures relative affluence or disadvantage using CSO data. In Cork Kerry Community Healthcare (CKCH) there is variation in deprivation levels with deepened levels of deprivation in areas of Cork City. However, very often deprivation in rural areas is less visible. The specifics are often different from those seen in urban areas but equally as detrimental.

Community Healthcare Network Disadvantaged Population (% of CHN and % of CKCH)

Overall Blarney and North Cork City CHN has the highest numbers of those either disadvantaged, very disadvantaged and extremely disadvantaged (12.8% n=16,874) across CKCH with North Kerry (10.9%) and North West Cork (10.3%) the networks with the next highest levels.

There is a strong link between poverty, socio-economic status and health. In 2014, 11% of children in Ireland experienced consistent poverty (Survey in Income and Living Conditions (SILC) 2014, Central Statistics Office (CSO)).

Life expectancy is greater for professional workers compared to the unskilled. This pattern has increased since the 1990s (Layte R, Banks J., Socioeconomic differentials in mortality by cause of death in the Republic of Ireland, 1984–2008; European Journal of Public Health, 2016).

Death rates are two times higher for those who only received primary education compared to those with third level education. If economic mortality differentials were eliminated, it would mean 13.5m extra years of life for Irish people (Burke S, Pentony S., Eliminating Health Inequalities, A Matter of Life and Death; Think-tank for Action on Social Change, 2011).

Homeless

Nationally, latest figures indicate that over 8,000 people are homeless, with more than a third of these being children. The total number of people homeless rose by 25% from July 2016 to July 2017 (Department of Housing, Planning and Local Government; Homeless Report, July 2017).

Travellers and Roma

There are a total of 3,110 Travellers within Cork and Kerry, representing 0.5% of the total population. The national percentage of travellers is 0.7%. The 2016 Census recorded 30,987 Travellers living in the Republic of Ireland, an increase of 5.1% from Census 2011 (CSO, 2016).

Irish Travellers are much younger than the general population. Almost three quarters of Travellers are aged 34 years or younger, while just over 7% are 55 years and over.

The estimated Roma population is between 3,000 and 5,000 (Department of Justice, National Traveller and Roma Inclusion Strategy 2017-2021).

Section 3: Building a Better Health Service

Services in Cork Kerry Community Healthcare have a long standing commitment to innovation and on-going service improvement. This section identifies some of the initiatives which will take place in 2018 to give improved service outcomes for users and better value for money, in line with the HSE National Service Plan 2018.

In addition a number of evidence-based programmes are underway at a national level that offer potential to shift the balance of care. The National Service plan commits to the continuation of support for initiatives under these programmes in 2018, in the knowledge that they will lay the necessary foundations for developing a more sustainable health service into the future.

Healthy Ireland: Chronic disease prevention and management

Health service planning must balance a focus and investment between health promotion and disease prevention to control the onset of ill health and the management of established illness.

The projections of future utilisation of healthcare show us that a strong and comprehensive response to chronic diseases is required. This needs a focus on both prevention and management, and a rebalancing between the roles of primary care and acute hospital care.

Evidence demonstrates there are many factors which point to a possible 'expansion of morbidity' over the coming years and this scenario would mean that future health service utilisation and costs derived from demographic pressure may be difficult to estimate and plan for.

A national policy framework and health service implementation plan is already in place, Healthy Ireland in the Health Services - Implementation Plan 2015-2017, and the HSE has developed an Integrated Care Programme for the Prevention and Management of Chronic Disease to prioritise this work. Both of these will continue to be progressed in 2018.

In line with Strategic Priority No. 5, Cork and Kerry Community Healthcare Organisation will promote better health and wellbeing as part of everything we do so that staff, patients and the general population will be healthier. A culture-centred approach to prevention and early intervention will be underpinned and prioritised in all aspects of our service delivery. The launch of our local Health Ireland implementation plan, COMPASS, in 2018 will set the direction for our work to improve the health and wellbeing of the population of Cork and Kerry in the years to come. This is further detailed in the Health and Wellbeing section of this plan.

It is estimated that one million in Ireland people suffer from cardiovascular disease, diabetes, COPD or asthma. In order to meet future demands, it is vital that our service planning places a significant focus on investment between health promotion and disease prevention to control these trends. Comprehensive chronic disease management offers the potential to redirect significant numbers of people from acute hospital inpatient, day case and outpatient care to primary care. The implementation of an all-inclusive response to chronic disease which rebalances roles from acute hospital settings to primary care will be supported through local implementation of the Self-Management Support (SMS) framework, appointment of an SMS Coordinator and establishment of an SMS steering group. By integrating care, across all services from acute hospital through to community settings, individual health and wellbeing will improve and the prevalence of chronic disease reduced. In parallel with offering support to current service users, chronic disease prevention programmes will be supported to reduce the incidence of chronic disease by

addressing modifiable lifestyle factors such as tobacco use, problem alcohol use, low levels of physical activity, poor mental health and obesity.

Integration with Acute Hospitals

Our aim is to provide community healthcare as part of a health system which is available to people where and when they need it and to provide the best outcomes that can be achieved. In order to achieve this aim our community services need to be seamlessly integrated with those provided by local acute hospitals.

In 2018 we will build on the existing effective linkages with acute hospitals to ensure that patients receive the services they require in a timely way and in an appropriate setting. There are a range of services and projects that have already been established to improve the integration of community and acute services in Cork and Kerry. A series of workshops are being planned with the acute hospitals in Cork and Kerry to identify further initiatives that can develop in 2018 and beyond.

The establishment of a Community Healthcare Network learning site in 2018 will also provide the opportunity to begin mapping pathways for service users within community healthcare networks in partnership with acute hospitals.

National Clinical and Integrated Care Programmes

Mobilisation of clinical leadership and engagement in healthcare strategy, planning and management is a key critical success factor in achieving longer term reform and transformation in healthcare delivery. The national clinical and integrated care programmes have embarked on a long term programme of work to re-design care from traditional hospital-centric models, to models of care delivered in the community which will provide improved care and outcomes for patients, while ensuring the acute service is redesigned to meet the long term needs of the population.

The work of the national clinical and integrated care programmes to date, when piloted and evaluated, provides strong evidence to demonstrate that significant improvements in the delivery of health and social care services can be achieved when compared to previous models and ways of working. In 2018, the national clinical and integrated care programmes are focused on developing new integrated care models and pathways to ensure safe, timely, efficient healthcare which is provided as close to home as possible.

Cork Kerry Community Healthcare will work closely with these national programmes to ensure we are able to translate the learning from these programmes into real and substantial improvements in the delivery of local community healthcare services.

In particular we will continue to participate in the Integrated care Programme for Older Persons. This programme is building on local initiatives to incrementally develop pathways for older people across primary and secondary care, especially those with more complex care needs. They will consolidate the deployment of the 10 Step Framework and evaluate the impact on the current 12 sites. In 2018, further work will be progressed to estimate costs for developing care for frail elderly and to model the potential impact on patterns of health service utilisation between primary care and acute hospital care. The HSE will work with the DoH to examine the policy and service implications of widening eligibility for older persons' services with the aim of rebalancing service use between acute hospital care and primary care. Eligibility may be a barrier for some social and community services, and reduced access to services in the home and the community for older people is associated with increased hospitalisation.

In addition we recognise the importance of the Integrated Care Programme for Children in improving the way in which healthcare services are designed and delivered to children and their families and we will seek to learn from on-going work in pilot sites across the country.

The programme for Patient Flow offers the opportunity to learn from and implement a standardised approach to managing patient flow in a number of areas including urgent and emergency care, scheduled care, outpatients and community healthcare.

Improving performance, efficiencies and effectiveness

The Performance and Accountability Framework has been enhanced in 2018 in line with new governance arrangements and organisational changes in the HSE. The emphasis within the framework is on recognising good performance and on improving performance at all levels of the health service. It also sets out how CHOs, Hospital Groups, the National Ambulance Service (NAS), the Primary Care Reimbursement Service (PCRS), heads of other national services and individual managers are held to account for their performance.

Performance will be managed across Access to and Integration of services, the Quality and Safety of those services, achieving this within specific Finance, Governance and Compliance requirements, and by effectively harnessing the efforts of our Workforce. National performance oversight and escalation processes have been updated and clearly specified. National processes are completed by structured performance management processes within Cork Kerry Community Healthcare and between CKCH and the National Director of Community Healthcare.

In 2017, the Cork Kerry Community Healthcare Management Team embarked on a project to automatically populate performance reports for each care group, with a view to having these available earlier in the month. This allows additional time to create a three stage performance review process, allowing for more detailed analysis of information within each service area. In turn this allows for a greater quality of reporting from the CHO to national offices, and the earlier identification of service or performance issues that need to be resolved. The on-going focus on performance management and improvement within Cork and Kerry will continue to improve the quality and accessibility of our services in 2018.

Programme Management Office

A Programme Management Office (PMO) was established in Cork Kerry Community Healthcare in the last quarter of 2017. A PMO is a team or structure within an organisation that strives to ensure a consistent and best practice project management approach throughout the organisation.

The vision of Cork Kerry Community Healthcare Programme Management Office (PMO) is to support and accelerate the delivery of the service improvement reforms and any key service improvement projects necessary within each care group, ensuring that Project Management practice is standardised and embedded across the Community Health Organisation (CHO) so that projects are completed and implemented consistently

Our priorities for 2018:

Priority	Priority Action	Timeline
Methodology	Develop an evidence based Project Management Approach for CHO staff including a standardised Process, Tools and Templates.	Q2 2018
Governance	Establish a Governance structure and process for Projects and Programmes in the CHO	Q2 2018
Integration	Provide assistance to staff and develop a CHO Portfolio of Projects, aligned to the CHO Strategic Priorities and Operational Plan	Q2 2018
Integration	Support partnerships and working relationships with Stakeholders which are key to integration eg: Hospital Groups	Q2 2018
Delivery Support	Provide support to Project Leads and Project Teams for specific	Q4 2018

Priority	Priority Action	Timeline
	projects as agreed with the Chief Officer and Heads of Service	
Delivery Support	Develop a training package to provide support to Project Leads and Project Teams in Collaboration with other HSE partners	Q3 2018
Oversight and Traceability	Utilise the Project Vision Software Programme to record, monitor and report on Projects	Q1 2018

The Cork Kerry Community Healthcare PMO will adopt a portfolio of priority projects which meet the criteria agreed by the CHO Management Team (CHO MT) and will include -

1. Projects that will deliver new ways of working in Cork Kerry Community Healthcare improving services for patients
2. Projects that are critical to the on-going implementation of the recommendations of the CHO report 2014
3. Projects identified through the Cork Kerry strategic priorities Work Streams
4. Care group specific service improvement projects

By Q2 2018, the PMO will be fully established with an agreed Charter, Portfolio Plan. Project Management Support Package, Project Reporting and Monitoring Framework.

Business Supports and Infrastructure

Cork & Kerry Community Healthcare Organisation will continue to work with Health Business Services (HBS) on a number priority areas where we want to continue developing the effectiveness of our business supports and infrastructure:

- ▶ Recruitment – to ensure that the recruitment process is as efficient and effective as possible, with the appropriate balance between locally led and nationally led campaigns.
- ▶ Equipment – to ensure asset registers are in place to support an effective process for the identification and replacement of equipment and medical devices as they reach the end of their life.
- ▶ Information systems – to support efficient working within the CHO through the installation of online systems, with a focus on the delivery of Systems, Applications and Products in data processing (SAP) HR and Finance Systems to provide accurate integrated workforce and financial information.
- ▶ Procurement – to identify opportunities to achieve efficiencies and improve our procurement compliance through the increased use of contracted suppliers, both within our services and across our voluntary sector partners.
- ▶ Information and Communication Technology – to ensure plans are in place to ensure our staff have the ICT required to carry out their duties as effectively as possible, starting in 2018 with the rollout of equipment to primary care staff and home helps.
- ▶ Developing and maintaining health service infrastructure in the CHO, in particular:
 - On-going programme of development of Primary Care Centres across Cork and Kerry.
 - Procurement of suitable accommodation to support transfer of people with disabilities from institutional settings to community living.
 - Upgrading of environment in Residential Services for Older People through the refurbishment and development of community hospitals, in line with the Capital Plan.
 - Begin planning for the improvement of Mental Health Service infrastructure.

Section 4: Quality and Safety

Introduction

A Quality and Safety Team has been established within the CHO to continue to develop robust quality and safety systems, and to support services to maintain standards of care, manage risks, identify areas for improvement and optimise learning. The team comprises of a Quality & Safety Manager and Quality and Safety Advisors. Progress is being made to appoint a Service Feedback Manager and a Health & Safety Officer in Q1 2018.

In line with our strategic priority no. 4, Cork Kerry Community Healthcare strives to ensure we deliver the best possible quality, compliant services by:

- Fostering a culture of excellence, respect & learning
- Embedding a clear and accountable governance structure
- Supporting each service and each staff member to deliver continued quality improvement, measured through outcomes
- Using our knowledge and experience of delivering community based care to positively influence policy development and decision making nationally

The Quality & Safety Office within Cork Kerry Community Healthcare supports the implementation of the quality agenda by supporting continuous learning and development for quality and safety within the CHO while focusing on key elements of work under the following areas:

- Implementing the National Patient Safety Programme which aims to continue the work being undertaken in supporting improvements in patient and service user safety. This will involve implementing targeted initiatives in the areas of preventing healthcare associated infection, anti-microbial resistance, address falls, pressure ulcers and medication errors. This will be achieved by developing capacity in our services to improve quality and safeties, ensuring appropriate governance structures are in place and strengthening quality and safety assurance, including audit.
- Service User Involvement; A key focus will be to listen to feedback from our patients and service users in order to positively influence how services are planned, delivered and improved.
- Building the capacity and capability of frontline services to implement the Framework for Improving Quality in our Health Service.
- Embedding robust quality and safety systems in place, that are an integral part of the day to day operations of service delivery, in order to maintain standards of care, manage risks, identify areas for improvement, support learning and respond appropriately when things go wrong.

Implementing priorities 2018 in line with Corporate Plan goals

In the below tables our priorities for 2018 have been aligned to both our local Strategic Priorities (see Section 1 above), and to the HSE Corporate Goals, which are:

- **Corporate Plan Goal 1: Promote health and wellbeing as part of everything we do so that people will be healthier**
- **Corporate Plan Goal 2: Provide fair, equitable and timely access to quality, safe health services that people need**
- **Corporate Plan Goal 3: Foster a culture that is honest, compassionate, transparent and accountable**

- **Corporate Plan Goal 4: Engage, develop and value our workforce to deliver the best possible care and services to the people who depend on them**
- **Corporate Plan Goal 5: Manage resources in a way that delivers best health outcomes, improves people's experience of using the service and demonstrates value for money**

G	SP	Priority Area	Priority Action	Timeline		Lead
				start	end	
	Q	National Patient Safety Programme	Implementation of the National Hand Hygiene Programme across the CHO	Q1	Q4	Chair HCAI /AMR Committee
	Q	National Patient Safety Programme	Surveillance and analysis of outbreaks of infections to reduce HCAI risk to clients and staff and continue service delivery.	Q1	Q4	Chair HCAI /AMR Committee
	Q	National Patient Safety Programme	Using the 2016 HALT prevalence data on HCAI to support participants to implement national recommendations to reduce HCAI risk.	Q1	Q4	Chair HCAI /AMR Committee
	Q	National Patient Safety Programme	Using the 2016 HALT prevalence data antimicrobial use to support participants to implement national recommendations and promote appropriate antimicrobial use.	Q1	Q4	Chair HCAI /AMR Committee
	Q	National Patient Safety Programme	Ensure that effective decontamination systems, structures and risk management processes are in place to eliminate or reduce, as far as possible, the risk of HCAI to the service user and staff	Q1	Q4	Chair HCAI /AMR Committee
	Q	National Patient Safety Programme	Promote the medication management framework to reduce patient harm associated with medicines or their omission	Q1	Q4	Chair HCAI /AMR Committee
	Q	National Patient Safety Programme	Support the roll out of Pressure Ulcers to Zero Programme within the CHO by implementing pressure ulcer incident reporting requirements, training and audit.	Q1	Q4	QPS Manager & QPS Advisors
	Q	Improving the quality and safety of services	Develop an Implementation plan for the Incident Management Framework 2018 within the CHO	Q1	Q2	Q&PS Manager & Advisors
	Q	Improving the quality and safety of services	Support the implementation of the Framework for Improving Quality by promoting improvement methodologies and skills to enhance the quality of services being provided.	Q1	Q4	QPS Team
	Q	Improving the quality and safety of services	Establish a CHO Health & Safety Committee	Q2	Q2	H&S Advisor
	Q	Improving the quality and safety of services	Commence the audit and advisor process with the Dangerous Goods Safety Advisor assigned to the CHO.	Q2	Q4	H&S Advisor
	Q	Improving the quality and safety of	Deliver health & safety awareness training	Q2	Q4	H&S Advisor

G	SP	Priority Area	Priority Action	Timeline		Lead
				start	end	
		services				
	Q	Improving the quality and safety of services	Deliver training on developing and maintaining site specific safety statements	Q2	Q4	H&S Advisor
	Q	Maintaining standards and minimising risk	Review existing structures with a view to establishing a standardised Drugs and Therapeutic Committee(s) governance structure within the CHO.	Q3	Q4	Q&PS Manager
	Q	Improving the quality and safety of services	Establish a PPPG governance committee to ensure clear governance for developing, approving, disseminating, implementing, monitoring, auditing and updating PPPGs within the CHO in line with the National PPPG Framework.	Q2	Q2	Q&PS Manager
	Q	Maintaining standards and minimising risk	Establish CHO Medical Device Equipment Management Committee to facilitate implementation, monitor compliance and provide assurance in relation to the HSE Medical Device Equipment Management Policy 2016.	Q1	Q1	Q&PS Manager
	Q	Maintaining standards and minimising risk	Establish a CHO Clinical Audit Committee	Q2	Q2	Q&PS Manager
	Q	Improving the quality and safety of services	Establish an Open Disclosure network to support management and staff in the open disclosure process	Q2	Q4	Q&PS Manager
	Q	Improving the quality and safety of services	Promote the use of the "Assist Me" model for supporting staff following an adverse incident.	Q2	Q4	Q&PS Manager
	Q	Improving the quality and safety of services	Establish a system to review trends from the collation of HIQA notifications	Q1	Q4	Q&S Advisors
	Q	Improving the quality and safety of services	Support the further development of existing local quality and safety governance structures to ensure effectiveness in line with the approved terms of reference.	Q1	Q4	Q&S Advisors
	Q	Improving the quality and safety of services	Establish a monitoring process for the implementation of investigation/audit recommendations from internal and external reports	Q1	Q4	Q&PS Manager
	Q	Service user involvement	Implement the Your Service Your Say (YSYS) Policy 2017 <ul style="list-style-type: none"> Support the rollout of YSYS briefing sessions for all staff Support the rollout of Complaints Officer training 	Q1	Q4	Service Feedback Manager

G	SP	Priority Area	Priority Action	Timeline		Lead
				start	end	
			<ul style="list-style-type: none"> Support the rollout of Complaint Review Officer training Implement the Complaints Management System 			
	Q	Service user involvement	Progress the Implementation the Ombudsman's Report "Learning to Get Better" recommendations with the appointment of the Service Feedback Manager.	Q1	Q4	Service Feedback Manager
	Q	Service user involvement	Establish a CHO Healthcare forum as a mechanism to promote service user engagement and to obtain input from service users on focus groups and committees at various levels within our services.	Q3	Q4	Service Feedback Manager
	Q	Service user involvement	Implement the Primary Care Patient Experience Survey	Q1	Q4	Service Feedback Manager
	Q	Maintaining standards and minimising risk	Establish a serious incident (including Serious Reportable Events (SREs)) notification process for Section 38 and Section 39 agencies within the CHO to support the requirements for serious incident reporting in line with the HSE Service Arrangements.	Q2	Q4	Q&PS Manager
	Q	Improving the quality and safety of services	Ensure access to Q&PS Training in the areas of	Q1	Q4	QPS Manager & Advisors
			1. Quality Improvement Framework			
			2. Risk identification and risk management.	Q1	Q4	QPS Manager & Advisors
			3. Incident Management which will comprise of incident - Identification - Reporting - Management - Review /Investigation	Q1	Q4	QPS Manager & Advisors
			4. Open disclosure - Briefing sessions for all staff - Open Disclosure workshops for line managers and senior managers.	Q1	Q4	QPS Manager & Advisors
			5. Clinical Audit training	Q1	Q4	QPS Manager & Advisors

Section 5: Health and Social Care Delivery

Health and Wellbeing Services

Population served

The population of Cork Kerry Community Healthcare is 690,575, an increase of 3.9 since the 2011 census. The population of the region is ageing. There is a decline in the younger working age cohorts and a decline in the numbers of those aged 0-4. In terms of future health service planning, the decline in the younger working age cohort is particularly significant for supporting our older population.

Our health service planning also needs to take into account that Cork Kerry Community Healthcare is a large geographical area with areas of high population density and sparsely populated rural regions. This includes 23 inhabited islands with a combined population of 1,747, an increase of 6% since 2011.

The region is increasingly multi-ethnic and multi-national. Irish Travellers account for 0.5% of the population (0.7% nationally). 87.8% (87% nationally) of the population are Irish nationals. The next biggest cohort in the region is Polish at 3% and UK nationals comprise 2.6%.

There are four principal causes of illness and death (cancer; heart disease and stroke; respiratory disease; and accidents, injuries and other external causes). Deaths from heart disease and stroke have been steadily declining over the last ten years but still remain the largest cause of death across all age groups with cancer deaths greatest in those aged <75.¹ The suicide rates for Cork City 12.4, Cork County 10.4 and Kerry 15.1 are higher than the national rate of 9.6. ²Overall, people are very positive about their health. In the 2016 census, 87.7% of the population in the region (87% nationally) reported that they perceived their health as being very good or good. Self-perceived health is higher in Cork County at 89.5% than in either Kerry County (86.3%) or Cork City (83.6%). However, self-perceived health is reported as bad or very bad by 1.5% of the population (1.6% nationally). Self-perceived poorer health is generally reported by more people in Cork City (2.2%) than either Cork County (1.2%) or Kerry (1.5%).

There is a recognised link between deprivation and chronic illness. The Pobal HP Deprivation Index measures relative affluence or disadvantage using CSO data. In Cork Kerry Community Healthcare there is variation in deprivation levels with deepened levels of deprivation in areas of Cork City. However, very often deprivation in rural areas is less visible. The specifics are often different from those seen in urban areas but equally as detrimental.

Services provided

Health and Wellbeing Services in Cork and Kerry are focussed on:

1. Promoting Health & Wellbeing as part of everything we do '*prevention is everyone's business*'.
2. Implement the 18 action areas to support the implementation of the Healthy Ireland Framework focussing on areas where health inequalities are greatest.
3. Progress implementation of Making Every Contact Count
4. Increase support for staff health and wellbeing
5. Provide leadership in regional emergency management functions
6. Provide leadership and develop a local programme to prevent and control healthcare associated infections
7. Forge partnerships with the community and voluntary sector, local authorities, statutory and non-statutory bodies

Issues and opportunities

Cork Kerry Community Healthcare organisation is facing a challenge of increased health need because of the growth in chronic diseases, for example, according to the Healthy Ireland Survey, by 2030 an additional 200,000 people will have a long term chronic condition. The National Cancer Registry projects an increase of 84% for females and 107% for males in invasive cancer cases by 2040. Obesity is becoming increasingly prevalent and is currently costing the Irish economy over €1bn per year. In order to meet future demands, it is vital that our service planning places a significant focus on investment between health promotion and disease prevention to control these trends.

Changing Demographics

Our population is ageing with an expected doubling of those aged >65 over the next 20 years. This will have implications for health service planning and delivery in Cork Kerry Community Healthcare

Inequalities

Our society is becoming more unequal. The choices we make as individuals are likely to be determined by social and economic circumstances. We need to look at successful interventions to help our most vulnerable and deprived communities and address the wider structural determinants of health to help reduce health inequalities.

Chronic Disease

Lifestyle factors such as tobacco use, problem alcohol use, low levels of physical activity, poor mental health and obesity continue to impact on the future health and wellbeing of our population. In 2017, 559,620 people nationally will have at least one chronic disease. The burden of chronic disease is largely attributed to a well described set of modifiable risk factors.

Priorities 2018

- ▶ Develop signposting directories of local community and voluntary resources to support Self-Management Support
- ▶ Develop flu vaccination capacity in HSE/Community/Voluntary day services for older persons
- ▶ Develop H&WB Community Referral through voluntary and community organisations using the social prescribing model in the CHO - 1 site in Kerry & Cork
- ▶ Appoint Self-Management Support Coordinator & establish Steering Group
- ▶ Participation & engagement with Children and Young People's Services Committees (CYPSC's) and Local Community Development Committee (LCDC's) in implementing their respective Healthy Ireland Plans
- ▶ Provide leadership in regional emergency management functions
- ▶ Provide leadership and develop a local programme to prevent and control healthcare associated infections
- ▶ Continued collaborations developing new ways of working to support networked organisational cultures to ensure streamlining and integration across all structures
- ▶ Continue to monitor compliance with the HSE Tobacco Free Campus Policy
- ▶ Support the embedding of an evidence based framework for the prevention of childhood obesity & associated actions into Cork & Kerry child health operating structures
- ▶ Assign a Healthy Ireland Lead in each care group for the duration of the implementation of COMPASS Cork Kerry Community Healthcare
- ▶ Support the implementation of Making Every Contact Count in Cork & Kerry

- ▶ Review data collection resources – health atlas etc. – identify target/priority areas in CHO re population screening / uptake needs
- ▶ Appoint an influenza lead
- ▶ Develop and implement a flu plan for 2018/2019
- ▶ Publish & implement the Cork-Kerry Community Healthcare, COMPASS, the Healthy Ireland Plan – Year 1
- ▶ Mainstream calorie posting in 20% care-group sites drawing on the learning from St. Finbarr's and St Columbanus
- ▶ Drive the delivery of enhanced community-based, weight-management programmes and specialist treatment services
- ▶ Support Community Cancer Action Plan
- ▶ Implement HSE Staff Health and Wellbeing strategy
- ▶ Pilot a display of health messages using digital media in 2 sites in each care-group and associated governance (Quit support resources)
- ▶ Develop targeted partnerships to address factor underlying health inequalities

Implementing priorities 2018 in line with Corporate Plan goals

In the below table our priorities for 2018 have been aligned to both our local Strategic Priorities (see section 2 above), and to the HSE Goals, which are:

- **Corporate Plan Goal 1: Promote health and wellbeing as part of everything we do so that people will be healthier**
- **Corporate Plan Goal 2: Provide fair, equitable and timely access to quality, safe health services that people need**
- **Corporate Plan Goal 3: Foster a culture that is honest, compassionate, transparent and accountable**
- **Corporate Plan Goal 4: Engage, develop and value our workforce to deliver the best possible care and services to the people who depend on them**
- **Corporate Plan Goal 5: Manage resources in a way that delivers best health outcomes, improves people's experience of using the service and demonstrates value for money**

Health & Wellbeing Key Priority Actions						
Goal	SP	Priority Area	Priority Action	Timeline		Lead
				start	end	
1	1A	Chronic Disease prevention	▶ Develop signposting directories of local community and voluntary resources to support Self-Management Support.	Q2	Q4	HoS HWB
1	4B	Chronic Disease Prevention	▶ Appoint a Cork Kerry Community Healthcare Self-management Support Coordinator	Q1	Q2	HoS HWB
1	4C	Chronic Disease Prevention	▶ Support the rollout of Make Every Contact Count staff training	Q1	Q1	HoS HWB
			▶ Complete care group specific MECC implementation plans	Q2	Q2	HoS PC
			▶ Complete 10% of MECC staff training	Q3	Q3	HoS SC
			▶ Complete remaining 10% of MECC Staff training	Q4	Q4	HoS MHS
			▶ Complete 2% Masterclass MECC training	Q4	Q4	
1	3C	Chronic Disease Prevention	▶ Continue to monitor compliance with HSE Tobacco free policy across all settings	Q1	Q4	HoS HWB HoS PC HoS SC HoS MHS

Health & Wellbeing Key Priority Actions						
Goal	SP	Priority Area	Priority Action	Timeline		Lead
				start	end	
1	3C	HCAI/AMR	► Target an annual increase of 5% uptake on implementation of standard precautions (HCAI/AMR) in all settings. e.g. Implement hand-washing train the trainer programme / audit process across all care groups	Q1	Q4	HoS HWB
1	3C	HCAI/AMR	► Develop plan for completion of audits in 2018, regarding antibiotic prescribing in all settings (long-term care facilities, dental & primary care) – utilising rapid cycle analysis preferred antibiotic audit tool	Q2	Q2	HoS HWB
1	3C	HCAI/AMR	► Continue the rollout of training programmes for antimicrobial stewardship and complete an annual audit to monitor compliance with recommended preferred antibiotics	Q2	Q4	HoS HWB
1	3C	HCAI/AMR	► Develop a C.H. policy on I.V. antibiotic administration for all community hospitals	Q2	Q4	HoS HWB
1	3C	HCAI/AMR	► Train a number of staff on I.V. antibiotic administration in all community hospitals	Q2	Q4	HoS HWB HoS SC
1	5C	HEAL	► Support the mainstreaming of calorie posting in 20% of all care-group sites	Q2	Q4	HoS HWB HoS PC HoS SC HoS MHS
1	5C	HEAL	► Removal of all vending machines not validated as 100% Healthy Eats within the CHO	Q2	Q4	HoS HWB HoS PC HoS SC HoS MHS
1	5C	HEAL	► In conjunction with the dietetic dept., who manage the delivery of enhanced community-based, weight-management programmes and specialist treatment services (Healthy Food Made Easy and Cook It!) increase the number of programmes delivered.	Q1	Q4	HoS HWB HoS PC
1	5A	Healthy Childhood	► Implement the national communications and social marketing strategy e.g. START a new five-year public health campaign to start families on the path to a healthier future	Q3	Q3	HoS PC
1	5A	Healthy Childhood	► Ensure delivery of culturally appropriate Traveller healthy lifestyles education and health promotion programmes are integrated into local Traveller Health Plans including 'Small Changes Big Difference'	Q2	Q3	HoS HWB HoS PC
1	5A	Healthy Childhood	► Prioritise new entrants to the Health Promotion & Improvement Healthy Schools Program	Q1	Q4	HoS HWB
1	5A	Healthy Childhood	► Establish a specific childhood health carer support network across Cork Kerry Community Healthcare	Q3	Q3	HoS HWB
1	5A	Healthy Childhood	► Assist with improving the percentage of babies breastfed at the first PHN visit and at 3 month PHN developmental check.	Q1	Q4	HoS HWB HoS PC
1	1A	Healthy Ireland	► Develop new sub-structures under the CHO HoS, HWB in collaboration with the National Director, Community Service Operations for facilitate the development of a new Health Promotion & Improvement function with the C.H.	Q1	Q1	HoS HWB

Health & Wellbeing Key Priority Actions						
Goal	SP	Priority Area	Priority Action	Timeline		Lead
				start	end	
1	1A	Healthy Ireland	► Establish a COMPASS Implementation group at Cork Kerry Community Healthcare level	Q1	Q1	HoS HWB
1	1A	Healthy Ireland	► Co-ordinate the Healthy Ireland Leads in each care group for the duration of the implementation of COMPASS Cork Kerry Community Healthcare Healthy Ireland Implementation Plan	Q1	Q1	HoS HWB HoS PC HoS SC HoS MHS
1	1A	Healthy Ireland	► Establish Healthy Ireland Network Action Groups in each network	Q2	Q2	HoS HWB
1	1B	Healthy Ireland	► Develop and implement COMPASS communication plan	Q1	Q1	HoS HWB
1	1A	Healthy Ireland	► Develop and implement Cork Kerry Community Healthcare policy on dissemination and display of health messaging in 2 sites e.g. QUIT. (New builds to include LCD screens)	Q3	Q3	HoS HWB HoS PC HoS SC HoS MHS
1	4C 5A 5B	Immunisation	► Appoint an influenza lead	Q3	Q3	HoS HWB
			► Develop and implement a flu plan for 2018/2019 to improve influenza vaccine uptake rates amongst staff in frontline settings and persons aged 65 and over	Q2	Q2	
			► Develop flu vaccination capacity in HSE/Community/Voluntary day services for older persons	Q3	Q3	
			► Promote and increase the awareness of the Flu Vaccination Programme among staff:			
			– Target an uptake rate among Health Care Workers (HCW) of flu vaccine to achieve national target of 40% e.g. peer vaccinators / flu champions / local campaign	Q4	Q4	
			– Bespoke influenza programme for Home Helps & PHN's	Q3	Q3	
			– Peer led vaccination Clinics on all campuses	Q3	Q3	
			– Delivery of Peer vaccinator Training across Cork and Kerry CH	Q2	Q2	
1	5A	Immunisation	► Complete implementation of the Rotavirus and Men B vaccination programmes within available resources.	Q1	Q4	HoS PC
1	6B	Immunisation	► Continue to work to improve immunisation rates locally through engagement with GPs.	Q1	Q4	HoS PC
1	5A	Immunisation	► Improve uptake rates for the School Immunisation Programmes (SIP) with a particular focus on HPV vaccine increasing % uptake target set at 85%	Q3	Q3	HoS PC
1	6B	Partnerships	► Work in partnership & maximise membership in CYPSCs, LCDC's, Healthy Cities etc. to deliver Healthy Ireland actions across the Community Healthcare	Q2	Q4	HoS HWB
1	6B	Partnerships	► Develop targeted partnerships to address factors underlying health inequalities including Homelessness, Traveller Accommodation, Direct Provision & Refugees	Q1	Q4	HoS HWB
1	6D	Positive Ageing	► Identify and document intersectoral partnerships necessary to implement community managed sheltered care for older persons and support establishment of a pilot community working group	Q1	Q4	HoS HWB HoS SC
1	6D	Positive Ageing	► Improve influenza vaccination uptake rates among	Q2	Q4	HoS HWB

Health & Wellbeing Key Priority Actions						
Goal	SP	Priority Area	Priority Action	Timeline		Lead
				start	end	
			persons aged 65 and over with a medical card/GP visit card through local engagement with healthcare professions			All HoS
1	2A	Positive Ageing	► Identify gaps & establish a specific carer, for older persons support network, across Cork Kerry Community Healthcare	Q3	Q3	HoS HWB HoS SC
1	2A	Positive Ageing	► Collaborate with Community Work & Health Promotion and Information (HP&I) Depts. with regard to healthy aging initiatives across the CHO	Q2	Q4	HoS HWB HoS SC
1	2A	Positive Ageing	► Dementia UnderStandTogether campaign -increasing awareness and develop local partnerships – linking this campaign to lifestyle/nutrition	Q2	Q3	HoS HWB HoS SC
1	1A	Screening	► Review data collection resources – health atlas etc. – identify target/priority areas in CHO re population screening/uptake needs.	Q3	Q3	HoS HWB
1	5A	Screening	► Support Community Cancer Action Plan & Community Department & Regional Cancer Screening Co-ordinator to address population screening needs.	Q1	Q4	HoS HWB
1	5A	Screening	► Promote the BowelScreen Programme among the population and staff of Cork Kerry Community Healthcare in the relevant age group (60 to 69 years) in collaboration with the National Screening Service	Q2	Q2	HoS HWB
1	5A	Screening	► Promote the BreastCheck Programme to all women including female staff who are new to the BreastCheck age cohort (i.e. female staff in the 50 to 52 years age group) in collaboration with the National Screening Service	Q1	Q4	HoS HWB
1	5A	Screening	► Promote, Deliver, Evaluate and modify our approach to increase Cervical Check % uptake to all women 25-60 years including staff. ► Support HPV vaccination campaign.	Q3	Q4	HoS HWB
1	5A	Screening	► Increase Diabetic Retina Screen % uptake by promoting diabetic retina screening to all diabetics over 12 years.	Q3	Q4	HoS HWB
1	5A 2A	Mental Health	► Supporting implementation of Connecting for Life Health & Wellbeing subgroup to: – Implement a review of mental health programmes available Schools – Implement a Wellness Week in Cork and Kerry in October 2018 – Implementation of Health and Wellbeing Community Referral Initiative in two sites Cork and Kerry – Expansion of Psyched initiative	Q1 Q1 Q1 Q3	Q4 Q4 Q4 Q4	HoS HWB
4	2B	Emergency Management	► Finalise / sign off of an Area Emergency Management Plan (AEMT) ► Communicate Area Emergency Management Plan to front line managers ► Review preparedness/readiness of AEMT	Q1 Q2 Q3	Q2 Q3 Q4	HoS HWB HoS PC HoS SC HoS MHS
4	3B	Emergency Management	► Identity and develop a HSE South Emergency Management Crisis Management Team (EMCMT)	Q1	Q1	HoS HWB

Health & Wellbeing Key Priority Actions						
Goal	SP	Priority Area	Priority Action	Timeline		Lead
				start	end	
			operation centre			
4	2B	Emergency Management	► Completion and integrate of other EM plans for the area (Severe Weather, Evacuation, etc.)	Q2	Q2	HoS HWB HoS PC HoS SC HoS MHS
4	2B	Emergency Management	► Conduct 2 training and evaluation exercises with the crisis management team & area emergency management team	Q2	Q4	HoS HWB
4	5C	Staff Health & Wellbeing	► Develop campus based healthy eating demonstrations x 7	Q1	Q3	HoS HWB
4	5C	Staff Health & Wellbeing	► Irish Heart Foundation mini health screening for 1,200 staff delivered over 30 days {minimum of 2 days per network}	Q1	Q4	HoS HWB HoS PC HoS SC HoS MHS
4	5C	Staff Health & Wellbeing	Implementation across Cork & Kerry of the approved Staff Health & Wellbeing Initiatives funded by HWB: ► Issue staff with 'Know your Numbers' Card ► Provide additional dedicated staff H&WB space/programme Carrigaline, Rathass, St. Finbarr's, Model Business Park ► Delivery Mindfulness sessions in each care-group across the area – stress reducing initiative for staff 2 per network ► Establish Staff Teams to partake in Community Healthcare wide events i.e. Rebel Tour, Mini Marathon etc. ► Promote walking and active travel (pedometer challenges & Bike schemes) ► Deliver an annual wellness event for all staff in Cork and Kerry (Kerry '18) ► Establish sustainable production & dissemination of monthly newsletter and theme of the month ► Initiate Making a Difference Staff Awards ► Deliver Random Acts of Kindness Workshop/week long initiative ► Deliver Resilience Training/sessions in each care group across the Community Healthcare ► Support uptake of staff engagement survey which will include H&WB measures & this will support the establishment of C.H. baseline measures for 2018	Q1 Q3 Q4 Q3 Q2 Q3 Q3 Q4 Q1 Q1 Q2 Q2	Q4 Q3 Q4 Q3 Q4 Q3 Q3 Q4 Q1 Q1 Q3 Q4	HoS HWB
5	1B	Chronic Disease prevention	► Develop Health & Wellbeing Community Referral through voluntary and community organisations using the social prescribing model in the CHO - 1 site in Kerry & Cork (subject to availability of resources)	Q1	Q4	HoS HWB HoS PC HoS MHS
5	4C	Healthy Ireland	► Identify one health promotion officer to support the COMPASS Implementation Group	Q1	Q1	HoS HWB
5	6D	Partnership	► Develop new partnerships and support existing partnerships in delivering inclusive cultural programs for service users (Check up Check In 2018)	Q2	Q3	HoS HWB

Primary Care Service

Population served

Cork Kerry Community Healthcare is responsible for the delivery of a range of health and health related services to people of all ages living in the community in Cork and Kerry. The current population is 690,575 – this is an increase of almost 4% since the 2011 census. The demand is highly influenced by demographic and population changes.

The population of the region is ageing. The number of people aged 65 years and over in Ireland has increased from 11% in 2011 to 13% in 2016. Approximately 65% of people aged 65 years and over currently have two or more chronic medical conditions and the prevalence of age related disease continues to show signs of increase. While the population is increasing the dependency rate has changed i.e. the ratio of younger more active people to the numbers of those who are more dependant has reduced. While birth rates are decreasing, the child population (aged 0 to 17 years) in Ireland as a whole represents 25% of our total population, approximately 7% more than the EU average. While there is an overall decline in the numbers of those aged 0-4, there is an increase in this age group in some more urban and disadvantaged areas.

These changes in population and demographic patterns along with an increased awareness of what can and should be delivered at a primary care level is creating an increasing demand for expanded and improved access to Primary Care services.

Services provided

Over the past number of years, Health Planning has had an increasing focus on a service planning approach where the health needs of the population are managed as far as possible within a Primary Care setting. This approach is now aligned with Healthy Ireland, which underlines the importance of Primary Care in the delivery of health promotion and prevention initiatives.

Primary Care will play a central role in co-ordinating and delivering a wide range of integrated services in collaboration with other service areas. The Primary Care team (PCT) is the central point for service delivery which actively engages to address the health and social care needs of the population in conjunction with a wider range of Health and Social Care Network (HSCN) services.

Primary Care Services include Primary Care teams (GPs, Nurses, PHNs, SLTs, Physiotherapists, Occupational Therapists, Dieticians, Practice Nurses, Admin staff) Ophthalmic, Audiology, Podiatry, and Dental, Community Intervention Teams, Schemes Reimbursement, Social Inclusion and Palliative Care Services.

Issues and opportunities

2018 will see the introduction of a Community Health Network Learning Site in Cork and Kerry this development will allow an assessment of the impact of this new way of working on care pathways for people requiring community services.

While there is commitment to redirect the delivery of services from an acute hospital setting to a primary care setting this can be challenging to progress due to the requirement to align different stakeholders' processes and systems. Cork Kerry Community Healthcare will work towards transferring at least one service currently being delivered in an acute setting to a primary care setting in 2018. Furthermore the role

of the Community Intervention Teams, in both Cork and Kerry will be extended, to further support hospital avoidance and accelerate hospital discharge in 2018.

The level of demand for primary care services continues to increase leading to pressures on services and waiting times longer than we consider appropriate. A number of initiatives have already been undertaken to reduce waiting lists through increased capacity and improvements to processes and models of care. In 2018 we will seek to progress a plan to address those children waiting for a primary care occupational therapy service for more than 52 weeks.

In order to meet the requirements of the National Access Policy for Children and Young People with disabilities we will work with our colleagues across Primary Care and Disability Services to develop a staged implementation plan that will ensure the resources available are directed in the most appropriate way to meet the needs of children requiring assessment and treatment from Allied Health Professional(s).

Cork Kerry Community Healthcare recognises the challenge in communicating clearly and effectively with client groups regarding available services and care pathways and will seek to improve this in 2018, including engaging with both local and national media and the HSE's internal communications system to maximise the opportunities available to provide accurate and balance information to the public, staff and service users regarding the services provided.

Identifying the demand for services, the resources available to meet that demand, projected demand for services into the future, and the resources and service delivery models required to meet that demand, continues to be a challenge for primary care. The development in 2018 of a CKCH Workforce Plan will allow the opportunity for informed and strategic planning for the future of our workforce.

In 2018 we also aim to ensure that staff are provided with the skills to complete their duties as effectively and efficiently as possible, through the development of a training plan will be rolled out across Cork Kerry Community Healthcare in 2018, roll out of Information and Communication Technology (ICT) equipment to frontline staff, and improved standards of accommodation due to both the roll out of the primary care centre programme and minor refurbishment initiatives.

Priorities 2018

- ▶ Continue to improve high quality, safe, accessible and responsiveness of Primary Care services to support the transfer of services to Primary Care.
- ▶ Ensure capacity to maintain existing levels of service in a number of key areas due to overall resource constraints
- ▶ Transitional funding for transfer of services from Acute to Community.
- ▶ Progress the Primary Care Centre Buildings and service programme
- ▶ Progress transfer of services from acute setting to a primary care
- ▶ Improved co-ordination of chronic disease services and supports across the CHO and with the acute hospitals.
- ▶ Implement Community Healthcare Network learning site
- ▶ Provide Managers with sufficient tools to effectively manage the pay and non-pay resources available to them.
- ▶ Consolidate the governance and delivery of palliative care services across the CHO
- ▶ Consolidate the governance and delivery of Services for children with complex medical care needs.

Implementing priorities 2018 in line with Corporate Plan goals

In the below tables our priorities for 2018 have been aligned to both our local Strategic Priorities (see section 2 above), and to the HSE Goals, which are:

- **Corporate Plan Goal 1: Promote health and wellbeing as part of everything we do so that people will be healthier**
- **Corporate Plan Goal 2: Provide fair, equitable and timely access to quality, safe health services that people need**
- **Corporate Plan Goal 3: Foster a culture that is honest, compassionate, transparent and accountable**
- **Corporate Plan Goal 4: Engage, develop and value our workforce to deliver the best possible care and services to the people who depend on them**
- **Corporate Plan Goal 5: Manage resources in a way that delivers best health outcomes, improves people's experience of using the service and demonstrates value for money**

Primary Care Key Priority Actions						
Goal	SP	Priority Area	Priority Action	Timeline		Lead
				Start	End	
1	5a	Age Friendly Transport Initiative to Dietitian led XPERT course	► Pilot an Interagency transport initiative with CNDS/Cork Local link/Cork County Council/Age Friendly IRELAND), in the East Cork area of Youghal & Midleton to support 12- 15 people attend the Diabetes XPERT patient education programme for 2.5 hours per week for 6 weeks .	Q1	Q4	PCSM
1	5a & 3a	Happy Talk Initiative/ Healthy Ireland Plan	Carry out evaluations of the Happy Talk project to:	Q1	Q4	HOS
			► Inform and optimise interagency working e.g. linkages with CYPSC to meet parent enablement and health prevention goals in accordance with Healthy Ireland. ► Inform mainstreaming of community based approaches in Primary Care SLT	Q1	Q4	HOS
1		Improve Immunisation – influenza vaccination rates	► Work to improve influenza vaccination uptake rates towards the national target of 75% for those aged 65 years and over, with a medical card or GP visit card by raising awareness through home visits and GP engagement sessions	Q3	Q4	HOD
			► Increase uptake in flu vaccine of primary care staff towards the national target of 40% among staff by increasing awareness and promotion through line management and recruiting 10 peer vaccinators from community nursing services	Q3	Q4	HOD
1	5A	Healthy Childhood	► Increase % uptake for childhood immunisation – target already set at 95% by supporting the primary childhood immunisations in general practice e.g. local information campaigns in schools / parent programmes/committees / practice nurses in GP practices	Q2	Q4	HoS PC / HoS HWB
1	5a	Healthy Childhood	► Appoint Healthy Childhood Coordinator	Q1	Q1	HOS PC
1	5b	Nutrition & Dietetics	► Hold training for up to 100 staff on healthy eating guidelines for all age groups	Q1	Q4	HOD

Primary Care Key Priority Actions						
Goal	SP	Priority Area	Priority Action	Timeline		Lead
				Start	End	
		/Healthy Ireland	<ul style="list-style-type: none"> ▶ Work with two staff canteens to advise on healthy eating options in staff canteens where possible ▶ Provide on-going support and training for PHNs/AMOs on “Nutrition Reference Pack for Health Professionals” on infant Nutrition, supporting the Nurture Programme 	Q1	Q4	HOD
				Q1	Q4	HOD
1		Making Every Contact Count (MECC)	<p>In conjunction with Health and Wellbeing Division:</p> <ul style="list-style-type: none"> ▶ Develop a plan through a multi-disciplinary working group to include the following 4 priority areas in individual care plans where possible: <ul style="list-style-type: none"> - Healthy Eating - Active Living - Smoking Cessation - Reducing alcohol consumption ▶ Ensure roll out of MECC training to 15 Medical/Dental Staff, 40 Nursing staff and 35 Allied Health Professional Staff 10% of all staff in primary care 	Q1	Q2	HOSP C
				Q1	Q2	HOSP C
1	5c	St Mary's Health Campus — Compass Healthy Ireland Implementation Plan	<ul style="list-style-type: none"> ▶ Implement plan to achieve a healthy campus status at St Mary's by introducing initiatives such as walkways, calorie posted menus, healthy vending machines, health promotional messages and team based and interagency initiatives to target specific populations ▶ Develop a plan to go Tobacco Free on St Mary's Campus in 2018 	Q2	Q4	HOSP C/ HOSH &W
				Q2	Q3	HOSP C/ HOSH &W
	1A	Healthy Ireland	<ul style="list-style-type: none"> ▶ Assign a Healthy Ireland Lead in Primary Care for the duration of the implementation of COMPASS Cork Kerry Community Healthcare Healthy Ireland Implementation Plan 	Q1	Q1	HOS PC
1	2a	Compass Healthy Ireland Implementation Plan	<ul style="list-style-type: none"> ▶ Pilot a self-management plan for chronic obstructive pulmonary disease (COPD) in Listowel area 	Q2	Q4	PCSM
1	2a	Compass Healthy Ireland Implementation Plan	<ul style="list-style-type: none"> ▶ Develop a food pyramid for Programme Refugees, this will involve the adaptation of food pyramid appropriate to meet the needs of the various cultures 	Q1	Q4	HOSP C
1	2a	Compass Healthy Ireland Implementation Plan	<ul style="list-style-type: none"> ▶ Develop (and implement) a bespoke men's health screening initiative for Travellers 	Q1	Q4	PCSM
2	1b & 3A	Acute Hospital Services to Community Healthcare. Initiatives to transfer services	<ul style="list-style-type: none"> ▶ Establish gynaecology out-reach clinic in Mallow Primary Healthcare Centre. ▶ Develop a plan with the South/ South West Hospital Group for the delivery of eye care services to provide a responsive service delivered in the most appropriate setting to those at greatest risk; 	Q1	Q4	PCDO
				Q2	Q4	HOS

Primary Care Key Priority Actions						
Goal	SP	Priority Area	Priority Action	Timeline		Lead
				Start	End	
		from Acute Hospital Services to Community Healthcare:	<p>commence implementation within available resources.</p> <ul style="list-style-type: none"> ► Provide additional GP access amounting to 20 ultrasound scans at Bantry General Hospital per week. ► Transfer the provision of ultrasound services for GP's in Cork to St Marys Primary Care Centre. ► Provide an increase in the numbers of additional plain film x-rays (up to 1,959 per annum) for GP's in Caherciveen. ► Chronic Disease Management: Improve the co-ordination of the development and delivery of initiatives to support people with cardiovascular, respiratory and diabetic illnesses by establishing a local implementation and governance group consistent with the integrated care programmes. ► Establish a Community Care Cancer Clinic in Tralee to provide education, support and a Phlebotomy Service to patients prescribed an Oral Chemotherapy agent in the treatment of Prostatic Carcinoma. 	Q2	Q4	PCDO
				Q2	Q3	PCDO
				Q2	Q4	HOS/P CDO
				Q2	Q3	HOS
				Q2	Q4	HOS/P CDO
	1a	Child Developmental Clinics / Child Immunisation	<ul style="list-style-type: none"> ► Develop immunisation workforce plan. ► Develop team based service improvement plans across clinical and administrative services that will maximise the level of service provided across child development and immunisation delivery. 	Q1 Q1	Q2 Q4	PCSM PCSM
	3a & 3b	Children with Complex Medical Needs	<ul style="list-style-type: none"> ► Develop a service improvement plan & quality improvement plan with key stakeholders for children with complex medical conditions ► Deliver process improvements which ensure compliance with procurement framework for services for children with complex medical conditions. 	Q1 Q2	Q4 Q3	PCSM PCSM
	1b	Extend Community Intervention Team (CIT)	<ul style="list-style-type: none"> ► Work with UHK management and GP's to extend referrals to CIT support hospital avoidance and hospital discharges by providing COPD outreach, Home O2 pulse oximetry, and support for newly diagnosed diabetics. ► Expand the Cork CIT service within available funding 	Q1 Q3	Q4 Q4	HOSP C/PCSM PCSM
2	1b	General Practice / Supports to GPs	<p>Continue to Support GP's through:</p> <ul style="list-style-type: none"> ► Work with South Doc to achieve a sustainable level of out of hours supports to support the recruitment and retention of GPs ► Implement the SLA for the training programme for GPs that meets the needs of Cork Kerry Community Healthcare when agreed. ► Support additional GP Trainers and additional Trainees. ► Finalise and implement a communication and engagement plan between GP's and Cork Kerry Community Healthcare and acute hospitals as 	Q1 Q2 Q3 Q1	Q4 Q4 Q4 Q4	HOS PCSM PCU Manager HOSP C

Primary Care Key Priority Actions						
Goal	SP	Priority Area	Priority Action	Timeline		Lead
				Start	End	
			<p>appropriate</p> <ul style="list-style-type: none"> ▶ Work with South Doc to ensure appropriate distribution of the resource available to support General Practice with clinical samples transport costs. 	Q1	Q3	PCSM
2		GP out of hours review	<ul style="list-style-type: none"> ▶ Implement recommendations from GP out of hours review on a phased basis within available resources to: <ul style="list-style-type: none"> – Enhance future provision of GP out of hours services based on available evidence and value for money. – Improve performance and assurance oversight of GP out of hours services 	Q2	Q4	PCSM
2		Speech and Language Therapy	▶ Implement, when agreed the Primary Care Speech and Language Therapy Model of Care.	Q2	Q4	PCSM
			▶ Implement a plan with voluntary disability agencies to address the needs of children waiting for over 12 months who only require a uni-disciplinary therapy assessment / intervention	Q1	Q3	PCSM
2	1a& 3a	Hepatitis C	▶ Ensure treatment is offered to patients with hepatitis C in line with the National Hepatitis C Treatment Programme goal of eliminating hepatitis C by 2026	Q1	Q4	PCU Manager
			▶ Promote the awareness of screening at GP Practices for the early identification of Hepatitis C	Q1	Q4	
			▶ Support close collaboration between Community and Acute Clinicians to highlight this new therapy regimen	Q1	Q4	
			▶ Seek the cooperation of the appropriate Voluntary Agencies to educate, provide support and promote screening to at risk groups	Q1	Q4	
			▶ Encourage all GPs to refer such patients to the appropriate Consultant	Q1	Q4	
			▶ Offer all patients all clinical supports possible	Q1	Q4	
2	1a& 3b	Home Birth Service	▶ Establish a stakeholder engagement process to inform the revised arrangements for governance & delivery of home birth services as part of the new model of care.	Q1	Q4	PCSM
2	1a & 3A	Long term Waiting Lists – Occupational Therapy	<p>Occupational Therapy Waiting List Initiative</p> <ul style="list-style-type: none"> ▶ Deliver Paediatric Occupational Therapy Waiting list initiative as set out in project plan within available funding 	Q2	Q4	PCSM
2	1a	Long term Waiting Lists - Psychology	Psychology Wait list Initiative:			
			▶ Recruit 7 Psychologists and 16 Assistant Psychologists in 2018	Q1	Q1	PCSM
			▶ Reduce the numbers of those children waiting over 12 months for a psychology service by 50%.	Q1	Q4	PCSM
			▶ Commence progress towards Stepped Care Model as long term wait list is addressed; this model will work by providing people with earlier access to a service aimed at preventing longer term needs for on-going / specialist interventions.	Q3	Q4	PCSM

Primary Care Key Priority Actions						
Goal	SP	Priority Area	Priority Action	Timeline		Lead
				Start	End	
2	1a	Long term Waiting Lists - Ophthalmology	► Complete waiting list validation in Ophthalmology Service in Cork.	Q1	Q2	PCSM
			► Implement of DNA/CNA Policy across Cork/Kerry Ophthalmology service.	Q1	Q2	PCSM
2	1a	Long term Waiting Lists - Podiatry	► Develop a plan for addressing Podiatry waiting lists with an emphasis on those not meeting the Model of Foot care targets.	Q1	Q1	PMSC
2	3c	Dietetics	► Implement Dietetic model of care within existing resources when the guidelines are made available	Q2	Q4	HOSP C
			► Develop a plan for the establishment of a Paediatric Dietetics Services.	Q2	Q4	
			► Establish a pilot site within Cork Kerry Community Healthcare for the National Diabetes Database for Structured Patient Education	Q1	Q4	
2	1a	Long term Waiting Lists - Orthodontics	► Develop a plan for addressing Orthodontic Waiting Lists	Q1	Q4	HOSP C
			► Maximise number of children & young adults treated through national waiting list initiative	Q1	Q4	PCSM
			► Establish a common waiting list for all children & young people across Cork & Kerry	Q1	Q4	PCSM
2		Oral Health	► Provide treatment for 11-13 year-old children, prioritising public dental health i.e. fissure sealants.	Q1	Q4	HOD
			► Implement the Clinical Governance Review - Compliance with Clinical Framework for oral health services in Cork Kerry Community Health Care when the National Standards in Infection Control becomes available	Q1	Q4	PCSM
			► Progress an infection control quality improvement plan in areas of governance, processes and equipment within available resources.	Q1	Q4	PCSM
2	1a	Oral Surgery	► Review the arrangements to ensure provision of sustainable Maxillofacial Oral Surgery Services with service providers.	Q1	Q3	PCSM
2		Oral Health Strategy	► Implement recommendations of National oral health strategy, when available, and within existing resources	Q3	Q4	PCSM
2	1b	National Access Policy for children or young people with a disability or developmental delay	► Establish a working group to develop and oversee the CHO's project plan for implementation of Access Policy in Cork & Kerry.	Q1	Q4	HOSP C
			► Complete an assessment of the impact of the introduction of the Access Policy on current primary care team activity.	Q2	Q3	
			► Primary Care team staff in West Cork will participate in the existing Integrated Services Forum.	Q2	Q3	
			► Primary Care Team staff in Kerry will participate in the integrated services forum when it is established.	Q1	Q4	
			► Primary Care Team staff in West Cork and Kerry will participate in referrer training.	Q1	Q4	
2	1a &	National Reviews	Implement recommendations of National reviews, as they			

Primary Care Key Priority Actions						
Goal	SP	Priority Area	Priority Action	Timeline		Lead
				Start	End	
	3a		become available, on a phased basis and within existing resources: <ul style="list-style-type: none"> ▶ Primary care physiotherapy & occupational therapy ▶ Island Review Report 	Q1	Q4	PCSM
				Q1	Q4	PCSM
2	1a	Neuro Rehab	<ul style="list-style-type: none"> ▶ Review existing community resources with a view to maximising capacity of primary care teams, where patient's needs may be appropriately met with low to moderate intensity Neuro Rehabilitation. ▶ Complete gap analysis through Multi Disciplinary Team (MDT) engagement across CKCH and make recommendations as appropriate in line with the Neuro Rehab Strategy ▶ Prepare a plan for the provision of community based Neuro Rehabilitation service based on the capacity review and gap analysis 	Q1	Q2	PCSM
				Q2	Q3	PCSM
				Q3	Q4	PCSM
2	1b	On-going programme to provide new primary care centres	<ul style="list-style-type: none"> ▶ Open Primary Care Centre in St. Marys Gurrabraher ▶ Work with estates to prepare an overall strategy for Cork Kerry to ensure access to primary care centres across the area. ▶ Work with estates to prepare plans for individual primary care centres based on accommodation needs for all care groups within the primary care centre framework. ▶ Extend electronic room booking system via webmail which has being trialled in Carrigaline PCC, and is satisfactory, to St Mary's PCC and a small number of other venues local to St. Mary's. ▶ Develop a plan to review the activity levels and occupancy levels in primary care centres to identify opportunities to deliver additional services. 	Q1	Q2	HOSP C
				Q2	Q3	HOSP C
				Q1	Q4	HOSP C
				Q1	Q2	PCDO
				Q1	Q2	HOSP C
2	1a	Public Health Nursing Services	<ul style="list-style-type: none"> ▶ Develop a plan to support public health nursing services provide sustainable & essential weekend cover. ▶ Implement resource deployment initiatives to meet priority community nursing needs such as wound care across the CHO. 	Q1	Q4	PCSM
				Q1	Q4	HOD/P CSM
2	1b & 3b	Service user experience in Primary Care buildings	<ul style="list-style-type: none"> ▶ Improve user experience in primary care buildings, e.g. front of house, ease of accessibility for users and comprehensive signage. ▶ Complete an audit/service user survey of 5 primary care/health centres to identify what improvements are required to improve accessibility. ▶ Develop and implement a preventative maintenance programme for primary care buildings in conjunction with Estates 	Q2	Q1	PCSM
				Q1	Q4	PCSM
				Q1	Q4	PCSM
2		Hygiene Audits	<ul style="list-style-type: none"> ▶ Develop self-assessment tool for staff to use for hygiene audits ▶ Carry out sample hygiene audits in four sites. 	Q1	Q4	PCSM
				Q1	Q4	PCSM

Primary Care Key Priority Actions						
Goal	SP	Priority Area	Priority Action	Timeline		Lead
				Start	End	
2	3b	Health & Safety	► Ensure all line managers are aware of and have plans in place to meet their Health and Safety legislative obligations.	Q1	Q4	HOSP C
			► Work with the new Health and Safety Officer to ensure a co-ordinated approach to meeting H&S requirements across the CHO including safety statements, H&S committee meetings, risk registers, safety reps and accidents to include both prevention initiatives and reporting responsibilities	Q1	Q4	HOSP C
			► Establish a Health & Safety Committee	Q2	Q4	HOSP C
2	2b	Quality/HR/ Training	► Implement Incident management Framework 2018 ► Ensure all relevant staff undertakes training on Incident Management Framework.	Q1 Q4	Q4 Q4	HOSP C HOSP C
2	1b	Community Healthcare Organisation	► Identify and implement the structure in 1 community healthcare network as a Learning Site in line with national processes.	Q1	Q2	HOSP C
			► Implement Team Building Initiative in the Community Healthcare Network (CHN) learning site	Q2	Q4	HOSP C
			► Work with all care groups to maximise the integration of services in each CHN	Q3	Q4	HOSP C
2	2a	Improve Communications	► Provide information leaflets at appropriate levels for clients waiting for Primary Care service access i.e. on waiting lists.	Q2	Q4	HODP C
3	3c	Structured Diabetic Patient Education Programmes	► Deliver training up to 45 healthcare professionals on Diabetes and on the Dietitian led XPERT programme.	Q1	Q4	PCSM
3	3d	Influence Policy	► Review the current representation from Cork Kerry Community Healthcare on national working groups to ensure appropriate representation and feedback mechanisms to maximise impact on local service delivery	Q1	Q4	HOS
3	3c	Quality Improvements / NSSBHS	Support the implementation of the National Standards for Safer Better Healthcare in Primary Care by:			
			► Establishing a Cork Kerry Community Healthcare Steering Group	Q1	Q1	HOSP C
			► Develop a work plan to implement the NSSBH in Primary Care across all service levels.	Q1	Q2	PCSM
			► Monitor the implementation of the quality improvement plans identified to date.	Q2	Q4	PCSM
3	3a & 6a & 6c	Service User Engagement Stakeholder Engagement/ Quality	► Review service user feedback to identify recurring themes and put plans in place to address same.	Q2	Q4	HOSP C
			► Prepare and implement plans to improve service user experience.	Q2	Q4	
			► Rollout of Patient Experience Survey across 7 sites	Q2	Q4	
4	2a	Children First Act 2015	► Progress Children's First Implementation Plan	Q1	Q1	HOSP C
			► Ensure all HSE Staff complete eLearning Module	Q1	Q1	

Primary Care Key Priority Actions						
Goal	SP	Priority Area	Priority Action	Timeline		Lead
				Start	End	
			<ul style="list-style-type: none"> ▶ Ensure Child Safeguarding Statements are in place ▶ Ensure all Mandated Persons are aware of their role and responsibility under the new Act ▶ Ensure all agencies funded and contracted are aware of their obligations in relation to Children First legislation and provide assurance in relation to same. 	Q1 Q1 Q1	Q2 Q1 Q1	
4	3b	Oral Health Services & Quality Improvement	▶ Roll out Orthodontic Patient Administration (IT) System (OPAS) when available.	Q4	Q4	PCSM
4	2a	Performance	<ul style="list-style-type: none"> ▶ Finalise and implement a plan to ensure all frontline managers have access to regular 1:1 meetings ▶ Develop a plan that will ensure each frontline staff member will have a least one meeting per annum that will allow them discuss their issues, build their relationship and discuss their goals with their manager 	Q1 Q2	Q1 Q4	HOSP C PCSM
4	6c	Open Disclosure	▶ Implement Open Disclosure Policy across Primary Care Services	Q1	Q4	PCSM
4	2b	Risk Management	▶ Implement Risk Management Policy 2017	Q1	Q4	HOSP C
4	2a	Training/ Quality	▶ Prepare, coordinate and implement staff training plan that includes mandatory training, professional development and consumer engagement training.	Q1	Q4	HOSP C
5		Sustainable staffing model for all primary care services	▶ Implement a plan to bring staffing levels in line with the funded levels as set out in the pay and numbers strategy.	Q1	Q4	HOS/P CSM
5	4a	Service Delivery/ Improvements to information provided to managers to make decisions.	<ul style="list-style-type: none"> ▶ Work in conjunction with Finance, HR and other care groups to ensure accurate coding of staff check timeline ▶ Provide regular reports to managers on WTE, Pay & Non-Pay ▶ Work with managers to use reports on demographics and population available to manage decisions ▶ Identify ICT systems to provide accurate information to managers and staff working with National ICT Project 	Q1 Q1 Q1 Q1	Q3 Q2 Q2 Q2	HOSP C HOS/P CSM PCSM HOSP C
5	4a	Civil Registration Review Report Operational Plan Actions	▶ Implement, on a phased basis and within existing resources, recommendations from the Civil Registration Review Report.	Q1	Q4	PCSM
5	4a	Progress and implement policy and value for money projects for community demand-led	<ul style="list-style-type: none"> ▶ Improve administration of Community Funded Schemes through implementing recommendations of Primary Care Schemes Centralisation Project once published. ▶ Implement the guidance and recommendations when available in relation to the provision of: 	Q1 Q1	Q4 Q4	PCSM PCSM

Primary Care Key Priority Actions						
Goal	SP	Priority Area	Priority Action	Timeline		Lead
				Start	End	
		schemes.	<ul style="list-style-type: none"> respiratory products orthotics, prosthetics and specialised footwear incontinence wear urinary, ostomy and bowel care nutrition bandages & dressings <p>► Review current processes for the management of Aids and Appliances, consumables, including waiting lists, prioritisation methods, budget, governance, policies and procedures to ensure consistency across the CHO</p>	Q1	Q4	HOS/P CSM
5	4c	Primary Care Schemes.	<p>► Develop a process with the acute hospitals to put measures in place to control demand led spend within the budget available:</p> <ul style="list-style-type: none"> Establish stakeholder group Examine appropriate processes for expenditure approval Agree appropriate processes for expenditure approval 	Q1	Q2	HOS/P CSM
5	4d	ICT	<p>► Continue the roll out of smart phones and laptops to primary care frontline staff.</p>	Q1	Q4	HOSP C
5	4a	Public Analyst & Public Health Microbiology Laboratories	<p>► Progress business case to replace IT systems nearing end of life in the public health microbiology labs (LIMS, Server, Database Maintenance etc.) subject to available resources</p> <p>► Extend scope of accreditation to include customer requirements</p> <p>► Ensure an appropriate Gas Alarm System is installed in the Public Analyst & Public Health Microbiology Laboratories subject to available resources</p>	Q1	Q1	PCSM
				Q1	Q4	PCSM
				Q1	Q2	PCSM
5	4a	Progress and implement policy and value for money projects for community demand-led schemes.	<p>► Engage with national and local procurement to identify end of life equipment for Kerry/Cork and replace equipment within available funding.</p>	Q1	Q4	HOS

Social Inclusion Key Priority Actions

Social Inclusion Key Priority Actions						
Goal	SP	Priority Area	Priority Action	Timeline		Lead
				Start	End	
1	2a	Health Action Zone (HAZ)	<p>Implementation of 2018 work programme for HAZ:</p> <p>► Install outdoor exercise equipment in the Fairfield, Cork.</p> <p>► Implement "Outdoor Exercise for Older Adults' Support" through HAZ and relevant trained professionals in Primary Care. The age range of which will specifically focus on Older Age adult</p>	Q1	Q1	PCSM
				Q1	Q1	PCSM

Social Inclusion Key Priority Actions						
Goal	SP	Priority Area	Priority Action	Timeline		Lead
				Start	End	
			<p>groups in Farranree, Cork.</p> <ul style="list-style-type: none"> ▶ Hold 'Learn to Run Programme' February Pilot Weekly running sessions on the Fairfield running track with a trained running coach supported through HAZ. One session per week with up to a maximum of 30 participants with room to accommodate more if the need arises ▶ Hold 'Skills for Running' series of local workshops - Nutrition for training, Strength and Conditioning work, Recovery in training and training and racing. Two practical workshops over 2 weeks with accommodation for up to room capacity of 20 people per session 	Q2	Q2	PCSM
				Q3	Q3	PCSM
1	5a	Drug & Alcohol Services	▶ Complete a needs analysis for a needle exchange worker for injecting drug users in Tralee.	Q2	Q3	PCSM
1	5a	Drug & Alcohol Services	<ul style="list-style-type: none"> ▶ Implementation of Cork & Kerry Alcohol Strategy. ▶ Roll out of 2018 programme for SAOR screening & brief intervention. 12 programmes to be delivered to 240 participants 	Q1	Q4	PCSM
				Q1	Q4	PCSM
1	5a	Traveller Health Services	<ul style="list-style-type: none"> ▶ Development of implementation plan for the 'Traveller Women's Food & Physical Activity Research' ▶ Implement, within existing resources, actions assigned to Cork Kerry Community Healthcare within the National Traveller and Roma Inclusion Strategy 2017 – 2021. ▶ Drive and coordinate actions to enhance Traveller Mental Health using funding received via Dormant Accounts scheme. A Traveller Mental Health Coordinator post is in the process of being recruited nationally for Cork Kerry Community Healthcare. 	Q1	Q4	PCSM
				Q1	Q4	PCSM
				Q2	Q4	PCSM
2	1a	Social Inclusion	▶ Finalise and implement the governance and management arrangements of Youth Health Services.	Q1	Q3	HOSP C
2	1a	Community Work Service	▶ Develop strategic plan based on community work department review to maximise the resources available in the Community Work Dept to meet the priority needs of Cork Kerry	Q2	Q3	HOS/P CSM
2	1a	Drug & Alcohol Services	▶ Implement Phase 1 of the Addiction Services Accommodation Plan.	Q1	Q2	PCSM
2	1a	Homeless Services	▶ Progress the development of the pre-addiction treatment stabilisation facility in Cork City, of 15 to 20 Bed Units under the Rebuilding Ireland programme.	Q1	Q4	PCSM
2	1a	Homeless Services	▶ Provision of additional supports in Homeless Services in 2018 including staffing and programme development, in accordance with the "Rebuilding Ireland Action Plan for Housing and Homelessness Review Sept 2017"	Q1	Q4	PCSM

Social Inclusion Key Priority Actions						
Goal	SP	Priority Area	Priority Action	Timeline		Lead
				Start	End	
			<ul style="list-style-type: none"> ▶ Undertake an analysis of need of those exiting homeless services (involving the homeless action teams). ▶ Develop appropriately tailored community services to include general and health supports, mental health and addiction supports in line with the national housing led approach ▶ Homeless Multidisciplinary Teams (Addiction, Mental Health and Primary Care) will work with Housing First initiative to support individuals, who will have their housing needs met through this initiative, to end long term homelessness. ▶ Complete a gap analysis of addiction services across Cork & Kerry ▶ Work with voluntary service providers to provide additional detox/step/down facilities within available resources ▶ Provide a new trial in-reach oral health service to the residents of one of the homeless emergency hostels in Cork City to commence in early 2018. 	Q1	Q4	PCSM
				Q1	Q4	PCSM
				Q1	Q4	PCSM
				Q1	Q4	PCSM
				Q1	Q4	PCSM
				Q1	Q4	PCSM
2	1	Intercultural Services	<ul style="list-style-type: none"> ▶ Implement the Cork Kerry HSE Refugee Support Initiative. Funded through Dormant Accounts. ▶ Social Inclusion team will work with academic partner (UCC) in the development of a model for provision of health care and support to refugees arriving under the Irish Refugee Protection programme. ▶ Implement recommendations of anticipated HSE National Intercultural Health Strategy, as appropriate to Cork Kerry Community Healthcare ▶ Implement actions assigned to the HSE through the Migrant Integration Strategy as appropriate to Cork Kerry Community Healthcare 	Q1	Q4	PCSM
				Q4	Q4	PCSM
				Q2	Q4	PCSM
				Q1	Q4	PCSM
3	3c	Addiction Services	<ul style="list-style-type: none"> ▶ Develop a model working with the national clinical lead for addiction services to strengthen clinical governance structures. 	Q1	Q4	PCSM
3	3c	Addiction Services	<ul style="list-style-type: none"> ▶ Further development of dual diagnosis initiative between addiction services & mental health services ▶ Enhance addiction services through the recruitment of two fulltime addiction counsellors to support an additional 80 clients 	Q1	Q4	PCSM
				Q1	Q4	PCSM
3	6a	Drug & Alcohol Services	<ul style="list-style-type: none"> ▶ Implement the findings of the Report of the Drug & Alcohol Services Service User Experience Survey in Cork Kerry Community Healthcare. 	Q1	Q4	PCSM
3	6b	Drug & Alcohol Services	<ul style="list-style-type: none"> ▶ Deliver training to 30 drug and alcohol staff on Service User Involvement 	Q1	Q4	PCSM
3	3c	LGBT Services	<ul style="list-style-type: none"> ▶ Progress development of Transgender Support Initiative in Cork Kerry in collaboration with Acute Services through recruiting part-time Clinical 	Q1	Q4	PCSM

Social Inclusion Key Priority Actions						
Goal	SP	Priority Area	Priority Action	Timeline		Lead
				Start	End	
			Psychologist through the Transgender Equality Network of Ireland ► Coordinate and monitor agreed actions in respect of provision of support to transgender families via dormant accounts funding.	Q1	Q4	PCSM
3	6d	Traveller Health Unit	► Support implementation of interagency initiative in St. Anthony's Park Halting Site and Spring Lane Halting Site. This involves delivery of site specific initiatives focussed on community support, mental health and community development.	Q1	Q2	PCSM
4		Domestic, Sexual and Gender Based Violence	► Disseminate culturally appropriate guidance to support staff dealing with victims of domestic, sexual and gender based violence.	Q1	Q4	PCSM
5	4b	Drug & Alcohol Services	► Reorientation of addiction services to provide for pathways from Harm Reduction support services to Rehabilitation	Q1	Q4	HOSP C

Palliative Care Key Priority Actions						
Goal	SP	Priority Area	Priority Action	Timeline		Lead
				Start	End	
2	1a	Palliative Care-In Patient Care	► Complete the opening of the Inpatient Palliative Care Unit in University Hospital Kerry	Q1	Q1	HOS
2	1a	Palliative Care-Home Care	► Extend Palliative home care services from 5 days to 7 days in Kerry	Q1	Q2	HOS
			► Improve access to Home Care Services in Cork	Q1	Q4	HOS
			► Establish a Management Group for Palliative Care in West Cork involving key stakeholders to identify and implement strategies and actions to address the wait-time for Home Care Services in West Cork.	Q1	Q2	HOS
2	1a	Palliative Care Childrens Services	► Implement a standardised approach to the provision of children's palliative care in community across Cork & Kerry.	Q1	Q2	HOS
3	4c	Model of Service	► Finalise the management and governance arrangements of the Specialist Palliative Care Services in Kerry	Q1	Q1	HOS/C O
			► Commence the implementation of the palliative care Model of Care.	Q2	Q4	HOS
			► Establish an interagency group of palliative care inpatient and homecare and day care service providers to share learning and develop quality improvement plans across the area.	Q3	Q4	HOS
			► Implement palliative care quality improvement plans prioritising infection control, incidents, falls, medication management, pressure areas/sores	Q1	Q4	HOS

Palliative Care Key Priority Actions						
Goal	SP	Priority Area	Priority Action	Timeline		Lead
				Start	End	
			and complaints through work with the Palliative Care Quality Assessment and Improvement Enablement Committee			
5		Model of Service	► Work with national team towards reaching agreement on implementation of a Financial Sustainable Model of Service in Marymount for Palliative Care in Cork	Q1	Q4	HOS/CO

Primary Care Scorecard and Performance Indicator Suite

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

Primary Care Services						
Indicator	Performance Area	Reporting Period	NSP 2017 Expected Activity / Target	Projected Outturn 2017	Expected Activity / Target 2018	Cork Kerry CHO Target
Primary Care Services						
Community Intervention Teams	Quality and Safety	M	32,861	36,500	38,180	4,957
No. of referrals						
Admission Avoidance (includes OPAT)						
Hospital Avoidance						
Early Discharge (includes OPAT)						
Unscheduled Referrals from community sources						
Health Amendment Act: Services to persons with State Acquired Hepatitis C	Quality and Safety	Q	586	127	459	50
No. of Health Amendment Act card holders who were reviewed						
Healthcare Associated Infections: Medication Management	Quality and Safety	Q	<21.7	21.5	<21.7	<21.7
Consumption of antibiotics in community settings (defined daily doses per 1,000 population)						
GP Activity	Access and Integration	M	1,055,388	1,024,151	1,105,151	National
No. of contacts with GP Out of Hours Service						
Nursing						
No. of patients seen						
% of new patients accepted onto the nursing caseload and seen within 12 weeks	Access and Integration	M	100%	96%	96%	96%
Therapies / Community Healthcare Network Services						
Total no. of patients seen	Access and Integration	M	1,549,256	1,517,489	1,524,864	229,097
Physiotherapy						
No. of patients seen	Access and Integration	M	613,320	581,661	581,661	85,108
% of new patients seen for assessment within 12 weeks						
% on waiting list for assessment \leq 52 weeks						
Occupational Therapy						
No. of patients seen	Access and Integration	M	338,705	334,139	336,836	39,020
% of new service users seen for assessment within 12 weeks						

Primary Care Services						
Indicator	Performance Area	Reporting Period	NSP 2017 Expected Activity / Target	Projected Outturn 2017	Expected Activity / Target 2018	Cork Kerry CHO Target
% on waiting list for assessment ≤52 weeks	Access and Integration		92%	77%	85%	85%
Speech and Language Therapy No. of patients seen			265,182	278,862	279,803	46,010
% on waiting list for assessment ≤52 weeks			100%	96%	100%	100%
% on waiting list for treatment ≤52 weeks			100%	94%	100%	100%
Podiatry No. of patients seen			74,952	74,206	74,206	19,906
% on waiting list for treatment ≤12 weeks			44%	26%	26%	26%
% on waiting list for treatment ≤52 weeks			88%	77%	77%	77%
Ophthalmology No. of patients seen			97,150	96,404	96,404	11,043
% on waiting list for treatment ≤12 weeks			50%	26%	26%	26%
% on waiting list for treatment ≤52 weeks			81%	66%	66%	66%
Audiology No. of patients seen			56,834	52,548	52,548	6,752
% on waiting list for treatment ≤12 weeks			50%	41%	41%	41%
% on waiting list for treatment ≤52 weeks			95%	88%	88%	88%
Dietetics No. of patients seen			65,217	63,382	63,382	17,408
% on waiting list for treatment ≤12 weeks			48%	37%	37%	37%
% on waiting list for treatment ≤52 weeks			96%	79%	79%	79%
Psychology No. of patients seen			37,896	36,287	40,024	3,850
% on waiting list for treatment ≤12 weeks			60%	26%	36%	36%
% on waiting list for treatment ≤52 weeks			100%	71%	81%	81%
Oral Health % of new patients who commenced treatment within three months of scheduled oral health assessment			88%	92%	92%	92%
Orthodontics No. and % of patients seen for assessment within six months		Q	2,632 75%	2,483 46%	2,483 46%	National
Reduce the proportion of patients (grades 4 and 5) on the treatment waiting list waiting longer than four years		Q	<5%	4%	<1%	<1%
Paediatric Homecare Packages No. of packages		M	514	524	584	National
GP Trainees No. of trainees		Annual	187	170	198	National
National Virus Reference Laboratory No. of tests		M (1 Mth)	627,684	855,288	855,288	National

Primary Care Services						
Indicator	Performance Area	Reporting Period	NSP 2017 Expected Activity / Target	Projected Outturn 2017	Expected Activity / Target 2018	Cork Kerry CHO Target
Child Health % of children reaching 10 months within the reporting period who have had child development health screening on time or before reaching 10 months of age	Quality and Safety	in arrears)	95%	93%	95%	95%
% of newborn babies visited by a PHN within 72 hours of discharge from maternity services		Q	98%	98%	98%	98%
% of babies breastfed (exclusively and not exclusively) at first PHN visit		Q (1 Qtr in arrears)	58%	55%	58%	58%
% of babies breastfed exclusively at first PHN visit			New NSP PI 2018	New NSP PI 2018	48%	48%
% of babies breastfed (exclusively and not exclusively) at three month PHN visit			40%	39%	40%	40%
% of babies breastfed exclusively at three month PHN visit			New NSP PI 2018	New NSP PI 2018	30%	30%
Social Inclusion Services						
Opioid Substitution No. of clients in receipt of opioid substitution treatment (outside prisons)	Access and Integration	M (1 Mth in arrears)	9,700	9,748	10,028	500
Average waiting time from referral to assessment for opioid substitution treatment			4 days	3 days	3 days	3 days
Average waiting time from opioid substitution assessment to exit from waiting list or treatment commenced			28 days	16 days	28 days	28 days
Needle Exchange No. of unique individuals attending pharmacy needle exchange		Q (1 Qtr in arrears)	1,647	1,628	1,628	429
Homeless Services No. of service users admitted to homeless emergency accommodation hostels / facilities whose health needs have been assessed within two weeks of admission	Quality and Safety	Q	1,272	1,035	1,035	351
% of service users admitted to homeless emergency accommodation hostels / facilities whose health needs have been assessed within two weeks of admission			85%	73%	73%	73%
Traveller Health No. of people who received information on type 2 diabetes or participated in related initiatives	Quality and Safety	Q (1 Qtr in arrears)	New NSP PI 2018	New NSP PI 2018	3,735	381
No. of people who received information on cardiovascular health or participated in related initiatives			New NSP PI 2018	New NSP PI 2018	3,735	381

Primary Care Services						
Indicator	Performance Area	Reporting Period	NSP 2017 Expected Activity / Target	Projected Outturn 2017	Expected Activity / Target 2018	Cork Kerry CHO Target
Substance Misuse No. and % of substance misusers (over 18 years) for whom treatment has commenced within one calendar month following assessment	Access and Integration		100%	4,298 98%	4,946 100%	366 100%
No. and % of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment			100%	326 98%	333 100%	22 100%
Palliative Care Services						
Inpatient Palliative Care Services No. accessing specialist inpatient beds	Access and Integration	M	3,555	3,379	3,595	894
Access to specialist inpatient bed within seven days			98%	98%	98%	98%
% of patients triaged within one working day of referral (inpatient unit)	Quality and Safety		90%	95%	95%	95%
% of patients with a multi-disciplinary care plan documented within five working days of initial assessment (inpatient unit)			90%	52%	90%	90%
Community Palliative Care Services No. of patients who received specialist palliative care treatment in their normal place of residence in the month	Access and Integration		3,620	3,349	3,376	591
Access to specialist palliative care services in the community provided within seven days (normal place of residence)			95%	93%	95%	95%
% of patients triaged within one working day of referral (community)	Quality and Safety		90%	94%	94%	94%
Children's Palliative Care Services No. of children in the care of the Clinical Nurse Co-ordinator for Children with Life Limiting Conditions (children's outreach nurse)	Access and Integration		269	292	280	37
No. of children in the care of the acute specialist paediatric palliative care team (during the reporting month)			20	97	97	National

Mental Health Services

Population served

The expected increase in population for people older than 65 years (expected increase of 17.2% between 2016 and 2021) will have a considerable impact on the newly established Psychiatry of Later Life services. In addition, the rise in the number of children will place a considerable demand on child & adolescent mental health teams (CAMHS) and on the regional CAMHS inpatient unit (Eist Linn) which accepts young people from the South East (CHO 5) in addition to young people from the Cork and Kerry area.

Services provided

Mental Health Services in Cork and Kerry aim to promote and protect the mental health of the population and to provide effective services to those who need them. Our services have a strong focus on recovery and co-production and have consistently sought to develop and enhance community based services and reduce, where appropriate, those treated in more acute services. In recent years, specialist teams in Cork and Kerry have been developed to support certain populations, including Mental Health of Intellectual Disability Teams, Psychiatry of Old Age and an Assertive Outreach Team from the Psychiatric Intensive Care Unit in Cork. In 2018, it is planned to develop a Specialist Forensics Team, CAMHS Eating Disorders Team, Perinatal Service and an expanded Early Intervention Psychosis Service.

The full range of Mental Health Services provided by Cork Kerry Community Healthcare are:

- Community based mental health teams
 - Child and Adolescent Mental Health Services (CAMHS)
 - General Adult
 - Psychiatry of Later Life
 - Mental Health and Intellectual Disability
 - Rehabilitation teams
 - Mental health teams
- Acute inpatient units
- Day hospitals/centres
- Community residential and continuing care

Issues and opportunities

A key focus for 2018 will be to develop and implement standardised pathways for the management of complex cases who require mental health services, along with input from other divisions, in particular, social care, and to streamline processes with our acute hospital colleagues. 2018 will see further implementation of the local Connecting for Life (CfL) plans in Cork and Kerry, building on work to date since their launch in 2017. This has included establishment of Implementation Steering Groups in each county and establishment of a number of work streams to deliver actions involving a multi-agency approach, as outlined in the plans.

2017 saw the opening of Deer Lodge in Killarney, a purpose build 40 bedded mental health recovery unit. The opening of Deer Lodge has provided a modern, single room accommodation facility to replace the old O'Connor unit which has now been closed. This has resulted in an increase in the number of beds from 32 in the existing O'Connor unit, to 40 in Deer Lodge, to provide for the needs of Kerry Mental Health

Services. The programme of on-going refurbishment works in the acute unit in University Hospital Kerry (Sliabh Mis Unit) which commenced in 2014 will recommence in 2018 with refurbishment of the remainder of the unit.

Cork Kerry Community Healthcare appointed a Head of Mental Health Engagement in 2017. The appointee has worked closely with the Mental Health Management Teams in Cork and Kerry, the National Lead for Mental Health Engagement and other members of the National Team and in 2017 established 3 Local Fora across Cork and Kerry. 2018 will see the establishment of the remaining 4 Local Fora, along with establishing an Area Forum.

In 2018, the CAMHS Enhancement Project will aim to increase accessibility for children and adolescents to CAMHS Services across Cork Kerry, with priority focus on those waiting over 12 months, through a range of initiatives to enhance ways of working and improve baseline staffing levels through allocation of PfG funding to support these initiatives. In acknowledgment of significant difficulties faced with medical recruitment, particularly in CAMHS, the CAMHS Recruitment Taskforce which was formed in 2017 will work to review current and on-going efforts to recruit and retain Consultants and NCHDs in Cork and Kerry and identify additional measures, both formal and informal, to encourage and invite candidates to apply for positions.

COMPASS (Cork Kerry Community Healthcare's Healthy Ireland Implementation Plan) will launch in 2018. Mental Health services will work with staff, services users and their families and carers to deliver priorities identified in COMPASS to improve overall health and wellbeing of our service users, staff and the general public.

Cork Kerry Community Healthcare have in place control and monitoring to ensure the staffing numbers remain within agreed levels as per the pay and numbers strategy. It will be a challenge throughout 2018 to balance quality service provision, and in particular meet the needs of highly complex cases which require bespoke individualised care packages, while still remaining within funded levels as per the pay and numbers strategy. These particular complex cases create a significant challenge in the ability of the service to reduce expenditure on nursing agency and overtime.

As with other areas of the country, Cork Kerry Community Healthcare are experiencing significant difficulties in recruiting suitably trained Consultant Psychiatrists in both CAMHS and adult services. All attempts are being made to progress recruitment and attract Consultants to Cork and we will continue to explore all options throughout 2018.

Priorities 2018

Cork and Kerry Mental Health Services will continue 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 2018 priorities that build capacity for sustained service improvement and mental health reform:

1. Establish a specialist perinatal service in line with the National Perinatal Clinical Care Programme
2. Establish Early Intervention Psychosis Hub & Spoke Model across South Lee MHS.
3. Establish a specialist CAMHS eating disorder community team in line with the National Clinical Programme for Eating Disorders.
4. Increase accessibility for children and adolescents to CAMHS services across Cork and Kerry, with a priority on those waiting in excess of 12 months in line with the CAMHS Enhancement Project.
5. Roll out eRostering pilot in Cork North

6. Cork and Kerry established 3 Local Fora in 2017, and will establish the remaining 4 Local Fora in 2018, along with establishing an Area Forum, to include service users / family carers and staff
7. 7 Day Service – Implement full coverage seven day services (7/7) across Cork and Kerry.
8. Train 137 staff within Mental Health Services on Making Every Contact Count (MECC)
9. Introduce 3 ANP's working across Cork and Kerry in the areas of Psychotherapy, Complex Behavioural Presentations and Early Intervention Psychosis.

Implementing priorities 2018 in line with Corporate Plan goals

In the below tables our priorities for 2018 have been aligned to both our local Strategic Priorities (see section 2 above), and to the HSE Goals, which are:

- **Corporate Plan Goal 1: Promote health and wellbeing as part of everything we do so that people will be healthier**
- **Corporate Plan Goal 2: Provide fair, equitable and timely access to quality, safe health services that people need**
- **Corporate Plan Goal 3: Foster a culture that is honest, compassionate, transparent and accountable**
- **Corporate Plan Goal 4: Engage, develop and value our workforce to deliver the best possible care and services to the people who depend on them**
- **Corporate Plan Goal 5: Manage resources in a way that delivers best health outcomes, improves people's experience of using the service and demonstrates value for money**

Mental Health Key Priority Actions						
Goal	SP	Priority Area	Priority Action	Timeline		Lead
				Start	End	
1	5a	Healthy Ireland	► Assign a Healthy Ireland Leads in Mental Health for the duration of the implementation of COMPASS Cork Kerry Community Healthcare Healthy Ireland Implementation Plan	Q1	Q2	HOS
			► Progress further roll out of the expanded nursing metabolic screening across MHS in Cork and Kerry MHS	Q1	Q4	DON Cork
			► Implement Smoke Free Campus in Cork North (St. Stephens Hospital Campus and St. Michaels Unit)	Q1	Q2	Area Admin Cork North ADON Kerry
			► Scope prevalence of Malnutrition Universal Screening Tool (MUST) in all MHS Long Term Care facilities (LTCFs).	Q1	Q4	MHSHI Lead
			► Ensure that mental health specific Health Promotion posters are displayed in all mental health facilities across Cork and Kerry (once available from the National Office)	Q1	Q3	
1	5a	Flu Vaccine	► Increase uptake of flu vaccine by staff ► Nominate peer vaccinators in Cork and Kerry for refresher training on medication protocols	Q1 Q3	Q3 Q4	All Manager's MHS DON's
1	5a	Staff Health & Wellbeing	► Enable provision of Irish Heart Foundation mini health checks	Q1	Q4	HI Lead MHS
			► Promote walking and active travel as a strategy to reduce the risks of sedentary work practices including prolonged sitting across all services	Q1	Q4	HI Lead MHS
			► Encourage staff & Service User's to participate in pedometer challenges and Couch to 5K Programmes	Q1	Q4	HI Lead MHS
			► Introduce Cork v's Kerry MHS Football Challenge.	Q1	Q4	ADON Kerry
1	5a	MECC Making	In conjunction with Health and Wellbeing Division: ► Develop plan for the roll out of MECC within MHS Cork	Q1	Q1	Business Manager MHS

Mental Health Key Priority Actions						
Goal	SP	Priority Area	Priority Action	Timeline		Lead
				Start	End	
		Every Contact Count	and Kerry ► Ensure roll out of MECC training to 10% of all staff in MHS ► Ensure inclusion of MECC on all Integrated Individual Care Plan proformas within MHS	Q2 Q2	Q4 Q4	H.I. Lead H.I. Lead
1	6a	Connecting for Life Cork & Kerry	► Ensure all Connecting for Life workstreams established with first meeting held to progress assigned deliverables ► Work in collaboration with Communications Manager to enhance relationships with local media to support responsible reporting of suicide and self-harm as per national guidelines ► Establish CfL quarterly newsletters in Cork and Kerry ► Design and print bereavement packs for Kerry ► Develop and submit a business plan to establish a bereavement liaison service in Kerry ► Work with the National Suicide Research Foundation (NSRF) to improve real time data collection ► Working with the Community Work Department, develop training programme and website to support the Lighting the Way initiative in Cork	Q1 Q1 Q1 Q1 Q1 Q1	Q1 Q3 Q4 Q2 Q2 Q3 Q3	SRO Cork SRO Kerry All SRO's All SRO's SRO Kerry SRO Kerry All SRO's SRO Cork
1		Suicide Response Plan	► Develop a co-ordinated response plan for Cork and Kerry, in line with best practice guidelines, based on the outputs of the multiagency workshop held in 2017	Q1	Q4	All SRO's
1		Training	Deliver Suicide Prevention Training for Cork as follows: ► Train 1050 participants in safeTALK training ► Train 98 participants in ASSIST ► Train 180 participants in USH ► Train 48 participants in Storm Deliver Suicide Prevention Training for Kerry as follows: ► Train 300 participants in safeTALK training ► Train 48 participants in ASSIST ► Train 60 participants in USH ► Train 24 participants in Storm ► Identify and train additional trainers in Kerry ► Develop a register of all suitable low/no cost training venues across Cork and Kerry	Q1 Q1 Q1 Q1	Q4 Q4 Q4 Q2	SRO Training Lead SRO Training Lead SRO Training Lead SRO Training Lead SRO Training Lead
1	5a	PYSCHED	► Continue to work with Cork Healthy Cities – promoting positive mental health in the community e.g PYSCHED awards scheme. ► Ensure that all MHS, teams and units are aware of the initiative and encourage staff to apply for the awards scheme	Q1 Q1	Q4 Q2	Principal Psychology Mgr Cork
1	5a	Social Prescribing	Convene Social Prescribing Steering Group to oversee Social Prescribing pilot initiative in Listowel, Kerry. ► Provide local workshops on Social Prescribing and liaise with GPs and main referrers ► Complete mapping exercise of local activities and resources available ► Complete evaluation of pilot in initiative	Q1 Q2 Q2	Q2 Q2 Q3	SRO Kerry

Mental Health Key Priority Actions						
Goal	SP	Priority Area	Priority Action	Timeline		Lead
				Start	End	
1	5a	Travellers Health	<ul style="list-style-type: none"> ▶ Review effectiveness of supports to the travelling community through recruitment of a Grade VII for Travellers Mental Health ▶ Prepare a plan to support this vulnerable group 	Q2	Q4	HOS
1	5a	Youth Mental Health	Cooperate with the national team in the implementation of the Youth National Taskforce Recommendations	Q2	Q4	HOS
2	1a	CAMHS Service Enhancement Project	<p>Increase accessibility for children and adolescents to CAMHS services across Cork Kerry, with a priority on those waiting in excess of 12 months through the CAMHS Service Enhancement Project by:</p> <ul style="list-style-type: none"> ▶ Complete mapping exercise of all teams. ▶ Complete validation exercise of all children and adolescents waiting over 12 months. ▶ Assign additional priority resource allocation based on needs identified and commence recruitment of staff. ▶ Investigate the feasibility of piloting CAPA (Choice & Partnership Approach) with the North Cork CAMHS team. ▶ Improve the throughput of children & young people through CAMHS, with a review of internal referral processes and maximising effective use of the available staff skill mix. ▶ Engage with internal and external stakeholders to establish clear interagency partnerships ▶ Refine referral and discharge pathways ▶ Complete a gap analysis of training needs across CAMHS teams. ▶ Develop a CHO wide training plan outlining priorities for training across disciplines and across the service 	Q1 Q1 Q1 Q1 Q2 Q2 Q2 Q2 Q2	Q1 Q1 Q2 Q2 Q2 Q3 Q3 Q3	CAMHS SERVICE ENHANCEMENT LEAD
2	1a	National Clinical Care Programme - CAMHS Eating Disorder Team	<p>Develop CAMHS Eating Disorder team for Cork Kerry Community Healthcare</p> <ul style="list-style-type: none"> ▶ Identify base location for team ▶ Recruit personnel to develop CAMHS Eating Disorder Team ▶ Enhance workforce training and development in both adult and child services ▶ Develop clinical care pathways with primary care and acute hospital network across Cork and Kerry ▶ Commence appropriate activity data collection ▶ Develop SOP's for the team in line with National Clinical Programme for Eating Disorders Model of Care. 	Q1 Q2 Q2 Q2 Q3 Q3	Q2 Q4 Q4 Q4 Q4 Q4	HOS
2	1a	Liaison Service CAMHS	<ul style="list-style-type: none"> ▶ Extend the role of liaison nurses working in the Emergency Department in Cork University Hospital and the Mercy University Hospital to include assessment of 16 and 17 year olds presenting with self-harm. ▶ Develop Liaison CAMHS service in Cork by recruitment of a Liaison Consultant and two Clinical Nurses Specialists ▶ Develop liaison and MHID services in Kerry through 	Q2 Q1 Q1	Q3 Q4 Q3	DON's Cork

Mental Health Key Priority Actions						
Goal	SP	Priority Area	Priority Action	Timeline		Lead
				Start	End	
			recruitment of a Consultant in CAMHS to specialise in Liaison and MHID in Kerry.			
2	1a	CAMHS – Inpatient/Day Hospital Services	► Develop capital submission for redevelopment of the Eist Linn facility to enable outdoor garden access from the high dependency unit, allow separation of the unit, and provide for suitable expansion of capacity if feasible.	Q1	Q3	GM MHS
			► Finalise business case for CAMHS Day Hospital.	Q1	Q4	GM MHS Area Admin CAMHS
			► Complete introductory film video which provides a virtual tour of Eist Linn for service users and their families/carers or friends	Q2	Q3	
2	1a	CAMHS North Cork	► Relocate CAMHS North Cork team to Mallow PCC building.	Q1	Q3	Area Admin Cork North
2	1b	Complex Case Management CAMHS	► Work with CUH to progress proposal for 2 beds in new paediatric development in CUH for CAMHS patients presenting in crisis (expected completion date of new unit is 2020)	Q1	Q1	Area Admin CAMHS
2		National Clinical Care Programme – Early Intervention Psychosis	► Commence implementation of the hub and spoke model of care across South Lee, which will involve: - Recruitment of 11 WTE additional staff - Provision of training to CMHTs - Establishment of an oversight group - Identification of additional accommodation ► Identify additional supports for the North Lee Early Intervention Psychosis Service to meet growing demand and enable service provision in line with the National Model of Care	Q1	Q3	Area Admin South Lee
				Q2	Q4	
				Q1	Q2	
				Q1	Q3	
				Q1	Q4	HOS
2	1b	National Clinical Care Programme – Perinatal Care	► Implement a hub and spoke model of care between Cork University Maternity Hospital and Community Mental Health Services in line with the National Clinical Care Programme for Perinatal Care.	Q3	Q4	HOS
			► Progress recruitment of a Perinatal Consultant	Q1	Q4	
			► Progress recruitment of a Clinical Nurse Specialist.	Q2	Q4	
2	1a	Homeless Services	► Improve health outcomes for people experiencing or at risk of homelessness, particularly those with addiction and mental health needs by: - Progressing recruitment of a Homeless Consultant for Cork and Kerry. - Recruit a Clinical Nurse Specialist and Social Worker to Kerry Mental Health Services who will work with this Consultant, and with colleagues in Social Inclusion and MHS to establish homeless services in Kerry.	Q1	Q4	CKMHS
				Q2	Q3	HOS
						DON Kerry SW Mgr Kerry
2	1a	Forensics	Develop forensics services in Cork in collaboration with National Forensics Services as follows:			HOS
			► Recruitment of a forensics Consultant, Clinical Nurse Specialist and Social Worker.	Q1	Q4	
			► Design model of care and SOPs for new prison inreach/assertive outreach service	Q2	Q4	
			► Establish new prison inreach/assertive outreach model of care building on partnership already in place.	Q2	Q4	

Mental Health Key Priority Actions						
Goal	SP	Priority Area	Priority Action	Timeline		Lead
				Start	End	
2	1a	Liaison Service Adult MHS	► Expand the existing well established Liaison Service in Cork through recruitment of an adult Liaison Consultant	Q2	Q4	HOS
			► Develop a new Mental Health Liaison Service in Kerry by recruitment of a Liaison Consultant	Q2	Q4	
2	1a	HBTT	► Extend the Home Based Treatment Team to Cover Douglas (additional 16,000 population)	Q2	Q3	
2		Carrigormor (PICU)	► Complete review of existing staffing levels in conjunction with the National Team	Q2	Q4	HOS
2	1a	Supported Living:	► Complete a review of High Support Hostel services including mapping existing services, capacity role and function	Q2	Q3	SRF Project Lead
			► Providing recommendations on how best to utilise HSH capacity	Q3	Q4	
			► Investigate feasibility of expanding the MDT North Lee Hostel Development Committee & Stepping Stones Programme.	Q3	Q4	
			► Provide recommendations on major and minor capital upgrade works required	Q4	Q4	
2	2a	Children First Act 2015	► Progress Children's First Implementation Plan	Q1	Q1	Business Manager MHS
			► Ensure all HSE Staff complete eLearning Module	Q1	Q1	
			► Ensure Child Safeguarding Statements are in place	Q1	Q2	
			► Ensure all Mandated Persons aware of their role and responsibility under the new Act	Q1	Q1	
3	3b	Health & Safety	► Ensure all line managers are aware of and have plans in place to meet their Health and Safety legislative obligations.	Q1	Q4	HOSPC/ H&S Advisor
			► Ensure a co-ordinated approach to meeting H&S requirements across the CHO including safety statements, H&S committee meetings, risk registers, safety reps and accidents to include both prevention initiatives and reporting responsibilities	Q1	Q4	
2	1a	Psychiatry of Later Life (POLL)	► Develop a CHO wide plan for POLL across Cork and Kerry.	Q2	Q3	GM MHS
			► Submit business case for PfG Funding 2018 to increase staffing levels in POLL	Q3	Q4	
2	1a	BFT – Behavioural Family Therapy	In line with national SOP for BFT:	Q1	Q4	CHO BFT Lead
			► Ensure a minimum of 70% attendance at BFT supervision by at least 75% of the active BFT workers.	Q1	Q3	
2	1b	Interagency Working Groups	► Continue to embed Interagency processes and Working Groups with Tusla and foster a culture of interagency working.	Q1	Q4	HOS
			► Agree an action plan around areas requiring improvement such as pathways to access services and supports.	Q1	Q4	
2	1b	Interactive Map of	Building on the development of a directory of services in 2017, Cork and Kerry MHS will:			MH Engagement

Mental Health Key Priority Actions						
Goal	SP	Priority Area	Priority Action	Timeline		Lead
				Start	End	
		Services:	<ul style="list-style-type: none"> ▶ Ensure monthly & quarterly updates of Cork Kerry Directory of Services to inform National Directory of Services. ▶ Develop website for Cork MHS 	Q1	Q4	Lead Communications Mgr
				Q2	Q3	
4	1b	Advanced Nurse Practitioners	<ul style="list-style-type: none"> ▶ Formalise governance arrangements for the development of the Advanced Practice Posts in: <ul style="list-style-type: none"> – Early Intervention Psychosis; – Complex Behavioural Presentations – Psychotherapy ▶ Prepare relevant sites to support the integration of the ANP's ▶ Identify and establish structures to support the advanced practice role e.g. Policies, Procedures, Protocols and Guidelines (PPPGs) / Service Level Agreement (SLAs)/ Memoranda of Understanding (MOU) 	Q2	Q2	HOS/DON
				Q2	Q2	
				Q2	Q2	
2	1b	Mental Health Intellectual Disability	<p>Continue to develop specialist Mental Health Intellectual Disability (MHID) Community Mental Health Services for adults and children in line with national mental health division model of care.</p> <ul style="list-style-type: none"> ▶ Develop CHO wide plan for MHID in conjunction with Disability Services which will enhance : <ul style="list-style-type: none"> – Provision of equitable access to Service Users. – Development of clear care pathways. – Clarify clinical governance arrangements. 	Q1	Q4	HOS MH/HOS SC
2	3a	National Counselling (NCS) Service/ Counselling in Primary Care	<ul style="list-style-type: none"> ▶ Continue to provide supervision of Counselling in Primary Care in line with 2017 levels. ▶ Explore the feasibility of extending the service (currently available to medical cared holders only) to GP Visit Card holders, in conjunction with GPs and the Head of Primary Care. ▶ Participate in CiPC National Evaluation Project ▶ Fully implement COREnet across the CiPC Service 	Q1	Q4	Director NCS
				Q1	Q4	
				Q1	Q4	
				Q1	Q4	
2	1b	Team Co-Ordinators	Roll out of team co-ordinators (TC's) pilot to 5 general adult teams across Cork and Kerry in line with National Project	Q2	Q4	HOS
2	1b	7 Day Service:	<ul style="list-style-type: none"> ▶ Recruit 6 WTE additional staff to enable full coverage across Cork and Kerry in line with the national initiative to introduce 7 day service to all areas ▶ Create and implement CHO wide SOP for weekend service provision based on national guidance document. 	Q1	Q3	DON Cork DON Kerry
				Q1	Q3	
3	6a	Mental Health Engagement Forums	<ul style="list-style-type: none"> ▶ Establish remaining local fora for service users, families and carers, 7 in total. ▶ Area forum to be established and meet quarterly. ▶ Arrange conflict management training for Chair and Secretary of local fora ▶ Embed Mental Health Engagement as part of HSE Staff Induction ▶ Introduce mental health engagement to approved centres and day hospitals 	Q2	Q2	Head of Mental Health Engagement
				Q2	Q2	
				Q2	Q3	
				Q1	Q2	
				Q3	Q4	
3	3a	Co-	▶ Host MHE and Co Production Conference in May 2018 in	Q2	Q2	Head of Mental

Mental Health Key Priority Actions						
Goal	SP	Priority Area	Priority Action	Timeline		Lead
				Start	End	
		production	conjunction with the National Team			Health Engagement
3	3a	MHC Judgement Framework	<ul style="list-style-type: none"> Implement the Judgement Support Framework audit system in Kerry MHS (now in place in all Cork Approved Centres) Complete a review of audit tools and identify the most appropriate audit tool Establish/continue Monthly Audit Meetings Complete a cost benefit analysis on implementing a formal document control and management system for MHS to effectively and efficiently track all activity relating to policies, procedures, guidelines, audit etc. 	Q1 Q1 Q2 Q3	Q4 Q4 Q4 Q4	QPS Advisor MHS
3	3a	Mental Health/Social Care & Disability Services	<ul style="list-style-type: none"> Scope the development of integrated pathways/services including behavioural assessment/stabilisation units, transitional care and residential placements for persons with complex needs spanning mental health and social care and/or disability services. 	Q1	Q4	Clinical Projects Facilitator
3	3a	QPS/CHO Shared Learning	<ul style="list-style-type: none"> Progress 8 standardised policies and obtain sign off from Area Management Team. Continue to review 24 current policies within Cork Kerry MHS through the recently established CHO wide policy development group with a view to standardising where possible Progress a phased schedule for the development of standardised policies. Roll out a system for disseminating and communicating policies to local policy groups Establish a system for retiring policies and creating an archive for these policies Develop a system for monitoring and reviewing time frames to ensure policies are reviewed before they expire. 	Q1 Q3 Q1 Q2 Q3 Q3	Q2 Q4 Q2 Q4 Q4 Q4	QPS MHS Advisor
3	3a	Prevention and Management of Violence Training:	<ul style="list-style-type: none"> Streamline provision of training across Cork & Kerry to staff and students across MHS and other divisions. Deliver training to approx. 700 staff throughout 2018 and provide quarterly update to Head of Mental Health Service on numbers trained, by whom and Divisions involved 	Q1 Q1	Q4 Q4	ADON Lead PMAV
3	3a	Post Graduate Psychology Places	<ul style="list-style-type: none"> Work with National Leads (Mental Health, Primary Care, Social Care) and other agencies (TUSLA) to secure recurrent funding for 8 new Clinical Psychology Programme trainees commencing in September 2018 Provide suitable clinical placements across Cork and Kerry Healthcare Services for additional Clinical Psychology Programme Students. 	Q2 Q1	Q4 Q4	Principal Psychology Cork
3	3a	Safeguarding	<ul style="list-style-type: none"> Develop a local plan to implement the revised Safeguarding of Vulnerable Adults at Risk of Abuse policy across Cork and Kerry MHS. Develop a training plan for staff in Cork and Kerry MHS to access training in the new safeguarding policy 	Q4 Q4	Q4 Q4	HOS
3	3a	Compliance	Develop and agree with Estates a proposal to achieve the	Q1	Q4	GM MHS

Mental Health Key Priority Actions						
Goal	SP	Priority Area	Priority Action	Timeline		Lead
				Start	End	
		e HIQA	infrastructure requirements to achieve compliance with HIQA standards within available resources, in: <ul style="list-style-type: none"> ▶ Mount Alvernia, ▶ Unit 1, St Stephens's Hospital. 			
3	3a	Provision of excellence in Approved Centres	<ul style="list-style-type: none"> ▶ Strive to achieve compliance across all domains of Mental Health Commission (MHC) inspections of good or excellent levels of compliance in the 9 approved centres across Cork and Kerry. ▶ Deliver on-going development and monitoring of Corrective and Preventive Actions (CAPA's). ▶ Ensure completion of monthly/quarterly compliance audit returns required by the MHC in a timely fashion with submission of all by deadline provided by the MHC. ▶ Completion of minor upgrading works across all centres with funding prioritised to enable services to optimise compliance at inspections 	Q1	Q4	HOS
				Q1	Q4	
				Q1	Q4	
				Q1	Q4	
3	3c	Best Practice Guidelines	<ul style="list-style-type: none"> ▶ Monitor the completion of self-assessments based on best practice guidelines in MHS in five sites per quarter ▶ Develop Quality Improvement Plans for high risk areas identified. 	Q1	Q4	QPS Advisor MHS
				Q1	Q4	
3	3d	Project Board	Continue to participate in National Mental Health Division Project Board to: <ul style="list-style-type: none"> ▶ Ensure consistency of approach between local service improvement initiatives and national priority projects ▶ Provide feedback to the National Division on feasibility of implementing national initiatives within Cork and Kerry ▶ Provide information on identified needs within Cork and Kerry MHS and suggestions on how these needs can be addressed through national service improvement projects 	Q1	Q4	National
3	3d	Person Centeredness Programme	<ul style="list-style-type: none"> ▶ Complete training of these two facilitators in developing cultures of person centeredness. ▶ Hold 1 meeting per months of the MDT groups in North Lee MHS. ▶ Questionnaire to issue to participants to gather feedback and evaluate this initiative 	Q1	Q4	DON Cork Adult Services
				Q1	Q4	
				Q1	Q4	
				Q1	Q3	
3	6a	Health Promotion and Recovery	Working in partnership with Schools/NEPS/Health Promotion/Suicide Resource Officers, in line with implementation of the Cork Connecting for Life Plan, in 2018 we will: <ul style="list-style-type: none"> ▶ Explore feasibility of further roll out of DBT Steps A project ▶ Consider evaluations of other schools based pilot projects provided by Community Work Department and others ▶ Finalise and publish booklet for circulation through Cork post primary schools 	Q1	Q4	SRO Cork
				Q1	Q4	
				Q1	Q4	
3	6a	Mental Health Service User and Family Support	Enhance access to Stress Control programme for service users/families and staff by: <ul style="list-style-type: none"> ▶ Increasing awareness/advertisement in clinics and via teams ▶ Provide 6 Stress Control programmes (subject to demand) serving North (provided in St. Marys) and South (provided in Ravenscourt) sides of Cork city 	Q1	Q4	Psychology Mgr Cork
				Q1	Q4	

Mental Health Key Priority Actions						
Goal	SP	Priority Area	Priority Action	Timeline		Lead
				Start	End	
			<ul style="list-style-type: none"> ► Provide Stress Control in 3 rural locations – West Cork (Dunmanway or Bantry), East Cork (Mideltown) and North Cork (Mallow). <p>Continue to provide 4 Bi Polar Support Groups “On the Level” (subject to demand) as follows:</p> <ul style="list-style-type: none"> ► 2 in Cork City (Inniscarrig House and Ravenscourt) ► 1 in North Cork (Mallow) ► 1 in West Cork (Bantry or Dunmanway). 	Q2	Q2	
				Q4	Q4	
				Q4	Q4	
				Q4	Q4	
3	6a	Dialectical Behavioural Therapy	<ul style="list-style-type: none"> ► Continue to work with National Leads on the development and training of DBT 	Q1	Q4	Psychology Manager Cork
3	6a	Open Dialogue	<ul style="list-style-type: none"> ► Evaluate the effectiveness of OD in Cork and Kerry MHS. ► Develop plan for roll out of Open Dialogue in Cork Kerry Community Healthcare (informed by results of evaluation). 	Q1 Q3	Q3 Q4	Chair of OD Steering Group
4	2a	Eolas	<ul style="list-style-type: none"> ► Continue to work with the EOLAS project which delivers two recovery oriented co-produced education programmes, one for service users with an experience of psychosis or bipolar disorder and another for their families and friends. ► Specific provision of EOLAS training to: <ul style="list-style-type: none"> – Offer EOLAS programmes to EIP services – EOLAS programmes will be available on request to CMHTs and services across North and South Lee. 	Q1 Q2	Q2 Q4	DON Cork
4	2a	Advancing Recovery Ireland (ARI)	<ul style="list-style-type: none"> ► Co-Produce and oversee the development of a Recovery Strategy for Cork Kerry Community Healthcare Mental Health Services in line with the National Recovery Framework for Mental Health Services in Ireland and develop a recovery contract with the national ARI office. ► Co-Produce a local communication strategy for the Advancing Recovery in Ireland project (ARI). ► Build capacity to deliver Recovery Principles and Practice workshops by identifying service provider, service users, and their supports to undertake training provided by the ARI National Office. ► Co deliver Recovery Principles and Practice Workshops to Community Mental Health Teams by: <ul style="list-style-type: none"> – Provide 10 Principles and Practice Workshops in Cork involving 100 MDT staff – Provide 9 Principles and Practice Workshops in Kerry involving 90 MDT staff – Co-produce & co-deliver capacity to deliver sustainable Family Peer Support across Cork & Kerry by completing the delivery of 4 Peer Leader/Mentor training Courses – Completing the delivery of 6 Recovery Workshops in the wider community as per ARI funding 2017. – Co-production in conjunction with MHE – Information sharing and awareness raising workshops for Service Users, families, carer's & staff – Introductory 4 hour training on embedding co- 	Q1 Q2 Q2 Q1	Q3 Q3 Q4 Q4	Co-Chair of ARI Steering Committee

Mental Health Key Priority Actions						
Goal	SP	Priority Area	Priority Action	Timeline		Lead
				Start	End	
			production into our everyday work practices			
4	2a	SRF	<ul style="list-style-type: none"> ▶ Recruit a Project Lead to progress the development and delivery of the Service Reform Fund (SRF) Plan ▶ Develop and submit a funding application for the next round of SRF funding in June 2018 ▶ Recruit two employment specialists/job coaches to deliver Individual Placement and Support for mental health service users. ▶ Recruit a Housing Coordinator for MHS 	Q1	Q2	Chair of Steering Group
				Q2	Q3	
				Q2	Q3	
				Q2	Q3	
4	2b	Coaching	▶ Implementation of 1:1 meetings with all front line managers.	Q1	Q4	HOS
4	2b	MDT Training Plan:	<ul style="list-style-type: none"> ▶ Develop MDT training plan for staff, focused on evidence based intervention which identifies training needs at Community Mental Health team level in both adult and CAMHS services ▶ Makes recommendations on prioritisation of training needs within services ▶ Investigates the feasibility of delivering prioritised training programmes within Cork Kerry Community Healthcare to reduce the need for HSCP staff to travel elsewhere/abroad to train. 	Q3	Q4	GM MHS
4	2b	Resilience Training:	▶ Deliver Resilience Training Programmes for staff in Cork & Kerry with one day workshops to be provided to 140 professionals	Q1	Q4	Springboard
4	2b	CAMHS Clinical Director	▶ Recruit Clinical Director for CAMHS who will provide clinical leadership and direction to CAMHS across Cork and Kerry	Q1	Q2	HOS
4	2b	CAMHS MEDICAL RECRUITMENT TASKFORCE CAMHS	<ul style="list-style-type: none"> ▶ Review current and on-going efforts to recruit and retain consultants and NCHDs in Cork and Kerry through CAMHS Medical Recruitment Taskforce ▶ Identify additional measures, both formal and informal, to invite candidates to apply for positions based on available research and anecdotal evidence. ▶ Identify the measures within the control of the CHO to increase the potential to attract candidates to Cork and Kerry. ▶ Set out a plan with clear actions, timelines and persons responsible to optimise the recruitment of both NCHDS and consultants 	Q1	Q1	Chair of Taskforce
				Q2	Q2	
				Q1	Q1	
				Q1	Q3	
4	2b	eRostering	<p>Implement eRostering to Cork North Mental Health Services as one of two identified national learning sites involving 650 staff across all disciplines.</p> <ul style="list-style-type: none"> ▶ Complete "As Is" analysis of staff attendance with particular emphasis on gaining an understanding of how all types of leave are managed in each discipline, so this information is captured accurately and in turn will inform the e-solution. ▶ Engage with heads and front line managers prior to go live ▶ Ensure appropriate IT connections managed through the NIP are in place in all areas via business managers prior 	Q1	Q2	ADON Lead for eRostering
				Q1	Q2	

Mental Health Key Priority Actions						
Goal	SP	Priority Area	Priority Action	Timeline		Lead
				Start	End	
			to go live ► Go live with pilot	Q3	Q3	
4	2b	European Working Time Directive (EWTD)	► Progress the plan to achieve full compliance with EWTD through recruitment of additional NCHD in St Stephens Hospital/ Home Based Treatment Team North Cork.	Q3	Q3	CD North Cork
4	6a	Peer support workers	► Continue to work with National MHD on the roll out and evaluation of Peer Support Workers	Q1	Q4	SW Manager's Cork & Kerry
4	6c	Communications	Develop and update as appropriate Communication Plans for key initiatives including: ► Connecting for Life ► Mental Health Week ► Service reconfiguration plans ► Increase the number of trained spokespeople within Cork & Kerry Mental Health Services	Q1	Q4	Communications Manager & SRO's HOS
5	2b	Voice Recognition Digital Dictation	Explore feasibility of introducing voice recognition digital dictation (VRDD) to MHS: ► Liaise with Acute Hospitals and Office of the Chief Information Officer CoCIO to identify suitable options. ► Prepare Business Case. ► Identify initial pilot site and arrange training	Q1 Q1 Q3	Q2 Q3 Q4	HOS
5	4a	Mapping Exercise	► Complete a full mapping exercise of each adult Community Mental Health Team in Cork. ► Prepare transition plan for aligning CMHTs with 14 Community Healthcare Networks	Q1 Q3	Q3 Q4	Business Manager MHS
5	4b	Increase control of nursing agency & overtime:	► Develop an automated weekly collection sheet to enhance monitoring and reduction of nursing agency and overtime ► Identify a lead ADON in Cork and lead ADON in Kerry to monitor agency and overtime in Cork, and overtime in Kerry ► Enhance the role of CNM2s and ADONs in the management of agency and overtime within pay and numbers strategy ► Continue to closely monitor factors leading to usage of 1:1 specials in all approved centres	Q1 Q1 Q1 Q1	Q2 Q2 Q1 Q4	GM MHS
5	4c	Physical Infrastructure:	► Address Quality Patient Safety (QPS) priorities (anti-ligature measures etc) through minor capital funding. ► Review the infrastructure/accommodation needs of all community based mental health services and prepare plans to address same. ► Prepare an accommodation plan for residential services, high support hostels, day and OPD services.	Q1 Q1 Q3	Q4 Q4 Q4	HOS
5	4c	Renovation of Acute Mental Health Unit at University	► Complete tender process ► Commence the renovation of the Acute Mental Health Unit at University Hospital Kerry with expected completion date now early 2019.	Q1 Q2	Q2 Q3	Area Administrator Kerry

Mental Health Key Priority Actions						
Goal	SP	Priority Area	Priority Action	Timeline		Lead
				Start	End	
		Hospital Kerry				
5	4c	ICT	<ul style="list-style-type: none"> ▶ Develop an ICT strategic plan for MHS in Cork and Kerry. ▶ Develop a plan to progress iPMS roll out across MHS Cork and Kerry ▶ Develop electronic referral between Cork GP's and the Home Based Treatment Teams in North and South Lee. ▶ Develop link for the transfer of electronic blood results from CUH to St Stephens Hospital 	Q3 Q2 Q1 Q2	Q4 Q4 Q2 Q3	Business Manager MHS HBTT Consultants North & South Lee Area Admin Cork North

Disability Services

Population served

The HSE provides and funds a range of services for people with intellectual, physical and sensory disabilities and severe autism and their carers.

The census figures 2016 have identified 95,346 people have a disability in Cork and Kerry. This represents a growth of 8.92% relating to persons with a disability within Cork Kerry Community Healthcare since the previous census in 2011. Furthermore, this growth rate represents an 11.07% increase in the rate of disability in excess of the national average.

Services provided

Disability services in Cork and Kerry are focused on enabling people with disabilities to achieve their full potential, living ordinary lives in ordinary places, as independently as possible while ensuring the voice of service users and their families are heard and involved in planning and improving services to meet needs. A range of Specialist services are provided either directly or in partnership through the Service Arrangement Process with non- statutory organisations as follows:

- Residential services. These range from supports for individuals and small groups to live in community settings to larger residential settings
- Day services
- Respite
- Personal assistant/ Home Support services
- Aids and appliances

Issues and opportunities

Significant progress has been made in 2017 in order to move people with disabilities out of congregated settings to more appropriate locations that allow them to achieve meaningful lives. In 2018 we will continue with the decongregation programme at St Raphaels Centre and Cluain Fhionnain, and will work with service providers to develop plans for further decongregation within available resources.

The demand for residential placements continues to increase in Cork and Kerry with a continued rise in the number of emergency cases. The Residential Placement Management Committee provides an opportunity to work collaboratively with our service providers in order to manage the significant challenge relating to the unmet need for residential and respite care in our area. Management of the wait list for Residential Placements within available resources remains a significant challenge.

The availability of respite services has been a challenge in Cork and Kerry but significant progress has been made with an increase in respite nights in Cork in 2017 and the planned opening of a new respite facility in Kerry in 2018.

We continue to face challenges in regard the length of time that people are required to wait for assessment under the Disability Act. In 2018 we will reduce the numbers waiting on stage 2 of the Disability Act through a wait list initiative for ASD, and the completion of assessment officer reports. On a monthly basis 60% of the Assessment of Need referrals relate to ASD Assessments, and so by targeting these assessments we aim to reduce the overall pressure in this area. In addition we aim to improve the process for Assessment of Need in 2018 through the implementation of the Standard Operating Procedure that is being developed nationally.

Implementation of the Progressing Disabilities teams will commence in Cork throughout 2018, requiring resource for accommodation and team supports. This will be supported through the recruitment of a Project Manager to commence at the end of Q1. In addition we will need to identify the training requirements for the staff to effectively implement Progressing Disabilities.

The limited supply of premises available to establish new day services, and access to MDT Supports, to meet the requirements of the School Leavers Process continues to be an issue in Cork and Kerry. In 2018 we will continue the implementation of the New Directions policy for Day Services and progress the recruitment of Day Service coordinators to support the School Leavers process and provide useful data for the planning of services in the future.

Compliance with HIQA regulations is a significant challenge for all residential disability service within Cork and Kerry, in particular where it is required within available resources. We will collaborate with service providers in order to share the learning from HIQA inspections and compliance efforts through existing fora.

A number of our service providers present with underlying financial deficits which may impact on their ability to meet all service development challenges in 2018. This will further present a challenge in the identification and delivery of Value Improvement Programme initiatives for disability services in 2018. We are reliant for delivery of these initiatives on Voluntary Agencies who provide the vast majority of services in Cork and Kerry. There is a high risk that these savings will not be deliverable due to the financial issues outlined above, and furthermore may increase pressure on those organisations with underlying financial challenges

Long term planning in disability services in Cork and Kerry has been difficult due to the challenges faced in services. In 2018 we aim to develop a multi-year plan for disability services that will effective long term planning to meet future needs of the population. In addition we aim to develop a communication plan for Disability Services to ensure effective communication is provided to the population we serve.

Risks

NSP 2018 acknowledges a set of risks critical to the delivery of safe and effective services to the population. Amongst the identified risks are ; delivering volume of activity, driven by need, which is beyond funded levels in addition to sustaining a level of service where the nature of the response is such that activity cannot be stopped or spend avoided, including emergency placements for people with a disability. Additionally, NSP 2018 also identifies the key concern of meeting regulatory requirements as a key risk factor which can impact on both service deliverables and in budgetary terms (ref: HSE NSP 2018, pg 2/3).

From a disability perspective, the above are critical factors which may impact on budget allocations provided to CHOs and their capacity to remain within same whilst responding to need. In that regard, the following mitigating actions will act as enablers to ameliorate the potential impact of the aforementioned risk factors.

1. Emergency Placements: Each CHO will continue to follow the agreed policy and procedure for the management of Residential Supports (Including Emergency Placements) which requires effective planning and decision making in relation to the existing residential base and determining alternatives to residential supports. In particular each CHO will ensure the on-going effectiveness of the work of Residential Committees and pay particular regard to the following.
 - a. Maintain bed registers to optimise existing bed capacity
 - b. Utilise in-home emergency respite supports and 2018 NEW "Respite programme" as part of a planned alternative to Emergency Residential Placements
 - c. Recycling of existing emergency placements and re-orienting committed resources to greatest area of need where possible

- d. Utilise forthcoming procurement framework in respect of “for profit” providers in relation to emergency placements
 - e. Ensure robust record keeping in respect of decision making for assurance and audit/ verification purposes (including timely returns by CHOs of residential ‘registers’ to the National Office)
2. HIQA/ Regulation: The independence of the Office of the Chief Inspector of Social Services is important to acknowledge. In turn, specific consequences in respect of unplanned expenditure being incurred without the requisite authorization must also be acknowledged as a significant risk to CHOs (and funded agencies) remaining within the allocated budget. The following mitigating actions are important in this regard for each CHO to follow/ implement.
- a. Utilise agreed national escalation measures where a CHO anticipates regulatory impact that may have financial implications
 - b. Ensure S 38s/39s (Boards and Executive) are formally aware of their obligation to remain within the agreed budget allocation and agree escalation measures with each provider and / or the relevant HSE line manager.

Priorities 2018

Progressing Disabilities:

- Implementation of the Progressing Disabilities Teams in Cork throughout 2018
- Implementation of the National Access Criteria

Disability Act:

- Improve the waiting time for assessments under the act with a particular waiting List Initiative for ASD Assessments.
- Implementation of the Standard Operating Procedure for Assessment of Need from April 2018.

New Directions:

- Continue to implement the new directions policy and implementation of the interim standards for day services in 2018.
- Establish a School Leavers sub-group within the new directions group in order to enhance the school leavers planning process.

Decongregation:

- Decongregation of priority sites within Cork Kerry Community Healthcare will continue in 2018 within available resources.

Residential and Respite Services:

- Residential Management Placement Committee – use this forum to work collaboratively with providers to address emergency needs using new and existing capacity in residential services
- Enhance respite services through engagement with the National Taskforce on Respite for 2018.
- Development of a Strategic Plan for the Disability Services in Cork and Kerry.

Implementing priorities 2018 in line with Corporate Plan goals

In the below tables our priorities for 2018 have been aligned to both our local Strategic Priorities (see section 2 above), and to the HSE Goals, which are:

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

- Corporate Plan Goal 2: Provide fair, equitable and timely access to quality, safe health services that people need
- Corporate Plan Goal 3: Foster a culture that is honest, compassionate, transparent and accountable
- Corporate Plan Goal 4: Engage, develop and value our workforce to deliver the best possible care and services to the people who depend on them
- Corporate Plan Goal 5: Manage resources in a way that delivers best health outcomes, improves people's experience of using the service and demonstrates value for money

Disability Services Key Priority Actions						
Goal	SP	Priority Area	Priority Action	Timeline		Lead
				Start	End	
1	5a	Tobacco Free Campus	► Continue to work with our services to implement Tobacco Free Campus across all Service Providers with a focus on delivering 3 Campuses in 2018.	Q1	Q4	GM
3	6d	Consultative Fora	► Establish working groups including: – New Directions – Progressing Disabilities – Service User engagement	Q1 Q2 Q4	Q1 Q2 Q4	GM
1	5c	Health & Wellbeing	► Use the fora of Service Arrangement meetings to promote at least 1 Health & Wellbeing initiative for each service provider in 2018, such as: – Mental Health Awareness – Healthy Eating – Active Living ► Assign a Healthy Ireland Leads in each care group for the duration of the implementation of COMPASS Cork Kerry Community Healthcare Healthy Ireland Implementation Plan.	Q1	Q4	GM
3	6a	Communications	► Develop a communication plan for Disability Services to ensure effective communication is provided to the population we serve. ► Identify target audiences for the various messages. ► Link with Communications Manager regarding appropriate communication strategy and tools.	Q1	Q4	GM
5	4b	Planning	► Develop an multi-annual plan for the Disability Services through collaboration with service providers.	Q2	Q4	HOS GM
4	2b 3c	Disability Team: Training	► Review current training provided and prepare training plan for 2018 which is in line with schedules and requirements for the team.	Q1	Q4	GM
3	3a	Disability Team: QPS	► Establish Quality and Safety Committee with representation across the Disability Team.	Q1	Q1	GM
4	2a	Children First Act 2015	► Progress Children's First Implementation Plan ► Ensure all HSE Staff complete eLearning Module ► Ensure Child Safeguarding Statements are in place ► Ensure all Mandated Persons are aware of their	Q1 Q1 Q1 Q1	Q1 Q1 Q2 Q1	GM

Disability Services Key Priority Actions						
Goal	SP	Priority Area	Priority Action	Timeline		Lead
				Start	End	
			<ul style="list-style-type: none"> role and responsibility under the new Act ► Ensure all agencies funded and contracted are aware of their obligations in relation to Children First legislation and provide assurance in relation to same. 	Q1	Q1	
2	3b	Health & Safety	<ul style="list-style-type: none"> ► Ensure all line managers are aware of and have plans in place to meet their Health and Safety legislative obligations. ► Work with the new Health and Safety Officer to ensure a co-ordinated approach to meeting H&S requirements across the CHO including safety statements, H&S committee meetings, risk registers, safety reps and accidents to include both prevention initiatives and reporting responsibilities ► Establish a Health & Safety Committee 	Q1 Q1 Q2	Q4 Q4 Q4	GM
2	1a	Mental Health of Intellectual Disability Services	<ul style="list-style-type: none"> ► Develop CHO wide plan for MHID in conjunction with Disability Services which will provide: <ul style="list-style-type: none"> – Equitable access to Service Users. – Development of clear care pathways. – Clarify clinical governance arrangements. – Establish and Enhance level of Multi-Disciplinary Supports 	Q1	Q2	HOS
3	3a	Interagency Working - Tusla	<ul style="list-style-type: none"> ► Continue to embed Interagency processes and Working Groups with Tusla and foster a culture of interagency working. ► Agree an action plan around areas requiring improvement such as pathways to access services and supports. ► Work with Tusla to undertake an assessment of need of children with a moderate to high level of disability currently in foster care in line with a consistent national approach. This is a key requirement of the Children's Ombudsman Report as outlined in the case of "Molly" (Published 15th January). 	Q1 Q1 Q2	Q4 Q4 Q4	HOS GM DM
4	2a	All services Social Reform Fund	<ul style="list-style-type: none"> ► Agree and submit a proposal with all service providers to the Service Reform Fund in relation to new service delivery responses. 	Q1	Q4	GM
3	3b 4c	Service Arrangements	<ul style="list-style-type: none"> ► Ensure the Service Arrangement Documentation is completed in full in terms of schedules by 28/02/2018. ► Use the service arrangement meetings appropriately to monitor delivery of services in line with quantum and quality of services provided for in service arrangements. 	Q1 Q1	Q1 Q4	GM
5	4c	Financial Viability of Service Providers	<ul style="list-style-type: none"> ► Continue to work with identified service providers around clarifying financial deficits, causal factors and solutions to respond. ► Monitor control measures through the service arrangement process. 	Q1 Q1	Q4 Q4	HOS GM

Disability Services Key Priority Actions						
Goal	SP	Priority Area	Priority Action	Timeline		Lead
				Start	End	
			► Work with the National team to plan to address residual deficits	Q1	Q4	
5	4c	Value Improvement Programmes (VIPs)	<p>Implementation of VIPs to address cost pressures and financial risks with areas of the Disability Services such as:</p> <p>► Review and prepare a value improvement program plan to address cost pressures and financial risks with a focus on:</p> <ul style="list-style-type: none"> – Agency Expenditure – Insurance – Transport – Procurement and contract management – Private provider residential costs <p>► Determine appropriate actions regarding service providers in line with consistent approach for all CHOs.</p> <p>► Monitor monthly VIPs targets and report nationally</p>	Q1	Q4	HOS GM
				Q1	Q1	
				Q1	Q2	
				Q2	Q4	
5	4d	Day Service School Leavers	<p>► Identify capacity and gaps within agencies that will impact their ability to provide services in 2018.</p> <p>► Work with the agencies to identify options to address the deficits.</p> <p>► Link with the national office around timely confirmation of funding of school leavers.</p>	Q1	Q2	GM
				Q1	Q3	
				Q1	Q2	
2	1a 2a 2b 3a 5b	Day Service New Directions:	<p>► Roll out of the Interim Standards and Self-Assessment Tool.</p> <p>► Organise a New Directions Learning Event for agencies to demonstrate progress and share the learning across Cork Kerry Community Healthcare.</p> <p>► Set up a working group for School Leavers as a sub-committee of the New Directions Group.</p>	Q1	Q4	GM
				Q2	Q2	
				Q1	Q1	
2	1a 2b 4a 5b	Day Service School Leavers	<p>► Improve the planning and delivery of the School Leaver and RT programme for Cork Kerry Community Healthcare through recruitment of 2 WTE Day Service Coordinators.</p> <p>► Record all school leaver profiling on the OGS database system</p>	Q1	Q3	GM
				Q1	Q2	
2	1a 3b 4b 4c	Disability Act (Assessment of Need)	<p>► Continue to implement local Assessment of Need Action Plan in Cork to address waiting times.</p> <p>► Implement the Standard Operating Procedure for Assessment of Need, through:</p> <ul style="list-style-type: none"> – Information Sessions for assessors – Information Sessions for Assessment Officer <p>► Review screening process following trial in the regional ASD team and South Lee ASD Team in order to implementing a more succinct assessment process for ASD.</p> <p>► Implement waiting list initiative for children awaiting ASD assessment under the Disability Act.</p>	Q1	Q4	GM
				Q2	Q2	
				Q1	Q3	
				Q1	Q3	

Disability Services Key Priority Actions						
Goal	SP	Priority Area	Priority Action	Timeline		Lead
				Start	End	
3	3b	Disability Act (Assessment of Need)	<ul style="list-style-type: none"> Establish Working group with membership from the agencies around the management of ASD waiting list to improve pathways, timelines and succinct assessment process. 	Q1	Q2	GM
4	2a	Disability Act (Assessment of Need) Communication Plan	Implement communication plan for Schools and Parents. <ul style="list-style-type: none"> Develop Leaflet and Poster explaining areas of concern and services that can be accessed. To provide updated information on the HSE website To provide an Information Session for AON 	Q1	Q3	PM
2	1a	Home Support	<ul style="list-style-type: none"> Provide home supports where appropriate within available resources to address emergency needs 	Q1	Q4	GM
2	1a	Respite	Progress the following priority areas for respite in 2018 working with National Taskforce Group for respite: <ul style="list-style-type: none"> Open Listowel House in Kerry Full time which will facilitate referrals from across County Kerry. Develop a new Respite Services in West Cork which will facilitate referrals from across County Cork. Establish Respite Plan for Cork Kerry to include alternative respite options such as afterschool programmes, Saturday clubs etc. 	Q1	Q2	GM
				Q3	Q3	
				Q2	Q2	
2		National Access Policy	<ul style="list-style-type: none"> Establish a CHO wide working group to progress the Implementation of 2016 National policy on Access to Services for Children with Disability or Developmental Delay. Review Model of Service , resource capacity and service demands in reconfigured areas with CDNTs to implement necessary actions to ensure full implementation of the access policy Map resources and infrastructural limitations to ensure realistic phased implementation Work within the scope of national agreements and with the support of National Primary Care and Social care to progress policy and HR changes. Complete a training needs analysis and develop a training plan. 	Q1	Q4	HOS PC SC
				Q2	Q3	
				Q2	Q3	
				Q1	Q4	
				Q1	Q4	
2	1b 4a	Progressing Disabilities	Complete the implementation of Progressing Disabilities teams in Cork through the following process: <ul style="list-style-type: none"> Address the accommodation issues for three of the teams. Recruit Team Leaders in line with national HR agreement. Review impact of establishing Childrens Network Disability Teams on existing staffing and potential for reconfiguration of roles. Establish Teams in line with Implementation plan. Review training requirements and prepare a plan 	Q2	Q2	HOS GM
				Q2	Q3	
				Q2	Q3	
				Q2	Q4	

Disability Services Key Priority Actions						
Goal	SP	Priority Area	Priority Action	Timeline		Lead
				Start	End	
			to implement training. ► Establish an Integrated Services Forum for Disability Services and Primary Care to ensure appropriate management of all cases. ► Continue to monitor KPIs in existing teams in Kerry and West Cork. ► Assess the need for appropriate levels of Administration support required for each team and complete business case accordingly. ► Prepare and implement a plan for interim IT solution to document outcomes in line with national structures.	Q2	Q4	
				Q2	Q4	
				Q1	Q4	
				Q2	Q4	
				Q2	Q4	
1	5a	Residential Services	► Improve uptake of flu vaccine amongst staff via training of peer vaccinators across all service providers.	Q2	Q3	GM
3	3c	Residential Services	► Enhance meaningful day provision in Oakvale and St. Raphael's Centre through Community Transition Co-ordinators reviewing Person Centre Plans with the person in charge and staff.	Q1	Q1	DOS PM
3	3d	Residential Services	► Agree with the national office and local service providers, a plan for community living from 2019 onwards including Revenue and Capital requirements. The plan should include learning from the work to date and also include the specialist requirement of those with complex needs.	Q1	Q4	GM
3	3d	Residential Services	► Launch the Video of St. Raphael's Centre services to demonstrate and highlight the positive outcomes for decongregation	Q1	Q1	CM
2	1a 4b 4d	Residential: Decongregation	Continue with implementation of National Policy on "Transforming Lives: A Time to Move On from Congregated Settings" in HSE Services: ► Cluain Fhionnain – 12 residents to move in 2018. – Complete the purchase and refurbishment of 4 houses to facilitate residents. – Utilisation of Social Reform Fund to support the residents with transition planning. ► St. Raphaels Centre (SRC) – 19 residents to move in 2018. Phase 2 - ensure closure of the ground floor unit within SRC by June 2018. – Complete purchase and refurbishment of 4 houses to support phase 2 of the decongregation plan. – Utilisation of Social Reform Fund to support the residents with transition planning. – Continue to engage with staff on transition to community living and implementation of workforce plan. ► St. Raphaels Centre - phase 3 - commence planning for move to community living for residents of Bayview and Seaview Hostels.	Q2	Q4	GM
				Q2	Q3	
				Q3	Q4	

Disability Services Key Priority Actions						
Goal	SP	Priority Area	Priority Action	Timeline		Lead
				Start	End	
			<ul style="list-style-type: none"> Commence the purchase of 3 houses to facilitate the closure of the hostels. Utilisation of Social Reform Fund to support the residents with transition planning. Continue to engage with staff on transition to community living and implementation of workforce plan 			
2	1a 4b 4d	Residential: Decongregation	Continue with implementation of National Policy on "Transforming Lives: A Time to Move On from Congregated Settings" in St. Vincent's Centre: <ul style="list-style-type: none"> Complete the transition planning process for all 37 residents in the centre. Progress Nursing Home applications for 10 residents in line with assessed needs. Complete the transfer of St. Vincent's Centre to alternative Service Provider. 	Q1	Q2	GM
				Q1	Q4	
				Q1	Q3	
2	1a 4b 4d	Residential: Decongregation	Continue with implementation of National Policy on "Transforming Lives: A Time to Move On from Congregated Settings" in St. John of Gods' Kerry Services: <ul style="list-style-type: none"> Establish a group to work with SJOGs to assist them with their preparation of a comprehensive plan for decongregation. Continue the communication and engagement process with SJOG and family group. 	Q1	Q2	GM
				Q1	Q4	
2	1a 2b 4c	Residential: High Cost Residential Placements:	<ul style="list-style-type: none"> Establish working group through the Disability Management Team to identify all high costs residential placements and implement a review of same. Review High Costs residential placements to establish: <ul style="list-style-type: none"> continued requirements options for alternative placement opportunities for compatibility with other clients. Prepare a plan around the findings from the review of the high costs cases and consider possible compatibility of service users in order to develop new community houses. Engage in a Procurement Process to identify suitable service providers. 	Q2	Q2	GM
				Q1	Q3	
				Q1	Q3	
				Q2	Q4	
3	3a 4c	Residential HIQA Compliance	Continue to work to improve compliance with HIQA Regulations in St. Raphael's Centre and Cluain Fhionnain through: <ul style="list-style-type: none"> Section 23 Audits and Annual Reviews Quality KPIs (Improvements will only be undertaken within available resources).	Q1	Q4	GM DOS
3	3a 4c	Residential HIQA compliance and registration	<ul style="list-style-type: none"> Work with the agencies to identify full requirements around infrastructure issues and staff issues – in order to highlight resource 	Q1	Q4	GM

Disability Services Key Priority Actions						
Goal	SP	Priority Area	Priority Action	Timeline		Lead
				Start	End	
			<p>requirements. (Improvements will only be undertaken within available resources).</p> <ul style="list-style-type: none"> ▶ Continue to work with Agencies regarding sharing the learning from HIQA inspections and compliance through: <ul style="list-style-type: none"> – Service Arrangement Meetings. – Residential Services Placement Committee 			
2	1a 2b 3c 4a	Residential Emergency Cases	<ul style="list-style-type: none"> ▶ Develop an effective and efficient process for the management of emergency cases through the Residential Management Placement Committee in order to ensure collaborative working around admissions to services. 	Q1	Q4	GM
2	1a 2b 3c 4a	Residential: DSMAT	<ul style="list-style-type: none"> ▶ Continue to Implement the Disability Services Management Assessment Tool (DSMAT), in order to provide a process for any applicant requiring a service through Disability Services. This tool provides a process for capturing demographics, profile of a client and the requirements for service. 	Q1	Q4	GM
2	1a	Residential: Task Transfers	<ul style="list-style-type: none"> ▶ Identify appropriate additional-tasks for nursing staff in Disability Services in line with National HR Nursing Agreement ▶ Work with the service providers to identify appropriate task transfer within each area. ▶ Arrange training for staff in relation to appropriate tasks ▶ Monitor activity in each site. ▶ Identify arrangements to be put in place to maintain competency levels 	Q1	Q4	GM
3	3b	National Safeguarding Policy	<ul style="list-style-type: none"> ▶ Work with the HSE Safeguarding Team and our Service Providers on continuing to implement the national safeguarding policy 	Q1	Q4	HOS GM

Older Persons' Services

Population served

The current population over 65 years is 88,653 and over 85 years is 10,224. The expected increase in the aged 65 years and older and 85 years and older population in Ireland will result in an increase in age dependency from 18.1% (2012) to 21.2% (2017) and 24.3% (2022) which will result in an increased demand for services. In Cork and Kerry the population of this age category is to increase from 95,000 in 2016 to 110,000 in 2021.

Services provided

Older Person' services in Cork Kerry Community Healthcare are delivered through a community-based approach which focuses on maximising the potential of older people, their families and local communities to maintain people in their own homes and communities and delivering high quality residential care when required. The specialist supports for older people include:

- ▶ Home support including home help (HSE and private tendered providers), nursing care, therapy services, aids and appliances and integrated care services (including falls prevention)
- ▶ Day care centres and the Assessment & Treatment Centre
- ▶ Residential care
- ▶ Respite and convalescent care

Issues and opportunities

There are currently good examples of integration work with the acute sector - unscheduled care / integration / winter planning / community transitional beds / algorithms and egress but there are other opportunities to improve this integration. There is an opportunity to input into the community healthcare network learning site to improve linkages between Social Care and Primary Care.

It will be challenging to implement the new Home Help Contract within the timeframe in 2018 due to the numbers of HSE home help staff in Cork Kerry Community Healthcare (CKCH) (2000+). In addition we need to identify mechanisms to communicate effectively with the 2000 HSE home help staff in this area and to develop a training plan that recognises the issues in rolling out training to this staffing cohort.

There are a number of challenges in residential services, including continuing challenges to comply with standards and retain registration of current beds in some sites. The costs arising from work required to achieve HIQA compliance are not core funded. There are challenges in understanding and controlling the rising cost of care in a number of units. The HSE continues to rely on private providers (nursing homes and home support) to deliver a significant continuum of services both on behalf of the HSE and in a private capacity.

There is currently no single shared electronic assessment tool and so in 2018 we intend to commence implementing SAT in 2 sites in community services in CKCH.

There are currently 2 separate Nursing Home Support Scheme (NHSS) offices in CKCH and CHO 5. In 2018 we will address this through the Nursing Home Support Office (NHSO) amalgamation process to improve consistency and streamlining access.

There is a shortfall in the availability of long term dementia beds in the system so we intend to look at options to increase access to dementia care beds – looking at both public and private providers.

It is challenging to access training in respect of IV antibiotics and cannulation for community hospital staff and other tasks in relation to Task Transfer as training places are limited. Maintaining skills may be challenging due to lack of practice.

It is a challenge to recruit and retain nurses for community hospitals, which affects cost containment especially reducing use of agency staff. There are challenges recruiting and retaining other scarce grades of staff. Some locations are unable to provide home support currently as neither the HSE, nor private tendered providers are able to source staff. The unavailability of these staff can lead to delayed discharges, hospital admission or lead to older people going to long term care prematurely.

Priorities 2018

- ▶ Delivery of 2,700,000 hours home support service through the single funding model.
- ▶ Progress home support governance work through subgroups to achieve compliance with CKCH key strategic priorities including access, quality, people, dementia etc.
- ▶ Support acute hospital system by delivery of rehabilitation and through step down capacity in 30 community based transitional beds.
- ▶ Continue to deliver home support through the Winter measures to target hospital discharges.
- ▶ Further develop integrated care work with acute hospitals and primary care.
- ▶ Continue to progress the implementation of SAT.
- ▶ Progress Day Centre review work to next stage by completion of the interim Day Centre Review report, review the TOR and operation of the subgroups to achieve significant progress in defining the service and governance structures for a 10 year period.
- ▶ Implement Dementia Strategy by establishing an overall steering group to integrate our approach across all service areas in line with the goals of the strategy and in close consultation with the national dementia office.
- ▶ Commence engagement with Service users to inform responsive and person centred services.
- ▶ Continue to prioritise nursing and other staff recruitment.
- ▶ Progress the Community Hospitals Capital Development Plan.

Implementing priorities 2018 in line with Corporate Plan goals

In the below tables our priorities for 2018 have been aligned to both our local Strategic Priorities (see section 2 above), and to the HSE Goals, which are:

- **Corporate Plan Goal 1: Promote health and wellbeing as part of everything we do so that people will be healthier**
- **Corporate Plan Goal 2: Provide fair, equitable and timely access to quality, safe health services that people need**
- **Corporate Plan Goal 3: Foster a culture that is honest, compassionate, transparent and accountable**
- **Corporate Plan Goal 4: Engage, develop and value our workforce to deliver the best possible care and services to the people who depend on them**
- **Corporate Plan Goal 5: Manage resources in a way that delivers best health outcomes, improves people's experience of using the service and demonstrates value for money**

Older Persons Key Priority Actions						
Goal	SP	Priority Area	Priority Action	Timeline		Lead
				Start	End	

Older Persons Key Priority Actions						
Goal	SP	Priority Area	Priority Action	Timeline		Lead
				Start	End	
1	1A	Healthy Ireland	<ul style="list-style-type: none"> Assign a Healthy Ireland Lead in Older Persons for the duration of the implementation of COMPASS Cork Kerry Community Healthcare Healthy Ireland Implementation Plan 	Q1	Q1	HoS SC
4	2b	Older Persons' Services – Making Every Contact Count (H&W)	<p>In conjunction with the Head of Health and Wellbeing:</p> <ul style="list-style-type: none"> Develop plan for the roll out of MECC within Services for Older People Cork and Kerry Ensure roll out of MECC training to 100 clinical staff in Older Persons Services. Commence inclusion of MECC on Integrated Individual Care Plan with a particular focus on the 4 priority areas of : <ul style="list-style-type: none"> Healthy Eating Active Living Smoking Cessation Reducing alcohol consumption. 	Q1	Q2	SOP Mgt. Team.
				Q2	Q4	
				Q2	Q4	
4	2a	Children First Act 2015	<ul style="list-style-type: none"> Progress Children's First Implementation Plan Ensure all HSE Staff complete eLearning Module Ensure Child Safeguarding Statements are in place Ensure all Mandated Persons are aware of their role and responsibility under the new Act Ensure all agencies funded and contracted are aware of their obligations in relation to Children First legislation and provide assurance in relation to same. 	Q1	Q1	HOSSC
				Q1	Q1	
				Q1	Q2	
				Q1	Q1	
				Q1	Q1	
2	3b	Health & Safety	<ul style="list-style-type: none"> Ensure all line managers are aware of and have plans in place to meet their Health and Safety legislative obligations. Work with the new Health and Safety Officer to ensure a co-ordinated approach to meeting H&S requirements across the CHO including safety statements, H&S committee meetings, risk registers, safety reps and accidents to include both prevention initiatives and reporting responsibilities Establish a Health & Safety Committee 	Q1	Q4	HOSSC
				Q1	Q4	
				Q2	Q4	
2	1b	Older Persons' Services– Winter Plan	<ul style="list-style-type: none"> Continue to improve integration and reduce delayed discharges through participation in the 5 local egress 	Q1	Q4	SOP

Older Persons Key Priority Actions						
Goal	SP	Priority Area	Priority Action	Timeline		Lead
				Start	End	
			groups, the Egress Steering Group and the Unscheduled Care SSWHG/CKCH Steering Group.			
2	1a	Non-Residential Services – Winter Plan	► Assess patients in acute hospitals for interim home support within 24 hours of referral.	Q1	Q4	GM and PC
	2b		► Support acute discharge processes using interim home support packages to meet the 72 hour discharge timeline.	Q1	Q4	GM & PC
			► Provide additional dedicated home supports as part of the Winter Initiative to acute hospitals to facilitate discharge from Cork University Hospital i.e. 2 additional HCP per week and monitor provision of same.	Q1	Q4	GM
3	3c	Non-Residential Services – Dementia Strategy	► Establish an overall structure for the Dementia Strategy for people living at home as a sub group of the Home Care governance group.	Q1	Q3	GM
			► Prepare and commence implementation of a plan to raise dementia awareness.	Q2	Q4	GM
			► Audit existing dementia home support resources in the community to identify areas for future development, including a gap analysis in relation to suitable beds	Q2	Q4	GM
			► Develop a model of person centred services for people with Dementia.	Q3	Q4	GM
			► Develop a plan to deliver a person centred home support model of care for people with dementia in Kinsale and Bandon based on learning from KCord in Kinsale.	Q2	Q4	GM
3	3a	Non-Residential Services – Training in Dementia	► Support the roll out of Dementia training to staff and carers in CKCH.	Q2	Q4	GM/CDC
1	5a	Non Residential Services – Dementia Strategy	► Establish an additional Memory Technology Resource Library in Cork for people with Dementia.	Q2	Q3	HOS/GM
1	5a	Non Residential Services – Engagement	► Participate in the Cork City and Council Age Friendly Alliance to increase service user involvement and feedback beyond existing nominations to the Integrated Care Team, the Dementia Sub-Group and the Connecting for Life group.	Q1	Q1	HOS

Older Persons Key Priority Actions						
Goal	SP	Priority Area	Priority Action	Timeline		Lead
				Start	End	
3	6a	Non-Residential Services – Engagement	<ul style="list-style-type: none"> ► Increase consumer involvement in the service i.e. service user panels and representation on the governance groups to include the Home Support Governance Groups, and future Day Care Centre Review work (per the Day Care Centre Interim Report Q1) 	Q1	Q4	GM
2	1a	Non-Residential Services – Day Care Services	<ul style="list-style-type: none"> ► Finalise proposals for the Day Care Centres (DCC) in Macroom and Youghal to include: <ul style="list-style-type: none"> – Completed design briefs – A Needs analysis – Proposed model of services and costs 	Q1	Q3	GM/HOS
2	1b	Non-Residential Services – Day Care Services	<ul style="list-style-type: none"> ► Complete the Day Care Centre review interim report in 2018. 	Q1	Q1	GM
			<ul style="list-style-type: none"> ► Determine the most appropriate governance arrangements for Day Care Services. 	Q2	Q3	GM
			<ul style="list-style-type: none"> ► Devise an action plan to meet the recommendations of the DCC review. 	Q2	Q3	GM
2	1a	Non-Residential Services – Home Support	<ul style="list-style-type: none"> ► Deliver 2,700,000 home support hours in Cork Kerry Community Healthcare. 	Q1	Q4	GM
2	1a	Non-Residential Services – Intensive Home Support	<ul style="list-style-type: none"> ► Maintain provision of 28 intensive home care packages (IHCP) in CKCH and implement additional packages for people with dementia within funding available. 	Q1	Q4	GM
2	1b	Non-Residential Services – Home Support Provision	<ul style="list-style-type: none"> ► Continue to participate on national working groups in regard to plans for a revised home support model. 	Q1	Q4	HOS
3	3a	Non-Residential Services – Home Support Audit	<ul style="list-style-type: none"> ► Conduct a SWOT analysis of current service provision in advance of the service audit team to identify gaps and priority areas for continuous service improvement 	Q1	Q3	GM
			<ul style="list-style-type: none"> ► Develop and implement plans to address key service improvement issues in accordance with planning for health mapping of population across Cork & Kerry together with local analysis and the national governance group. 	Q3	Q4	GM
2	1b	Non-Residential Services – Home	<ul style="list-style-type: none"> ► Commence the process of aligning the management of home support with 	Q2	Q4	GM

Older Persons Key Priority Actions						
Goal	SP	Priority Area	Priority Action	Timeline		Lead
				Start	End	
		Support	Community Healthcare Networks in line within the agreed national model. ► Complete the south Kerry pilot of home support rostering.			
2	1a	Non-Residential Services – Home Support Access and Waiting Lists	► Devise supporting algorithms for access to home support for service users with mental illness or disabilities in an integrated manner	Q2	Q3	GM
			► Work with TUSLA on criteria for appropriate access to home support in line with national home support operating policy.	Q3	Q4	GM
			► Devise an SOP for recording activity data.	Q1	Q2	GM
			► Manage, review and monitor wait lists for home care within available resources using the standardised approach to the management and reporting of waiting lists, in conjunction with the Public Health Nursing Service	Q1	Q4	GM & PC
4	2a	Non-Residential Services – Information Leaflet for Service Users	► Develop an information leaflet for home support services for the public, identifying what the HSE is providing, the services provided by a range of companies and to give the public clear information regarding access etc.	Q1	Q2	GM
3	3d	Non-Residential Services – Intensive Home Support	► Work with the national social care office to review dementia specific and other IHCPs to inform practise, to map need and to advocate for resources.	Q1	Q4	GM
3	3a	Non-Residential Services – Home Support PPPG's	► Collate current policies governing service delivery and evaluate these including contingency and emergency plans i.e. Winter Plan / Severe Weather Plan) in 2017/2018.	Q1	Q3	GM
			► Carry-out a Gap analysis to identify areas where policy documentation is weak or absent.	Q2	Q4	GM
			► Identify work plans to address the gaps on a priority basis.	Q2	Q4	GM
			► Review the implementation of national policies and any work being undertaken regionally or nationally.	Q1	Q1	GM
			► Devise PPPG for home support working outside normal working hours regarding communicating to relevant personnel in the case of emergency.	Q1	Q4	GM

Older Persons Key Priority Actions						
Goal	SP	Priority Area	Priority Action	Timeline		Lead
				Start	End	
3	3a	Non-Residential Services – Home Support Training	► Identify and support an appropriate management training program for home help coordinators.	Q1	Q2	GM
			► Provide and ensure uptake of training in manual handling, infection control, hand hygiene, safeguarding, Children First, fire safety.	Q1	Q4	GM
			► Devise and oversee a process to ensure consistent approach in place for delivering education, training and record keeping.	Q1	Q4	GM
			► Devise a review system to collate and analyse training records.	Q3	Q4	GM
			► Explore best practise evidence and models to inform service development and staff training e.g. personalisation and reablement.	Q1	Q4	GM
			► Implement the HSE home help staff education/training plan including attendance at Education Programme in St. Luke's Home (200 HSE home helps)	Q1	Q3	GM
			► Devise Healthy Ireland, Children First and Safeguarding training plans for HSE home helps.	Q1	Q2	GM
3	3c	Non-Residential Services – Home Support – Audit of Services v's Population	Through the Home Support Governance Group we will:			
			► Map the population profile of service users in accordance with planning for health, identifying the population density, current age profile and the rural and urban mix.	Q1	Q2	GM
			► Review and report on current processes and budget distribution across sectors in regards to identified demographic factors.	Q2	Q3	GM
			► Identify remedial actions in areas that require improved performance i.e. waiting lists.	Q1	Q3	GM
			► Identify the disparities in population and prescribing practice. Devise contingency plans for budget surges and waiting lists.	Q1	Q4	GM

Older Persons Key Priority Actions						
Goal	SP	Priority Area	Priority Action	Timeline		Lead
				Start	End	
5	4d	Non-Residential Services – Home Support Contract	► Implement the new HSE home help contract within the agreed national timeframe in 2018.	Q1	Q4	GM
2	1a	Non-Residential Services – Home Support Recruitment	► Hold additional recruitment campaign for home care staff, particularly areas where there is a deficit. Create local panels for employment.	Q1	Q4	GM
4	6c	Non-Residential Services – Communication with HSE home help staff	► Devise a plan to improve communications to all HSE home helps including a plan for the provision of appropriate telecommunications.	Q1	Q2	OPS Mgt Team
1	5b	Non Residential Services – Home Support H&W	► Provide home support staff with access to a bespoke Hep Vaccination programme	Q1	Q4	GM
2	1b	Non-Residential Services – Integrated Care Team	► Progress and embed the Integrated Care Team service in the ED initially in CUH and MUH.	Q1	Q4	GM
2	1b	Non-Residential Services – SAT	► Implement the Single Assessment Tool (SAT) in the community in 2 networks.	Q1	Q4	HOS/GM
			► Facilitate the implementation of SAT by recruiting a SAT assessor in Cork and a SAT educator in Kerry.	Q1	Q3	
3	6a	Residential Services - Engagement	► Ensure that the Family Forums established in all community hospitals meet at least twice in 2018 to ensure good communication processes with residents and families in 2018.	Q1	Q4	GM/DON
2	1a	Residential Services – Residential Services	► Take appropriate action to maintain occupancy levels in each community hospital to maintain at 95% target. Grow occupancy in community hospitals or identify alternative use for beds in centres with low occupancy,	Q1	Q4	GM
			► Renegotiate contract/SLA for Ballincollig Community Nursing Unit (CNU).	Q3	Q3	GM
			► Open a further 8 residential care beds in Dingle Community Hospital.	Q2	Q3	GM
			► Open 8 residential care beds in Kenmare Community Hospital (Phase 1).	Q1	Q2	GM
			► Work with potential service provider to identify opportunities to address capacity gaps in residential care.	Q2	Q4	HOS/GM
5	4b					
5	2b	Residential Services – Value For Money	► Review Pay and Non- Pay costs on an on-going basis to ensure cost of care	Q1	Q2	GM/DON

Older Persons Key Priority Actions						
Goal	SP	Priority Area	Priority Action	Timeline		Lead
				Start	End	
			<p>is in line with funding available and ensure it is within local and national norms</p> <ul style="list-style-type: none"> ▶ Work with Procurement to identify areas to achieve efficiencies and use of HSE contracts. ▶ Review current models of provision of activities for residents in community hospitals to identify most appropriate model of provision and value for money. 			
2	1a	Residential Services – Residential Services – Transitional Care Beds (TCB)	▶ Provide 8 TCB in Cois Abhainn Centre on a planned phased basis.	Q1	Q4	GM
			▶ Work with the hospitals to maximise use of transitional care beds (TCB) in Clonakilty CH and Cois Abhainn Centre.	Q1	Q4	GM
2	1a	Residential Services – Residential Services – Dementia Care	▶ Carry out a review of current capacity of private and public residential beds for people with dementia in the Cork City area.	Q1	Q3	GM
			▶ Compare the current access with demand and identify actions based on the findings to meet identified need.	Q1	Q3	GM
			▶ Review Dementia bed availability with a view to reconfiguration of beds in some areas.	Q2	Q4	GM
			▶ Work with Mental Health Services to establish the appropriate pathways for consultant Geriatricians and Psychiatry of Old Age (POA) input to the clinical management of dementia			
4	2b	Residential Services – Engagement	▶ Establish residents' and relatives' councils in remaining community hospitals in CKCH.	Q1	Q4	
5	4c	Residential Services - Estates	▶ Finalise community hospital design briefs to meet HIQA regulations within available funding per the Capital Plan, in conjunction with Estates and SOP nationally.	Q1	Q1	
			▶ Work with Estate's and DONs to identify any pre-registration costs, such as replacement of equipment, painting and decorating, and staff training. Complete works if funding is available from the minor capital budget to	Q1	Q4	

Older Persons Key Priority Actions						
Goal	SP	Priority Area	Priority Action	Timeline		Lead
				Start	End	
			comply with current registration cycle.			
1	5a	Residential Services – H&W	► Implement calorie posting as part of Healthy Eating campaign across all community hospital sites for staff.	Q1	Q2	
1	5a	Residential Services – H&W	► Increase the number of peer vaccinators in community hospitals to a minimum of 2 vaccinators per site.	Q1	Q2	
1	5c	Residential Services – H&W	► Each community hospital to identify two priority actions to improve health and wellbeing for staff and residents, for implementation in 2018.	Q1	Q1	
2	1a	Residential Services – Task Transfer	► Identify appropriate additional tasks for nursing staff in community hospitals in line with National HR Agreement	Q1	Q1	
			► Organise initial training for IV Cannulation and IV Antibiotics administration in named sites in conjunction with the Centres for Nurse Education.	Q1	Q4	
			► Monitor activity in each site.	Q1	Q4	
			► Ensure that nurses maintain competency through in-reach to acute hospitals as necessary.	Q1	Q4	
			► Work with NMPDU to provide training to facilitate the introduction	Q1	Q1	
2	1a	Residential Services – HR	► Ensure planning and engagement with NRS and local HR to allow for consistent staffing of all units. ► Hold additional nursing recruitment campaigns, participate in national campaigns to include overseas recruitment to fill vacancies and cover retirements in community hospitals. ► Hold additional HCA recruitment campaigns to fill vacancies and cover retirements in community hospitals by advertising on local newspapers, newsletters, local radio and online in Jobs.ie.	Q1	Q4	
5	4d	Residential Services – Clinical Governance	► Review medical cover arrangements in community hospitals to ensure it is at the required level of medical services and ensure sustainability.	Q1	Q2	
3	6a	Residential Services – NHSS Office Amalgamation	► Seamlessly amalgamate the 2 CHO Southern NHSSO offices in conjunction with the national steering group.	Q1	Q4	

Older Persons Key Priority Actions						
Goal	SP	Priority Area	Priority Action	Timeline		Lead
				Start	End	
4	2b		► Issue clear communications to the public regarding the NHSO amalgamation and access to long term care.	Q2	Q4	
3	3c	Residential Services – Service Improvement	► Increase numbers of community hospitals participating in the national HALT Study from 90% to 95%.	Q1	Q4	
3	3c	Residential Services – Service Improvement	► Commence monitoring drug prescribing in community hospitals following establishment of the Drugs and Therapeutic Committee.	Q4	Q4	
4	2b	Residential Services – Service Improvement	► Improve practice development in Cork South and East community hospitals through recruitment of a Practice Development Nurse in conjunction with NMPDU who will work with colleagues in CKCH.	Q1	Q4	
4	2b	Residential Services – Service Improvement	► Evaluate care through clinical audit schedule in each community hospital. ► Evaluate care through resident surveys in each community hospital.	Q1 Q1	Q4 Q4	
3	3a	Residential Services – Service Improvement	► Work with national Quality Assurance and Verification (QAV) team on the pilot site (in Killarney) for the National Quality and Patient Safety Walk-Arounds.	Q2	Q2	
3	3a	Residential Services – Safeguarding	► Provide safeguarding training to new staff and continue with awareness and refresher training. ► To commence implementation of the recommendations of the national review of the safeguarding vulnerable adults at risk policy.	Q1 Q4	Q4 Q4	
4	2b	Residential Services – Training	► Provide training to all administration staff in community hospitals in relation to financial matters e.g. Fair Deal invoicing, RSSMAG, salaries returns, patient private property, bed register and the NFR.	Q1	Q2	
2	2a	Assisted Decision Making (Capacity Act)	► Establish the Assisted Decision Making (Capacity Act) Steering Group across CKCH to prepare for the implementation of the capacity legislation.	Q2	Q4	

Section 6: Finance

Section 6: Finance

Budget 2017 V Budget 2016

The total funding available to Cork Kerry Community Healthcare in 2018 is €629.6m which represents a €12.58m/2.03% year on year budget increase over budget 2017.

In addition to the funding detailed in this plan funding has also been provided by DoH to HSE under the heading of 'development monies' which will held by the DoH in the first instance and will be allocated in 2018 in line with DoH / HSE direction so as to maintain and expand existing services while also driving new developments and other improvements.

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

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

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

Further detail on the Value Improvement Programme is available in the National Service Plan section 7, p78.

Cork Kerry Community Healthcare		
	2018 NSP Budget	2017 Closing Budget
	€'m	€'m
Primary Care	155.40	158.89
Dental Hospital	2.07	1.90
Social Care	353.85	350.63
Mental Health	118.31	114.43
Total	629.63	617.05

Budget Tables

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

		Final Budget 2017	Expenditure 2017	Budget 2018
		€m	€m	€m
Primary Care	Primary Care (excluding Community Schemes)*	101.99	102.72	98.78
	Community Schemes (Demand Led)	29.44	30.17	29.44
	Social Inclusion	17.29	17.44	16.36
	Palliative Care	10.17	10.00	10.82
	Total Primary Care (excluding Dental Hospital allocation)	158.89	160.33	155.40
	Dental Hospital	1.90	1.90	2.07
	Total Dental Hospital	1.90	1.90	2.07
Social Care	Older Persons Services**	123.42	123.02	122.05
	Disability Services	218.42	222.44	231.80
	Total Social Care	341.84	345.46	353.85
Mental Health	Total Mental Health	114.43	115.60	118.31
Total Cork and Kerry Community Healthcare		617.05	623.28	629.63
* Additional Funding to be applied in 2018 for Paediatric Home Care Package funding				
** Funding to be held by DoHC pending new developments in Elderly Services				

The cost of providing the existing services at the 2017 level will grow in 2018 due to a variety of factors including national pay agreements / public pay policy requirements, quality and safety requirements, new drug and other clinical non-pay costs, price rises, etc.

Additional base funding has been provided within the 2018 budget to address deficits from national pay agreements. Financial Measures including value improvement programmes are being put in place to address financial challenges.

2018 Funding for New Initiatives and Service Pressures

Additional funding has been provided in the following areas for new developments or in response to service pressures. These areas include:

- ▶ National Pay Agreements; funding has been provided to deal with the increased cost of agreements across all care groups.
- ▶ Mental Health:
 - Additional funding has been provided to assist in dealing with operational deficits within the service
- ▶ Primary Care:
 - Palliative Care – balance of funding to open a '15' bedded in-patient Palliative Care Unit, University Hospital Kerry;
- ▶ Social Care:
 - Funding for services for places for young adults with disabilities leaving school or availing of training. The level of funding will be based on the number and profile of services users.
 - Additional funding for continuing implementation of transforming lives programme
 - Additional funding for Residential Services provided on an emergency basis in 2017

Savings and Efficiency Measures

Given the underlying base funding pressures and the shortfall in the pay requirement, the 2018 budgetary environment will be challenging and will require:

- ▶ The development of Value Improvement Programmes at local level to improve value within existing services in areas such as transport, procurement and high cost residential placements
- ▶ Continued efforts to eliminate or reduce agency spend and implement changes in skill mix to deliver savings
- ▶ Continued encouragement and support for service improvement initiatives that maximise throughput in a safe and effective manner
- ▶ Strong governance with an intense focus on budgetary management through enhanced accountability framework
- ▶ Standardised and where possible improved levels of income generation achieved in 2018
- ▶ Rigorous focus on activity levels to examine efficiency, effectiveness and value as part of the performance management process

Financial Risks

In identifying potential risks to the delivery of the Financial 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. These financial risks largely resulting from increased demand for services, increased regulatory requirements and staff recruitment and retention issues.

Specific Finance Issues & challenges in 2018

- ▶ Implementation of Finance Model to support development of Cork Kerry Community Healthcare management structures.
- ▶ Engagement with National Finance Division on the roll out of national Finance led projects.
- ▶ Engagement with Representatives from Care Group, CHO Business Manager and HBS Procurement on improving procurement contract compliance levels.

Finance Tables by Division

Primary Care Budget Framework 2018

The allocation for Cork & Kerry Primary Care Services (excluding Dental Hospital) in 2018 is €155.4m.

- ▶ Further ELS and Development funding will be made available in 2018 as services develop.
- ▶ Additional once off funding will also be made available in 2018 to fund Paediatric Home Care cases in place since 2016.
- ▶ Once off funding allocated in 2017 will be re-instatement following review of packages and does not form part of the opening budget below.

The opening financial resource being assigned to Cork Kerry Community Healthcare is set out below:

Primary Care 2018 Allocation	Primary Care	Social Inclusion	Palliative Care	Local DLS
	€	€	€	€
Closing 2017 Budget Area @ Sept 17 (CIF)	99.66	17.15	8.61	29.44
Once off Returned	-3.29	-0.92	-0.08	
Opening 2018 Adjusted Base	96.37	16.23	8.53	29.44
Kerry Hospice			2.27	
New ELS Funding				
Pay Cost Pressures	2.09	0.12	0.02	
Increments	0.32	0.01	0.00	
Total	98.78	16.36	10.82	29.44

Disability Services Budget Framework 2017

The allocation for Cork & Kerry Disability Services in 2018 is €231.8m. The financial resource assigned to Cork Kerry Community Healthcare in 2018 is set out below:

Disability Services	Cork Kerry Community Healthcare
	€'m
Recurring Budget 2017	214.36
2017 School Leavers funding	1.31
Opening Position 2018	215.67
Additional NSP Funding 2018	
Full Year Effect Emergency Cases 2017	1.39
Pay Cost Pressure Funding	4.28
Transforming Lives	3.10
HIQA/Regulation	0.50
2017 Incoming Run Rate funding	3.30
Full Year Effect 2017 School Leavers funding	1.36
2018 Budget Allocation	229.60
Additional Funding to be Allocated – Emergency Cases 2018	2.20
2018 Total Funding	231.80

Services for Older People Budget 2018

The allocation for Cork & Kerry Older Person Services in 2018 is €122.05m. In addition €0.748m is being held at Department of Health level pending commencement of new initiatives.

- ▶ Budget allocation takes account of value improvement programmes to be put in place at local and national level.
- ▶ NHSS – cost of care reimbursements will be based on current expenditure levels (including LRA) for the first quarter and ongoing percentage reductions thereafter in line with Service Plan requirements, and based on the implementation of the Value Improvement Programme initiatives, to be agreed between each CHO and National Services for Older Persons
- ▶ Short Stay Bed Budget -. In 2018, funding for short stay beds will be made available on active bed numbers and a system will also be introduced in the course of the year to reimburse centres, not only on the basis of actual beds in use, but also on occupancy levels.
- ▶ Home Support Services -Service Plan 2018 sees the amalgamation of Home Help and Home Care Packages to create a single budget and activity level within Cork Kerry Community Healthcare which will improve oversight of performance on activity and costs.

The financial resource assigned to Cork Kerry Community Healthcare in 2018 is set out below:

Services for Older People	Cork Kerry Community Healthcare
	€
2017 Recurring Allocation	121.47
Less	
Contract and Subvention Funding 2017	-3.39
Safeguarding and SAT posts Held Funding	-0.17
2018 Short Stay Retractions***	-0.09
Additional Funding	
Pay Cost Pressures Funding ongoing	1.74
Pay Cost Pressure Funding once off	0.32
Contract and Subvention Funding 2018	2.17
2018 Budget Allocated	122.05
2018 Additional Development Funding Held at DOH	0.75

Mental Health Service Budget 2018

The budget of €118.305m for mental health services in 2018 is to deliver both a break-even position for 2018 whilst also enhancing services through agreed development funding and posts. The above budget is made up of:

- a recurring budget of €112.262m representing a €3.85m or 4% increase compared to the equivalent in 2017;
- a further once-off allocation of €5.844m resulting from time-related savings (TRS) in the recruitment of your approved development posts plus a further national once-off contribution towards achievement of a break-even position by year end;

- re-instatement of funding for Student Nurse programme - €0.2m
- an agreed stretch target of €0.056m for non-service impacting cost reduction if your full year projection remains at the current increased level of €118.361m. Close monitoring will continue to ensure that replacement posts are managed within agreed funding levels

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

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

The financial resource assigned to Cork Kerry Community Healthcare in 2018 is set out below:

Mental Health Services	Cork Kerry Community Healthcare
2017 Sept Allocation	113.069
2017 Once Offs	-4.654
Recurring budget 2017	108.415
Additional Recurring Funding 2018	
Pay PCP	3.028
PFG 2017	0.300
PFG 2013- 2015	0.519
Opening recurring budget 2018	112.262
Additional Once off Funding 2018	5.844
Rostered Yrs for Pre-Reg Nursing**	0.199
Budget 2018	118.305

Implementing priorities 2018 in line with Corporate Plan goals

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						
SP	Priority Area	Priority Action	Timeline		Lead	Comment (identify if resource dependent here)
			Start	End		
2 & 3	Implementation of Finance Model	► Development of CHO Finance Team to support CHO Care Group Structures	Q1	Q3	HOF	Funding and resource dependant
		► Work with National Finance Team on implementation of Finance Systems to support way of working	Q1	ongoing		
		► Enhance finance knowledge at service manager level by working with Corporate Finance on training programmes around NFRs, Patient Private Property, Excel training, Tax Training, etc.	Q2	Q4	Finance Team and Corporate Development, National Finance Division	
4 & 3	Development of Workforce plan with supporting finance model	► Engagement with National HR and Finance Reform Programmes Teams to align care group service listings with local and national reporting requirements	Q1	Q3	HOF	Limitations of IT systems to implement model (i.e Finance System and Payroll System)
		► Work in conjunction with Care Groups and HR to re-alignment of revenue expenditure to appropriate national care group service listings	Q2			System and Resource Dependant
4 & 3	Improving procurement compliance	► Develop Working Team to engage with HBS on improving procurement compliance within the CHO.	Q1	Q3	HOF	

Section 7: Workforce

Section 7: Workforce

The Workforce Position

Government policy on public service numbers and costs is focused on ensuring that the health workforce operates within the pay budgets available. Cork Kerry Community Healthcare has a workforce of 6,869 Whole Time Equivalent staff providing health and care services across Cork & Kerry every day.

The Health Services People Strategy

The national People Strategy in 2015-2018 was developed in recognition of the vital role our workforce plays in delivering safer better healthcare. Cork Kerry Community Healthcare will continue to implement this Strategy in partnership with our staff. It is a Strategy that extends to staff at all levels across the health sector and is underpinned by its commitment to engage, develop, value, and support our workforce.

The key priorities for Cork Kerry Community Healthcare in 2018 include:

- ▶ The development and implementation of a Recruitment Plan to cover planned retirements, nurse recruitment initiatives, HBS reports and profiling of Cork Kerry as an attractive place to work.
- ▶ The development and implementation of a Learning, Education and Talent Development (LETD) Plan to include team planning, along with legislative and mandatory training requirements will also provide for staff development at all levels, support leadership development through mentoring, coaching and through access to development programmes including those provided through the National Leadership Academy.
- ▶ The development of a Workforce Plan in order to incorporate a process to identify current and future workforce requirements across services and geographic locations to take account of demographic challenges.
- ▶ Commence implementation, subject to national agreement, of the Performance Achievement process.
- ▶ Ensure all relevant staff members have appropriate Garda vetting clearance.
- ▶ Continue to reduce numbers of agency staff used, through proactive workforce planning, effective and varied recruitment strategies and on-going review of appropriate staffing and skill mix levels.
- ▶ Taking further steps to ensure we are making best use of technology including analysis of all data return processes, assessment of the success of current eRostering pilots, and confirmation of the timeline for the introduction of SAP HR.
- ▶ Continued Staff Engagement including participation in the next National Staff Survey which will take place during 2018 and the annual Cork Kerry Community Healthcare Staff Information Sessions which will take place in October / November 2018, as a follow to the first Staff Event held in 2017.

Pay and Staffing Strategy 2018 and Funded Workforce Plans

A qualified, motivated and experienced workforce is essential for Cork Kerry Community Healthcare to deliver its mission to enable everyone to optimise their health & wellbeing. However, this needs to be managed within the available pay budgets.

The 2018 Pay and Staffing Strategy is a continuation of the 2017 strategy, central to which is compliance with allocated pay expenditure budgets. Overall pay expenditure, which is made up of direct employment costs, overtime and agency, will continue to be robustly monitored, managed and controlled to ensure

compliance with allocated pay budgets as set out in annual funded workforce plans at divisional and service delivery organisation level. These plans are required to:

- ▶ Take account of any first charges in pay overruns that may arise from 2017 noting the risk impact on service delivery in 2018.
- ▶ Operate strictly within allocated pay frameworks, while ensuring that services are maintained to the maximum extent and that the service priorities determined by Government are addressed.
- ▶ Comply strictly with public sector pay policy and public sector appointments.
- ▶ Identify further opportunities for pay savings to allow for re-investment purposes in the health sector workforce and to address any unfunded pay cost pressures.

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

An integrated approach, with service managers being supported by National HR and Finance, will focus on reducing and / or controlling pay costs, including agency and overtime, and implementing cost containment plans, in addition to maximising the performance and productivity of the health workforce.

Public Service Stability Agreement 2018 - 2020

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

Cork Kerry Community Healthcare will work with staff and staff representative associations to continue to operate the provisions of the public sector stability agreement in relation to change, through appropriate communication, and engagement.

Recruitment Plan

This involves the development of a Recruitment Plan for Cork and Kerry to project for scheduled retirements across all services, forecast possible vacancies, and put a plan in place to address the posts identified. There will be a partnership approach between HBS, NRS, each Service area and the Regional Recruitment office to collaborate and plan for the future.

A Recruitment Task Force has been established within Mental Health Services to address recruitment challenges in the CAMHS area. The Task Force will focus on developing a range of ways to attract potential employees and improve the presentation of Cork Kerry as a desirable place to work. A brochure outlining the positive aspects of working in Cork and Kerry will be produced, to cover the areas of employment opportunities, further education and the quality of lifestyle available. This approach when completed will be broadened to include other areas.

Learning Education and Talent Development (LETD) Plan

A training plan will be developed to cover legislative, mandatory, professional development and recommended courses across Cork Kerry CH. Attendance will be prioritised in terms of need, staff availability, best value and available budgets.

Staff will be encouraged and supported when appropriate to access programmes in the National Leadership Academy including the development courses Leading Care I and Leading Care II.

A coaching skills programme is being implemented for managers to support the roll out of 1 to 1s between managers and staff members, and systemic management development approaches are being employed to improve team working.

Workforce Planning

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

The key priorities for Cork Kerry Community Healthcare in 2018 include:

- ▶ Carry out an exercise across all Service areas to ensure staff are coded to the correct service area.
- ▶ Align staff and costs for each area with the Pay & Numbers Strategy.
- ▶ Review current and future workforce needs, based on the needs of the population, demographics, and skill mix.

Nurses and Midwives

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

Key priorities in 2018 for Cork Kerry Community Healthcare, in conjunction with the Nursing and Midwifery Planning and Development Unit (NMPDU), include:

- ▶ Strengthen the capacity of nurses and teams to meet the healthcare and wellbeing needs of the population through collaboration on policy, regulatory, professional and education matters, leadership, professional development, educational sponsorship, workforce planning, role expansion, effective communication, informatics and professional support.
- ▶ Support nurses to participate in programmes to prepare for advanced practitioner roles.
- ▶ Support nurses in Education programmes

Health and Social Care Professionals

Health and Social Care Professions (HSCP) refer to about 25 groups of professionals who provide services which impact on the health, wellbeing and quality of life of people. The HSCP group make up 987 WTE (November 2017) of the Cork Kerry workforce and include therapists, social workers, psychologists and dieticians among others. The services in which they work include community and primary care, mental health, older persons', disability and residential services.

Key priorities in 2018 for Cork Kerry Community Healthcare, in conjunction with the National Health & Social Care Professions Office, will include:

- ▶ Continuing to implement the priority actions outlined in the HSCP Education and Development Strategy 2016-2019.
- ▶ Support managers to strengthen and support evidence-based HSCP practice.
- ▶ Participation in the development of advanced practice roles within the HSCP cohort.

European Working Time Directive

The HSE is committed to maintaining and progressing compliance with the requirements of the EWTD for both non-consultant doctors (NCHDs) and staff in the social care sector. Key indicators of performance agreed with the European Commission include:

- A maximum 24 hour shift
- maximum average 48 hour week
- 30 minute breaks every six hours
- 11 hour daily rest / equivalent compensatory rest and 35 hour weekly / 59 hour fortnightly / equivalent compensatory rest.

There is significant work underway in MHS and we expect to achieve compliance with key performance indicators in 2018. In Disability and Social Inclusion services we continue to work with service providers and national teams to progress towards compliance.

Technology

There are limitations in information systems and data collection capacity which leads to delays in timely access to information to support informed decision making. Key priorities to begin to address this in 2018 include:

Key priorities include:

- ▶ Conduct an interim assessment of the current eRostering project in Mental Health, both in terms of its suitability for Mental Health and the possibility of extension of the system to other areas of the service.
- ▶ Investigate the timeline for the introduction of SAP HR. Prepare an outlined plan to put the initial steps in place for the new system.

Implementing priorities 2018 in line with Corporate Plan goals

Human Resources Priority Actions							
Goal	SP	Priority Area	Priority Action	Timeline		Lead	Comment (identify resource dependent here) if
				Start	End		
4	2b	Recruitment plan	Develop Recruitment Plan to cover planned retirements, recruitment initiatives, HBS reports and profiling of Cork Kerry as an attractive place to work, through the following steps:				
			▶ Liaise with Heads of Service/HBS/NRS regarding possible retirements.	Q1	Q2	HR	Action from: Cork Kerry CH
			▶ Liaise with HBS around existing and proposed panels for the grades identified	Q1	Q2	HR	
			▶ Plan and agree additional recruitment initiatives as required	Q2	Q3	HR	Heads of Service/ HBS
			▶ Review the impact of recruitment initiatives	Q3	Q4	HR	

Human Resources Priority Actions							
Goal	SP	Priority Area	Priority Action	Timeline		Lead	Comment (identify resource dependent here)
				Start	End		
4	2b; 3c	LETD Plan	Develop LETD Plan to include the following steps: <ul style="list-style-type: none"> ► Compile a full list of training courses to cover legislative, mandatory, and professional development ► Agree a plan with each Head of Service around the delivery of these training courses ► Encourage and support staff where appropriate to avail of leadership training and developmental opportunities including the National Leadership Academy and Nursing Midwifery Professional Developmental Unit ► Implement plan for regular 1:1 meetings for all frontline managers with their line manager 	Q1	Q1	HR	Action from: Cork Kerry CH and National HR Strategy
4	2b; 4d	Workforce plan	Develop a Workforce Plan to ensure all staff in correct cost centres, incorporate the Pay & Numbers Strategy (and examine staff ratios), through the following steps: <ul style="list-style-type: none"> ► Verify that all staff are correctly coded/assigned across each service area. ► Cross reference staff lists with Pay & Numbers Strategy figures. ► Liaise with National Workforce Planning office to ensure consistency with national approach. ► Establish working groups to assess information, establish best model for each area, and plan for future recruitment. 	Q1	Q2		Action from: National HR Strategy
5	1e; 2b; 4a; 4c	Technology	► Analyse data return processes for Monthly Performance Management meetings.	Q1	Q2	HR/CO	
5	1e; 2b; 4a; 4c	Technology	► Assess e Rostering programme in terms of effectiveness and possible further development.	Q2	Q3	HR/MH	
5	1e; 2b; 4a; 4c	Technology	► Investigate a timeline for the introduction of SAP HR.	Q3	Q3	HR	
5	1e; 2b; 4a; 4c	Technology	► Identify actions required to facilitate the introduction of SAP HR.	Q4	Q4	HR	
5	6b	Staff Engagement	► Encourage maximum participation in the 2018 National Staff Survey.	Q2	Q3	Nat	Action National HR Strategy
5	6b	Staff Engagement	► Support Staff Information Events	Q4	Q4	All	

Section 8: Communication & Engagement

Section 8: Communication & Engagement

The Cork Kerry Community Healthcare Management Team are committed to continually improving the way in which we communicate and engage with our staff, service users, their families and carers, and members of the public. This is reflected in the identification of Engagement as one of our six Strategic Priorities.

Key Priorities for 2018

We have identified a number of long term priorities which we will continue to progress in 2018. These include:

- ▶ Fostering a culture of pride, confidence and trust in our services among staff and the public.
- ▶ Acknowledging the work of staff, within and outside the CHO.
- ▶ Providing reliable, trusted information in a timely fashion to the public.
- ▶ Engaging with staff so that they valued and respected.
- ▶ Increase the number of staff who receive the full range of information and communications issued by management.
- ▶ Position the HSE and Cork Kerry Community Healthcare as a trusted source among the many competing types and sources information available to the public.

Key Challenges

There are a number of challenges that impact on the delivery of our priorities, these include:

- ▶ The limited dedicated communication resources available within Cork Kerry Community Healthcare.
- ▶ There currently no guaranteed internal platform or external audience for the many positive stories about service developments and improvements.
- ▶ The current database of staff email addresses does not allow us to communicate with own staff in a targeted way.
- ▶ The information involved in explaining how services work and how to access them can be lengthy and complex. There is a challenge in ensuring that we provide messages that clear and accessible.
- ▶ We are not always able to ensure that our entire message is received by the public and is clear to them, so that they can have pride, confidence and trust in our services.

Implementing priorities 2018 in line with Corporate Plan goals

Communication & Engagement Key Priority Actions						
Goal	SP	Priority Area	Priority Action	Timeline		Lead
				Start	End	
1	2a, 5a, 5b	Providing reliable, trusted information.	<ul style="list-style-type: none"> ▶ Support the national flu vaccine campaign across Cork and Kerry, including: ▶ The early ordering of all local promotional materials (to be available at the start of Q3) ▶ The identification of local spokespeople and the preparation of promotional packs for peer vaccinators in August 2018. ▶ Surveying 2018 peer vaccinators (once identified) on the effectiveness of promotional materials. 	Q2	Q4	HOS

Communication & Engagement Key Priority Actions						
Goal	SP	Priority Area	Priority Action	Timeline		Lead
				Start	End	
1	2a, 5a	Providing reliable, trusted information.	► Provide local support for the national campaign to increase uptake of the HPV vaccine, with a targeted campaign in August and September 2018 involving making three spokespeople available for media interviews.	Q3	Q3	CM
1	2a	Providing reliable, trusted information.	► The Connecting for Life communications sub-group, chaired by the Communications Manager, will promote the Green Ribbon campaign in May 2018	Q1	Q2	CfL steering group
3	6b	Engaging with staff so they feel valued and respected/Acknowledging the work of staff	► Hold staff information events in Cork and Kerry in October 2018	Q2	Q4	CO
3	6c	Providing reliable, trusted information	► Assist the non-residential services manager in ensuring clear communications explaining the Home Care Support service, including the drafting and publication of a leaflet for the general public in Q3.	Q2	Q3	GM
3	2b, 3a, 3d, 6c	Fostering pride, confidence and trust in our services.	► Positively influence public opinion of the "Time to Move On" policy of decongregation from congregated settings by showcasing good practice in Cork and Kerry.	Q1	Q4	CM
3	2a, 5a, 6c	Fostering pride, confidence and trust	► Support Eist Linn to develop a web page, leaflet and short video explaining the service.	Q1	Q2	HOS
3	2a, 5a, 6c	Providing reliable, trusted information.	► The Connecting for Life communications sub-group, chaired by the Communications Manager, will arrange and distribute regular bulletins on the implantation of the Connecting for Life plan, to be circulated to the media and other stakeholders.	Q1	Q4	CfL sub-group
3	2 a, 6 c	Providing reliable, trusted information	► The Connecting for Life communications sub-group, chaired by the Communications Manager, will promote events including Mental Health Week in September/October 2018, with a communications plan signed off by the end of Q2.	Q2	Q3	CfL steering group
3	6c	Providing reliable, trusted information	► Offer meetings to senior editorial management in the main media organisations in Cork and Kerry with the local Resource Officer for Suicide Prevention and the Communications Manager Outreach in relation to reporting on suicide. Target of four meetings in Cork and three in Kerry.	Q3	Q4	CM/ROSP.
4	6b, 6c	Fostering pride,	► Explore the development of internal	Q1	Q4	CM

Communication & Engagement Key Priority Actions						
Goal	SP	Priority Area	Priority Action	Timeline		Lead
				Start	End	
		confidence and trust.	platforms to share positive developments and news eg staff bulletins, newsletters and webpages. ► Issue a monthly bulletin to staff from the Chief Officer, starting in February 2018			
4	2b, 6b, 6c	Engaging with staff so they feel valued and respected.	► Develop and implement a CHO-wide staff e-mail directory, with the input of all Heads of Service.	Q2	Q4	HOS
4	2a, 2b, 3d, 5a, 5b, 6c.	Fostering pride, confidence and trust.	► Rollout training for senior managers for media interviews to an additional 20 spokespeople	Q1	Q4	CM
4	6b, 6c,	Fostering pride, confidence and trust.	► Facilitate uniform implementation of the Cork Kerry Community Healthcare branding guidelines	Q1	Q4	CM
4	6b	Engaging with staff so they feel valued and respected/Acknowledging the work of staff	► Hold staff information events in Cork and Kerry in October 2018	Q2	Q4	CO
4	6b	Acknowledging the work of staff.	► Support the Staff Awards committee to promote and encourage entry to the "Making a Difference" staff awards in 2018 and 2019.	Q1	Q4	HOS
4	2b, 5b, 6c, 6b	Engaging with staff so they feel valued and respected	► Work with non-residential services to improve engagement with and connections to home helps.	Q2	Q4	CM

Appendices

Appendix 1: Financial Tables

Primary Care

Primary Care 2018 Allocation	Primary Care	Social Inclusion	Palliative Care	Local DLS	Cork Dental Hospital
	€	€	€	€	€
Closing 2017 Budget Area @ Sept 17 (CIF)	99.66	17.15	8.61	29.44	1.83
Once off Returned	-3.29	-0.92	-0.08		
Opening 2018 Adjusted Base	96.37	16.23	8.53	29.44	1.83
Kerry Hospice			2.27		
New ELS Funding					
Pay Cost Pressures	2.09	0.12	0.02		0.23
Increments	0.32	0.01	0.00		
Total	98.78	16.36	10.82	29.44	2.07

2018 CHO Net Expenditure Allocations

CHO	Pay	Non Pay	Gross Budget	Income	Net Budget
	€m	€m	€m	€m	€m
CHO 4					
Primary Care	72.00	28.79	100.79	(2.32)	98.46
Social Inclusion	4.41	11.95	16.36	(0.00)	16.35
Palliative Care	2.96	7.87	10.83	(0.01)	10.82
Core Services	79.36	48.61	127.97	(2.34)	125.63
Local DLS	0.00	29.44	29.44	0.00	29.44
Total	79.36	78.05	157.41	(2.34)	155.07
Cork Dental					
Primary Care	1.71	0.71	2.42	(0.35)	2.07
Social Inclusion	0.00	0.00	0.00	0.00	0.00
Palliative Care	0.00	0.00	0.00	0.00	0.00
Core Services	1.71	0.71	2.42	(0.35)	2.07
Local DLS	0.00	0.00	0.00	0.00	0.00
Total	1.71	0.71	2.42	(0.35)	2.07
Total CHO 4 (Incl. Cork Dental)					
Primary Care	73.71	29.50	103.20	(2.67)	100.53
Social Inclusion	4.41	11.95	16.36	(0.00)	16.35
Palliative Care	2.96	7.87	10.83	(0.01)	10.82
Core Services	81.07	49.31	130.39	(2.69)	127.70
Local DLS	0.00	29.44	29.44	0.00	29.44
Total	81.07	78.76	159.83	(2.69)	157.14

Disability Services

Disability Services	Cork Kerry Community Healthcare
	€'m
Recurring Budget 2017	214.36
2017 School Leavers funding	1.31
Opening Position 2018	215.67
Additional NSP Funding 2018	
Full Year Effect Emergency Cases 2017	1.39
Pay Cost Pressure Funding	4.28
Transforming Lives	3.10
HIQA/Regulation	0.50
2017 Incoming Run Rate funding	3.30
Full Year Effect 2017 School Leavers funding	1.36
2018 Budget Allocation	229.60
Additional Funding to be Allocated – Emergency Cases 2018	2.20
2018 Total Funding	231.80

Services for Older People

Services for Older People	Cork Kerry Community Healthcare
	€
2017 Recurring Allocation	121.47
Less	
Contract and Subvention Funding 2017	-3.39
Safeguarding and SAT posts Held Funding	-0.17
2018 Short Stay Retractions***	-0.09
Additional Funding	
Pay Cost Pressures Funding ongoing	1.74
Pay Cost Pressure Funding once off	0.32
Contract and Subvention Funding 2018	2.17
2018 Budget Allocated	122.05
2018 Additional Development Funding Held at DOH	0.75

Mental Health

BUDGET 2018														
		Recurring Rosetta Position @ Sept 17			Additional Recurring Budget 2018			Opening Recurring 2018 Budget	Additional 2018 Adjustments			Opening 2018 Budget incl once off's	ESTIMATE @ 2017 LEVELS	Opening Budget incl Estimate for NMPDU once off transfers
CHO	Pay/NP/Inc	2017 Budget @ Sept 17	Retraction of Once off's @ Sept 17	Opening recurring budget 2018	PFG 13-15 funding for posts commenced in 2017 (recurring budget)	€3m unfunded posts & placements allocation (per PFG 2017) (recurring Budget)	Pay PCP Budget (Recurring)	Opening Recurring 2018 Budget	Remaining TRS 13-15 budget (once-off)	PFG 2016 (once-off)	PFG 2017 (once-off)	Opening 2018 Budget	Rostered Yr for Pre-Reg Nursing (T/F from NMPDU once off)	Opening Budget incl Estimate of NMPDU transfers
		€	€	€	€	€	€	€	€	€	€	€	€	€
Area 4	5-Pay	98,316,758	(3,552,896)	94,763,862	475,672		3,027,846	98,267,381	2,873,331	505,950	1,199,121	102,845,783	199,686	103,045,469
	6-NonPay	17,578,019	(1,101,526)	16,476,493	42,950	300,000		16,819,443	259,443	505,950	500,000	18,084,836		18,084,836
	7-Income	(2,824,997)	0	(2,824,997)				(2,824,997)				(2,824,997)		(2,824,997)
Area 4 Total		113,069,780	(4,654,422)	108,415,358	518,622	300,000	3,027,846	112,261,827	3,132,774	1,011,900	1,699,121	118,105,622	199,686	118,305,308
2018 PROJECTED SPEND														
CHO	Pay/NP/Inc	Closing Projected 2017 position	FY effect of private placements commenced in 2017	FY effect of development posts commenced in 2017	Pay cost pressures 2018	FY effect of Deer Lodge opening	Less 2017 once-off items	2018 Core Spend per Mental Health Projections Model	Additional 2018 pay growth per PNS (blocks X,Y,Z)	Cost containment plans	Agency framework savings	Difference re: YTD run rate used in MH projections model vs PNS RR		Projected 2018 out-turn
		€	€	€	€	€	€	€	€	€	€	€		€
Area 4	5-Pay	98,370,000		170,000	2,974,139	600,000	(370,000)	101,744,139	2,182,000	(471,000)	(36,000)	(738,139)		102,681,000
	6-NonPay	18,730,000	300,000			100,000	(310,000)	18,820,000		(480,000)				18,340,000
	7-Income	(2,660,000)				0	0	(2,660,000)						(2,660,000)
Area 4 Total		114,440,000	300,000	170,000	2,974,139	700,000	(680,000)	117,904,139	2,182,000	(951,000)	(36,000)	(738,139)		118,361,000

Appendix 2: HR Information

Workforce Position: Staff Category Information

Cork Kerry Community Healthcare	Medical/ Dental	Nursing	Health & Social Care Professional	Management/ Admin	General Support Staff	Patient & Client Care	WTE Sep 17
Section 38	18.65	9.14	3.00	28.25	12.27	27.39	98.70
HSE Incl. Public Analyst & Public Health Microbiology Labs	126.52	367.00	335.89	260.92	5.21	72.99	1,168.53
Primary Care Total As stated in NSP Excl. Public Analyst & Public Health Microbiology Labs	145	376	319	287	17	100	1,246
HSE							
Section 38							
Mental Health Total	117.75	776.64	196.75	99.73	105.61	146.32	1,442.80
HSE	28.45	701.87	105.00	151.54	161.07	889.18	2,037.11
Section 38	1.60	411.26	341.63	99.75	117.57	1,043.20	2,015.01
Social Care Total	30.05	1,113.13	446.63	251.29	278.64	1,932.38	4,052.12
Total WTE Sept 2017	293	2,266	963	638	402	2,179	6,741

Cork & Kerry CHO		Actual WTE Dec 16	Actual WTE Dec 17
Primary Care	Cork	798.59	878.72
	Kerry	226.72	235.14
Social Inclusion	Cork	61.98	63.44
	Kerry	1.20	1.62
Palliative Care	Cork	1.00	1.00
	Kerry	13.11	34.95
Section 38	Cork	95.18	100.21
	Kerry	0.00	0.00
Primary Care Total	Cork	956.75	1,043.37
	Kerry	241.03	271.71
	Primary Care Total	1,197.79	1,315.08
Disabilities	Cork	1,958.77	1,992.04
	Kerry	297.97	307.19
Older People	Cork	1,278.49	1,313.01
	Kerry	439.02	464.83
Social Care	Cork	3,237.26	3,305.05
	Kerry	736.99	772.02
	Social Care Total	3,974.25	4,077.07
Mental Health	Cork	1,113.79	1,138.87
	Kerry	293.19	338.39
	Mental Health Total	1,406.98	1,477.26
Cork Total		5,307.80	5,487.29
Kerry Total		1,271.21	1,382.12
Cork & Kerry CHO Total		6,579.01	6,869.41

Appendix 3: Scorecard and Performance Indicator Suite

Note: The PI Suite should reflect at minimum the national PI Suite as relevant to the CHO

Primary Care Performance Indicator Suite (All metrics highlighted in yellow background are those that are included in the Balance Scorecard)

Primary Care					
Key Performance Indicators Service Planning 2018	NSP/ DOP	Reporting Period	Reported at :	2018 National Target	2018 Cork Kerry CHO Target
Community Diagnostics (Privately Provided Service)					
No. of ultrasound referrals accepted		M	CHO	20,278	7,556
No. of ultrasound examinations undertaken		M	CHO	20,278	7,556
Community Intervention Teams Referrals by referral category				38,180	4,957
Admission Avoidance (includes OPAT)	NSP	M	CHO	1,186	278
Hospital Avoidance	NSP	M	CHO	28,417	2,668
Early discharge (includes OPAT)	NSP	M	CHO	5,997	1,036
Unscheduled referrals from community sources	NSP	M	CHO	2,580	975
Outpatient Parenteral Antimicrobial Therapy (OPAT) Re-admission rate %	DOP	M	HG	≤5%	≤5%
Community Intervention Teams Referrals by referral source			CHO	38,180	4,957
ED / Hospital wards / Units	DOP	M	CHO	25,104	2,625
GP Referral	DOP	M	CHO	8,938	1,143
Community Referral	DOP	M	CHO	2,484	864
OPAT Referral	DOP	M	CHO	1,654	325
GP Out of Hours					
No. of contacts with GP Out of Hours Service	NSP	M	National	1,105,151	
Physiotherapy					
No. of physiotherapy patient referrals	DOP	M	CHO	197,299	28,945
No. of physiotherapy patients seen for a first time assessment	DOP	M	CHO	162,554	24,584
No. of physiotherapy patients treated in the reporting month (monthly target)	DOP	M	CHO	34,927	5,044
No. of physiotherapy service face to face contacts/visits	DOP	M	CHO	726,724	102,500
Total no. of physiotherapy patients on the assessment waiting list at the end of the reporting period	DOP	M	CHO	35,429	2,829
No. of physiotherapy patients on the assessment waiting list at the end of the reporting period 0 - ≤ 12 weeks	DOP	M	CHO	No target	No target
No. of physiotherapy patients on the assessment waiting list at the end of the reporting period >12 weeks - ≤ 26 weeks	DOP	M	CHO	No target	No target
No. of physiotherapy patients on the assessment waiting list at the end of the reporting period >26 weeks but ≤ 39 weeks	DOP	M	CHO	No target	No target
No. of physiotherapy patients on the assessment waiting list at the end of the reporting period >39 weeks but ≤ 52 weeks	DOP	M	CHO	No target	No target
No. of physiotherapy patients on the assessment waiting list at the end of the reporting period > 52 weeks	DOP	M	CHO	No target	No target
% of new physiotherapy patients seen for assessment within 12 weeks	NSP	M	CHO	80%	80%
% of physiotherapy patients on waiting list for assessment ≤ 26 weeks	DOP	M	CHO	80%	80%
% of physiotherapy patients on waiting list for assessment ≤ 39 weeks	DOP	M	CHO	89%	89%
% of physiotherapy patients on waiting list for assessment ≤ to 52 weeks	NSP	M	CHO	93%	93%
Occupational Therapy					

Primary Care					
Key Performance Indicators Service Planning 2018	NSP/ DOP	Reporting Period	Reported at :	2018 National Target	2018 Cork Kerry CHO Target
No. of occupational therapy service user referrals	DOP	M	CHO	90,961	10,305
No. of new occupational therapy service users seen for a first assessment	DOP	M	CHO	90,700	11,196
No. of occupational therapy service users treated (direct and indirect) monthly target	DOP	M	CHO	20,513	2,319
Total no. of occupational therapy service users on the assessment waiting list at the end of the reporting period	DOP	M	CHO	30,258	4,889
No. of occupational therapy service users on the assessment waiting list at the end of the reporting period 0 - ≤ 12 weeks	DOP	M	CHO	No target	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	M	CHO	No target	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	M	CHO	No target	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	M	CHO	No target	No target
No. of occupational therapy service users on the assessment waiting list at the end of the reporting period > 52 weeks	DOP	M	CHO	No target	No target
% of new occupational therapy service users seen for assessment within 12 weeks	NSP	M	CHO	68%	68%
% of occupational therapy service users on waiting list for assessment ≤ 26 weeks	DOP	M	CHO	54%	54%
% of occupational therapy service users on waiting list for assessment ≤ 39 weeks	DOP	M	CHO	67%	67%
% of occupational therapy service users on waiting list for assessment ≤ to 52 weeks	NSP	M	CHO	85%	85%
Primary Care – Speech and Language Therapy					
No. of speech and language therapy patient referrals	DOP	M	CHO	51,763	7,563
Existing speech and language therapy patients seen in the month	DOP	M	CHO	234,168	3,270
New speech and language therapy patients seen for initial assessment	DOP	M	CHO	45,631	6,768
Total no. of speech and language therapy patients waiting initial assessment at end of the reporting period	DOP	M	CHO	13,359	1,760
Total no. of speech and language therapy patients waiting initial therapy at end of the reporting period	DOP	M	CHO	8,008	1,348
% of speech and language therapy patients on waiting list for assessment ≤ to 52 weeks	NSP	M	CHO	100%	100%
% of speech and language therapy patients on waiting list for treatment ≤ to 52 weeks	NSP	M	CHO	100%	100%
Primary Care – Speech and Language Therapy Service Improvement Initiative					
New speech and language therapy patients seen for initial assessment	DOP	M	CHO	5,659	327
No. of speech and language therapy initial therapy appointments	DOP	M	CHO	18,940	1,719
No. of speech and language therapy further therapy appointments	DOP	M	CHO	21,732	4,612
Primary Care – Podiatry					
No. of podiatry patient referrals	DOP	M	CHO	10,749	1,115
Existing podiatry patients seen in the month	DOP	M	CHO	5,656	1,549
New podiatry patients seen	DOP	M	CHO	6,339	1,319
Total no. of podiatry patients on the treatment waiting list at the	DOP	M	CHO	4,145	527

Primary Care					
Key Performance Indicators Service Planning 2018	NSP/ DOP	Reporting Period	Reported at :	2018 National Target	2018 Cork Kerry CHO Target
end of the reporting period					
No. of podiatry patients on the treatment waiting list at the end of the reporting period 0 - ≤ 12 weeks	DOP	M	CHO	No target	No target
No. of podiatry patients on the treatment waiting list at the end of the reporting period >12 weeks - ≤ 26 weeks	DOP	M	CHO	No target	No target
No. of podiatry patients on the treatment waiting list at the end of the reporting period >26 weeks but ≤ 39 weeks	DOP	M	CHO	No target	No target
No. of podiatry patients on the treatment waiting list at the end of the reporting period >39 weeks but ≤ 52 weeks	DOP	M	CHO	No target	No target
No. of podiatry patients on the treatment waiting list at the end of the reporting period > 52 weeks	DOP	M	CHO	No target	No target
% of podiatry patients on waiting list for treatment ≤ 12 weeks	NSP	M	CHO	26%	26%
% of podiatry patients on waiting list for treatment ≤ 26 weeks	DOP	M	CHO	43%	43%
% of podiatry patients on waiting list for treatment ≤ 39 weeks	DOP	M	CHO	61%	61%
% of podiatry patients on waiting list for treatment ≤ to 52 weeks	NSP	M	CHO	77%	77%
No. of patients with diabetic active foot disease treated in the reporting month	DOP	M	CHO	502	110
No. of treatment contacts for diabetic active foot disease in the reporting month	DOP	M	CHO	878	175
Primary Care – Ophthalmology					
No. of ophthalmology patient referrals	DOP	M	CHO	28,286	3,640
Existing ophthalmology patients seen in the month	DOP	M	CHO	5,923	715
New ophthalmology patients seen	DOP	M	CHO	25,314	2,459
Total no. of ophthalmology patients on the treatment waiting list at the end of the reporting period	DOP	M	CHO	20,748	6,028
No. of ophthalmology patients on the treatment waiting list at the end of the reporting period 0 - ≤ 12 weeks	DOP	M	CHO	No target	No target
No. of ophthalmology patients on the treatment waiting list at the end of the reporting period >12 weeks - ≤ 26 weeks	DOP	M	CHO	No target	No target
No. of ophthalmology patients on the treatment waiting list at the end of the reporting period >26 weeks but ≤ 39 weeks	DOP	M	CHO	No target	No target
No. of ophthalmology patients on the treatment waiting list at the end of the reporting period >39 weeks but ≤ 52 weeks	DOP	M	CHO	No target	No target
No. of ophthalmology patients on the treatment waiting list at the end of the reporting period > 52 weeks	DOP	M	CHO	No target	No target
% of ophthalmology patients on waiting list for treatment ≤ 12 weeks	NSP	M	CHO	26%	26%
% of ophthalmology patients on waiting list for treatment ≤ 26 weeks	DOP	M	CHO	46%	46%
% of ophthalmology patients on waiting list for treatment ≤ 39 weeks	DOP	M	CHO	58%	58%
% of ophthalmology patients on waiting list for treatment ≤ 52 weeks	NSP	M	CHO	66%	66%
Primary Care – Audiology					
No. of audiology patient referrals	DOP	M	CHO	21,139	3,140
Existing audiology patients seen in the month	DOP	M	CHO	2,899	339
New audiology patients seen	DOP	M	CHO	17,765	2,684
Total no. of audiology patients on the treatment waiting list at the end of the reporting period	DOP	M	CHO	14,693	3,015
No. of audiology patients on the treatment waiting list at the end of the reporting period 0 - ≤ 12 weeks	DOP	M	CHO	No target	No target
No. of audiology patients on the treatment waiting list at the end of the reporting period >12 weeks - ≤ 26 weeks	DOP	M	CHO	No target	No target
No. of audiology patients on the treatment waiting list at the end of the reporting period >26 weeks but ≤ 39 weeks	DOP	M	CHO	No target	No target
No. of audiology patients on the treatment waiting list at the end of the reporting period > 52 weeks	DOP	M	CHO	No target	No target

Primary Care					
Key Performance Indicators Service Planning 2018	NSP/ DOP	Reporting Period	Reported at :	2018 National Target	2018 Cork Kerry CHO Target
of the reporting period >39 weeks but ≤ 52 weeks					
No. of audiology patients on the treatment waiting list at the end of the reporting period > 52 weeks	DOP	M	CHO	No target	No target
% of audiology patients on waiting list for treatment ≤ 12 weeks	NSP	M	CHO	41%	41%
% of audiology patients on waiting list for treatment ≤ 26 weeks	DOP	M	CHO	64%	64%
% of audiology patients on waiting list for treatment ≤ 39 weeks	DOP	M	CHO	78%	78%
% of audiology patients on waiting list for treatment ≤ to 52 weeks	NSP	M	CHO	88%	88%
National Newborn Hearing Screening Programme					
Total no. and % of eligible babies whose screening was complete by four weeks	DOP	Q, 1 Qtr in Arrears	National. CHO number baseline to be established in 2018	64,027 >95%	>95%
No. of babies identified with primary childhood hearing impairment referred to audiology services from the screening programme	DOP	Q, 1 Qtr in Arrears	CHO	90	13
No. and % of babies from screening programme identified with a hearing loss by six months of age	DOP	Q, 1 Qtr in Arrears	CHO	71 ≥80%	10 ≥80%
Primary Care – Dietetics					
No. of dietetic patient referrals	DOP	M	CHO	34,015	8,093
Existing dietetic patients seen in the month	DOP	M	CHO	3,459	988
New dietetic patients seen	DOP		CHO	21,873	5,552
Total no. of dietetic patients on the treatment waiting list at the end of the reporting period	DOP	M	CHO	14,241	2,004
No. of dietetic patients on the treatment waiting list at the end of the reporting period 0 - ≤ 12 weeks	DOP	M	CHO	No target	No target
No. of dietetic patients on the treatment waiting list at the end of the reporting period >12 weeks - ≤ 26 weeks	DOP	M	CHO	No target	No target
No. of dietetic patients on the treatment waiting list at the end of the reporting period >26 weeks but ≤ 39 weeks	DOP	M	CHO	No target	No target
No. of dietetic patients on the treatment waiting list at the end of the reporting period >39 weeks but ≤ 52 weeks	DOP	M	CHO	No target	No target
No. of dietetic patients on the treatment waiting list at the end of the reporting period > 52 weeks	DOP	M	CHO	No target	No target
% of dietetic patients on waiting list for treatment ≤ 12 weeks	NSP	M	CHO	37%	37%
% of dietetic patients on waiting list for treatment ≤ 26 weeks	DOP	M	CHO	59%	59%
% of dietetic patients on waiting list for treatment ≤ 39 weeks	DOP	M	CHO	71%	71%
% of dietetic patients on waiting list for treatment ≤ to 52 weeks	NSP	M	CHO	79%	79%
Primary Care – Psychology					
No. of psychology patient referrals	DOP	M	CHO	12,480	1,127
Existing psychology patients seen in the month	DOP	M	CHO	2,240	219
New psychology patients seen	DOP	M	CHO	13,144	1,221
Total no. of psychology patients on the treatment waiting list at the end of the reporting period	DOP	M	CHO	7,868	1,189
No. of psychology patients on the treatment waiting list at the end of the reporting period 0 - ≤ 12 weeks	DOP	M	CHO	No target	No target
No. of psychology patients on the treatment waiting list at the end of the reporting period >12 weeks - ≤ 26 weeks	DOP	M	CHO	No target	No target
No. of psychology patients on the treatment waiting list at the end of the reporting period >26 weeks but ≤ 39 weeks	DOP	M	CHO	No target	No target
No. of psychology patients on the treatment waiting list at the end of the reporting period >39 weeks but ≤ 52 weeks	DOP	M	CHO	No target	No target
No. of psychology patients on the treatment waiting list at the	DOP	M	CHO	No target	No target

Primary Care					
Key Performance Indicators Service Planning 2018	NSP/ DOP	Reporting Period	Reported at :	2018 National Target	2018 Cork Kerry CHO Target
end of the reporting period > 52 weeks					
% of psychology patients on waiting list for treatment ≤ 12 weeks	NSP	M	CHO	36%	36%
% of psychology patients on waiting list for treatment ≤ 26 weeks	DOP	M	CHO	48%	48%
% of psychology patients on waiting list for treatment ≤ 39 weeks	DOP	M	CHO	62%	62%
% of psychology patients on waiting list for treatment ≤ to 52 weeks	NSP	M	CHO	81%	81%
Primary Care – Nursing					
No. of nursing patient referrals	DOP	M	CHO	139,184 Data Gaps	59,093 Data Gaps
Existing nursing patients seen in the month	DOP	M	CHO	52,063 Data Gaps	23,347 Data Gaps
New nursing patients seen	DOP	M	CHO	118,849 Data Gaps	47,828 Data Gaps
% of new patients accepted onto the nursing caseload and seen within 12 weeks	NSP	M	CHO	96%	96%
Child Health					
% of children reaching 10 months within the reporting period who have had child development health screening on time or before reaching 10 months of age	NSP	M 1 Mth in Arrears	CHO	95%	95%
% of newborn babies visited by a PHN within 72 hours of discharge from maternity services	NSP	Q	CHO	98%	98%
% of babies breastfed (exclusively and not exclusively) at first PHN visit	NSP	Q 1 Qtr in Arrears	CHO	58%	58%
% of babies breastfed exclusively at first PHN visit	NSP	Q 1 Qtr in Arrears	CHO	48%	48%
% of babies breastfed (exclusively and not exclusively) at three month PHN visit	NSP	Q 1 Qtr in Arrears	CHO	40%	40%
% of babies breastfed exclusively at three month PHN visit	NSP	Q 1 Qtr in Arrears	30%	30%	30%
Oral Health Primary Dental Care					
No. of new oral health patients in target groups attending for scheduled assessment	DOP	M	CHO	131,386 Data Gaps	23,391 Data Gaps
No. of new oral health patients attending for unscheduled assessment	DOP	M	CHO	62,081 Data Gaps	11,843 Data Gaps
% of new oral health patients who commenced treatment within three months of scheduled oral health assessment	NSP	M	CHO	92% Data Gaps	92% Data Gaps
Orthodontics					
No. of orthodontic patients receiving active treatment at the end of the reporting period	DOP	Q	National/ former region	16,431	
No. and % of orthodontic patients seen for assessment within 6 months	NSP	Q	National/ former region	2,483 46%	
% of orthodontic patients on the waiting list for assessment ≤ 12 months	DOP	Q	National/ former region	100%	
% of orthodontic patients on the treatment waiting list ≤ two years	DOP	Q	National/ former	75%	

Primary Care					
Key Performance Indicators Service Planning 2018	NSP/ DOP	Reporting Period	Reported at :	2018 National Target	2018 Cork Kerry CHO Target
			region		
% of orthodontic patients (grades 4 and 5) on treatment waiting list less than four years	DOP	Q	National/ former region	99%	
No. of orthodontic patients on the assessment waiting list at the end of the reporting period	DOP	Q	National/ former region	7,199	
No. of orthodontic patients (grade 4) on the treatment waiting list at the end of the reporting period	DOP	Q	National/ former region	9,566	
No. of orthodontic patients (grade 5) on the treatment waiting list at the end of the reporting period	DOP	Q	National/ former region	8,369	
Reduce the proportion of orthodontic patients (grades 4 and 5) on the treatment waiting list waiting longer than four years	NSP	Q	National/ former region	<1%	
Services to persons with Hepatitis C					
No. of Health Amendment Act 1996 cardholders who were reviewed	NSP	Q	National	459	50
Healthcare Associated Infections: Medication Management					
Consumption of antibiotics in community settings (defined daily doses per 1,000 population)	NSP	Q	National	<21.7	
Tobacco Control					
No of frontline primary care staff to complete the online Making Every Contact Count Training in brief intervention	DOP	Q	CHO	792	107
No of frontline primary care staff to complete the face to face module of the Making Every Contact Count Training in brief intervention	DOP	Q	CHO	158	21

Social Inclusion Indicator Suite (All metrics highlighted in yellow background are those that are included in the Balance Scorecard)

Social Inclusion					
Key Performance Indicators Service Planning 2018	NSP / DOP	Reporting Period	Reported at:	2018 National Target	2018 Cork Kerry CHO Target
Substance Misuse					
No. of substance misusers who present for treatment	DOP	Q, 1 Qtr in arrears	CHO	6,182	452
No. of substance misusers who present for treatment who receive an assessment within two weeks	DOP	Q, 1 Qtr in Arrears	CHO	6,182	452
No. of substance misusers (over 18 years) for whom treatment has commenced following assessment	DOP	Q, 1 Qtr in Arrears	CHO	5,046	391
No. of substance misusers (over 18) for whom treatment has commenced within one calendar month following	NSP	Q, 1 Qtr in Arrears	CHO	4,946	366
% of substance misusers (over 18 years) for whom treatment has commenced within one calendar month following assessment	NSP	Q, 1 Qtr in Arrears	CHO	100%	100%
No. of substance misusers (under 18 years) for whom treatment has commenced following assessment	DOP	Q, 1 Qtr in Arrears	CHO	333	22
No. of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment	NSP	Q, 1 Qtr in Arrears	CHO	333	22
% of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment	NSP	Q, 1 Qtr in Arrears	CHO	100%	100%
% of substance misusers (over 18 years) for whom treatment has commenced who have an assigned key worker	DOP	Q, 1 Qtr in Arrears	CHO	100%	100%
% of substance misusers (over 18 years) for whom treatment has commenced who have a written care plan	DOP	Q, 1 Qtr in Arrears	CHO	100%	100%
% of substance misusers (under 18 years) for whom treatment has commenced who have an assigned key worker	DOP	Q, 1 Qtr in Arrears	CHO	100%	100%
% of substance misusers (under 18 years) for whom treatment has commenced who have a written care plan	DOP	Q, 1 Qtr in Arrears	CHO	100%	100%
Opioid Substitution					
Total no. of clients in receipt of opioid substitution treatment (outside prisons)	NSP	M, 1 Mth in Arrears	CHO	10,028	500
No. of clients in opioid substitution treatment in clinics	DOP	M, 1 Mth in Arrears	CHO	5,404	360
No. of clients in opioid substitution treatment with level 2 GP's	DOP	M, 1 Mth in Arrears	CHO	2,184	33
No. of clients in opioid substitution treatment with level 1 GP's	DOP	M, 1 Mth in Arrears	CHO	2,441	107
No. of clients transferred from clinics to level 1 GP's	DOP	M, 1 Mth in Arrears	CHO	300	18
No. of clients transferred from clinics to level 2 GP's	DOP	M, 1 Mth in Arrears	CHO	140	8
No. of clients transferred from level 2 to level 1 GPs	DOP	M, 1 Mth in Arrears	CHO	150	10
Total no. of new clients in receipt of opioid substitution treatment (outside prisons)	DOP	M, 1 Mth in Arrears	CHO	844	72
Total no. of new clients in receipt of opioid substitution treatment (clinics)	DOP	M, 1 Mth in Arrears	CHO	748	72
Total no. of new clients in receipt of opioid substitution treatment (level 2 GP)	DOP	M, 1 Mth in Arrears	CHO	84	0
Average waiting time (days) from referral to assessment for opioid substitution treatment	NSP	M, 1 Mth in Arrears	CHO	3 days	3 days
Average waiting time (days) from opioid substitution assessment to exit from waiting list or treatment commenced	NSP	M, 1 Mth in Arrears	CHO	28 days	28 days

Social Inclusion					
Key Performance Indicators Service Planning 2018	NSP / DOP	Reporting Period	Reported at:	2018 National Target	2018 Cork Kerry CHO Target
No. of pharmacies providing opioid substitution treatment	DOP	M, 1 Mth in Arrears	CHO	691	71
No. of people obtaining opioid substitution treatment from pharmacies	DOP	M, 1 Mth in Arrears	CHO	7,009	497
Alcohol Misuse					
No. of problem alcohol users who present for treatment	DOP	Q, 1 Qtr in Arrears	CHO	4,112	454
No. of problem alcohol users who present for treatment who receive an assessment within two weeks	DOP	Q, 1 Qtr in Arrears	CHO	4,112	454
% of problem alcohol users who present for treatment who receive an assessment within two weeks	DOP	Q, 1 Qtr in Arrears	CHO	100%	100%
No. of problem alcohol users (over 18 years) for whom treatment has commenced following assessment	DOP	Q, 1 Qtr in Arrears	CHO	3,742	408
No. of problem alcohol users (over 18 years) for whom treatment has commenced within one calendar month following assessment	DOP	Q, 1 Qtr in Arrears	CHO	3,716	406
% of problem alcohol users (over 18 years) for whom treatment has commenced within one calendar month following assessment	DOP	Q, 1 Qtr in Arrears	CHO	100%	100%
No. of problem alcohol users (under 18 years) for whom treatment has commenced following assessment	DOP	Q, 1 Qtr in Arrears	CHO	54	2
No. of problem alcohol users (under 18 years) for whom treatment has commenced within one week following assessment	DOP	Q, 1 Qtr in Arrears	CHO	40	2
% of problem alcohol users (under 18 years) for whom treatment has commenced within one week following assessment	DOP	Q, 1 Qtr in Arrears	CHO	100%	100%
% of problem alcohol users (over 18 years) for whom treatment has commenced who have an assigned key worker	DOP	Q, 1 Qtr in Arrears	CHO	100%	100%
% of problem alcohol users (over 18 years) for whom treatment has commenced who have a written care plan	DOP	Q, 1 Qtr in Arrears	CHO	100%	100%
% of problem alcohol users (under 18 years) for whom treatment has commenced who have an assigned key worker	DOP	Q, 1 Qtr in Arrears	CHO	100%	100%
% of problem alcohol users (under 18 years) for whom treatment has commenced who have a written care plan	DOP	Q, 1 Qtr in Arrears	CHO	100%	100%
No. of staff trained in SAOR Screening and Brief Intervention for problem alcohol and substance use	DOP	Q, 1 Qtr in Arrears	CHO	822	100
Needle Exchange					
No. of pharmacies recruited to provide Needle Exchange Programme	DOP	Q, 1 Qtr in Arrears	CHO	113	21
No. of unique individuals attending pharmacy needle exchange	NSP	Q, 1 Qtr in Arrears	CHO	1,628	429
Total no. of clean needles provided each month	DOP	Q, 1 Qtr in Arrears	CHO	22,558	6,137
Average no. of clean needles (and accompanying injecting paraphernalia) per unique individual each month	DOP	Q, 1 Qtr in Arrears	CHO	14	14
No. and % of needle / syringe packs returned	DOP	Q, 1 Qtr in Arrears	CHO	643 (41%)	170 (41%)
Homeless Services					
No. and % of individual service users admitted to homeless emergency accommodation hostels/ who have medical cards	DOP	Q	CHO	1,066 (75%)	361 (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	Q	CHO	253 (70%)	83 (70%)

Social Inclusion					
Key Performance Indicators Service Planning 2018	NSP / DOP	Reporting Period	Reported at:	2018 National Target	2018 Cork Kerry CHO Target
No. and % of service users admitted to homeless emergency accommodation hostels / facilities whose health needs have been assessed within two weeks admission	NSP	Q	CHO	1,035 (73%)	351 (73%)
No. and % of service users admitted to homeless emergency accommodation hostels / facilities whose health needs have been assessed and are being supported to manage their physical / general health, mental health and addiction issues as part of their care/support plan	DOP	Q	CHO	888 (86%)	302 (86%)
Traveller Health					
No. of people who received information on type 2 diabetes or participated in related initiatives	NSP	Q	CHO	3,735	381
No. of people who received information on cardiovascular health or participated in related initiatives	NSP	Q	CHO	3,735	381
No. of people who received information on or participated in positive mental health initiatives	DOP		CHO	3,735	381

Palliative Care Performance Indicator Suite – (All metrics highlighted in yellow background are those that are included in the Balance Scorecard)

Palliative Care					
Key Performance Indicators Service Planning 2018	NSP / DOP	Reporting Period	Reported at:	2018 National Target	2018 Cork Kerry CHO Target
Inpatient Palliative Care Services					
Access to specialist inpatient bed within seven days (during the reporting month)	NSP	M	CHO/HG	98%	98%
No. accessing specialist inpatient bed within seven days	NSP	M	CHO/HG	3,595	894
Access to specialist palliative care inpatient bed from eight to 14 days (during the reporting month)	DOP	M	CHO/HG	2%	2%
% of patients triaged within one working day of referral (inpatient unit)	NSP	M	CHO/HG	95%	95%
No. of patients in receipt of treatment in specialist palliative care inpatient units (during the reporting month)	DOP	M	CHO/HG	483	123
No. of new patients seen or admitted to the specialist palliative care service (monthly cumulative)	DOP	M	CHO/HG	3,028	831
No. of admissions to specialist palliative care inpatient units (monthly cumulative)	DOP	M	CHO/HG	3,734	946
% of patients with a multi-disciplinary care plan documented within five working days of initial assessment (inpatient unit)	NSP	M	CHO/HG	90%	90%
Community Palliative Care Services					
Access to specialist palliative care services in the community provided within seven days (normal place of residence)	NSP	M	CHO	95%	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	M	CHO	3%	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	M	CHO	2%	2%
% of patients triaged within one working day of referral (community)	NSP	M	CHO	94%	94%

Palliative Care					
Key Performance Indicators Service Planning 2018	NSP / DOP	Reporting Period	Reported at	2018 National Target	2018 Cork Kerry CHO Target
No. of patients who received specialist palliative care treatment in their normal place of residence in the month	NSP	M	CHO	3,376	591
No. of new patients seen by specialist palliative care services in their normal place of residence	DOP	M	CHO	9,568	1,593
Day Care					
No. of patients in receipt of specialist palliative day care services (during the reporting month)	DOP	M	CHO	334	114
No. of new patients who received specialist palliative day care services	DOP	M	CHO	979	376
Intermediate Care					
No. of patients in receipt of care in designated palliative care support beds (during the reporting month)	DOP	M	CHO	141	24
Children's Palliative Care Services					
No. of children in the care of the Clinical Nurse Co-ordinator for Children with Life Limiting Conditions (children's outreach nurse)	NSP	M	CHO	280	37
No. of new children in the care of the Clinical Nurse Co-ordinator for Children with Life Limiting Conditions (children's outreach nurse)	DOP	M	CHO	47	4
Bereavement Services					
No. of family units who received bereavement services	DOP	M	CHO	651	52
Acute Services Palliative Care					
No. of new referrals for inpatient services seen by the specialist palliative care team	DOP	M	HG	11,685	2,502
Specialist palliative care services provided in the acute setting to new patients and re-referrals within two days	DOP	M	HG	13,929	3,115

Services for Older People Performance Indicator Suite

Older Persons				
2018 KPI Title	Report Frequency	Reported at:	2018 National Target	2018 Cork Kerry CHO Target
Safeguarding: % of Preliminary Screenings for adults aged 65 and over with an outcome of reasonable grounds for concern that are submitted to the Safeguarding and Protection Teams accompanied by an interim Safeguarding Plan. Adults aged 65 and over	Q -1M	CHO	100%	100%
Safeguarding: % of Preliminary Screenings for adults under 65 with an outcome of reasonable grounds for concern that are submitted to the Safeguarding and Protection Teams accompanied by an interim Safeguarding Plan. Adults aged under 65	Q - 1M	CHO	100%	100%
No. of staff trained in Safeguarding Policy	Q -1Q	CHO	10,000	1,492
No. of Home Support hours provided (excluding provision of hours from Intensive Home Care Packages (IHCPs))	M	CHO	17,094,000	2,700,000
No. of people in receipt of home support (excluding provision from Intensive Home Care Packages (IHCPs))	M	CHO	50,500	8177
Total no. of persons in receipt of an Intensive Home Care Package	M	CHO	235	NA
% of clients in receipt of IHCP with a Key Worker Assigned	M	CHO	100%	100%
% of clients in receipt of an IHCP on the last day of the month who were clinically reviewed	M	CHO	100%	100%
No. of Home Support hours provided from Intensive Home Care Packages	M	CHO	360,000	NA

Older Persons				
2018 KPI Title	Report Frequency	Reported at:	2018 National Target	2018 Cork Kerry CHO Target
No. of persons funded under NHSS in long term residential care during the reported month	M	CHO	23,334	NA
% of clients with NHSS who are in receipt of Ancillary State Support	M	CHO	10%	NA
Percentage of clients who have Common Summary Assessment Reports (CSARs) processed within six weeks	M	CHO	90%	NA
Average length of Stay for NHSS, Saver and Contract Bed clients in Public and Private Long Stay Units	M	CHO	2.9 Years	NA
% of population over 65 years in NHSS funded Beds (based on 2016 Census figures)	M	CHO	≤ 4%	NA
No. of NHSS Beds in Public Long Stay Units.	M	CHO	5,096	1,043
No. of Short Stay Beds in Public Long Stay Units	M	CHO	2,053	323
No. of People at any given time being supported through transitional care in alternative care settings.	M -1M	National	879	NA
No. of Persons in acute hospitals approved for transitional care to move to alternative care settings	M-1M	National	9,160	NA
Service Improvement Team Process Deliver on Service Improvement priorities.	BA	National	100%	NA
% of compliance with Regulations following HIQA inspection of HSE direct-provided Older Persons Residential Services	Q-2Q	National	80%	NA
Percentage of CHOs who have established a Residents Council / Family Forum/ Service User Panel or equivalent for Older Persons Service	Q	National	100%	NA
% of CHO Quality and Safety Committees with responsibilities to include governance of the quality and safety of Older Persons' Services who have met in this reporting month	M-1M	National	100%	NA
% of CHO Quality and Safety Committees who have a documented audit process in place to monitor the effectiveness of the implementation of Report Recommendations.	Q-1Q	National	100%	NA

Disability Services Performance Indicator Suite

Key Performance Indicators Service Planning 2017	KPIs 2017	
KPI Title	2018 National Target / Expected Activity	CHO4
Quality		
% of compliance with regulations following HIQA inspection of disability residential services	80%	80%
% of CHO quality and safety committees in place with responsibilities to include governance of the quality and safety of HSE provided Disability Services who have met in this reporting month	100%	100%
Service User Experience		
% of CHOs who have established a Residents' Council / Family Forum / Service User Panel or equivalent for Disability Services by Q3	100%	100%
Service Improvement Team Process		
Deliver on Service Improvement priorities	100%	100%
Residential Places		
No. of residential places for people with a disability	8,399	
New Emergency Places and Supports Provided to People with a Disability		
No. of new emergency places provided to people with a disability	130	
No. of new home support for emergency cases	135	
No. of in home respite supports for emergency cases	120	
Total no. of new Emergency and Support Places	385	
Transforming Lives		
Deliver on VfM Implementation Priorities	100%	100%
Congregated Settings		
Facilitate the movement of people from congregated to community settings	170	24
Disability Act Compliance		
No. of requests for assessments received	6548	1400
% of assessments commenced within the timelines as provided for in the regulations	100%	100%

Key Performance Indicators Service Planning 2017		KPIs 2017	
KPI Title	2018 National Target / Expected Activity	CHO4	
Progressing Disability Services for Children and Young People (0-18s) Programme			
% of Children's Disability Network Teams established	100%	100%	
Children's Disability Network Teams			
Proportion of established Children's Disability Network Teams having current individualised plans for all children	100%	100%	
Number of Children's Disability Network Teams established	100% 138/138	100% 17/17	
School Leavers			
% of school leavers and rehabilitation training (RT) graduates who have been provided with a placement	100%	100%	
Work/work like activity			
No. of work / work-like activity WTE 30 hour places provided for people with a disability (ID/Autism and Physical and Sensory Disability)	1,605	320	
No. of people with a disability in receipt of work / work-like activity services (ID/Autism and Physical and Sensory Disability)	2752	781	
Other Day services			
No. of people with a disability in receipt of Other Day Services (excl. RT and work/like-work activities) - Adult (Q2 & Q4 only) (ID/Autism and Physical and Sensory Disability)	19672	2566	
Rehabilitative Training			
No. of Rehabilitative Training places provided (all disabilities)	2,583	355	
No. of people (all disabilities) in receipt of Rehabilitative Training (RT)	2432	334	
No. of people with a disability in receipt of residential services (ID/Autism and Physical and Sensory Disability)	8,885	1201	
Respite Services			
One additional respite house in each of the nine CHO areas – no. of individuals supported	251		
Three additional respite houses in the greater Dublin Region – no. of individuals supported	143		
Alternative models of respite provision including Hone Sharing, Saturday Club, Extended Day – no. of individuals supported	250		
No. of new referrals accepted for people with a disability for respite services (ID/Autism and Physical and Sensory Disability)	1,023	215	
No. of new people with a disability who commenced respite services (ID/Autism and Physical and Sensory Disability)	782	142	
No. of existing people with a disability in receipt of respite services (ID/Autism and Physical and Sensory Disability)	5,964	835	
No. of people with a disability formally discharged from respite services (ID/Autism and Physical and Sensory Disability)	595	115	
No. of people with a disability in receipt of respite services (ID/Autism and Physical and Sensory Disability)	6,320	743	
No. of overnights (with or without day respite) accessed by people with a disability (ID/Autism and Physical and Sensory Disability)	182,506	25,495	
No. of day only respite sessions accessed by people with a disability (ID/Autism and Physical and Sensory Disability)	42552	2463	
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	10	
PA Service			
No. of new referrals accepted for adults with a physical and / or sensory disability for a PA service	271	11	
No. of new adults with a physical and / or sensory disability who commenced a PA service	223	11	
No. of existing adults with a physical and / or sensory disability in receipt of a PA service	2,284	415	
No. of adults with a physical or sensory disability formally discharged from a PA service	134	1	
No. of adults with a physical and / or sensory disability in receipt of a PA service	2,357	420	
Number of PA Service hours delivered to adults with a physical and / or sensory disability	1.46m	127156	
No. of adults with a physical and / or sensory disability in receipt of 1 - 5 PA Hours per week	979	276	
No. of adults with a physical and / or sensory disability in receipt of 6 - 10 PA hours per week	550	103	

Key Performance Indicators Service Planning 2017		KPIs 2017	
KPI Title		2018 National Target / Expected Activity	CHO4
No. of adults with a physical and / or sensory disability in receipt of 11 - 20 PA hours per week		406	30
No. of adults with a physical and / or sensory disability in receipt of 21 - 40 PA hours per week		262	10
No. of adults with a physical and / or sensory disability in receipt of 41 - 60 PA hours per week		75	1
No. of adults with a physical and / or sensory disability in receipt of 60+ PA hours per week		85	0
Home Support			
No. of new referrals accepted for people with a disability for home support services (ID/Autism and Physical and Sensory Disability)		1416	321
No. of new people with a disability who commenced a home support service (ID/Autism and Physical and Sensory Disability)		1,273	299
No. of existing people with a disability in receipt of home support services (ID/Autism and Physical and Sensory Disability)		6,380	676
No. of people with a disability formally discharged from home support services (ID/Autism and Physical and Sensory Disability)		466	53
No of people with a disability in receipt of Home Support Services (ID/Autism and Physical and Sensory Disability)		7,447	967
No of Home Support Hours delivered to persons with a disability (ID/Autism and Physical and Sensory Disability)		2.93m	223317
No. of people with a disability in receipt of 1 - 5 Home Support hours per week (ID/Autism and Physical and Sensory Disability)		4091	538
No. of people with a disability in receipt of 6 – 10 Home Support hours per week (ID/Autism and Physical and Sensory Disability)		1559	227
No. of people with a disability in receipt of 11 – 20 Home Support hours per week (ID/Autism and Physical and Sensory Disability)		981	124
No. of people with a disability in receipt of 21- 40 Home Support hours per week (ID/Autism and Physical and Sensory Disability)		524	50
No. of people with a disability in receipt of 41 – 60 Home Support hours per week (ID/Autism and Physical and Sensory Disability)		126	8
No. of people with a disability in receipt of 60 +Home Support hours per week (ID/Autism and Physical and Sensory Disability)		166	20

Health & Wellbeing Performance Indicator Suite

Health and Wellbeing					
Key Performance Indicators (KPIs) 2018	NSP / OP	Reporting Frequency	Reported at:	National Target 2018	CHO Target 2018
Tobacco					
No. of smokers who received intensive cessation support from a cessation counsellor	NSP	M	National / CHO / HG	13,000	339
% of smokers on cessation programmes who were quit at one month (National Scocard KPI - Healthy Ireland)	NSP	Q-1Q	National	45.0%	45.0%
HP&I Physical Activity					
No. of 5k Parkruns completed by the general public in community settings	OP	M	CHO / LHO	377,011	40,764
No. of unique runners completing a 5k parkrun	OP	M	CHO / LHO	197,172	22,236
No. of unique new first time runners completing a 5k parkrun	OP	M	CHO / LHO	54,314	6,305
HP&I Schools					
% of primary schools trained to participate in the after schools activity programme - Be Active	OP	Q	CHO	30.0%	30.0%
% of preschools participating in Smart Start	OP	Q	CHO	25.0%	25.0%
Chronic Disease Management					
No. of people who have completed a structured patient education programme for diabetes	NSP	M	CHO	4,500	523
No. of people attending a structured community based healthy	OP	M	CHO	4,400	150

Health and Wellbeing					
Key Performance Indicators (KPIs) 2018	NSP / OP	Reporting Frequency	Reported at:	National Target 2018	CHO Target 2018
cooking programme					
% of PHNs trained by dietitians in the Nutrition Reference Pack for Infants 0-12 months	OP	Q	CHO	50.0%	50.0%
Making Every Contact Count (MECC)					
No. of frontline Staff to complete the online Making Every Contact Count Training in brief intervention	NSP	Q	National / CHO / HG	7,523	449
No. of frontline Staff to complete the Face to Face Module of the Making Every Contact Count Training in brief intervention	NSP	Q	National / CHO / HG	1,505	90
Immunisations					
% children aged 12 months who have received 3 doses Diphtheria (D3), Pertussis (P3), Tetanus (T3) vaccine Haemophilus influenzae type b (Hib3) Polio (Polio3) hepatitis B (HepB3) (6 in 1)	OP	Q-1Q	CHO / LHO	95.0%	95.0%
% children at 12 months of age who have received two doses of the Pneumococcal Conjugate vaccine (PCV2)	OP	Q-1Q	CHO / LHO	95.0%	95.0%
% children at 12 months of age who have received 1 dose of the Meningococcal group C vaccine (MenC1)	OP	Q-1Q	CHO / LHO	95.0%	95.0%
% children at 12 months of age who have received two doses of the Meningococcal group B vaccine (MenB2)	OP	Q-1Q	CHO / LHO	95.0%	95.0%
% children at 12 months of age who have received two doses of Rotavirus vaccine (Rota2)	OP	Q-1Q	CHO / LHO	95.0%	95.0%
% children aged 24 months who have received 3 doses Diphtheria (D3), Pertussis (P3), Tetanus (T3) vaccine, Haemophilus influenzae type b (Hib3), Polio (Polio3), hepatitis B (HepB3) (6 in 1)	NSP	Q-1Q	CHO / LHO	95.0%	95.0%
% children aged 24 months who have received 2 doses Meningococcal C (MenC2) vaccine	OP	Q-1Q	CHO / LHO	95.0%	95.0%
% children aged 24 months who have received 1 dose Haemophilus influenzae type B (Hib) vaccine	OP	Q-1Q	CHO / LHO	95.0%	95.0%
% children aged 24 months who have received 3 doses Pneumococcal Conjugate (PCV3) vaccine	OP	Q-1Q	CHO / LHO	95.0%	95.0%
% children aged 24 months who have received the Measles, Mumps, Rubella (MMR) vaccine (National Scorecard KPI - Child Health)	NSP	Q-1Q	CHO / LHO	95.0%	95.0%
% of children aged 24 months who have received three doses of the Meningococcal group B vaccine (MenB3)	OP	Q-1Q	CHO / LHO	95.0%	95.0%
% of children aged 24 months who have received two doses of the Rotavirus vaccine (Rota2)	OP	Q-1Q	CHO / LHO	95.0%	95.0%
% children in junior infants who have received 1 dose 4-in-1 vaccine (Diphtheria, Tetanus, Polio, Pertussis)	OP	A	CHO / LHO	95.0%	95.0%
% children in junior infants who have received 1 dose Measles, Mumps, Rubella (MMR) vaccine	OP	A	CHO / LHO	95.0%	95.0%
% first year students who have received 1 dose Tetanus, low dose Diphtheria, Acellular Pertussis (Tdap) vaccine	OP	A	CHO / LHO	95.0%	95.0%
% of first year girls who have received two doses of HPV Vaccine	NSP	A	CHO / LHO	85.0%	85.0%
% of first year students who have received one dose meningococcal C (MenC) vaccine	OP	A	CHO / LHO	95.0%	95.0%
% of health care workers who have received seasonal Flu vaccine in the 2017-2018 influenza season (acute hospitals)	NSP	A	National / HG	65.0%	65.0%
% of health care workers who have received seasonal Flu vaccine in the 2017-2018 influenza season (long term care facilities in the community)	NSP	A	National / CHO / LHO	65.0%	65.0%
% uptake in Flu vaccine for those aged 65 and older with a medical card or GP visit card	NSP	A	CHO / LHO	75.0%	75.0%

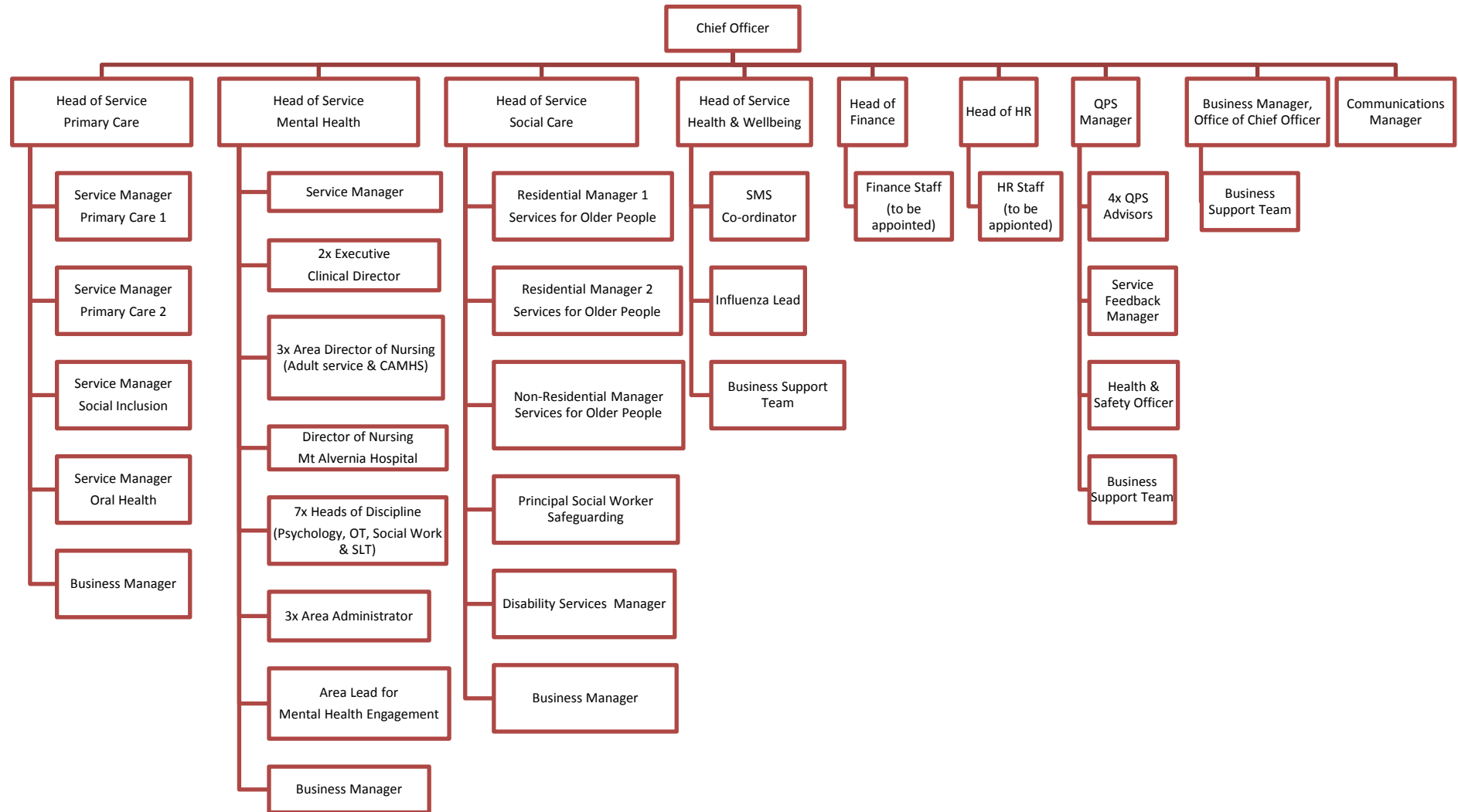
Appendix 4: Capital Infrastructure

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

Cork Kerry Community Healthcare

Facility	Project details	Project Completion	Fully Operational	Additional Beds	Replacement Beds	Capital Cost €m		2018 Implications	
						2018	Total	WTE	Rev Costs €m
Primary Care Services									
Knocknaheeny, Fairhill, Gurranebraher, Cork City	Primary Care Centre	Q1 2018	Q1 2018	0	0	3.00	18.35	0	0
Mental Health Services									
University Hospital Kerry	Refurbishment and upgrade of the acute mental health unit, phase 2.	Q4 2018	Q4 2018	0	0	1.40	2.10	0	0
Disability Services									
Cluain Fhionnain, Co. Kerry St. Raphael's, Youghal, Co. Cork COPE Foundation, Ashville, Co. Cork St. John of God, Beaufort Campus, Killarney, Co Kerry Brothers of Charity, Co. Cork	Eight units at varying stages of purchase / new build / refurbishment to meet housing requirements for 24 people transitioning from congregated settings	Phased 2018 / 2019	Phased 2018 / 2019	0	24	1.20	5.00	0	0

Appendix 5: Organisational Structure



Appendix 6: Long Stay Residential Beds

Services for Older People

CHO Area	County	Name of Unit	No of Beds at 30th November 2017		
			Daycare %	Long Stay Beds	Short Stay
Cork & Kerry CHO Area	Cork	Kanturk Community Hospital	0.0%	30	10
	Cork	St Joseph's Community Hospital, Millstreet	0.0%	20	3
	Cork	St Patrick's Community Hospital, Fermoy	0.0%	54	17
	Cork	Cois Abhainn	0.0%	15	17
	Cork	Youghal Community Hospital	0.0%	30	8
	Cork	Macroom Community Hospital	0.0%	33	5
	Cork	Midleton Community Hospital	0.0%	46	7
	Cork	Heather House	0.0%	50	0
	Cork	Bandon Community Hospital	1.4%	12	7
	Cork	Kinsale Community Hospital	0.3%	24	12
	Cork	St Finbarrs Hospital	4.8%	89	76
	Cork	Ballincollig CNU	0.0%	80	20
	Cork	Farranlea CNU	0.0%	85	0
	Cork	Bantry General Hospital			
	Cork	Clonakilty Community Hospital	0.7%	104	21
	Cork	Skibbereen Community Hospital	0.9%	27	13
	Cork	Dunmanway Community Hospital	1.1%	19	4
	Cork	Schull Community Hospital	1.7%	16	5
	Cork	Castletownbere Community Hospital	1.4%	20	11
	Kerry	Caherciveen Community Hospital	10.1%	28	5
	Kerry	Kenmare Community Hospital	0.9%	12	7
	Kerry	Listowel Community Hospital	2.4%	24	16
	Kerry	Killarney Community Hospital	1.1%	92	41
	Kerry	West Kerry Community Hospital	0.6%	34	12
	Kerry	Tralee Community Nursing Unit	0.0%	43	0
Cork & Kerry CHO Total				987	317

Appendix 7: Abbreviations

Abbreviations			
A'DON	Assistant Director of Nursing	KPIs	Key Performance Indicator
ACD	Advanced Care Directive	LCDC	Local Community Development Committee
AEMT	Area Emergency Management Plan	LCTFs	Long Term Care Facilities
AHP	Allied Health Professional	LETD	Learning, Education & Talent Development
AMO	Area Medical Officer	LGBT	Lesbian, Gay, Bi-Sexual, Transgender
AMR	Antimicrobial Resistance	LIMs	Laboratory Information Management System
AON	Assessment of Need	MDT	Multi- Disciplinary Team
ASD	Autism Spectrum Disorder	MDT	Multi-Disciplinary Team
ASIST	Applied Suicide Intervention Skills Team	MECC	Making Every Contact Count
BFT	Behavioural Family Therapy	MH	Mental Health
BISC	Brief Intervention Smoking Cessation	MHC	Mental Health Commission
CAMHS	Child and Adolescent Mental Health Services	MHC	Mental Health Committee
CAPA	Choice and Partnership Approach	MHID	Mental Health Intellectual Disability
CD	Clinical Director	MHS	Mental Health Service
CDNT	Community Disability Network Team	MUH	Mercy University Hospital
CFL	Connecting for Life	NAS	National Ambulance Service
CHO	Community Healthcare Organisation	NCEC	National Clinical Effectiveness Committee
CHO MT	Community Healthcare Organisation Management Team	NCHD	Non-Consultant Hospital Doctor
CIT	Community Intervention Team	NCS	National Counselling Service
CKCH	Cork Kerry Community Healthcare	NFR	National Financial Regulations
CMHT	Community Mental Health Teams	NHSO	Nursing Home Support Office
CNDS	Community Nutrition & Dietetic Service	NHSS	National Home Support Scheme
CNM2	Clinical Nurse Manger 2	NIMS	National Incident Management System
CNU	Community Nursing Unit	NIO	National Immunisations Office
COPD	Chronic Obstructive Pulmonary Disease	NMPDU	Nursing & Midwifery Planning & Development Unit
CPE	Carbapenem Resistant Enterobacteriaceae	NQID	National Quality Improvement Division
CR&ST	Community Rehabilitation & Support Team	NRS	National Recruitment Service
CSO	Central Statistics Office	NSP	National Service Plan
CUH	Cork University Hospital	NSRF	National Suicide Research Foundation
CYPSC	Children and Young People's Services Committees	NSSBH	National Standards for Safer Better Healthcare
DBT	Dialectical Behavioural Therapy	OD	Open Dialogue
DBT	Dialectical Behaviour Therapy		
DCC	Day Care Centre	OGS	Occupational Guidance Service
DDI	Delayed Discharge Initiative	OPAS	Orthodontic Patient Administration System
		OPAT	Outpatient Parenteral Antimicrobial Therapy
DLS	Demand Led Schemes	OT	Occupational Therapy
DM	Disability Manager	PA	Personal Assistant

Abbreviations			
DNA	Did Not Attend	PCC	Primary Care Centre
DOH	Department of Health	PCI	Primary Childhood Immunisation
DON	Director of Nursing	PCP	Pay Cost Pressures
DOP	Divisional Operational Plan	PCRS	Primary Care Reimbursement Scheme
DOS	Director of Services	PCT	Primary Care Team
DSMAT	Disability Services Management Assessment Tool	PFG	Programme for Government
DSP	Department of Social Protection	PHN	Public Health Nurse
DTSS	Dental Treatment Services Scheme	PI	Performance Indicator
EAMCT	Emergency Management Crisis Management Team	PIC	Person in Charge
ECD	Executive Clinical Director	PM	Project Manager
ED	Emergency Department	PMAV	Prevention and Management of Violence
ELS	Existing Level of Service	PMO	Project Management Office
EM	Emergency Management	POA	Psychology of Old Age
ENSH	European Network of Smokefree Healthcare Service	PPIM	Persons Participating in Management
EWTD	European Working Time Directive	PPPGs	Policies, Procedures, Protocols and Guidelines
FRAX	Falls Risk Assessment	QAV	Quality Assurance & Verification
FYC	Full year Cost	QIPs	Quality Improvement Plans
GM	General Manager	QPS	Quality & Patient Safety
GMS	General Medical Service	RSSMAC	Residential Support Services Maintenance & Accommodations Contributions
GP	General Practitioner	RT	Rehabilitative Training
H&S	Health & Safety	SAOR	Support Ask Offer Refer
H&WB	Health & Well Being	SAP	Systems, Applications and Products in data processing
HALT	The HALT project is a survey in all long-term care facilities which will include HCAI, Antibiotic use, Infection prevention, control processes and practices and antibiotic resistance	SAT	Single Assessment Tool
HAZ	Health Action Zone	SBI	Screening and Brief Intervention
HBS	Health Business Services	SFH	St Finbarr's Hospital
HBTT	Home Based Treatment Team	SILC	Survey in Income & Living Conditions
HCA	Health Care Assistant	SIP	School Immunisation Programme
HCA		SIT	Service Improvement Team
HCAI	Health Care Acquired Infection	SJOG	St. John of God
HCP	Home Care Package	SLA	Service Level Agreement
HCW	Health Care Workers	SLT	Speech and Language Therapy
HEAL	Healthy Eating and Active Living	SMS	Self Management Support
HH	Home Help	SOEL	System of Excellence
HHWB	Head of Service Health & Wellbeing	SOP	Standard Operating Procedure
HI	Healthy Ireland	SPO	Suicide Prevention Officer
HIQA	Health Information and Quality Authority	SRC	St Raphael's Centre
HMHS	Head of Service Mental Health	SRE	Serious Reportable Event

Abbreviations			
HOS	Head of Service	SSWHG	South/South West Hospital Group
HOS PC	Head of Service Primary Care	STORM	Skills-based Training on Risk Management
HOS SC	Head of Service Social Care	SWOT	Strength weakness opportunity threats
HP&I	Health Promotion & Information	TCB	Transitional Care Beds
HPSC	Health Protection Surveillance Centre	TENI	Transgender Equality Network Ireland
HPV	Human papillomavirus	THU	Traveller Health Unit
HR	Human Resources	TILDA	The Irish Longitudinal Study on Ageing
HSCN	Health and Social Care Network	UHK	University Hospital Kerry
HSCP	Health & Social Care Professionals	UN	United Nations
HSE	Health Service Executive	VIP	Value Improvement programme
ICGP	Irish College General Practitioners	VIPs	Value Improvement Programme
ICT	Information Communication Technology	WRC	Workplace Relations Committee
ID	Intellectual Disability	WTE	Whole Time Equivalent
IFSP	Individual Family Service Plan	YSYS	Your Service Your Say
IHCPs	Intensive Home Care Packages		
IT	Information Technology		
IV	Intravenous		

Oifig an Phríomhoifigigh,
Cúram Sláinte Pobail- Corcaigh & Ciarraí,
Feidhmeannacht na Seirbhíse Sláinte,
Páirc Gnó Model,
Bóthar na Modh Feirme,
Corcaigh.

Office of the Chief Officer,
Cork Kerry Community Healthcare,
Health Service Executive,
Model Business Park,
Model Farm Road,
Cork.

Telephone: 021 492 8540
www.hse.ie

April 2018
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