



# CHO 1 Delivery Plan 2019



## CHO 1 Delivery Plan 2019

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# Foreword from the Chief Officer



Welcome to the Operational Plan 2019 for our Community Healthcare Organisation 1 (CHO 1). Our plan, developed with staff throughout each division, and led by management within these areas outlines the details of the services we plan to deliver in 2019. It builds on the National Service plan (NSP) 2019.

I anticipate on-going creative innovative reform and service improvement in 2019. These improvements will be in the context of the Sláintecare Report (2017) and the Sláintecare Implementation Strategy (2018).

I very much appreciate the immense contribution of our staff to front line service delivery. Their care and dedication to our patients/service users is commendable.

The Operational Plan is both ambitious and challenging given the increasing needs of our population in this area. We will endeavour to meet our agreed Goals aiming at all times to ensure that our patients/service users are at the core of all decisions we make.

We are in a privileged position to be serving our population and will continue to do this in 2019.

John Hayes  
Chief Officer, Community Healthcare Organisation (CHO) 1  
April 2019

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# 1. Introduction

The Community Healthcare Organisation 1 (CHO 1) Delivery Plan outlines the variety and volume of health and social care services that will be delivered in 2019 to meet the needs of our local population. The plan reflects priorities outlined in the HSE National Service Plan 2019, HSE National Community Healthcare Plan 2019 and also includes new service delivery priorities and local strategic priorities.

The Community Healthcare Organisation was established in 2016 and since then the Chief Officer and Executive Management Team have worked closely with staff to ensure effective governance structures are in place, supported the development of leadership at all levels of management and set out a clear vision for future service developments and priorities. There are 5,435.73 WTEs in CHO 1 to provide health and social care services across the five counties of Cavan, Donegal, Leitrim, Monaghan and Sligo. The headline 2019 budget level of €416.3m received is a €0.9m year on year budget increase over and above the final 2018 budget of €415.4m.

There is a shared commitment in CHO 1 to provide a quality driven person centred health care service within allocated resources that meets the needs of service users as close to home as possible. This is enabled by working in collaboration with our colleagues in SAOLTA and RCSI Hospital groups. A number of integrated projects are in progress, partnering with our hospital group colleagues to develop an integrated system of care with all healthcare professionals working closely together. There is also a history of partnership working with local community and voluntary agencies, local authorities and the educational sector, all with a shared commitment to improve the health of our population.

Despite increasing demand and need for services within the level of funding and resources available, management and staff have introduced a number of initiatives designed to improve the health and wellbeing of service users, staff and the wider population. Developments and initiatives introduced in 2018 outlined below will continue to be built on in 2019.

## *Wider Population*

- Completion of Healthy Ireland 5-year Implementation Plan
- Delivery of the Self-Management Support Programme for chronic diseases
- Chronic Disease Self-Management Programme 'Quality of Life' Programmes delivered across CHO 1
- CYSPC Development Plans launched in Sligo and Donegal
- Development of the Parent Hub App in Sligo / Leitrim in conjunction with CYSPC
- Implementation of the Triple P Parenting Programme in Sligo / Leitrim
- Launch of the Traveller Health Strategy for CHO 1
- Launch of the Primary Care Team Needs Analysis Report for Donegal
- Publication and launch of the Primary Care Islands Services Review
- Advancement of integrated HSE / Rural Transport Initiatives into Cavan/Monaghan



*Service Users*

- €1.8 Diagnostic Service upgrades in community services in Donegal with further enhancement planned throughout CHO 1 in 2019
- Funding secured for Project Lead in Dementia
- Integrated Care Plan for Older People in Sligo/Leitrim becoming operational
- Delivery of alternative respite models to people with disabilities
- Decongregation of 14 service users from Cregg Services
- HIQA registration achieved in all Social Care Residential Settings (Older Persons & Disabilities)
- Reconfiguration of beds in Cavan for transitional care

*Staff:*

- Support provided to staff health and wellbeing initiatives which included Health & Happiness Talks, Healthy Ireland Small Grants Scheme, Minding your Wellbeing, Stress Control and health checks
- Delivery of 'Managing a Positive Workplace' training by Dublin Rape Crisis Centre across 6 sites in CHO 1

The Executive Management Team (shown overleaf) lead their services in designated areas.

## 1.1 Heads of Service



**Mr. John Hayes**  
Chief Officer



**Ms. Cara O'Neill**  
Head of Service  
Health & Wellbeing



**Mr. Dermot Monaghan**  
Head of Service  
Primary Care



**Mr. Frank Morrison**  
Head of Service  
Social Care



**Mr. Leo Kinsella**  
Head of Service  
Mental Health

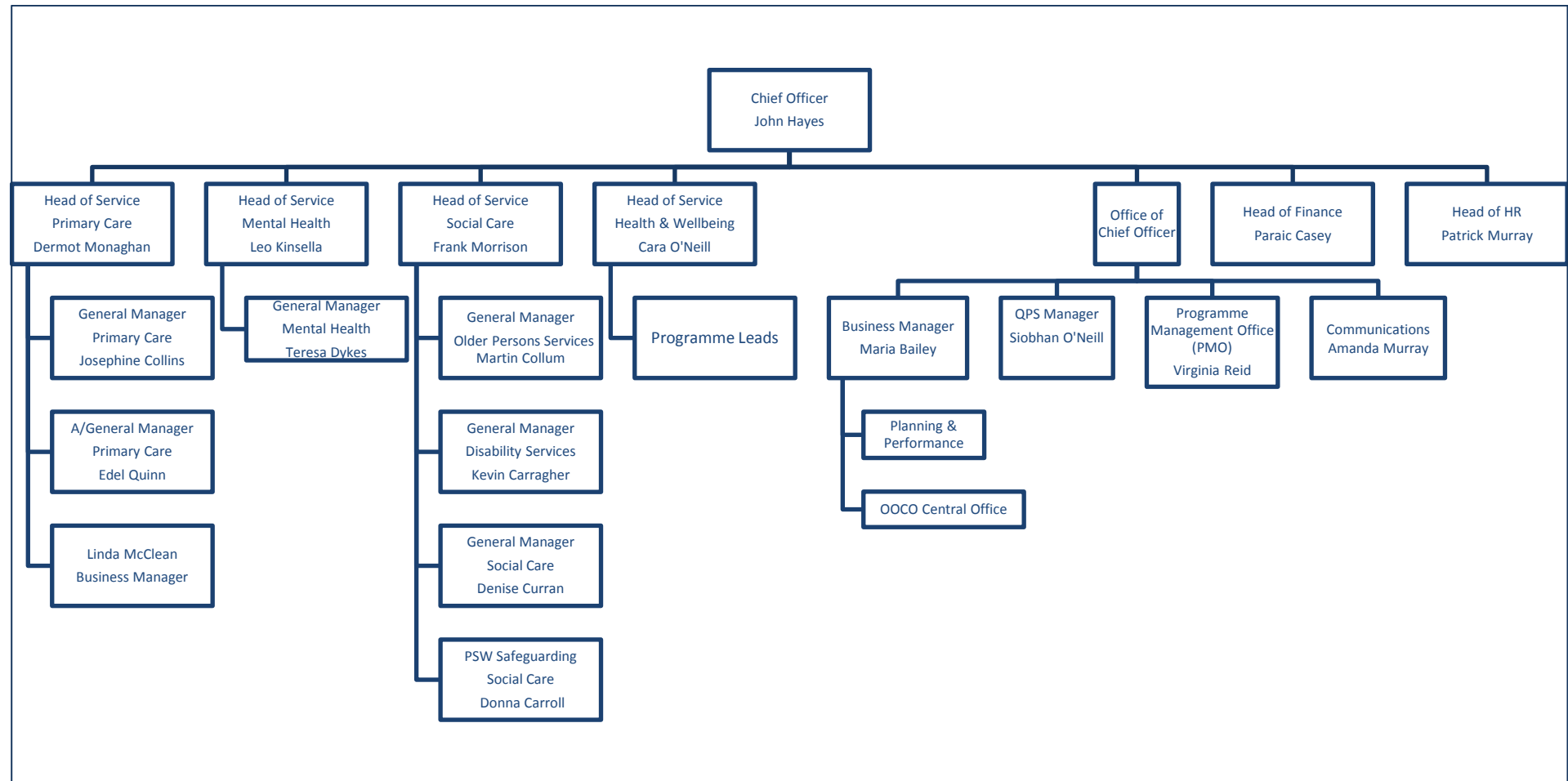


**Mr. Patrick Murray**  
Head of Human  
Resources

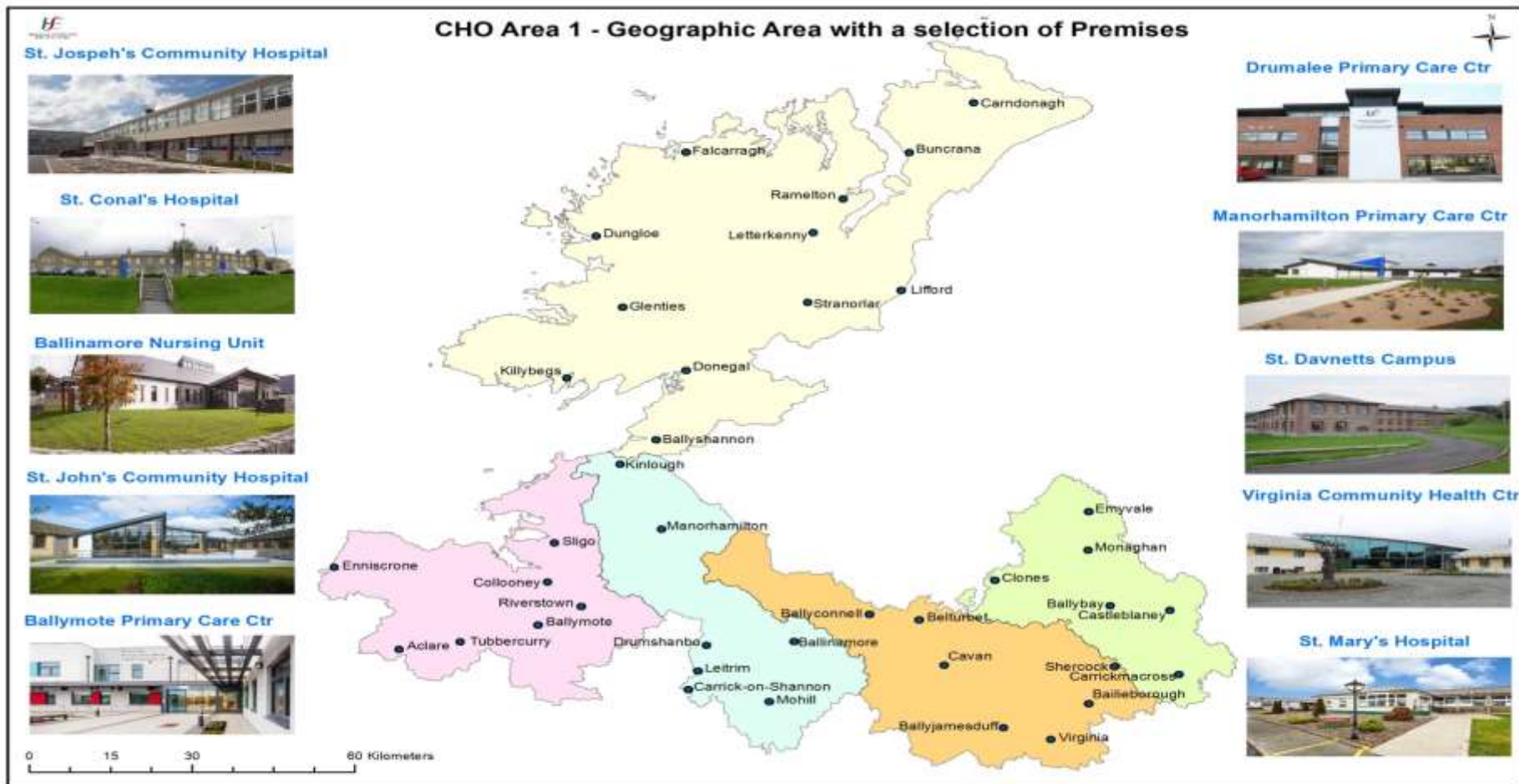


**Mr. Paraic Casey**  
Head of Finance

## 1.2 Organisational Structure







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Map 1 – CHO Area 1 – Geographic Area with a selection of premises



## 1.3 Strategic Direction / Service Redesign

Key reform themes for CHO 1 are reflective of national themes outlined in the *Programme for Government Future Health – A Strategic Framework for Reform of the Health Service 2012–2015* and *Sláintecare*.

The key reform themes for CHO 1 include:

- Implementation of actions encompassed within the CHO 1 5-year Healthy Ireland Implementation Plan
- Timely access to community based care closer to home
- Continue to develop the Quality and Patient Safety function and endeavour to maintain regulatory compliance
- Local implementation of the national clinical and integrated care programmes. (Older Persons, Prevention & Management of Chronic Conditions (Diabetes & Respiratory Care)
- Collaborative working with SAOLTA and RCSI acute hospital groups across the area in addressing issues whilst advancing joint development and improvement opportunities.
- Assessment and monitoring of performance and identification of efficiencies across the service area
- Responding to the experiences of patients, service users and their families as we design, deliver and improve services

The key reform themes central to the operational plan for CHO 1 in 2019 are described in more detail across divisional action plans.

The CHO 1 Programme Management Office, established in 2017 will support services in the planning and design of programmes and projects and will be a key enabler in developing capacity across all areas to implement these initiatives.

Priorities for each division are summarised below.



## 1.4 Priorities 2019

### Health & Wellbeing

- Support the implementation of the CHO 1 Healthy Ireland Implementation Plan in partnership with all HSE Community Services, Hospital Services and our partners
- Provide leadership and support the development of integrated care models that join up the planning and delivery of care with our partners including CHO Services, acute hospitals, statutory and non-statutory agencies and communities to optimise the delivery of programmes to reduce the burden of Chronic Disease
- Enable and support the transition of Health Promotion & Improvement Services to CHO 1
- Lead the expansion of Self-management Support Programmes to people with Chronic Disease: COPD, Asthma, and Diabetes and Cardiovascular Disease
- Support the implementation of Making Every Contact Count in three implementation / learning sites
- Deliver Influenza Protection Campaign to increase the uptake of the flu vaccine among staff and all at risk groups. The Influenza programme will be delivered in close partnership with Social Care, Primary Care and Mental Health Services
- Ensure a programme for Infection Prevention and Control and Antimicrobial Stewardship including outbreak management is agreed and implemented across all CHO 1 services in line with National Standards for Infection Prevention and Control (HIQA) and international best practice
- Lead, support and deliver the National Healthy Childhood Programme and Nurture Infant Health and Wellbeing in partnership with all community and hospital services
- Continue to promote and support the Childhood Immunisation and Vaccination Programmes in collaboration with Primary Care Services
- Establish an integrated CHO 1 and Hospital Breastfeeding Forum to progress work to increase breastfeeding initiation and duration rates across the area through supporting and enabling more mothers to breastfeed
- Improve Staff Health and Wellbeing by designing and delivering a comprehensive staff health and wellbeing programme
- Support the Project Managers to implement the INTERREG VA EU funded Co-Sync Project to prevent the development of Chronic Diseases and the implementation of the mPower Project to enable people to take steps to live well and independently in their own homes and the implementation of the Multiple Adverse Childhood Experiences
- Continue to promote national screening services which provide population based screening programmes for BreastCheck, CervicalCheck, BowelScreen and Diabetic RetinaScreen

**Primary Care**

- Improve access / capacity and waiting times
- Continue to improve services in primary care to facilitate hospital avoidance through the development of additional capacity in Primary Care
- Further promote the development of high quality services by implementing the National Standards for Safer Better Healthcare Framework across all Primary Care services and locations
- Continue to progress the change management programme in respect of the new CHO structures at operating levels including the realignment of Community Healthcare Networks (CCHNs) in CHO 1
- Progress the Network and Primary Care Operating Model initially in a single learning site within CHO 1 with further roll out as per National CHO Project Steering Group & Primary Care Implementation Subgroup direction
- On publication of Service Review, support the National System to implement on an agreed phased basis the recommendations from the reviews of Island Services Review Report, National Oral Health Plan, the Assisted Decision Making Capacity Act 2015 (ADMCA), Review of Speech & Language and the Dietetics Review
- Progress the relevant capital programmes with the HSE Estates in respect of the development and enhancement of Primary Care Centres across CHO 1
- Enhance the delivery of Social Inclusion Services across CHO 1
- Continue to develop and improve Palliative Care Services throughout CHO 1

**Mental Health**

- Promote the mental health of the population in collaboration with other services and agencies including loss of life by suicide
- Design integrated, evidence based recovery focused mental health
- Deliver timely, clinically effective and standardised safe mental health services in adherence to statutory requirements
- Ensure that the views of service users, family members and carers are central to the design and delivery of mental health services
- Enable the provision of mental health services by highly trained and engaged staff and fit for purpose infrastructure

**Social Care****Disability Services**

- Commence implementation of *Effective Participation in Decision Making* through the CHO 1 Disability Services Consultative Forum
- Provide Residential Services across CHO 1 in compliance with the Health Act 2007 and Disability Regulations 2013-2015 meeting current and emerging need within budget allocation
- Provide Personal Assistance and Home Supports meeting current and emerging need within budget allocation
- Progress *Time to Move on from Congregated Settings* initiatives



- Provide Day Service Supports across CHO 1 meeting current and emerging need within budget allocation while continuing to implement the New Directions Policy in line with the National New Directions Implementation Plan 2019
- Reconfigure 8 Children's Disability Network Teams for 0-18 Children's Disability services
- Implement the National Access Policy in collaboration with Primary Care and Mental Health services to ensure one clear pathway of access for all children with a disability, progressing agreed stages as set out in the CHO 1 National Access Policy Implementation Plan
- Progress implementation of the Neuro-rehabilitation Strategy in line with funding allocation
- Provide Residential Respite Services across CHO 1 in compliance with the Health Act 2007 and Disability Regulations 2013-2015 meeting current and emerging need within budget allocation
- Provide Alternative Respite Services across CHO 1 using innovative approaches
- Implement Assessment of Need compliance plan to achieve 100% compliance with Disability Act 2005 across CHO 1

### **Older Persons Services (incl. Home Support)**

- Continue the provision and improve the quality of home support to older people
- Work with colleagues in the acute sector and other key stakeholders to target resources towards reducing delayed discharges and providing greater options for avoidance in hospital admission, particularly over the winter surge period
- Roll out of the Integrated Care Programme for Older People Demonstration Project in partnership with Sligo University Hospital and work with the ICPOP Project Lead to progress programme throughout CHO 1
- Work with Practice Development Facilitators and the National office to expand the Frailty Education Programme across CHO 1 using a standardised model
- Continue the implementation of the *Irish National Dementia Strategy, 2014*
- Provide 535 long stay public beds across 21 community units which are HIQA compliant and achieve a bed occupancy target of 95%
- Progress the roll out and implementation of the Single Assessment Tool (SAT) in conjunction with the newly appointed SAT Project Leads
- Provide day services and a range of other community supports across CHO 1 in partnership with the voluntary sector (e.g. meals on wheels, befriending)
- Improve IT systems in Older Persons Services through:- Roll out and implementation of Care Notes in Community Hospitals in Donegal and Sligo/Leitrim; Implementation of an IT system in Home Care in Sligo/Leitrim and Cavan/Monaghan

### **Human Resources**

- Continue to support managers to reduce absenteeism within their services, in line with national target
- Continue the support and delivery of CHO 1 Leaders in Management Programme, National Leadership Academy, People Management the Legal Framework and Corporate Induction
- Continue to build on links established with Education Agencies and support existing staff to obtain a FETAC Level 5 Qualification through the Health Service Skills Programme, when the programme is reactivated in 2019
- Roll out the new Induction and Probation Pack across CHO 1



- Continue to enhance HR IT Systems
- Run targeted recruitment campaigns and continue to work on the recruitment of nursing grades and attendance management in order to reduce agency usage in 2019
- Introduce a HR Data Recording system
- Establish Staff Achievement Recognition Awards
- Implement legislation regarding re-vetting of staff
- Establish HR Supports for staff and Managers re Interviews and HR Policies and Procedures

### **Quality & Patient Safety Function**

- Undertake assessment against the HIQA National Standards for PCHAI in Community Services and develop a regulatory profile of compliance with infection control standards
- Report bi-monthly on Quality and Patient Safety Performance in all services to the Executive Management Team
- Deliver 4 Quality and Safety training workshops to staff
- Create capacity in CHO 1 to undertake systems analysis investigations by continuing to train investigators in line with the HSE Incident Management Framework
- Develop the consumer affairs and complaints management processes in CHO 1 to include the full implementation of the complaints management system

### **Cross-Divisional Operations**

- Strengthen and enhance governance of non-statutory funded services
- Divisions will work with local HR Departments to actively reduce absenteeism levels and target a reduction in the use of agency staff across CHO 1
- Implement and integrate the HSE Adult Safeguarding Policy 2018 in all relevant services across CHO 1
- Support safeguarding training and awareness programme ensuring that staff are aware of their responsibilities in safeguarding and that appropriate action is taken when a concern is raised
- Continue to prioritise mandatory safeguarding training for staff

### **Project Management Office**

The CHO 1 PMO will develop a portfolio of priority projects which meet the criteria agreed by the CHO Executive Management Team and will include:

- Projects that are critical to the delivery of the CHO Reform programme and Sláintecare
- Service improvement projects
- Projects that will deliver new ways of working across Community Services and with Hospital Groups, leading to safer, better healthcare for patients/service users



## 1.5 Our Population

CHO 1 incorporates the five counties of Cavan, Donegal, Leitrim, Monaghan and Sligo and is responsible for the delivery of health and social care services within national frameworks responsive to the needs of the local community. The area has a population of 391,281 people (an increase from 389,048 in Census 2011). It shares a long border with Northern Ireland, offering opportunities to develop and deliver services on a cross border basis. Despite many challenges our communities are resilient with a tradition of innovation and developing solutions to address the needs of the area.

### Key Facts about CHO 1

#### Geography

- CHO 1 includes 5 counties; Cavan, Donegal, Leitrim, Monaghan and Sligo
- It is a rural, bordered with Northern Ireland, sparsely populated (35 per km<sup>2</sup>, Ireland 67 per km<sup>2</sup>), and deprived area with poor transport infrastructure
- It has large areas of disadvantage which consists of material deprivation, such as housing and living conditions, and social deprivation, such as social support and education factors

#### Demography

- The total population is 391,281 (8% of the total population of Ireland)
- Higher proportions of older people (15.1% compared to 13.3% national average)
- Projected increase in older persons population of 19% by 2025 (Census 2016)
- Unemployment is at a rate of 6.5%. Joint highest with CHO 5 (national average of 5.6%)
- The highest dependency ratio of all CHOs (37.3 compared to 34.5 nationally)
- High levels of GMS/GP visit card
- The lowest level of educational status (11.5% not educated beyond primary – 8% nationally)
- The highest levels of deprivation (32.2% classified as deprived – 22.5% nationally)
- 13.7% disability rate (53,451 people reporting as having at least one disability in Census 2016)

#### Health Infrastructure

- There are 3 acute sector hospitals in the area under two hospital groups namely Saolta and RCSI and additionally, those residing within CHO 1 also avail of acute hospital services in Area 8 and Area 2
- Two regional health forums service the area (West and Dublin North East)
- There are 3 mental health acute units and 21 public older person's units governed by Older Persons Services
- There are numerous disability units providing a range of services including residential full time care and respite alongside community residential units, independent living and semi-independent living accommodation
- There are 41 primary care teams, 9 primary care networks and 459 electoral divisions



Table 1 below shows a breakdown of each county by their age ranges

**Table 1: CHO 1 Population breakdown**

| County as in CHO 1 | Age 0-4       | Age 5-18      | Age 19-64      | Age65 +       | Total          |
|--------------------|---------------|---------------|----------------|---------------|----------------|
| Cavan              | 5,392         | 15,384        | 41,427         | 10,101        | 72,304         |
| Donegal            | 10,776        | 33,449        | 89,978         | 24,989        | 159,192        |
| Leitrim            | 2,188         | 6,359         | 18,088         | 5,409         | 32,044         |
| Monaghan           | 4,725         | 12,908        | 35,909         | 8,664         | 62,206         |
| Sligo              | 4,310         | 12,552        | 38,049         | 10,624        | 65,535         |
| <b>Total</b>       | <b>27,391</b> | <b>80,652</b> | <b>223,451</b> | <b>59,787</b> | <b>391,281</b> |

Source: Census 2016

### Health Challenges

The health challenges in CHO 1 mirror those of National challenges. Delivering healthcare at the levels required by the communities in which we serve requires a significant quantum of services. The key service delivery overview provides an indication of the levels of services delivered throughout 2019 for a number of services. The need for these levels of service are expected to continuously rise going forward.

The incidence and prevalence of people with cancer, cardiovascular disease, diabetes, stroke, respiratory disease etc. will increase by between 4 and 5% per annum (HSE, 2016). These major health concerns are strongly correlated with lifestyle behaviours (smoking, alcohol consumption, obesity and inactivity) and socio-economic factors, levels of education, employment and housing (Healthy Ireland, 2012).

1. 49% of Irish people over 50 have one chronic disease and 18% have more than one
2. 1 in every 10 people over 50 years of age has diabetes
3. The major chronic diseases - diabetes, cardiovascular and respiratory disease will increase by 20% to 30% in the next 5 years
4. 1 in 5 of us will experience mental health problems in our lifetime
5. 36,000 new cases of cancer are diagnosed each year

(ref Healthy Ireland Framework 2013-2023)

Child health (including obesity, physical activity, infant health and immunisation) requires a multifaceted and cross organisational approach that supports the best outcomes for children. From a social inclusion perspective, providing services for Travellers, ethnic minorities and the homeless as well as those with addiction issues are key challenges.

In terms of social care, some of the key health challenges for older people is the maintenance of good health, support for older people in their own homes and communities and where necessary, the provision of home support and residential care. From a disability perspective, challenges exist in the provision of services to meet the needs of children and adults with a





disability as rates and complexity of disability continue to rise as better health outcomes increase.

Within the mental health context, the key challenges are centered around children and adolescents and older people and provision of services to meet increasing needs. Service needs for children requiring assessment and intervention continues to outweigh capacity. Alongside an ageing population are increased levels of dementia and thus increased service needs.

Overall, the key health challenges facing the health services require an approach to healthcare that best meets the needs of the client whilst ensuring that the most effective, efficient and value for money services are made available within existing resources.

Planning and delivery of health services in CHO 1 must take account of these given that the area rates extremely poorly on each of these important influencing variables. The major deliverables as they relate to the national initiatives and programmes are outlined within divisional chapters

### **Demography & Associated Cost Pressures**

The 2014 Department of Health report noted that the main health status related cost driver of pure demographic change is the rapidly increasing number of people in the older age groups rather than any gradual long term projected changes in age-specific morbidity and mortality.

The demographics of CHO 1 with higher proportions of older people, disability, deprivation and high levels of general medical services eligibility place an increased level of demographic cost pressure on the area than would be expected with a population of similar size devoid of these factors and influences.

### **Life Expectancy and Health Status**

Life expectancy in Ireland continues to rise for both men and women. In 2016, life expectancy at birth was 79.9 years for males and 83.6 years for females. The gender life expectancy gap now stands at 3.7 years, compared with the 4.7 years recorded in 2005 (Key Trends 2017). Data for life expectancy is not available at CHO level.

- The birth rate has continued to fall in CHO 1 area with a 7.2% decrease from 2013 to 2017 (or 382 births)
- In a similar manner teenage births also continue to fall in CHO 1 between 2013 and 2017 (a decrease of 18.6% / or 19 births)

\*Note 2017 Birth data is provisional

Health status is strongly correlated with lifestyle risk factors. Table 2 below shows the lifestyle risk factors in children (0-14 years) in CHO 1 compared to the National average. Overall prevalence of the risk factors were similar to that of the National average however binge drinking is over 1.7% higher than the ROI average at 10.4%. Alongside this, children in CHO 1 engage in physical activity on at least 5 days of the week is 2.6% lower than the ROI average at 48.2%.

**Table 2: Lifestyle risk factors for children participating in the Health Behaviour in Schools Age Children survey**

| Risk Factor                                    | CHO 1 (%) | National (%) |
|--|-----------|--------------|
| Overweight / obese                             | 15        | 18.1         |
| Smoking  | 6.9       | 6.2          |
| Physical active on at least 5 days of the week | 48.2      | 50.8         |
| Binge drinking                                 | 10.4      | 8.7          |
| On long-term disability                        | 19.7      | 21.3         |
| Watch 4 hours of TV or more each day           | 11.3      | 14.3         |

Data Source: Health Behaviour in School-Aged Children, 2014

### Health Inequalities

In CHO 1, both the level of disability (13.7% in CHO 1 compared to national average 13.5%) and the number of carers (CHO 1 - 4.4% national average 4.1%) have risen since Census 2011 with both indicators above the national average.

### Homeless

Homelessness statistics published in November 2018 reported that there were 69 homeless adults in CHO 1 (DHPLG, 2018).

### Travellers and Roma

Census 2016 reports that Travellers comprise 0.7% of the total national population (30,987). This is an increase of 1,492 since 2011 (or 5.1%). There are approximately 1,929 (0.5% of CHO 1 population) Travellers living in CHO 1.

There are no official statistics regarding the number of Roma living in CHO 1.

### Addictions

Figures reported at December 2018 showed that 533 people had presented to the HSE for substance misuse treatment in CHO 1. Of this figure, 64% related to alcohol misuse.

### Health Service Planning

The HSE routinely collects information, data and knowledge relating to:-

- Size and structure of the population
- Areas of met and unmet need
- Incidence and / or prevalence of disease(s)
- Current services, including capacity, quality, effectiveness, efficiency
- Prioritisation processes, including political priorities such as waiting times, service targets
- Evaluation / Monitoring of services
- Effectiveness of interventions available
- Cost-effectiveness of interventions



This information assists the CHO 1 Executive Management Team to outline current healthcare performance and productivity, determine future demands and needs for the area, provide services on a cost-effective and equitable basis and advocate for additional resources to meet the needs of the population where required.

The type and quantity of service is communicated to a wide audience including the general public, HSE staff, third party providers of service, advocacy groups, General Practitioners and Oireachtas and Health Forum members using a variety of methods.



## 1.6 Service Challenges

As with all plans, there are challenges associated with the delivery of the CHO 1 operational plan due to the associated demographics; rurality and geography of the area; reforms of organisation structure; governance and continued efforts in quality improvement. The main risks associated with achieving the delivery of this plan include:-

### Organisational Changes:

- Structural reform challenges, within the allocated financial and human resources impacting on service delivery

### Demography:

- Increased demographic pressures, life expectancy and associated cost pressures whilst endeavoring to fulfill changing client expectations
- Health challenges associated with lifestyle behaviours and socio-economic factors, levels of education, employment and housing. It is estimated that major chronic diseases will increase by approximately 20% by 2020 (HSE, 2014) largely driven by the ageing population
- The capacity to respond to the population of the area and their needs given the deprivation, rurality and complexity of delivering services across a low density population
- The outcome of Brexit will impact on the communities within CHO 1 given our proximity to Northern Ireland

### Resources:

- Managing within the limitations of our clinical, business information, financial and HR systems to support an information driven health service
- Ability to deliver existing supports and services within overall resource allocation
- Capacity and resources in delivering business as usual whilst improving quality, changing structures and working within resources available
- Capacity and resources to comply with regulatory requirements in public long stay residential facilities, mental health and disability sectors
- The capacity to exert control over pay costs and staff numbers in the context of safety and quality, regulatory, volume and practice driven pressures
- Capital expenditure unavailable when required
- The capacity to recruit skilled and specialist workforce, particularly in rural areas such as CHO 1 and the time delays incurred in recruitment to vacant posts
- The capacity for programme management and change management within divisions/services due to both a shortage of skill sets and the need to continue to deliver “business as usual”



## 1.7 Reform and Transformation

Over the last five years, the HSE has had programmes of work focusing on four pillars of healthcare reform. Significant work has been delivered under the health and wellbeing pillar, the financial reform pillar, the service reforms pillar and Hospital Groups and CHOs were established under the 'structural reform' pillar. During this time, the HSE advocated the need for a whole of government, cross-party vision for health and this was made possible by Government and delivered with the publication of the Sláintecare Report in May 2017.

As has been noted Sláintecare focuses on establishing programmes of work to move to a community-led model, providing local populations with access to a comprehensive range of non-acute services at every stage of their lives. This will enable our healthcare system to provide care closer to home for patients and service users, to be more responsive to needs and deliver better outcomes, with a strong focus on prevention and population health improvement.

Community Healthcare is committed to working with the National Sláintecare Programme Office and the HSE Programme office to play our part in successfully bridging the gap between the vision for health service transformation in Ireland and delivery of that change at the frontline. However, it must be noted that the context for reform and transformation is extremely challenging. As set out in the Sláintecare Report and Sláintecare Implementation Strategy, services across all areas of our health system are stretched – with demand far outstripping supply. Changes in the demographic and morbidity profile in our population, in addition to regulatory and care requirements are driving this increase. The system has also under-invested in the necessary data, information and ICT systems that are needed to more effectively manage services, routinely share information and respond to patients' needs.

While the operational plan for 2019 outlines new developmental areas, much of our work is in meeting the day to day healthcare needs of our population across the range of services.

The following section lists the key achievements for 2018.



## 1.8 Key Achievements 2018

### Health & Wellbeing

- 5 year Healthy Ireland Implementation plan launched
- 3% increase in Staff Flu vaccine uptake
- Outputs from the Long Term Conditions Programme
  - 18 Tutors trained to deliver Otago Falls Prevention Exercise Programme
  - Supported 21 Quality Improvement Initiatives in General Practice and Primary Care Services
  - Donegal Respiratory Service were finalists and runners up in the National Health and Social Care Professional Awards. This key frontline service has embraced the principles of *Sláintecare* and is delivering on a new integrated service model across the community and hospital
  - Further embedding of the new Donegal Respiratory Integrated Care Service which now covers 19 GP Practices
  - Respiratory Integrated Care Service in Sligo/Leitrim continued to deliver pulmonary rehab services in the Community
  - Mapping of Stroke Services completed
  - Launch of the Self-Management Support website for Donegal and planning with National Digital Communications for the roll out of similar webpages for the other four counties
  - 9 Quality of Life (Chronic Disease Self-Management) programmes delivered across CHO 1
- Delivered hand hygiene Train the Trainer Programme and rolled out hand hygiene training programmes across all services
- Planning to progress the implementation of Making Every Contact Count (MECC) with the identification of three learning sites
- Continued collaborative working to improve the health and wellbeing of our population through our work on Local Community Development Committees (LCDCs), Children and Young People's Services Committees (CYPSCs) and through the cross border EU funded Interreg VA projects mPower, Multiple Adverse Childhood Experiences (MACE) and Community Health and Wellbeing Hubs 'CoH Sync'
- Commenced the delivery of the Healthy Childhood and Nurture Infant Health and Wellbeing Programme
  - Child Health Programme Development Officer appointed in September 2018 to lead and support the implementation of the Healthy Childhood programme in partnership with the existing Child Health Team and key services
  - Triple P Parenting Programme delivered to over 100 parents of children aged 2-10 years in Sligo and Leitrim. The programme supports parents with a tool box of tips and strategies to manage challenges by developing parenting skills
  - Led the CHO 1 integrated community and hospital breastfeeding workshop and secured funding from National Midwifery Professional Development Unit (NMPDU) for 2.6 WTE Lactation Consultants to increase dedicated support to breastfeeding mothers



- Staff health and wellbeing initiatives were supported which included Health & Happiness Seminars with nearly 900 staff attending, Healthy Ireland Small Grants Scheme, Minding your Wellbeing, Stress Control and Staff health checks

### Primary Care

- €1.8 Diagnostic services upgrades in the community services in Donegal with further enhancement planned throughout CHO 1 in 2019. Successful implementation of access to laboratory results in nine out of the eleven community hospitals in Donegal in collaboration with Letterkenny University Hospital
- Launch of the Primary Care Team Needs Analysis Report for Donegal
- Development of the Parent Hub App in Sligo Leitrim in conjunction with CYPSC
- CYPSC Development Plans launched in Sligo & Donegal
- CYPSC Cavan/Monaghan plan completed and will be launched in Q1 2019
- Launch of the Traveller Health Strategy for CHO 1

### Mental Health

- Establishment of an interim Operational and Oversight Group comprised of Senior Managers as representatives of Area Mental Health Management Teams across CHO 1 and Head of Service Team Members with an agreed Terms of Reference
- CHO 1 Mental Health Services hosted a number of symposiums and seminars in 2018 with a focus on the development of Mental Health Services based on and referencing the IMROC Principles. At the Pulling the Strands Together Seminar in June 2018 the themes for advancing cultural change were agreed to include Recovery, Youth and transitioning based on a whole person, whole systems and whole community approach in collaboration with the International Mental Health Collaborating Network
- A desktop review of CAMHS Services was undertaken to inform the development of a Project Plan to quality improve and develop CAMHS services across CHO 1 including staff development and care, youth engagement and advocacy. The project plan has been developed and submitted to the CHO 1 Executive Management Team for endorsement
- A cross divisional working group has been established to work collaboratively to meet the needs of individuals with complex presentations
- A draft CHO 1 Youth Mental Health (YMH) Strategy has been developed with a full stakeholder engagement framework planned for quarter one 2019 with a phased implementation plan developed thereafter
- CHO 1 Mental Health Services in partnership with community groups hosted a youth world café event in May 2018 attended by 130 young people as part of ongoing research into improving services for young people and to inform the development of a “no wrong door” approach
- Following successful allocation of funding from Genio, an Individual Placement Support Service has been established in partnership with Employability Organisations to support people with mental health difficulties access and maintain employment
- Establishment of 3 Forums for Service User, Family Member and Carer Engagement in each former ISA Area



- Recruitment of key trained professional staff across CHO 1 - a total of 21 development posts (2014-2017) successfully recruited and commenced throughout 2018 with a further 4.5 posts recruited and commencing in Q1 2019, including the following:
  - Co-ordinator of Traveller Mental Health
  - 4 \* CNS for 7/7 services in Donegal
  - 6 \* wte's for CAMHS Home Based Treatment Team in Cavan/Monaghan
  - CAMHS & MHID Consultants (2 wte), Cavan/Monaghan
- The recruitment of
  - a Senior Manager Youth and Young Adults on a temporary basis under the Service Reform Programme, with a focus on the support and development of work already commenced in CHO 1 including the Draft CHO 1 Youth Mental Health Strategy and the oversight of the Service Reform actions pertaining to youth services
  - Medical Manpower Manager
- Upgrading / refurbishment of Supervised Residential Units across the CHO, including Castlecourt and Benbulbin in Sligo / Leitrim and Carndonagh, Dungloe and Rowanfield House in Donegal. Minor capital works were also completed on the Mental Health Intellectual Disability (MHID) base in Carrickmacross, Co. Monaghan

## **Social Care**

### **Disability Services**

- Alternative respite services were delivered to both adults and children with intellectual disabilities and to adults and children with physical and sensory disabilities across the CHO 1 area
- Children's Disability Network Team structure (0-18) outlined and agreed for CHO 1
- As part of the Time to Move on from Congregated Settings 29 services have transitioned to new homes

### **Older Persons Services**

#### **Integrated Care Plan for Older People (ICPOP)**

- As part of ICPOP in Sligo /Leitrim which became operational in 2018 the following staff have been recruited Dementia Nurse Specialist; Senior Occupational Therapist; Senior Physiotherapist; Senior Social Worker; Speech & Language Therapist; 5 cANP's who have an interest in Tissue Viability, Movement Disorder, Falls & Dementia. Multi-disciplinary team Hubs in Sligo/Leitrim have been established with a base in St. Johns Community Hospital
- Integrated Frailty Pathway, Integrated Falls Pathway developed in Sligo / Leitrim CHO 1 / SUH
- Frailty Governance Group established in Donegal
- Donegal and Sligo / Leitrim have introduced the National Frailty programme to staff. A total of 680 staff across all sectors and interdisciplinary team received this training

### **Dementia**

- Completion of a 'Practice Development School' in Donegal – attended by 30 participants from across CHO 1 and Derry who implemented learning in local sites





- TOVRTAFEL (Magic Table - interactive technology for those with moderate to severe dementia) was introduced in Buncrana Community Hospital (the first in a community hospital in Ireland)
- Evaluation of the culture of care within the 2 dementia units in Donegal via a Practice Nurse Development Programme
- The education of Dementia Champions from both the nursing and HCA grade within CHO 1 OPS in Collaboration with DCU and CNMEs
- One Frail and Older Persons cANP with a special interest in Dementia appointed in Cavan / Monaghan
- Dementia CNS and cANP with a special interest in Dementia in Sligo / Leitrim
- Dementia specific Focused Intervention Training and Support (FITS) Facilitators in place in all Older Person Residential Units inclusive of the Transitional Unit in Cavan Monaghan
- Dementia mapping project undertaken including:
  - Dementia Pathway mapped with an inter-disciplinary dementia meeting held monthly in Sligo / Leitrim CHO 1 / SUH
  - Psychiatry of Later Life Older Persons Services in Sligo University Hospital working collaboratively mapping dementia pathway and engaging in inter-disciplinary team meetings monthly
- 2 staff trained to facilitate Understanding Dementia Home Care Education Programme for Home Support Workers
- Dementia register developed in July 2018, maintained by the Dementia Nurse Specialist. Currently there are 300 people registered from across Sligo / Leitrim

### **Residential Care**

- HIQA Compliance - All 22 residential units across CHO 1 were successfully re registered in 2018
- Bed occupancy target of 95% for Long Term Beds was maintained
- Reconfiguration of 20 extended care beds into transitional care at the Lisdarn Unit in Cavan
- An additional 6 beds were opened in Community Hospitals in Sligo / Leitrim
- Refurbishment of Killybegs Community Hospital 90% completed
- Residential Care Centres across CHO 1 continued to engage with Service Users. An evaluation of the effectiveness of activities and family engagement in the Community Hospitals was undertaken
- Continued promotion of resident quality and safety issues through adaptation of the safety pause to the “3 at 3” alongside introduction with Safety Champions in Cavan North and Monaghan Residential Units
- East Palliative Care Meitheal Programme to prevent unnecessary hospital transfers from Older Persons residential Units to the acute hospital has commenced in Cavan Monaghan
- A cohort of nurses across all units in Cavan Monaghan service have completed or are currently undertaking palliative care post graduate certificate

### **Staff Developments**

- Funding received from DOH for
  - 3 Advanced Nurse Practitioners posts in Cavan/Monaghan



- 5 Advanced Nurse Practitioners posts In Sligo / Leitrim have been secured
- Approval for 2 Practice Development Co-ordinator posts for Older Persons in Cavan Monaghan and Sligo / Leitrim Older Persons Services
- 1 Dementia CNS and 1 cANP with a special interest in Dementia in Sligo / Leitrim to give support to the team
- 2 WTE SAT Educators recruited and panel formed with recruitment process underway
- National training will be provided to relevant staff to ensure roll out of SAT across CHO 1

### **Cross Divisional Operations**

- CHO 1 Healthy Ireland Staff Consultation sessions were undertaken throughout the area at 21 events

### **Quality & Patient Safety**

- Establishment of CHO 1 Social Care Quality & Patient Safety Committee
- Draft Infection Prevention & Control Strategy Document developed
- Development of a CHO 1 Patient Antibiotic Information Leaflet
- Delivered the 1<sup>st</sup> CHO wide Infection, Prevention & Control Link Nurse / Midwife Course over 5 days to 15 participants

### **Project Management Office**

- Governance group established and hold bi-monthly meetings to review project progress; review new project proposals and sign off on project documentation
- Portfolio of CHO 1 projects agreed and Project Leads identified. Support was provided to 28 service improvement projects across CHO 1
- Portfolio Lead SAOLTA Hospital group is on CHO 1 PMO Governance group. A number of joint projects between SAOLTA and CHO 1 & 2 are in progress
- Publication and launch of the Primary Care Islands Service Review
- Development, delivery and implementation of a CHO 1 Project Management Training Programme and inputted to the Leaders in Management Programme CHO 1
- Support and implementation of Cervical Check Audit Patient Supports for those affected in CHO 1
- Funding secured from the National Dementia Office towards the appointment of a Project Manager on SPC for 2 years to support and manage the implementation of the Dementia Strategy action plan
- Support and coordination of Department of Health funded candidate Advanced Nurse Practitioners applications-six posts secured
- Project management leadership to the Integrated Programme for Older Persons, Sligo/Leitrim in the absence of an assigned project manager
- Successful implementation of access to laboratory results in nine out of the eleven community hospitals in Donegal in collaboration with Letterkenny University Hospital
- Supported the development of proposals for Winter Plan funding across CHO 1
- Roll out of Skype for Business to Senior Management Team and project leads across CHO 1

**Workforce**

- HR and IR Managers working with local Service Managers to manage absenteeism within their respective areas
- CHO 1 ensured compliance with the National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 – 2016. 5,263 staff were vetted by the deadline of 1<sup>st</sup> April 2018. As part of the HIQA instruction that all garda vetting information be held within designated residential centre, in October 2018 the instruction was implemented in all Older Persons Residential Centres with and Disability Units
- “Managing a Positive Workplace” training was piloted in 6 sites throughout the country; 3 of these sites were in CHO 1 incorporating acute services. The training was provided by Dublin Rape Crisis Centre and was delivered to 101 staff across 6 sessions
- HR support the Leadership, Education, Talent & Development Department in the delivery of training. 6 sessions were held in Donegal and Sligo and Corporate Induction
- People Management Legal Framework (PMLF) Programme for Managers has been delivered within Donegal Older Persons Services, Intellectual Disability Services and Home Support
- Implementation of electronic document and record management system in Cavan/Monahan and Sligo/Leitrim HR Departments to digitise all existing personnel files, and to scan all future files following issue of contracts. Donegal HR will implement the system in 2019
- A new HR IT System developed and introduced in Donegal to hold information on Recruitment campaigns, positions, and Garda Vetting. To be rolled out across CHO 1 in 2019
- Links established with HR colleagues in CHO 2 - regular meetings held to discuss current HR issues, implementation of new legislation, training etc
- CHO 1 HR Departments completed 95 local recruitment campaigns up to October 2018
- HR Departments have developed links with Educational Agencies, including Sligo IT, Sligo ETB, St Angela’s College, Letterkenny IT, Donegal ETB and local secondary schools. Careers Fairs were attended in both colleges which generated a high level of interest from students in posts within the HSE. Student placements have been facilitated with further placements planned
- Discussions are ongoing with the Sligo IT and Sligo ETB regarding student placements for FETAC Level 5 course participants
- Local target recruitment campaigns held to target areas where there is large agency usage within CHO 1
- Medical Manpower Manager commenced in post in November 2018
- 20 people successfully completed the CHO 1 Leaders in Management Programme. A 2<sup>nd</sup> programme is currently underway
- CHO 1 HR Department also supported staff to attend the Leaders Academy Programme in 2018



## Operational Work

### Mental Health

- Mental health promotion, suicide prevention, day centres, day hospitals, community mental health team appointments, out-patient appointments, residential care, inpatient care, etc

### Health & Wellbeing

- Immunisation, sexual health services, health promotion, chronic disease management programmes, smoking cessation, self management etc

### Social Care

- Older Persons Services
  - Community hospitals, day hospitals and day centres, dementia care, carers support, respite provision, home support and long and short term care etc
- Disability Services
  - Early intervention teams and school aged teams, day services, respite services, residential services, pre-school inclusion teams, personal assistant support, respite support etc

### Primary Care

- General Practitioners (GPs), Practice Nurses and their staff are the first point of contact for most people seeking medical care
- Primary care team services (occupational therapy, physiotherapy, public health nursing, dietetics, speech & language therapy etc.)
- Network services (podiatry, audiology, dental services, ophthalmology services)
- Palliative care services (hospice care, community palliative care nursing etc.)
- Social inclusion services (addiction services, homelessness, Travellers and minority group care etc.)
- Aids and appliances (equipment for persons e.g. hoists, beds etc.)
- Diagnostics – community x-ray, ultrasound
- Other: primary care development, obesity and diabetes services



In 2018, the following provides a high level overview of scale and scope of services delivered:

### Mental Health

- 1461 referrals for Child & Adolescent Mental Health Services
- 3567 referrals to adult community mental health teams
- 1303 referrals to psychiatry of old age teams were received
- There were 1301 admissions to mental health inpatient units to the end of Q3
- Day centres, day hospitals and out-patient appointments were attended across the area
- A range of suicide prevention initiatives were undertaken

### Health & Wellbeing

- 91% of children aged 2 years received the MMR & 91% have received the 6-in-1 vaccination
- 57% of 1st year girls received two doses of HPV vaccine and 89% received the MenC vaccine
- Over 50% of older people received the flu vaccine
- Breastfeeding rates at 1st visit to newborn babies was at 33%
- 548 people received smoking cessation support
- A range of initiatives around physical activity, obesity etc. were delivered including over 25,000 5K parkruns by 12,500 individuals
- Sexual health clinics were supported across the area

### Social Care

#### • Older Persons Services

- 1.69 million home support hours were delivered to 4,437 people whilst 2,125 people received long term residential care supported by NHSS
- Day hospitals and day centres were attended by many older persons over the year
- Dementia specific beds, dementia awareness and carers support was provided
- Alternative respite was provided through additional funding received

#### • Disability Services

- 1097 people with a disability participated in Rehabilitative Training Programmes / work/like-work programmes or other day programmes
- 694 people with ID/Autism and Physical and Sensory Disability received residential services
- 410 people with ID/Autism and a physical and / or sensory disability received respite services
- Approx 143K hours of personal assistant hours were provided to adults with a physical and/or sensory disability
- Over 320K hours of home support was provided to people with a disability
- Decongregation was progressed in Sligo

### Primary Care

- Community Intervention Teams became operational in July with over 400 referrals received
- 96% of newborn babies were visited by a PHN within 72 hours of discharge from hospital
- 25.5K physiotherapy referrals were received, in excess of 80% were seen within 12 weeks (99K face to face contacts/visits)
- Over 9K occupational therapy referrals were received
- Over 4.1K referrals were made to dietetics, 1.8K referrals to psychology and over 10.5K referrals to public health nursing
- 1784 referrals were made to podiatry services and 4858 referrals to speech & language therapy
- 5778 referrals received by ophthalmology and 1805 referrals received by audiology
- A range of initiatives and services were provided to those with addiction issues, Travellers, minority groups, those that are homeless etc
- Numerous community and voluntary initiatives were supported
- A range of equipment was provided across the services including beds, hoists, dressing, bandages etc.
- Medical cards, GP visit cards and long term illness cards provided much needed support for people in the area
- The drug treatment scheme allowed for required drugs to be made available
- New infrastructure has been developed including upgrade of community diagnostic facilities
- Specialist inpatient and community based palliative care services were provided

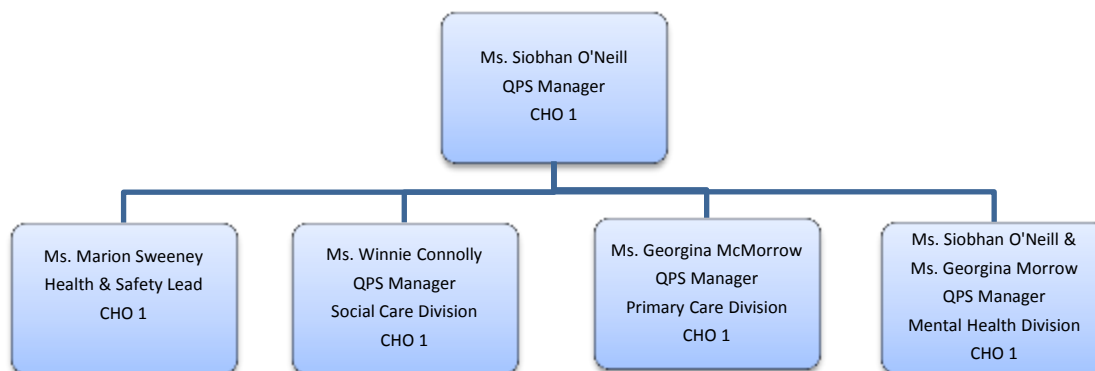
## 2. Quality and Patient Safety

### Population served

Quality & Patient Safety provides a service to all of the population of CHO 1 to include Primary Care, Mental Health and Social Care services.

### Organisational Overview

#### CHO 1 Quality and Patient Safety Senior Management Team (SMT)



### Services provided

CHO 1 Quality & Patient Safety provides advisory support to the Executive Management Team and to the Service Managers in Primary Care, Mental Health and Social Care Services with regard to:

- Governance for Quality & Patient Safety
- Implementation of National Quality Improvement Strategies and Programmes
- Incident reporting on NIMS in line with State Claims Agency statutory requirements
- Management and reporting of Serious Incidents and Serious Reportable Events in line with State Claims Agency requirements
- Investigation of Patient Safety Incidents in line with the HSE Incident Management Framework
- Risk Assessment and Risk Management
- Maintenance of Risk Registers
- Analysis of complaints



- Reporting on Compliance with Legislation, Regulations and national standards
- Training of staff on relevant policies, procedures and guidelines to include Open Disclosure, Incident management, Risk Management, Pressure Ulcers and Falls prevention

## Achievements 2018

### Quality & Patient Safety

- Establishment of CHO 1 Social Care Quality & Patient Safety Committee
- Draft Infection Prevention & Control Strategy Document developed
- Development of a CHO 1 Patient Antibiotic Information Leaflet
- Delivered the 1<sup>st</sup> CHO wide Infection, Prevention & Control Link Nurse / Midwife Course over 5 days to 15 participants

## Priorities 2019

1. Head of Services/QPS Manager to identify Quality and Safety priority initiatives for the year
2. Monitor and evaluate the Quality Improvement Plans arising out of the HIQA National Standards for Safer Better Health Care Self -Assessments on a quarterly basis
3. Undertake assessment against the HIQA National Standards for PCHAI in Community Services and develop a regulatory profile of compliance with Infection control standards
4. Maintain Head of Services Risk Register in line with HSE Integrated Risk Management Policy 2017 and submit quarterly to Chief Officer
5. Report bi-monthly on Quality and Patient Safety Performance in all Services, *for example: SRE/SI, complaints; notifications to regulators and safeguarding team etc.* to the Executive Management Team
6. Deliver 4 Quality and Safety training workshops to Staff *for example: Incident/Risk, Management; Open disclosure; corporate induction; National PPG Framework*
7. Promoting quality and safety of services in line with the *Framework for Improving Quality in our Health Service for example: implementation of QPS Governance Structures. (This will be reported as part of the bi-monthly Quality & Performance reporting)*
8. Create capacity in CHO 1 to undertake systems analysis investigations by continuing to train investigators in line with the HSE Incident Management Framework
9. To develop the Consumer Affairs and complaints management processes in CHO 1 to include the full implementation of the CMS
10. To further support Service Managers in fulfilling their obligations in terms of health and safety legislation through targeted training initiatives where it is deemed necessary



| Quality & Patient Safety<br>Operational Plan Actions |                          |   |   |  |   |
|--|--------------------------|---|---|--|---|
| OP Ref   | Priority Area            | Key Result Area   | Priority Action   | Timeline                                     | Lead  |
| QPS 1.1  | Quality & Patient Safety | Identify Quality and Safety priority initiatives for the year   | 1. Head of Services/CHO 1 QPS Lead / QPS Manager to identify and agree service Q&PS priorities  | 31/01/19                                     | CHO 1 QPS Manager / QPS Manager / Head of Service |
| QPS 2.1  | Quality & Patient Safety | Report on Regulatory Compliance in line with National Community QPS requirements  | 1. Monitor and report on regulatory compliance in all care groups in CHO 1  | 31/01/19<br>30/04/19<br>30/07/19<br>31/10/19 | QPS Manager<br><br>QPS Manager                    |
| QPS 3.1  | Quality & Patient Safety | Support services in compliance with the HIQA National Standards for PCHAI in Community Services and develop a regulatory profile of compliance in all care groups | 1. Participate in the assessment against HIQA standards for PCHAI in clinical services<br>2. Report on progress in regulatory compliance report | 30/06/19<br><br>31/12/19                     | QPS Manager                                       |
| QPS 4.1  | Quality & Patient Safety | Maintain Head of Services Risk Register in line with HSE Integrated Risk Management Policy  | 1. Review and maintain Head of Service Risk Register on a quarterly basis<br>2. Submit to Chief Officer and notify risks as                     | 31/03/19<br>30/06/19<br>30/09/19<br>31/12/19 | QPS Manager/<br>Head of Service                   |





| Quality & Patient Safety<br>Operational Plan Actions |                          |  |   |  |                                    |
|--|--------------------------|--|---|--|------------------------------------|
| OP Ref   | Priority Area            | Key Result Area  | Priority Action   | Timeline   | Lead                               |
|  |                          | 2017 and submit quarterly to Chief Officer   | necessary   |  | Head of Service                    |
| QPS 5.1  | Quality & Patient Safety | Report bi-monthly on Quality and Patient Safety Performance in all Services to the EMT                             | 1. Introduce Quality & Patient Safety Reporting in CHO 1 and report bi-monthly to EMT items including, SRE/SI, complaints; notifications to regulators & safeguarding team etc. | 28/02/19<br>30/04/19<br>30/06/19<br>31/08/19<br>31/10/19<br>31/12/19 | CHO 1 QPS Manager                  |
| QPS 6.1  | Quality & Patient Safety | Deliver Quality and Safety training workshops to staff   | 1. Deliver 4 Quality and Safety training workshops to staff which include: Incident/Risk, Management; Open disclosure; corporate induction; National PPG Framework              | 31/03/19,<br>30/06/19<br>30/09/19<br>31/12/19                        | CHO 1 QPS Manager                  |
| QPS 7.1  | Quality & Patient Safety | Promoting quality and safety of services in line with the Framework for Improving Quality in our Health Service    | 1. Introduce Quality & Patient Safety Reporting in CHO 1 and report bi-monthly to Executive Management Team   | 28/02/19<br>Bi-monthly thereafter                                    | CHO 1 QPS Manager                  |
| QPS 8.1  | Quality & Patient Safety | Create capacity in CHO 1 to undertake systems analysis investigations by continuing to train investigators in line | 1. Review current staff who have been trained on systems analysis and identify with Head of Service staff who should be trained within each care group                          | 31/03/19<br><br>31/12/19   | CHO 1 QPS Manager<br><br>CHO 1 QPS |



| Quality & Patient Safety<br>Operational Plan Actions |                          |  |   |  |                               |
|--|--------------------------|--|---|--|-------------------------------|
| OP Ref   | Priority Area            | Key Result Area  | Priority Action   | Timeline                                     | Lead                          |
|  |                          | with the HSE Incident Management Framework.  | 2. Support staff in accessing systems analysis training and report on uptake to Head of Service   |  | Manager                       |
| QPS 9.1  | Quality & Patient Safety | Develop the Consumer Affairs and complaints management processes in CHO 1 to include the full implementation of the CMS  | <ol style="list-style-type: none"> <li>1. Develop CHO 1 Consumer Affairs structures</li> <li>2. Implement CMS in CHO 1</li> </ol>   | 30/06/19<br>30/09/19                         | CHO 1 QPS Manager             |
| QPS 10.1   | Quality & Patient Safety | Further support Service Managers in fulfilling their obligations in terms of health and safety legislation through targeted training initiatives, guidance, support, performance reporting, auditing and improvement planning. | <ol style="list-style-type: none"> <li>1. Provide Health &amp; Safety training to staff in CHO 1 and report uptake on a quarterly basis</li> <li>2. Raise awareness of the National Health &amp; Safety Function</li> <li>3. Promote awareness in relation to Dangerous Goods Safety Advisors requirements</li> <li>4. Advise Managers of their obligations to communicate and escalate health &amp; safety risks to their respective Line Manager</li> </ol> | 31/03/19<br>30/06/19<br>30/09/19<br>31/12/19 | Health & Safety Lead<br>CHO 1 |

**Risks to Service Delivery and Proposed Mitigation Management**

| Risk   | Proposed mitigation management of the risks   |
|--|---|
| Risk of not achieving all of the priority actions due to reduced Q&PS resources arising from staff vacancies.                                    | Backfill vacant posts in Quality & Patient Safety.  |
| Risk of not achieving national and CHO priority actions due to the gap between the National QPS operating model and the CHO QPS operating model. | Undertake a gap analysis of the agreed national QPS operating model (when finalised) to determine the gaps within CHO 1.<br><br>Submit gap analysis to the Executive Management Team for perusal. |



### 3. Health and Wellbeing

A fundamental goal of the health service is to support the health of its population. *Sláintecare* recognises the importance of supporting people to look after and protect their own health and wellbeing. *Healthy Ireland* is the national strategy for improved health and wellbeing. This strategy is underpinned by a whole-system philosophy involving cross-government and cross-societal responsibility. The health system will continue to play an important leadership role in driving this whole-system shift towards a culture that places greater emphasis and value on prevention and keeping people well.

There are many positive trends visible within our health service, life expectancy is increasing, mortality rates are declining and survival rates from conditions such as heart disease, stroke and cancer are improving. Despite these encouraging developments, we know changing lifestyles, chronic disease patterns and ageing population trends are altering our population's healthcare needs. This is creating an unsustainable horizon for the future provision of our health and social care services in Ireland.

In response to these challenges, the HSE established a Health and Wellbeing Service in each Community Healthcare Organisation at the beginning of 2017. In CHO 1 Health and Wellbeing incorporates the following: Long Term Conditions/Chronic Disease Programme, Self-Management Support, Healthy Childhood, Influenza/Flu Protection Programme, Healthy Ireland, Infection Prevention and Control, Staff Health and Wellbeing and EU Interreg VA Cross Border Projects. The Health and Wellbeing Service works with, and through, other HSE services and our interagency partners by providing implementation support towards the delivery of quality integrated and evidence-based service developments.

Supporting and building capacity of HSE staff, communities and partner organisations is key to identifying and addressing priorities and improving the health and wellbeing of our population with an increasing emphasis on prevention, early detection and Self-management being a key priority. The Health and Well Being Service promotes and supports meaningful participation and engagement of Service User's in planning and implementing all our programmes and initiatives.



## Population served

The Health and Wellbeing Operational Plan covers the communities of Cavan, Donegal, Leitrim, Monaghan and Sligo and identifies the key actions to be delivered in 2019. The area has a population of 391,281 people (an increase from 389,048 in Census 2011).

CHO 1 has more young people (0-19yrs) and more people in each age group over 44 years when compared to the average for Ireland. It has one of the highest proportions of young people under the age of 15 years (22%) and the highest proportion of older people over 65 years (15.1%) compared to other CHO areas. The number of people aged 20 – 44 years is much lower than the national average which means that the total dependency ratio is higher than the national rate. Of particular note is that the area has the highest age dependency of all CHOs at 37.3% (National average is 34.5%).

CHO 1 is largely rural, with a very low population density of 35 people per sq km compared to a national population density of 67 people per sq km. The area borders Northern Ireland, which is one of the most disadvantaged regions in the country. CHO 1 has a poor transport infrastructure and has large areas of disadvantage which consists of material deprivation, such as housing and living conditions, and social deprivation, such as social support and education factors. All of these factors place an increased cost pressure on the area than would be expected with a population of similar size lacking these factors and influences.

## Services Provided

CHO 1 aims to support its population to be healthy and stay healthy through the promotion of physical and mental wellbeing. There needs to be a shift in emphasis on the prevention of illness and maintaining a healthy lifestyle. Where a long term condition already exists, education and support in self-management will be provided to ensure minimisation of exacerbation and avoid unnecessary hospital attendance. A key focus of the work in CHO 1 has been to provide leadership to deliver a number of key work programmes namely:

- Healthy Ireland
- Healthy Childhood and Nurture Infant Health Programme
- Long Term Conditions which includes developing and implementing models of Integrated Care, improving Self Management Supports to support people with a long term condition i.e. COPD, Asthma, Diabetes, Cardiovascular Disease
- Infection Prevention and Control/Healthcare Associated Infections
- Flu Protection
- Staff Health and Well Being
- Further development of our partnerships via Children and Young People's Services Committees, Interagency/Cross Border working via CYPCSC, LCDCs and CAWT/EU Interreg VA funded projects



## Priorities 2019

1. Support the implementation of the CHO 1 Healthy Ireland Implementation Plan in partnership with all HSE Community Services, Hospital Services and our partners
2. Provide leadership and support the development of integrated care models that join up the planning and delivery of care with our partners including CHO Services, acute hospitals, statutory and non-statutory agencies and communities to optimise the delivery of programmes to reduce the burden of Chronic Disease
3. Enable and support the transition of Health Promotion & Improvement Services to CHO 1
4. Lead the expansion of Self-management Support Programmes to people with Chronic Disease: COPD, Asthma, and Diabetes and Cardiovascular Disease
5. Support the implementation of Making Every Contact Count in three implementation / learning sites
6. Deliver Influenza Protection Campaign to increase the uptake of the flu vaccine among staff and all at risk groups. The Influenza programme will be delivered in close partnership with Social Care, Primary Care and Mental Health Services
7. Ensure a programme for Infection Prevention and Control and Antimicrobial Stewardship including outbreak management is agreed and implemented across all CHO 1 services in line with National Standards for Infection Prevention and Control (HIQA) and international best practice
8. Lead, support and deliver the National Healthy Childhood Programme and Nurture Infant Health and Wellbeing in partnership with all community and hospital services Continue to promote and support the Childhood Immunisation and Vaccination Programmes in collaboration with Primary Care Services
9. Establish an integrated CHO 1 and Hospital Breastfeeding Forum to progress work to increase breastfeeding initiation and duration rates across the area through supporting and enabling more mothers to breastfeed
10. Improve Staff Health and Wellbeing by designing and delivering a comprehensive staff health and wellbeing programme
11. Support the Project Managers to implement the INTERREG VA EU funded Co-Sync Project to prevent the development of Chronic Diseases and the implementation of the mPower Project to enable people to take steps to live well and independently in their own homes and the implementation of the Multiple Adverse Childhood Experiences
12. Continue to promote national screening services which provide population based screening programmes for BreastCheck, CervicalCheck, BowelScreen and Diabetic RetinaScreen



## Key Achievements 2018

During 2018 CHO 1 introduced a number of initiatives and service improvements to improve the health and wellbeing of service users, staff and the wider population and prevent chronic illness.

### Health and Wellbeing

- 5 year Healthy Ireland Implementation plan launched
- 3% increase in Staff Flu vaccine uptake
- Outputs from the Long Term Conditions Programme
  - 18 Tutors trained to deliver Otago Falls Prevention Exercise Programme
  - Supported 21 Quality Improvement Initiatives in General Practice and Primary Care Services
  - Donegal Respiratory Service were finalists and runners up in the National Health and Social Care Professional Awards. This key frontline service has embraced the principles of *Sláintecare* and is delivering on a new integrated service model across the community and hospital
  - Further embedding of the new Donegal Respiratory Integrated Care Service which now covers 19 GP Practices
  - Respiratory Integrated Care Service in Sligo/Leitrim continued to deliver pulmonary rehab services in the Community
  - Mapping of Stroke Services completed
  - Launch of the Self-Management Support website for Donegal and planning with National Digital Communications for the roll out of similar webpages for the other four counties
  - 9 Quality of Life (Chronic Disease Self-Management) programmes delivered across CHO 1
- Delivered hand hygiene Train the Trainer Programme and rolled out hand hygiene training programmes across all services
- Planning to progress the implementation of Making Every Contact Count (MECC) with the identification of three learning sites
- Continued collaborative working to improve the health and wellbeing of our population through our work on Local Community Development Committees (LCDCs), Children and Young People's Services Committees (CYPSCs) and through the cross border EU funded Interreg VA projects mPower, Multiple Adverse Childhood Experiences (MACE) and Community Health and Wellbeing Hubs 'CoH Sync'
- Commenced the delivery of the Healthy Childhood and Nurture Infant Health and Wellbeing Programme
  - Child Health Programme Development Officer appointed in September 2018 to lead and support the implementation of the Healthy Childhood programme in partnership with the existing Child Health Team and key services
  - Triple P Parenting Programme delivered to over 100 parents of children aged 2-10 years in Sligo and Leitrim. The programme supports parents with a tool box of tips and strategies to manage challenges by developing parenting skills
  - Led the CHO 1 integrated community and hospital breastfeeding workshop and secured funding from National Midwifery Professional Development Unit (NMPDU)



for 2.6 WTE Lactation Consultants to increase dedicated support to breastfeeding mothers

- Staff health and wellbeing initiatives were supported which included Health & Happiness Seminars with nearly 900 staff attending, Healthy Ireland Small Grants Scheme, Minding your Wellbeing, Stress Control and Staff health checks





| Health & Wellbeing<br>Operation Plan Actions |  |   |  |   |                 |
|--|--|---|--|---|-----------------|
| OP Ref                                       | Priority Area                              | Key Result Area   | Priority Action  | Timeline                                    | Lead            |
| H&W<br>1.1                                   | Healthy<br>Ireland                         | Lead the implementation of the CHO 1 Healthy Ireland 5 year Implementation Plan in partnership with all HSE Community Services, Hospital Services and partners<br><br>Delivery of 2019 HI Actions | <ol style="list-style-type: none"> <li>1. Establish Healthy Ireland (Hi) Implementation Group and governance arrangements.</li> <li>2. Identify key sub-groups to support the implementation of 2019 HI actions which includes the following key areas: sexual health, tobacco, alcohol, Self-management support, healthy childhood, healthy eating active living etc.</li> <li>3. Promote and support collaborative working with acute hospitals, Local Communities, the Community and Voluntary sector, Third Level Colleges and other Statutory Agencies to ensure that health and wellbeing priorities are implemented.</li> </ol> | 01/01/2019<br>and ongoing thereafter        | Head of Service |
| H&W<br>2.1                                   | Making Every<br>Contact<br>Count<br>(MECC) | Develop a Project Plan to support the implementation of Making Every Contact Count<br><br>Deliver MECC in three Implementation Sites and review lessons learnt for further MECC implementation    | <ol style="list-style-type: none"> <li>1. Develop Project Plan in partnership with the Programme Management Office to identify and support three implementation sites. This project will entail significant change management so that MECC can be embedded into the practice of all front line staff.</li> <li>2. Establish and support three MECC Implementation Sites</li> <li>3. Promote MECC eLearning programme to all frontline Health care workers.</li> </ol>  | 31/03/2019<br><br>30/09/2019<br><br>Ongoing | Head of Service |



| Health & Wellbeing<br>Operation Plan Actions |                 |   |  |   |   |
|--|-----------------|---|--|---|---|
| OP Ref                                       | Priority Area   | Key Result Area   | Priority Action  | Timeline  | Lead  |
|  |                 |   | 4. Deliver face to face MECC master classes to 20% e-learning participants so they can engage with service users about lifestyle issues such as healthy eating, physical activity, tobacco and alcohol use.<br>5. Promote and encourage Service Managers to release frontline staff to attend MECC training, to enable them to conduct a brief health behaviour change intervention with their patients.   | Ongoing   |   |
| H&W 3.1                                      | Chronic Disease | Provide leadership, support and strengthen engagement with all partners including other Divisions, Acute Hospital, Statutory and non-Statutory Agencies and Communities to coordinate the delivery of programmes to reduce the burden of Chronic Disease. | 1. Deliver structured patient education programmes for people with type 2 Diabetes<br>2. Lead the delivery of one 26 week Otago Falls Prevention Exercise Programme in 9 sites. Evaluate the process of delivering Otago in a rural setting<br>3. Provide project management leadership and direct support to Respiratory Teams in Donegal and the Respiratory Integrated Care Team in Sligo/Leitrim. Continue to support the development of Integrated Respiratory Teams in Cavan/ Monaghan.<br>4. Support implementation of the new Integrated Care Team for Older People in Sligo/Leitrim.<br>5. Support the completion of 21 Quality | Ongoing<br>31/07/2019<br>31/12/2019<br>Ongoing 2019<br>31/03/2019 | Primary Care Services<br>Long Term Conditions Programme Manager<br>Long Term Conditions Programme Manager<br>Long Term Conditions Stroke / Frailty Lead |



| Health & Wellbeing<br>Operation Plan Actions |   |   |   |   |   |
|--|---|---|---|---|---|
| OP Ref                                       | Priority Area   | Key Result Area   | Priority Action   | Timeline  | Lead  |
|  |   |   | Improvement Projects in the area of Stroke Prevention and Rehabilitation, Dementia and COPD in partnership with GPs and other CHO services.<br>6. Complete gap analysis on Stroke Care Provision  |   | Cardiovascular /<br>Diabetes Lead<br>Long Term<br>Conditions Stroke<br>/ Frailty Lead |
| H&W<br>4.1                                   | Self -<br>management<br>Support for<br>Chronic<br>Disease | Lead the expansion of the SMS Programme across Cavan, Donegal, Leitrim, Monaghan and Sligo to people with Chronic Disease: COPD, Asthma, Diabetes and Cardiovascular disease. | <ol style="list-style-type: none"> <li>1. Support the delivery of 20 'Quality of Life' Chronic Disease Self-management Programmes (CDSMP) in partnership with the Community and Voluntary Sector in Counties Sligo, Leitrim, Cavan and Monaghan and Donegal</li> <li>2. Map existing Self-management Support programmes, resources and services in CHO 1:               <ul style="list-style-type: none"> <li>o Phase 1 - Pulmonary Rehabilitation, Diabetes Structured Patient Education and Cardiac Rehabilitation Programmes</li> <li>o Phase 2 - CDSMP, Social Prescribing, Cooking Programmes, Weight management programmes, Smoking Cessation Service, Structured Group Exercise Programmes (e.g. Med Ex, Siel Bleu), Peer Support Groups (COPD, Diabetes, Cardiac and Stroke Support Groups)</li> </ul> </li> <li>3. Produce an Excel directory of Self-Management</li> </ol> | <p>31/12/2019</p> <p>20/05/2019</p> <p>12/06/19</p> | Self-Management<br>Support Co-<br>ordinator   |



| Health & Wellbeing<br>Operation Plan Actions |                                      |  |   |  |  |
|--|--------------------------------------|--|---|--|--|
| OP Ref                                       | Priority Area                        | Key Result Area  | Priority Action   | Timeline   | Lead                                   |
|  |                                      |  | Support resources in CHO 1<br>4. Develop the content on community and hospital based Self-management Support services and digital resource in CHO 1.<br>5. Strengthen SMS governance arrangements in alignment with the Long Term Conditions Programme<br>6. Develop local Self-management Support implementation/action plan<br>7. Collaborate with National SMS Team to develop a Communications Plan for self-management support<br>8. Collaborate with National SMS Team to produce a digital resource for Self-management support<br>9. Promote awareness of Self-management Support with patients and Health & Social Care Staff<br>10. Develop strong working relationships with Healthy Ireland and Self-management Support leads in Saolta and RCSI hospital groups, to enhance self-management support initiatives. | 17/05/2019<br><br>15/09/2019<br><br>15/09/2019<br><br>24/06/2019<br><br>20/09/2019<br><br>20/09/2019<br><br>31/12/2019<br><br>31/12/2019 |  |
| H&W 5.1                                      | Infection Prevention and Control and | In order to protect our population from threats to their health and well being | 1. Appoint an Assistant Director of Nursing to lead the Infection Prevention Control (IPC) Programme<br>2. Agree and implement robust governance arrangements for the management and  | 01/06/2019<br><br>01/12/19   | Head of Service<br><br>Head of Service |



| Health & Wellbeing<br>Operation Plan Actions |                           |  |  |          |   |
|--|---------------------------|--|--|----------|---|
| OP Ref                                       | Priority Area             | Key Result Area  | Priority Action  | Timeline | Lead  |
|  | Antimicrobial Stewardship | ensure a programme for Infection Prevention and Control and Antimicrobial Stewardship including outbreak management is agreed and implemented across all CHO 1 services in line with National Standards (HIQA) and International best practice | <p>oversight of the CHO 1 Infection Prevention and Control Programme</p> <ol style="list-style-type: none"> <li>3. Implement a Service User Engagement Framework that ensures persons who avail of CHO 1 services are consulted with, informed about and supported in, the Prevention and Control of Healthcare Associated Infections throughout their care</li> <li>4. Develop an Infection Prevention and Control Programme (incorporating Anti-microbial Stewardship) implementation and monitoring plan for CHO 1 in collaboration with Project Management Office</li> <li>5. Implement and embed the National Standards for Infection Prevention and Control in Community Services (HIQA 2018) across all service areas and to ensure regulatory compliance with these Standards</li> <li>6. Design and implement a training and development programme for frontline staff and managers for Infection Prevention and Control practices and Anti-microbial Stewardship.</li> <li>7. Design and implement a programme of audit including but not limited to Hand Hygiene Audit, Environmental Hygiene Audit, Anti-</li> </ol> |          | <p>Assistant Director of Nursing</p> <p>Assistant Director of Nursing / Infection Prevention and Control Leads / Infection Prevention &amp; Control Committee</p> <p>CHO 1 Infection Prevention &amp; Control Specialists</p> <p>CHO 1 Infection Prevention &amp; Control Specialists</p> <p>CHO 1 Infection Prevention &amp; Control Specialists</p> <p>CHO 1 Infection Prevention &amp; Control Specialists</p> |



| Health & Wellbeing<br>Operation Plan Actions |                               |  |  |  |   |
|--|-------------------------------|--|--|--|---|
| OP Ref                                       | Priority Area                 | Key Result Area  | Priority Action  | Timeline                                       | Lead  |
|  |                               |  | microbial Prescribing, compliance with IPC Policies and Standard Precautions etc.<br>8. Develop a Standard Operating Procedure for disseminating Carbapenemase Producing Enterobacteriaceae (CPE) related information and training materials to all relevant staff.<br>9. Develop a comprehensive Community IPC Manual for all Health Care Workers to ensure evidence based guidance is accessible.<br>10. Standardise decontamination processes for Podiatry Services<br>11. Continue the roll out of the National Hand Hygiene 'Train- the- Trainer Programme. |  | Control Specialists<br><br>CHO 1 Infection Prevention & Control Specialists |
| H&W 6.1                                      | Tobacco                       | Tobacco Project Lead in place<br><br>Increase in the number of Tobacco Free Campuses   | 1. Identify a CHO 1 Project Lead for Tobacco<br>2. Monitor the implementation of the HSE Tobacco Free Campus Policy in all services<br>3. Support people to access national and local QUIT smoking cessation services  | 01/06/2019                                     | Head of Service   |
| H&W 7.1                                      | Influenza Protection Campaign | Improve uptake of influenza vaccine amongst all Health Care Workers and Residents in Long Term Care facilities (LTCFs) and all | 1. Deliver a comprehensive influenza Protection Campaign in partnership with all services<br>2. Improve Influenza vaccine uptake rates among persons aged 65 years and at risk through local engagement with Healthcare professionals<br>3. Improve Influenza vaccine uptake rates among   | 01/01/2019<br><br>01/05/2019<br><br>10/08/2019 | Flu/Influenza Project Lead  |



| Health & Wellbeing<br>Operation Plan Actions |                   |  |  |   |                          |
|--|-------------------|--|--|---|--------------------------|
| OP Ref                                       | Priority Area     | Key Result Area  | Priority Action  | Timeline  | Lead                     |
|  |                   | key at risk groups by implementing the CHO 1 Influenza Protection Plan in partnership with all services. | <p>all Healthcare workers</p> <ol style="list-style-type: none"> <li>4. Continue to improve influenza vaccine uptake rates amongst Residents and Respite Residents of Long Term Care Facilities</li> <li>5. Submit a comprehensive CHO 1 Influenza Plan to the National Influenza Steering Group to secure funding support</li> <li>6. Support the Occupational Health Service and Peer Vaccinators to deliver influenza vaccine to HSE staff and to agencies which provide services on behalf of the HSE</li> <li>7. Further develop the Flu Champion model by increasing the number of Champions and providing additional training</li> <li>8. Ensure accurate data returns are made to the Health Surveillance Protection Service (HPSC) through liaison with the HPSC and the development of a CHO 1 Influenza Database.</li> <li>9. Provide Influenza Preparedness sessions in advance of the influenza season.</li> <li>10. Provide clear communications to all staff on the important benefits of getting the influenza vaccine throughout the influenza season.</li> </ol> | <p>01/09/2019</p> <p>01/09/2019</p> <p>01/09/2019</p> <p>01/11/2019</p> <p>30/10/2019</p> <p>01/01/2019</p> |                          |
| H&W 8.1                                      | Healthy Childhood | Provide leadership and support, and strengthen   | 1. Coordinate and lead implementation of the National Healthy Childhood / Nurture  | 31/12/2019  | Child Health Development |



| Health & Wellbeing<br>Operation Plan Actions |               |   |   |          |   |
|--|---------------|---|---|----------|---|
| OP Ref                                       | Priority Area | Key Result Area   | Priority Action   | Timeline | Lead  |
|  | Healthy       | engagement with stakeholders and partners to increase the number of children, young people and families benefitting from initiatives and programmes to achieve better health and wellbeing outcomes | <p>Programme in partnership with Public Health Nursing, Community Medical Doctors and community and hospital services:</p> <ul style="list-style-type: none"> <li>a) Review governance structure and process for the implementation of National Healthy Childhood Programme</li> <li>b) Develop an implementation plan<br/>Develop a communications plan to increase awareness and promote the National Healthy Childhood Programme</li> <li>c) Promote uptake of the blended e-learning training programme and resources for all relevant staff</li> <li>d) Facilitate a skills based workshop.</li> <li>e) Lead and support the implementation of ASQ-3 Parent Self-Assessment Tool in Cavan and Monaghan</li> <li>f) Support implementation of change to the timing schedule of PHN visits</li> <li>g) Support implementation of the new National Standardised Child Health Record</li> <li>h) Actively support and promote the importance of Primary Childhood Immunisation (PCI) Programme in partnership with GPs and Primary Care</li> </ul> |          | <p>Officer and Child Health Committee</p> <p>Child Health Development Officers</p> <p>Child Health Development Officers</p> <p>Child Health</p> |





| Health & Wellbeing<br>Operation Plan Actions |               |                 |  |   |  |
|--|---------------|-----------------|--|---|--|
| OP Ref                                       | Priority Area | Key Result Area | Priority Action  | Timeline  | Lead   |
|  | Childhood     |                 | <p>Services</p> <ol style="list-style-type: none"> <li>2. Produce 5 year CHO 1 Child Health Strategy and establish governance structure for the implementation of the strategy</li> <li>3. Facilitate a workshop with Primary Care, Mental Health and Social Care Service to support them in identifying Child Health Strategy goals for action and implementation in their services</li> <li>4. Work in partnership with Tusla and CYPSC groups to promote Lifestart, Triple P and Parents Plus parenting programmes.</li> <li>5. Demonstrate increased availability, geographical spread and uptake of Lifestart, Triple P and Parents Plus parenting programmes.</li> <li>6. Report on parental outcomes from parenting programmes (Lifestart, Triple P and Parents Plus)</li> <li>7. Work in partnership with CYPSC groups and HSE healthcare professionals to promote healthy weight for children and the Start campaign.</li> <li>8. Consult with “Your Service Your Say” and HSE</li> </ol> | <p>31/06/2019</p> <p>31/12/2029</p> <p>30/06/2019</p> <p>31/12/2019</p> <p>31/12/2019</p> <p>30/06/2019</p> <p>30/06/2019</p> | <p>Development Officers</p> <p>Child Health Development Officers</p> <p>Child Health Development Officers</p> <p>Child Health Development Officer</p> <p>Child Health Development Officer</p> <p>Child Health Development Officers</p> <p>Child Health</p> |



| Health & Wellbeing<br>Operation Plan Actions |               |  |   |   |  |
|--|---------------|--|---|---|--|
| OP Ref                                       | Priority Area | Key Result Area  | Priority Action   | Timeline  | Lead   |
|  |               |  | <p>Communications office re effective models of service user engagement.</p> <p>9. Identify training needs of service managers in relation to use of social media</p> <p>10. Provide toolkit for services to seek and collate feedback from parents</p> <p>11. Explore electronic and other mechanisms to support Service Managers to facilitate meaningful engagement and participation of parents, children and young people in service planning and evaluation</p>   | <p>30/06/2019</p> <p>30/06/2019</p> <p>31/12/2019</p> | <p>Development Officer</p> <p>Child Health Development Officer</p>             |
| H&W 9.1                                      | Breastfeeding | Develop an integrated CHO 1 and Hospital Breastfeeding Forum to promote, support and increase the rate of breastfeeding across the area by providing dedicated Lactation Support to breastfeeding mothers. | <ol style="list-style-type: none"> <li>1. Develop integrated breastfeeding action plan to promote and support breastfeeding across CHO &amp; Hospitals.</li> <li>2. Review, monitor and report on breastfeeding uptake in a timely manner.</li> <li>3. Appoint dedicated Lactation Consultants in Primary Care to support breastfeeding mothers.</li> <li>4. Promote breastfeeding e-learning modules to frontline health care staff.</li> <li>5. Promote uptake of breastfeeding master classes to frontline health professionals involved in the care of breastfeeding mothers</li> </ol> | <p>31/09/2019</p> <p>30/06/2019</p>                   | <p>Director of Public Health Nursing / Child Health Development Officers /</p> |
| H&W  | Interagency   | Support the Project  | 1. Advise and assist Project Manager with   | 31/12/2019  | Long Term Conditions and   |



| Health & Wellbeing<br>Operation Plan Actions |  |   |  |   |  |
|--|--|---|--|---|--|
| OP Ref                                       | Priority Area  | Key Result Area   | Priority Action  | Timeline  | Lead   |
| 10.1   | work and collaboration with EU Interrreg VA Projects | Managers to implement :<br>-the INTERREG EU funded CoH-Sync Project in CHO 1 to prevent development of Chronic Disease.<br>- the mPower Project to enable people to take steps to live well and independently in their own homes and<br>-the Multiple Adverse Childhood Experiences INTERREG V funded 3 year project to offer interventions to children and families experiencing adversity | <p>integration of CoH-Sync project with existing CHO 1 services.</p> <p>2. Advise and assist Project Manager with integration of mPower project with existing CHO 1 services.</p> <p>3. Enhance the use of technology to improve patient care especially for people with long term conditions. This will include the roll out of technology to enable staff to interface with patients from their own homes through virtual clinics. This will be piloted through the mPower Project to support and connect older people in their own homes and communities</p> <p>4. Advise and support Project Manager and Project Officers on ACE awareness raising and implementation of MACE project and the use of tools with relevant CHO 1 services</p> <p>5. Work in collaboration with CYPSCs in the development and implementation of plans and optimise synergies in relation to the overall delivery of the Healthy Childhood and Nurture work plan</p> | <p>31/12/2019</p> <p>31/03/2019</p> <p>31/12/2019</p> <p>31/12/2019</p> | <p>Health Promotion and Improvement Managers<br/>Head of Service/<br/>Long Term Conditions Stroke / Frailty Lead<br/>Head of Service</p> <p>Child Health Development Officer</p> <p>Child Health Development Officer</p> |
| H&W 11.1                                     | Health Promotion &                                   | Transfer of Health Promotion &  | 1. A National Transition Working Group has been established to assist the transfer of Health   | 31/12/2019  | Head of Service  |



| Health & Wellbeing<br>Operation Plan Actions |                             |   |   |            |                                 |
|--|-----------------------------|---|---|------------|---------------------------------|
| OP Ref                                       | Priority Area               | Key Result Area   | Priority Action   | Timeline   | Lead                            |
|  | Improvement (HP&I)          | Improvement to all CHOs.  | <p>Promotion and improvement (HP&amp;I).</p> <ol style="list-style-type: none"> <li>Review the due diligence report and ensure all resource implications are identified and agreed.</li> <li>Support and enable the transfer of Health Promotion and Improvement Services into CHO 1</li> </ol>   |            |                                 |
| H&W 12.1                                     | Staff Health and Well Being | Implement Staff Health and Wellbeing Programme to promote health and wellbeing among staff to enable them to reach their own potential health and wellbeing and in so doing, be better able to promote the health and wellbeing of service users. | <ol style="list-style-type: none"> <li>Establish Staff Health and Wellbeing Working Group.</li> <li>Identify and implement staff health and wellbeing work programme in partnership with all services</li> <li>To utilise existing HSE campaigns to support staff health and wellbeing (e.g. #quit; #askaboutalcohol; #dementia; #understandtogether; #breastfeeding; encouraging staff to participate in physical activity etc.)</li> <li>To establish a support group for employees working with cancer</li> <li>Conduct a needs assessment with employees who have experienced a cancer diagnosis. Based on these findings, provide a range of supports</li> <li>To design and develop a wellbeing programme for home support workers</li> </ol> | 31/12/2019 | Staff Health and Wellbeing Lead |



| Health & Wellbeing<br>Operation Plan Actions |                       |  |  |                         |                                    |
|--|-----------------------|--|--|-------------------------|------------------------------------|
| OP Ref                                       | Priority Area         | Key Result Area  | Priority Action  | Timeline                | Lead                               |
| H&W<br>13.1                                  | Implement<br>GDPR     | Compliance with GDPR<br>legislation  | 1. Continue to comply with HSE GDPR policy and<br>procedures   | Ongoing                 | Head of Service<br>and Stroke Lead |
| H&W<br>14.1                                  | Social<br>Prescribing | Deliver Social prescribing<br>Service and support<br>people to look after<br>their wellbeing. Reduce<br>attendance at<br>GP/Primary Care<br>Services | 1. Continue to deliver the Donegal Social<br>Prescribing Service in partnership with<br>community and voluntary sector<br>2. Identify business case and further opportunities<br>for the roll out of social prescribing in Cavan,<br>Leitrim, Monaghan and Sligo | Ongoing<br><br>30/09/19 | Head of Service                    |



## Risks to Service Delivery and Proposed Mitigation Management of Risk

| Risk   | Proposed mitigation management of the risks  |
|--|--|
| <b>Infection Prevention and Control</b>  |  |
| <ul style="list-style-type: none"> <li>• Senior Management Leadership commitment to advancing Patient Safety and Quality Improvement in the area of Infection Prevention and Control and Anti-microbial Stewardship</li> <li>• Implementation of Self-Assessment tool, in line with new National Standards for Infection Prevention and Control in Community Services, (HIQA, 2018), when it becomes available nationally</li> <li>• Lack of robust governance and oversight arrangements to ensure the effective, efficient and timely implementation of the National Standards for Infection Prevention and Control in Community Services (HIQA 2018) and the CHO 1 Infection Prevention and Control and Anti-microbial Stewardship Programme</li> <li>• In some areas, timely communication between Hospitals and Community in respect of CPE contacts</li> </ul> | <p>Appoint Assistant Director Of Nursing to lead out the Infection Prevention and Control Programme in conjunction with PMO Office and all services</p> <p>Complete self-assessments against HIQA Infection Prevention Control Standards and identify service improvements</p> <p>Strong and clear IPC governance aligned with QPS Governance structures in each service</p> <p>Improved Communication between Hospital and Community on all Carbapenemase Producing Enterobacteriaceae (CPE) Contacts with the development of Standard Operating Procedures</p> |
| <b>Healthy Childhood</b>   |  |
| <ul style="list-style-type: none"> <li>• Possible delay in release of frontline staff to undertake e-learning modules and face to face skills training</li> <li>• Requirements/ plans re expert speakers are not yet specified</li> <li>• Lack of administration support may impact negatively on achievement of objectives set out</li> <li>• Difficulty achieving full capacity numbers of parents for parenting programmes</li> </ul>   | <ul style="list-style-type: none"> <li>• Engagement with Directors of Public Health Nursing Services to advise and offer supports to staff</li> <li>• Co-ordinate Communications Plan for parenting programmes with Tusla and CYPSCs</li> <li>• Grant application underway and Business Case for dedicated budget to support ongoing marketing and resourcing of delivery of programmes</li> </ul>   |
| <b>Improve uptake of Flu Vaccine</b>   |  |
| <ul style="list-style-type: none"> <li>• Improvement and enhancement of patient outcomes by decreasing associated morbidity and mortality rates</li> <li>• Reduced likelihood of Flu outbreaks</li> </ul>  | <ul style="list-style-type: none"> <li>• Continue to promote the uptake of the vaccine in all services through the Flu Protection Campaign</li> <li>• Collaborate with all Long Term Care</li> </ul>   |



- Protecting HSE staff through flu vaccination, to ensure key Services are maintained during flu season. Release of peer vaccinators to provide flu clinics during Flu Season.
- Lack of informed and accurate information to frontline staff around the benefits of getting the Flu vaccine
- Risk of inaccurate reporting in relation to CHO 1 Flu uptake rates to the HPSC and the publication of these incorrect figures

- facilities, IPC and Public Health Medicine in relation to preventing Flu Outbreaks. Increase the availability of the vaccine
- Recruit additional Peer Nurse Vaccinators  
In order to reduce the impact on front line nursing care recruit staff at manager grade. Liaise closely with Service Managers to agree the release of staff
  - Recruit additional Flu champions across services and develop and enhance specific training for them to carry out their role
  - Promote the use of online refresher training modules and self-assessment tools for existing peer vaccinators so as to reduce face to face training time
  - Ongoing liaison with the National Flu Steering Group, the Health Protection Surveillance Centre and other Flu leads in relation to finding mechanisms to improve flu data
  - Continue to develop and utilise a local database for collation of data and liaise with and train staff who have responsibility for data returns

**Expand SMS Programme across Cavan, Donegal Leitrim, Monaghan and Sligo to people with Chronic Disease: COPD, Asthma, and Diabetes and Cardiovascular disease**

- National SMS Operational Lead not yet in place to support the implementation of the SMS Framework
- Limited admin support for SMS Coordinator undertaking mapping and development of directory and website over a 5-county area

- National Interim SMS Advisory Group to be established to support and guide the implementation of the National SMS Framework
- Identify administration support hours to assist mapping

**Improving Health and Wellbeing Supports and the transition of Health Promotion and Improvement to CHO 1**

- Development of a Sub Structure for Health and Wellbeing
- Potential due diligence issues and ongoing delays in the transition of Health Promotion and Improvement

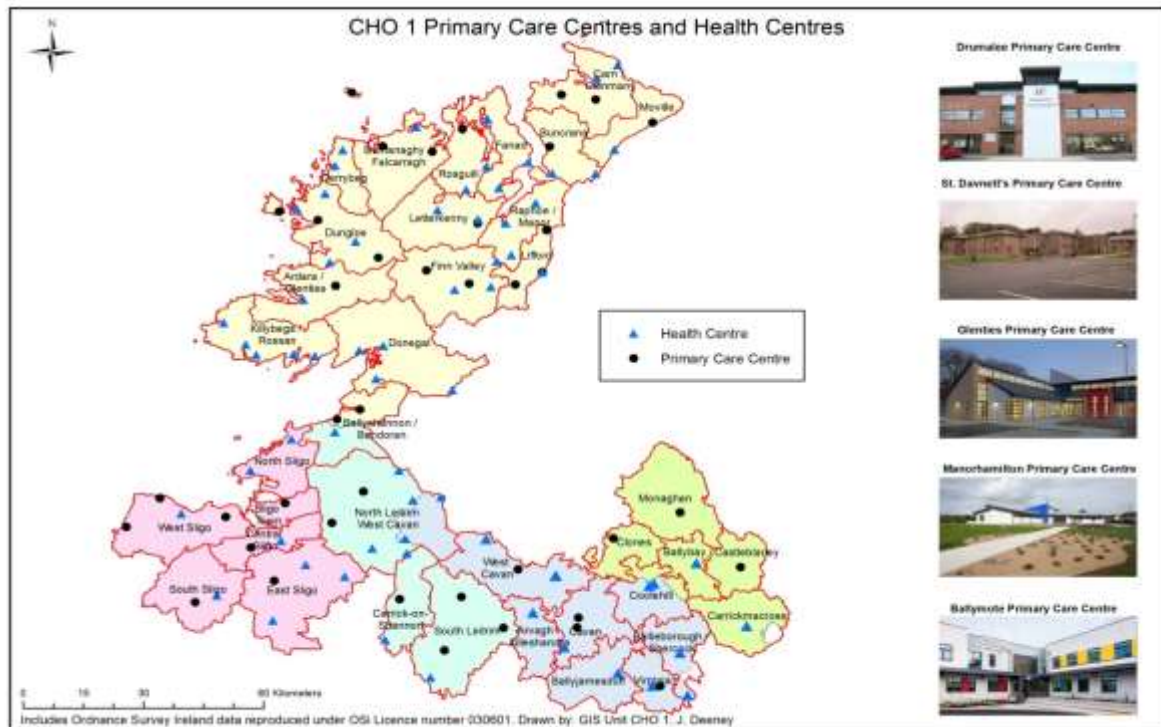
- Business case for funding for Health and Wellbeing Sub Structure submitted to National Strategy Planning and Transformation
- Delivery of a comprehensive due diligence report
- Improve communication and joint working with Health Promotion and



|  | Improvement   |
|--|---|
| <ul style="list-style-type: none"><li>• Ongoing difficulty in meeting key performance measures due to capacity issues across key services</li><li>• Lack of integrated ICT systems to support the delivery of integrated care for patients</li></ul> | <ul style="list-style-type: none"><li>• Continue to monitor KPIs and identify and report areas of under performance</li><li>• Continue to identify gaps and work with National ICT to progress services</li></ul> |

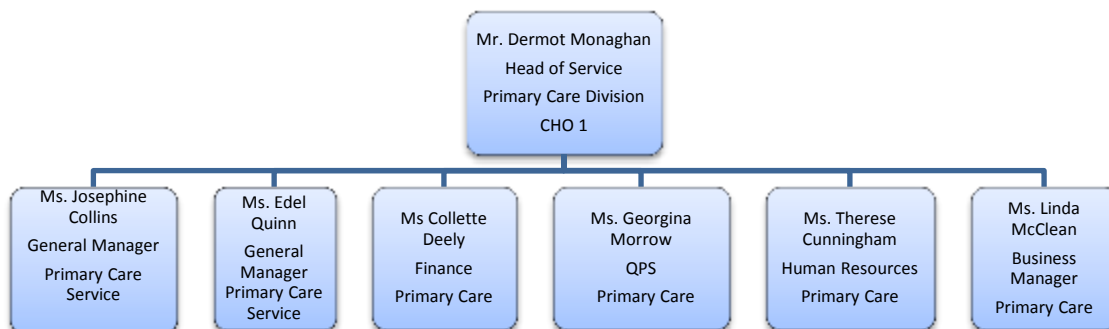


# 4. Primary Care Services



Map 2 – CHO 1 Primary Care Centres and Health Centres

## CHO 1 Primary Care Senior Management Team (SMT)



### Population served

Primary Care Services are provided to a mixed urban/rural population of 391,281 in counties Cavan, Donegal, Leitrim, Monaghan and Sligo via:



- 9 Primary Care Networks which encompasses 41 Primary Care Team Areas

**Table 3: Age Profile Primary Care CHO 1**

| Age Group        | 0 -17 Years | 18 – 64 Years | >65 Years | Total Population CHO 1 |
|------------------|-------------|---------------|-----------|------------------------|
| Population CHO 1 | 102,865     | 228,629       | 59,787    | 391,281                |

## Primary Care Services

The responsibility for Primary Care Services in CHO 1 lies with the Head of Service Primary Care. The Head of Service will continue to embed governance structures to meet the needs of the primary care service across the CHO area.

The Primary Care Strategy defined primary care as being ***“an approach to care that includes a range of services designed to keep people well, from promotion of health and screening for disease to assessment, diagnosis, treatment and rehabilitation as well as personal social services”***.

The Primary Care services in CHO 1 provide first-level contact that is fully accessible by self-referral, with a strong emphasis on working with communities and individuals to improve their health and social wellbeing.

In line with Future Health & Slaintecare, Primary Care Services in CHO 1 will further progress the delivery of current funded services and a range of initiatives & actions that;

- Support the development of local, integrated multi-disciplinary teams that work seamlessly to anticipate and respond to the needs of the local populations
- Support General Practitioners (GPs) to work individually and collectively with access to diagnostics and specialist opinion in order to minimise referrals to acute services
- Support collaboration and integrated working across professions, across pre-hospital & Acute Hospital services, primary and community service settings and across localities

Primary Care Services in CHO 1 are committed to building on the existing integrated approach to patient care in order that service users get the care they need, when they need it, in ways that are user friendly and achieve the desired results whilst providing value for money.

The Primary Care Team (PCT) is the central point for service delivery which actively engages to address the medical and social care needs of its defined population in conjunction with a wider range of Health and Social Care Network (HSCN) Services. Over the last number of years work has been underway to realise the vision for primary care services whereby the health of the population is managed, as far as possible, within a primary care setting.



Building on the foundation work to date, primary care services will continue to work to realise the capacity to provide focused front line responses to patient needs.

In CHO 1, Primary Care services play a central role in co-ordinating and delivering a wide range of integrated services in collaboration with other divisions. Such integrated and cross divisional services include the Winter & Delayed Discharge Initiatives, Waiting List Initiatives, Complex Clients discharges and hospital avoidance initiatives.

Our delivery plan for Primary Care Services provides clarity as to the services we intend to provide in 2019, building on progress made over recent years. This plan details the many actions we will undertake over the year. Our actions and goals in primary care services and the cross divisional activities, which we will continue to support, will be dependent primarily on financial and human resources available to us in 2019.

## Services provided

Primary Care Services include:

|  |  |
|--|--|
| ▪ Administration Services                        | ▪ Orthotics / Prosthetics  |
| ▪ Audiology                                      | ▪ Palliative Care  |
| ▪ Civil Registration                             | ▪ Physiotherapy  |
| ▪ Community Intervention Teams                   | ▪ Podiatry   |
| ▪ Community Medicine                             | ▪ Primary Care Unit & GP Training Schemes                                      |
| ▪ Community Schemes                              | ▪ Psychology Services  |
| ▪ Dental Services including Orthodontics         | ▪ Public Health Nursing  |
| ▪ Dietetics                                      | ▪ Social Inclusion   |
| ▪ Immunisation                                   | ▪ Social Work  |
| ▪ Long Term Conditions including Chronic Disease | ▪ Speech & Language Therapy  |
| ▪ Occupational Therapy                           | ▪ Support Services eg; Catering, Domestic, Laundry, Caretaking and Maintenance |
| ▪ Ophthalmic Services                            |  |



Additional functions supported and provided by Primary Care include Aids & Appliances, GP Services, PCRS Schemes, and GP out of Hours, GP Training Units and Transport Services.

### **Social Inclusion Services**

Improving health outcomes for the most vulnerable in society is the key focus of Social Inclusion, with a key role in supporting equity of access to services and providing targeted interventions to improve the health outcomes of minority groups. This encompasses Travellers, Roma and other members of diverse ethnic and cultural groups, such as asylum seekers, refugees and migrants, lesbian, gay, bisexual and transgender service users.

Specific interventions are also provided to address addiction and homelessness issues.

Members of these groups characteristically present with a complex range of health and support needs which require multi-agency and multi-faceted interventions. A critical success factor is the continued development of integrated care planning and case management approaches between all relevant agencies and service providers in the statutory and voluntary sectors.

### **Palliative Care Services**

Demand for palliative care services is growing as the population ages. The total number of new invasive cancer cases (including non-melanoma skin cancer) is projected to increase by 84% for females and 107% for males between 2010 and 2040.

The aim of our Palliative Care service is to enhance quality of life and, wherever possible to positively influence the course of illness. Therefore our Palliative Care services:

- supports people wherever they are being cared for at home, in community residential services, in hospices or in an acute setting
- seeks to improve the quality of life of people facing the problems associated with life-limiting illness and supports their families
- focuses on the prevention and relief of suffering by means of assessing and treating pain and other physical, psychosocial or spiritual problems

Palliative Care in CHO 1 is currently provided by Consultant led specialist teams based in Letterkenny, Sligo and Cavan. CHO 1 Inpatient and Community Palliative Care Teams work with the hospital services in Letterkenny University Hospital and Sligo University Hospital. The inpatient hospices are located on or close to the Letterkenny and Sligo Hospitals. Community Palliative Care Teams are also located in these facilities and serve the wider population in each county.

Our Palliative Care Teams consist of Consultants in Palliative Medicine, Non Consultant Hospital Doctors, Clinical Nurse Specialists, Nursing Staff, Social Workers, Pastoral Care, Health Care Assistants and Administrative Staff.



At present the Cavan and Monaghan Palliative Care service provides a community service and plans are at an advanced stage for the development of 15 inpatient beds in Cavan town.

## Priorities 2019

### 1. Improve Access / Capacity / Waiting times

In line with Future Health & Sláintecare Reports, CHO 1 Primary Care Services will seek to progress a range of initiatives and actions that:

- Provide fair, equitable and timely access to Primary Care Services across all disciplines by ensuring that resources are managed appropriately in order to deliver optimum outcomes and achieve maximum VFM within resources available
- CHO 1 Primary Care Services will plan and implement the National Access Policy in collaboration with Disability Services and Mental Health Services to ensure one clear pathway of access for all children with a disability or development delay in line with the National Access Policy, as resource allows

### 2. Enhance Primary Care Services

- Continue to improve services in primary care to facilitate hospital avoidance through the development of additional capacity in Primary Care

### 3. Quality and Patient Safety

- Further promote the development of high quality services by implementing the National Standards for Safer Better Healthcare Framework across all Primary care services and locations

### 4. Primary Care Reconfiguration

- Continue to progress the change management programme in respect of the new CHO structures at Network and Primary Care Team operating levels including the realignment of Community Healthcare Networks (CHCN's) in CHO 1
- Progress the Network and Primary Care Team Operating Model initially in a single learning site within CHO 1 with further roll out as per National CHO Project Steering Group & Primary Care Implementation Subgroup direction

### 5. Service Reviews

- On publications of Reviews, support the National System to implement on an agreed phased basis the recommendations from the reviews of Island Services Review Report, , National Oral Health Plan, the Assisted Decision Making Capacity Act 2015 (ADMCA), Review of Speech & Language Therapy Services Report 2017, Eye Review and the Dietetics Review

### 6. Service Integration

- Health & Wellbeing
  - Support CHO 1 in the delivery of the Health Ireland Implementation Plan 2018 – 2023
- Child Health Strategy
  - Continuation of the implementation of the strategy
- Safeguarding
  - Participate in the implementation of the Safeguarding Vulnerable Persons at Risk of Abuse Policy & Procedures
- YSYS



- Progress Complaints Management in line with the current YSYS 2017 HSE Policy
  - GDPR
    - Continue to implement the GDPR Policy across CHO 1
  - Respiratory Care
    - Progress the Community Pulmonary Rehabilitation Programmes CHO 1
  - CYPSP
    - Progress the implementation of Interagency Children & Young People Services (CYPSP) Plans 2018 – 2020
  - Interagency Working
    - Continue to support and promote interagency group working by engaging with relevant stakeholders such as, LCDC's, Connecting for life, Healthy Ireland, Drug & Alcohol, Parenting groups, Cavan Monaghan Healthy Families
7. Primary Care Capital & Infrastructure Development
- Progress the relevant capital programmes with HSE Estates in respect of the development and enhancement of Primary Care Centres across CHO 1
8. Accountability
- Promote and develop the governance structures within CHO 1 Primary Care Services under the following headings:
    - Clinical
    - Financial
    - Compliance
9. Social Inclusion
- Enhance the delivery of the following services across CHO 1
- Traveller Health Services
  - Homeless Services
  - Addiction Services
  - Refugee & Asylum Seekers Health Services
  - Intercultural Services
  - Community Development Supports
  - Sexual Health Services
10. Palliative Care
- Continue to develop and improve Palliative Care Services throughout CHO 1, through the development of;
- Infrastructure
  - Models of service delivery
  - Skill Mix enhancement



| Primary Care Services<br>Operational Plan Actions |   |  |  |            |  |
|---|---|--|--|------------|--|
| OP Ref  | Priority Area                             | Key Result Area  | Priority Action  | Timeline   | Lead   |
| PC 1.1  | Improve Access / Capacity / Waiting times | Continue to improve access, capacity and waiting times in Primary Care Services across CHO 1 | 1. Support the resourcing of Primary Care Services through the appointment of appropriately skilled and adequate levels of staffing and through timely / responsive recruitment procedures       | 31.12.2019 | Head of Service & General Managers<br>Primary Care |
|   |   |  | 2. Support the development of local, integrated multi-disciplinary teams working seamlessly to anticipate and respond to the needs of the service user across Primary Care Services within CHO 1 | 31.12.2019 |  |
|   |   |  | 3. Provide fair, timely and equitable access to Primary Care Services across CHO 1   | 31.12.2019 |  |
|   |   |  | 4. Continue to work with other care groups to continue to develop solutions to waiting times beyond the control of Primary Care Services   | 31.12.2019 |  |
|   |   |  | 5. Continue to provide existing ELS based on staffing resources available  | 31.12.2019 |  |
|   |   |  | 6. Complete the mapping of resources in 0-18 Primary Care and Disability services  | 31.03.2019 |  |
|   |   |  | 7. Establish current capacity and demand for paediatric services in Primary Care   | 31.03.2019 |  |
|   |   |  | 8. Identify the resource requirements in Primary Care Teams and Disability Services to enable implementation of the National   | 30.06.2019 |  |
| PC 1.2  |   | National Access Policy   |  |            |  |



| Primary Care Services<br>Operational Plan Actions |                               |  |  |  |   |
|---|-------------------------------|--|--|--|---|
| OP Ref  | Priority Area                 | Key Result Area                                    | Priority Action  | Timeline   | Lead  |
|   |                               |  | Access Policy<br>9. Agree care pathways for all services (Disability, Primary and Mental Health)<br>10. Agree the Integrated Children's Services Forum structure across CHO 1  | 31.08.2019<br>31.12.2019   |   |
| PC 2.1  | Enhance Primary Care Services | Continue to improve services in Primary Care CHO 1 | 1. Continue to strengthen staffing and infrastructure capacity in primary and community settings<br>2. Enhance and further develop the rollout of community diagnostics across CHO 1<br>3. Continue to expand the CIT Service in 2019 subject to funding being in place<br>4. Transition of CIT service to CIT Project Manager<br>5. Initiate and progress Clinical Service Improvement Programmes throughout CHO 1<br>6. Continue to support the Service Manager of for Children with Complex Healthcare Needs (CCHN) in the further development of this service including respite service developments<br>7. Progress & develop the CCHN CHO 1 | 31.12.2019<br>30.09.2019<br>31.12.2019<br>31.12.2019<br>31.12.2019<br>31.12.2019<br>31.12.2019 | Head of Service & General Managers Primary Care |





| Primary Care Services<br>Operational Plan Actions |                            |   |   |            |  |
|---|----------------------------|---|---|------------|--|
| OP Ref  | Priority Area              | Key Result Area   | Priority Action   | Timeline   | Lead   |
|   |                            |   | <p>governance group</p> <p>8. Monitor the service delivery through local operations CCHN governance group(s)</p> <p>9. Support the development of new roles, skills and competencies for staff</p> <p>10. Facilitate the roll-out of the National Neuro Rehab Strategy subject to subject to staffing resources being in place</p>  | 31.12.2019 |  |
| PC 3.1  | Quality and Patient Safety | Promote the development of high quality services by adopting the National Standards for Safer Better Healthcare Framework | <p>1. Deliver on Quality &amp; Safety Priorities for Primary Care Services by:</p> <ul style="list-style-type: none"> <li>• Undertaking Quality and Safety Priority Initiatives identified by the CHO 1 Primary Care Senior Management Team</li> <li>• Monitoring and evaluating the Quality Improvement Plans arising out of the HIQA National Standards for Safer Better Healthcare Self-Assessments</li> <li>• Undertaking assessments against the HIQA National Standards for PCHAI in Community Services</li> <li>• Delivering on 4 Quality and Safety training workshops to Primary Care Staff e.g. Incident /Risk Management; open disclosure; corporate induction;</li> </ul> | 31.12.2019 | Head of Service, General Managers Primary Care & QPS Manager |



| Primary Care Services<br>Operational Plan Actions |               |                 |  |                                     |      |
|---|---------------|-----------------|--|-------------------------------------|------|
| OP Ref  | Priority Area | Key Result Area | Priority Action  | Timeline                            | Lead |
| PC 3.2  |               | Risk Management | <p>National PPG Framework</p> <ul style="list-style-type: none"> <li>Promoting quality and safety of services in line with the Framework for Improving Quality in our Health Service</li> </ul> <p>1. Continue to develop services to meet the relevant standards both current and impending including:</p> <ul style="list-style-type: none"> <li>Children First Legislation</li> <li>Health &amp; Safety Legislation</li> <li>National Standards for Safer Better Health Care</li> <li>National Palliative Care Strategy 2017-2019</li> <li>Dental Inspectorate Standards.</li> <li>Radiological Standards in Ultra-sound and X-ray</li> </ul> <p>2. Continue to progress the rollout and implementation of the 2018 Integrated Risk Management and Incident Management Framework across Primary Care Services</p> | <p>31.12.2019</p> <p>30.09.2019</p> |      |
| PC 3.3  |               | YSYS            |  |                                     |      |



| Primary Care Services<br>Operational Plan Actions |                              |   |  |                              |   |
|---|------------------------------|---|--|------------------------------|---|
| OP Ref  | Priority Area                | Key Result Area   | Priority Action  | Timeline                     | Lead  |
| P.C 3.4   |                              | GDPR  | 1. Progress the complaints management policy in line with national YSYS policy & support role of recently appointed/trained Delegated Complaints Officers<br><br>1. GDPR / Data Protection:<br>2. Continue to implement the GDPR process across all Primary Care Services in CHO 1 | 30.09.2019<br><br>30.06.2019 |   |
| PC 4.1  | Primary Care Reconfiguration | Progress further implementation & change programme in respect of CHO structures at network and primary Care Team operating levels including realignment of all CHCN's in CHO 1                                      | 1. Complete the mapping of all staffing resources in Primary Care services   | 31.03.2019                   | Head of Service & General Managers Primary Care |
|   |                              |   | 2. Establish current capacity and demand for services in Primary Care  | 31.03.2019                   |   |
|   |                              |   | 3. Identify the requirements to enable the realignment of CHCNs  | 30.06.2019                   |   |
| PC 4.2  |                              | Progress the Network and Primary Care Team Operating Model initially in a single learning site within CHO 1 with further roll out as per National CHO Project Steering Group & Primary Care Implementation Subgroup | 4. Agree realignment plan with key stakeholders  | 31.08.2019                   |   |
| PC 4.3  |                              |   | 1. Further progression of Primary Care reconfiguration by the appointment of Network Managers, Network Co-ordinators, reconfiguration of Heads of Discipline Roles, development of Primary Care Team structures with leadership and key worker roles at network level              | 31.12.2019                   |   |
|   |                              |   | 2. Review the staffing ratios of all staff in  | 30.06.2019                   |   |



| Primary Care Services<br>Operational Plan Actions |                     |  |   |            |  |
|---|---------------------|--|---|------------|--|
| OP Ref  | Priority Area       | Key Result Area  | Priority Action   | Timeline   | Lead   |
|   |                     | direction  | Primary Care in CHO 1 so to ensure there is equitable access across Primary Care networks & teams in line with population & service need  |            |  |
| PC 5.1  | Service Reviews     | Island Services Review Report                            | 1. Work with the Chief Officer CHO 1 and the National Director of Community Operations to implement within existing resources and on a phased basis, the recommendations from the Island Services Review Report   | 31.12.2019 | Head of Service & General Managers<br>Primary Care |
| PC 5.2  |                     | Assisted Decision-Making Capacity Act 2015 (ASMCA)       | 1. Engage with national HSE planned training & education programme to support staff & services to use the Assisted Decision making process in line with policy<br>2. Adopt an “assisted decision making” framework & tool to structure engagement with vulnerable service users | 31.12.2019 |  |
| PC 5.3  |                     | Review of Speech & Language Therapy Services Report 2017 | 1. Support the implementation of actions and new models of working under the National Wait List Initiative and Services Report recommendations  | 31.12.2019 |  |
| PC 6.1  | Service Integration | Collaborative Working                                    | 1. Support collaboration and integrated working across professions, across pre-   | 31.12.2019 | Head of Service & General                          |



| Primary Care Services<br>Operational Plan Actions |               |   |  |            |                          |
|---|---------------|---|--|------------|--------------------------|
| OP Ref  | Priority Area | Key Result Area   | Priority Action  | Timeline   | Lead                     |
| PC 6.2  |               | Health & Wellbeing<br>CHO 1 Healthy Ireland<br>Implementation Plan 2018 -<br>2023 | hospital, acute and primary and community<br>services settings including Cross Border<br>Initiatives such as CAWT<br><br>1. Work with our colleagues in Health &<br>Wellbeing to support the delivery of the<br>CHO 1 Healthy Ireland Implementation<br>Plan 2018 - 2023 | 31.12.2019 | Managers<br>Primary Care |
| PC 6.3  |               | MECC  | 1. Continue with the implementation of<br>MECC with all frontline staff having access<br>to training   | 31.03.2018 |                          |
| PC 6.4  |               | Child Health Strategy   | 1. Support the roll out the implementation of<br>the Nurture Programme   | 31.12.2019 |                          |
| PC 6.5  |               | Safeguarding  | 1. Participate in the implementation of the<br>Safeguarding Vulnerable Persons at Risk of<br>Abuse Policy and Procedure in CHO 1<br>2. Seek additional resources to implement the<br>Safeguarding policy across Primary Care<br>Services                                 | 31.12.2019 |                          |
| PC 6.6  |               | Respiratory Care &<br>Community Pulmonary   | 1. Support the rollout of Community<br>Pulmonary Rehabilitation Programmes   | 31.12.2019 |                          |





| Primary Care Services<br>Operational Plan Actions |               |                 |  |                                     |      |
|---|---------------|-----------------|--|-------------------------------------|------|
| OP Ref  | Priority Area | Key Result Area | Priority Action  | Timeline                            | Lead |
|   |               |                 | <p>3. <u>Palliative Care Services</u><br/>Progress development of Palliative Care Service provision in CHO 1 especially in Letterkenny, Sligo and Cavan</p> <p>4. <u>Dental Services</u></p> <ul style="list-style-type: none"><li>- Improve infrastructure and hygiene /decontamination needs to ensure HIQA compliance</li><li>- Commence planning for enhanced dental facilities in CHO 1</li></ul> | <p>31.12.2019</p> <p>31.12.2019</p> |      |



| Primary Care Services<br>Operational Plan Actions |                  |  |   |            |  |
|---|------------------|--|---|------------|--|
| OP Ref  | Priority Area    | Key Result Area  | Priority Action   | Timeline   | Lead   |
| PC 8.1  | Accountability   | Promote and develop the governance structures within CHO 1 PC Services under the following headings: <ul style="list-style-type: none"> <li>Clinical</li> <li>Financial</li> <li>Compliance</li> </ul> | <ol style="list-style-type: none"> <li>Promote quality and patient safety and conduct clinical audits across Primary Care Services</li> <li>Increase safety of Primary Care Services, including improved regulatory compliance and incident management</li> <li>Strengthen governance arrangements through the HSEs Accountability Framework to improve performance and effective use of human, financial and infrastructural resources</li> <li>Strengthen accountability and compliance across all services whilst reviewing contractor arrangements</li> </ol> | 31.12.2019 | Head of Service & General Managers<br>Primary Care |
| PC 9.1  | Social Inclusion | Travellers   | <ol style="list-style-type: none"> <li>Implement agreed Health Actions of the CHO 1 Traveller Health Strategic Plan               <ul style="list-style-type: none"> <li>Mental Health</li> <li>Men's Health</li> <li>Traveller Health Peer Support Forums</li> </ul> </li> <li>Engage with key agencies to address the social determinants of health</li> </ol>  | 30.09.2019 |  |
|   |                  |  | <ol style="list-style-type: none"> <li>Establish cross divisional CHO 1 response</li> </ol>   | 30.09.2019 |  |





| Primary Care Services<br>Operational Plan Actions |               |                          |   |                          |      |
|---|---------------|--------------------------|---|--------------------------|------|
| OP Ref  | Priority Area | Key Result Area          | Priority Action   | Timeline                 | Lead |
| PC 9.2  |               | Homeless Services        | and enhance service provision subject to staffing resources being in place<br>1. Implement actions in Reducing Harm, Supporting Recovery – A Health-led Response of Drug & Alcohol Use in Ireland 2017 – 2025 for which the HSE has lead responsibility   | 31.12.2019               |      |
| PC 9.3  |               | Addiction Services       | 2. Continue to expand drug and alcohol treatment services in partnership with the Drug & Alcohol Task Forces  | 31.12.2019               |      |
| PC 9.4  |               | Refugee & Asylum Seekers | 1. In consultation with the National Social Inclusion Office develop protocols to improve access to primary care services for asylum seekers<br>2. Provide support to meet the mental health needs of the Irish Refugee Programme<br>3. Respond to the setup of Direct Provision Centres to meet the Primary Care Health Needs of Residents | 30.06.2019<br>31.12.2019 |      |
| PC 9.5  |               | Intercultural            | 1. In partnership with Health Promotion & TUSLA review and develop a training plan across CHO 1   | 31.12.2019               |      |



| Primary Care Services<br>Operational Plan Actions |                 |   |   |            |   |
|---|-----------------|---|---|------------|---|
| OP Ref  | Priority Area   | Key Result Area   | Priority Action   | Timeline   | Lead  |
| PC 9.6  |                 | Community Development   | 1. Support Community Health Fora in the identification of priority areas of need and develop target actions plans | 30.09.2019 |   |
|   |                 |   | 2. Promote Social Prescribing Initiatives across the CHO  | 31.12.2019 |   |
| PC 9.7  |                 | Sexual Health   | 1. Map existing services and develop a gap analysis of LGBTI and sexual health services across CHO 1              | 31.12.2019 |   |
| PC 10.1   | Palliative Care | Palliative Care Services – Three Year Development Framework 2017 - 2019 | 1. Continue to implement the framework within existing resources  | 31.12.2019 | Head of Service & General Managers Primary Care |
|   |                 |   | 2. Ensure appropriate clinical governance and skill mix across CHO 1 Palliative Care Services                     | 31.12.2019 |   |
|   |                 |   | 3. Continue to implement the Specialist Palliative Care Eligibility Strategy                                      | 31.12.2019 |   |
|   |                 |   | 4. Develop a proposal for the provision of a Respite Care Service in CHO 1  | 30.09.2019 |   |

**Risks to Service Delivery and Proposed Mitigation Management of Risk**

| Risk   | Proposed mitigation management of the risks   |
|--|---|
| Primary Care Service's capacity to maintain existing levels of service due to overall resource constraints will continue to impact across primary care services  | <ul style="list-style-type: none"><li>• Continue to link activity to resources and manage against these new targets</li></ul>   |
| On-going difficulty in meeting Key Performance Indicator activity levels in some primary care services is a further indication of the challenges during 2019   | <ul style="list-style-type: none"><li>• Continue to link activity to resources and manage against these new targets</li></ul>   |
| Organisational capacity to support the reform programme whilst ensuring overall governance and stability to Primary Care Services including HR & Finance   | <ul style="list-style-type: none"><li>• Work with HR and Finance to identify mitigating measures and to ensure patient safety</li></ul>   |
| Continued or accelerated demographic pressures over and above those planned for delivery in 2019   | <ul style="list-style-type: none"><li>• Identify same and utilise the SP process for 2020</li></ul>   |
| Meeting the level of changing needs, complex discharges from Acute and our ability to deliver activity that is driven by other care groups, beyond the governance of Primary Care  | <ul style="list-style-type: none"><li>• Work with all relevant stakeholders to agree protocols to minimise risk</li></ul>   |
| Financial risks associated with statutory and regulatory compliance in a number of services  | <ul style="list-style-type: none"><li>• Work with all relevant stakeholders to agree protocols to minimise risk</li></ul>   |
| Management of demand led budgets where costs are driven by entitlement and other services  | <ul style="list-style-type: none"><li>• Work with all relevant stakeholders to agree protocols to minimise risk</li></ul>   |
| Effectively managing our workforce including recruitment and retention of a highly skilled and qualified workforce, to include: <ul style="list-style-type: none"><li>- Reduced access to appropriately qualified and experienced staff in</li></ul> | <ul style="list-style-type: none"><li>• Work with local and National HR to identify mitigation measures that minimise risk including closure of services in extreme circumstances</li></ul> |



|   |   |
|---|---|
| <p>CHO 1</p> <ul style="list-style-type: none"><li>- Reduced access to replacement staff due to length of recruitment process through HBS Recruit</li><li>- rationalisation of agency personnel while remaining within existing resources</li></ul> |   |
| <p>Investment and maintenance of our Primary Care infrastructure, addressing critical risks resulting from ageing medical equipment and physical infrastructure while adhering to health and safety regulations and programme initiatives</p>       | <ul style="list-style-type: none"><li>• Work with Estates to identify infrastructure deficits and seek funding over a 3 year period to address</li></ul>    |
| <p>Non-integration of ICT systems which are not fit for purpose from a clinical, HR and financial perspective</p>   | <ul style="list-style-type: none"><li>• Work with local and National IT to identify ICT deficits and seek funding over a 3 year period to address</li></ul> |

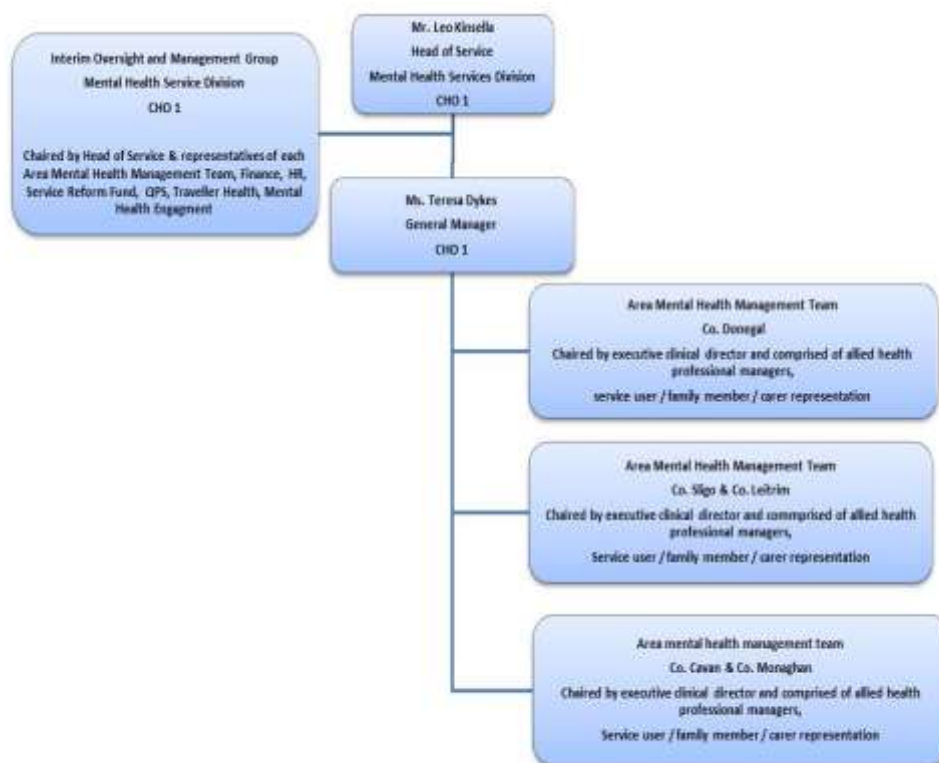
## 5. Mental Health Services

### Population Served

CHO 1 Mental Health Services covers the geographical area of counties Cavan, Donegal, Leitrim, Monaghan and Sligo with a recorded population of 394,333. The population continues to expand with an increase of 2,339 from 2011 census figures, this continued growth will increase pressure on mental health services in 2019 and beyond.

CHO 1 is largely rural with a low population density of 35 per sq.km compared to a national population density of 67 per sq.km. The diverse geographical spread combined with sparse population and the provision of equitable access and responses to identified need continues to challenge our services.

### CHO 1 Mental Health Service Senior Management Team (SMT)



### Services Provided

Mental health describes a spectrum that extends from positive mental health, through to severe and disabling mental illness. A strategic goal for mental health services is to promote the mental health of our population in collaboration with other services and agencies including reducing the loss of life by suicide.



This requires a whole population approach to mental health promotion. Over 90% of mental health needs can be successfully treated within a primary care setting, with a need for less than 10% to be referred to specialist community-based mental health services. Of this number, approximately 1% are offered inpatient care and nine out of every ten of these admissions are voluntary.

Mental Health Services CHO 1 are committed to delivering a whole population, whole community and whole person approach to respond to emerging needs ranging from positive mental health through to severe and disabling mental illness. In order to achieve this model of delivery we must work collaboratively and in partnership with other services and agencies working both internal and external to mental health service delivery.

Much of mental health needs can be treated within primary care settings and integrated working enables and facilitates a fluid pathway to appropriate mental health services when required. Prevention and early intervention through education and positive mental health promotion under the auspices of the Health and Wellbeing Division positively reduces the need for more intensive and specialist mental health services. Of primary importance, therefore is the on-going enhancement of working relationships with our colleagues in the Primary Care and Health and Wellbeing Divisions.

Mental Health Services in CHO 1 can be categorised depending on stage of life. Child and Adolescent mental health services (CAMHs) serve young people aged up to 18 years, general adult services for those aged 18 to 64 years and psychiatry of later life provides services for those aged 65 years and over. Services continue to improve and develop, underpinned by the national mental health framework "Vision for Change" currently undergoing a refresh, focusing on community-based services.

Specialist mental health services are provided in local community areas. These services include acute inpatient services in Letterkenny, Cavan and Sligo, day hospitals, outpatient clinics, community-based mental health teams (CAMHs, general adult and psychiatry of later life), mental health of intellectual disability, community residential and continuing care residential services. Sub-specialties include rehabilitation and recovery, eating disorders, liaison psychiatry and perinatal mental health.

### **Achievements 2018**

- Establishment of a CHO 1 interim Operational and Oversight Group comprised of Senior Managers as representatives of Area Mental Health Management Teams across CHO 1 and Head of Service Team Members with an agreed Terms of Reference
- Progression of CHO 1 Mental Health Services via organisational and cultural change underpinned by the IMROC principles and informed by on-going engagement with service users of all ages to ensure their views and experiences guide the direction of our strategic priorities and operational planning:-



- Agree and progress the actions arising from the Progressing Mental Health Seminars of 29th March and 30th November 2017.

The deliberations and agreed actions arising from the Progressing Mental Health Services events informed the strategic planning event “Pulling the Strands Together” in June 2018 at which senior managers and leaders across CHO 1 agreed the following:

- The adoption of a whole person, whole community and whole system approach to service delivery
  - Recovery and recovery principles would underpin all that mental health services do
  - A focus on the development of youth mental wellbeing
  - The transitioning for those in HSE accommodation and homeless with mental health difficulties into independent living in their communities
- Work on the priority of progressing the enhancement of the Area Mental Health Management teams and service in collaboration with HSE OD&D in the development of a strategic plan continues with the establishment of the Interim Operational and Oversight Group to support the work and development of Area Mental Health Management Teams.
  - Continued to support the enhancing teamwork programme across CHO 1.
  - The established Interim Operational and Oversight Group is the oversight, governance and management group for the CHO1 Service Reform “Progressing Mental Health Services” Plan.
  - A desktop review of CAMHS Services was undertaken to inform the development of a Project Plan to quality improve and develop CAMHS services across CHO 1 including staff development and care, youth engagement and advocacy. The project plan has been developed and submitted to the CHO 1 Executive Management Team for endorsement.
  - A cross divisional working group has been established to work collaboratively to meet the needs of individuals with complex presentations.
  - A draft CHO 1 Youth Mental Health (YMH) Strategy has been developed with a full stakeholder engagement framework planned for quarter one 2019 with a phased implementation plan developed thereafter.
  - CHO 1 Mental Health Services in partnership with community groups hosted a youth world café event in May 2018 attended by 130 young people as part of on-going



research into improving services for young people and to inform the development of a “no wrong door” approach.

- Following successful allocation of funding from Genio the following actions have been delivered:
  - a. An Individual Placement Support Service has been established in partnership with Employability Organisations to support people with mental health difficulties access and maintain employment
  - b. A Housing Co-ordinator has been recruited to consider housing and accommodation needs of individuals with mental health needs in CHO1
  - c. A collaboration with the International Collaborating Network has been established with a view to transferring learning and best practice.
  - d. A youth World Café research event attended by 130 young people to effectively and meaningfully engage young people to inform and improve services
  - e. Youth engagement working groups have been established to guide the development of a robust youth engagement strategy, ranging from ad-hoc engagement to shared decision making.
- Establishment of 3 Forums for Service User, Family Member and Carer Engagement in each former ISA Area.
- The further development of Recovery Committees and increased training capacity.
- Recruitment of key trained professional staff across CHO 1 - a total of 21 development posts (2014-2017) successfully recruited and commenced throughout 2018 with a further 4.5 posts recruited and commencing in Q1 2019, including the following:
  1. Co-ordinator of Traveller Mental Health
  2. 4 \* CNS for 7/7 services in Donegal
  3. 6\* wte’s for CAMHS Home Based Treatment Team in Cavan/Monaghan
  4. CAMHS & MHID Consultants (2 wte), Cavan/Monaghan
- The recruitment of
  - a. a Senior Manager Youth and Young Adults on a temporary basis under the Service Reform Programme, with a focus on the support and development of work already commenced in CHO 1 including the Draft CHO 1 Youth Mental Health Strategy and the oversight of the Service Reform actions pertaining to youth services
  - b. Medical Manpower Manager
- Upgrading / refurbishment of Supervised Residential Units across the CHO, including Castlecourt and Benbulbin in Sligo / Leitrim and Carndonagh, Dungloe and Rowanfield House in Donegal. Minor capital works were also completed on the Mental Health Intellectual Disability (MHID) base in Carrickmacross, Co. Monaghan.





## Priorities 2019

### Mental Health Strategic Priorities

- Promote the mental health of the population in collaboration with other services and agencies including loss of life by suicide
- Design integrated, evidence based recovery focused mental health
- Deliver timely, clinically effective and standardised safe mental health services in adherence to statutory requirements
- Ensure that the views of service users, family members and carers are central to the design and delivery of mental health services
- Enable the provision of mental health services by highly trained and engaged staff and fit for purpose infrastructure



| Mental Health Operational Plan Actions |   |   |                        |                |
|--|---|---|------------------------|----------------|
| OP Ref                                 | Priority Area   | Priority Action   | Timeline               | Lead           |
| MH 1.1                                 | Promote the mental health of the population in collaboration with other services and agencies including reducing the loss of life by suicide. | <p>Following on from the initial desktop review, scoping exercise and the CAMHS special focus EMT resulting in the endorsement of the detailed examination of services, commence agreed actions of Phase 3 of the CAMHS project as set out in the detailed project brief.</p> <ul style="list-style-type: none"> <li>• Implement the recently developed CAMHS advocacy model.</li> <li>• Establish a governance structure in CAMHS in Cavan/Monaghan to support the new service model to include, line management responsibilities, single point of access for the service, case allocation, skills analysis and training needs analysis</li> <li>• Conclude the work on the defining of a new service model in CAMHS Cavan/Monaghan to include Home Base Intensive Treatment initially evenings Monday to Friday and extending to weekends</li> <li>• Conduct a systematic and pragmatic review of the business management systems and processes including communication, the collection, verification and validation of KPI's and governance including financial and HR data</li> <li>• Consult and engage with all team members to assess current mind set and culture to inform recommendations and initiatives to support team development and health and wellbeing that will promote CAMHS as being a safe and rewarding speciality to work in</li> </ul> | Commence<br>01/03/2019 | To be assigned |
|  |   |   | 01/04/2019             | AMHMTs         |
|  |   |   | 01/04/2019             | CMAMHMT        |
|  |   |   | 01/04/2019             | CMAMHMT        |
|  |   |   | 01/12/2019             | CMAMHMT        |



| Mental Health Operational Plan Actions |               |   |   |  |
|--|---------------|---|---|--|
| OP Ref                                 | Priority Area | Priority Action   | Timeline  | Lead   |
|  |               | <ul style="list-style-type: none"> <li>Identify and evaluate good models of practice in each team with a view to replicating across CHO 1</li> </ul>  |   |  |
| MH 1.2                                 |               | <p>Progress implementation of Connecting for Life – Ireland’s National Strategy to Reduce Suicide 2015-2020 through implementation of Connecting for Life plans at CHO level by</p> <ul style="list-style-type: none"> <li>Delivering evaluated evidence-based programmes through non-governmental organisations and implementation of the national training plan for suicide reduction</li> <li>The Establishment of and support to a CHO 1 Connecting for Life management and implementation group to oversee and co-ordinate the implementation of Connecting for Life including the dissemination and sharing of good practice</li> <li>Review and implementation of best practice with regard to suicide prevention including the “Working towards Zero Suicide” policy in Sussex</li> <li>Host a seminar on Policy relating to Suicide Prevention, opening the conversation with all key stakeholders</li> <li>As part of the suicide reduction strategy consider and plan for, within available resources, the further development of SCAN (Suicide Crisis Assessment Nurse) posts to work specifically with Primary Care supporting those who present with episodes of self-harm</li> </ul> | <p>On-going</p> <p>On-going</p> <p>01/03/2019</p> | <p>AMHMTs</p> <p>Head of Service</p> <p>CHO 1 CfL management and implementation group</p> <p>Head of Service</p> |



| Mental Health Operational Plan Actions |               |   |            |                                       |
|--|---------------|---|------------|---------------------------------------|
| OP Ref                                 | Priority Area | Priority Action   | Timeline   | Lead                                  |
| MH 1.3                                 |               | <ul style="list-style-type: none"> <li>The youth mental health taskforce made a number of recommendations including the development of awareness campaigns and training around youth mental health, increased investment in digital youth mental health supports and improving provision of mental health supports to young people at primary care level. All of these initiatives will be supported nationally and at CHO level</li> </ul> | 01/06/2019 | Senior Manager Youth and Young Adults |
|  |               | <ul style="list-style-type: none"> <li>Finalise the CHO 1 Youth Mental Health Draft Strategy in consultation with young people, service providers and community stakeholders</li> </ul>   | 01/06/2019 |                                       |
|  |               | <ul style="list-style-type: none"> <li>Establish a Youth interagency Steering Group inclusive of a broad range of statutory and voluntary sector and young people</li> </ul>  | 01/06/2019 |                                       |
|  |               | <ul style="list-style-type: none"> <li>Complete the CHO 1 scoping exercise on existing resources and service provision including community and voluntary provision to inform the Youth Mental Health Strategy</li> </ul>  | 01/06/2019 |                                       |
|  |               | <ul style="list-style-type: none"> <li>Work in partnership with the Health and Wellbeing Division to raise awareness and capacity of the broader community of mental health</li> </ul>  | On-going   |                                       |
|  |               | <ul style="list-style-type: none"> <li>Organise a seminar sharing innovation and learning from best practice in the planning and delivery of CAMHS services in conjunction with the International Mental Health Collaborating Network</li> </ul>  | 01/10/2019 |                                       |
|  |               |   |            |                                       |
| MH 1.4                                 |               | Standardise and move towards more equitable resource  | 01/10/2019 | Head of Service                       |



| Mental Health Operational Plan Actions |               |  |                              |                                      |
|--|---------------|--|------------------------------|--------------------------------------|
| OP Ref                                 | Priority Area | Priority Action  | Timeline                     | Lead                                 |
|  |               | allocation models based on an updated costing model for mental health services in line with A Vision for Change and continue the mental health multi-year approach to budgeting  |                              |                                      |
| MH 1.5                                 |               | Through the performance management process, seek to ensure that current resources allocated to the CHOs are utilised in an effective manner which maximises outcomes for service users   | 01/10/2019                   | Head of Service                      |
| MH 1.6                                 |               | Implement on a phased basis the recommendations of the Healthy Ireland Study within available resources  | 01/10/2019                   | Head of Service & AMHMTs             |
| MH 1.7                                 |               | Support the development and provision of enhanced services for those who are deaf and mentally ill within resources  | 01/10/2019                   | Head of Service                      |
| MH 1.8                                 |               | Support, in consultation with the Health and Wellbeing Division, projects focused on supporting well-being such as mPower, CoH-Sync  | On-going                     | AMHMTs                               |
| MH 1.9                                 |               | Traveller Mental Health <ul style="list-style-type: none"> <li>• Complete a stakeholder engagement including priority areas for attention for Traveller Mental Health with particular emphasis on primary care and social inclusion</li> <li>• Develop and deliver an accredited programme with the Open College Network on mental health and wellbeing with up to 12 beneficiaries from the travelling Community</li> </ul> | 01/06/2019<br><br>01/10/2019 | Co-ordinator Traveller Mental Health |
| MH 1.10                                |               | Develop a service improvement and resource deployment plan to address waiting times for Counselling Services in Sligo/Leitrim  | 01/06/2019                   | Director of Counselling              |



| Mental Health Operational Plan Actions |   |   |                                    |   |
|--|---|---|------------------------------------|---|
| OP Ref                                 | Priority Area   | Priority Action   | Timeline                           | Lead  |
| MH 2.1                                 | Design integrated, evidence-based and recovery-focused mental health services | <p>Co-develop a CHO 1 phased implementation plan to meet the requirements of the National Framework for Recovery in Mental Health 2018-2020 including:</p> <ul style="list-style-type: none"> <li>• Implementation of the co-produced Service User Passport and supporting co-produced and co-delivered training in Sligo</li> <li>• The identification of a role within the notified ARI allocation to enable CHO wide co-ordination</li> <li>• Through the CAWT iRecover Project co-develop and co-deliver training in recovery practices and principles across CHO 1 including the development and implementation of i-recovery curriculum (subject to support resources)</li> <li>• Finalise a co-produced module on recovery, for delivery as part of the Community Mental Health Nurses Postgraduate Diploma, St. Angela's college NUI Galway</li> <li>• Provide training to 18 staff in care planning to ensure the inclusion of service users in care planning, and promote enhanced self-management in line with the recommendations of A National Framework for Recovery in Mental Health 2018-2020</li> <li>• Develop and agree, with each Area Mental Health Management Team, a schedule and plan for the co-production and co-delivery of team and service evaluation</li> </ul> | 01/03/2019                         | AMHMTs  |
|  |   |   | 01/02/2019                         | Senior Manager SRF & SLAMHMT                    |
|  |   |   | 01/04/2019                         | Head of Service<br>ADONs and<br>Project Manager |
|  |   |   | Over final 2 years of CAWT Project | Senior Manager SRF & AMHMTs                     |
|  |   |   | 01/03/2019                         | Senior Manager SRF                              |
|  |   |   | 01/03/2019                         | Head of Service<br>AMHMTs                       |
|  |   |   | 01/03/2019                         | DAMHMT  |
|  |   |   | 01/03/2019                         | AMHMTs  |
|  |   |   | 01/03/2019                         | Senior Manager SRF & Mental                     |



| Mental Health Operational Plan Actions |               |   |                            |                        |
|--|---------------|---|----------------------------|------------------------|
| OP Ref                                 | Priority Area | Priority Action   | Timeline                   | Lead                   |
|  |               | framework combining GAIT and TRIP <ul style="list-style-type: none"> <li>Establish a Recovery Committee in Donegal</li> <li>Continue to support the development of peer support services across CHO 1 within available resources</li> <li>Co-produce, develop and implement a policy proofing document for CHO 1 Mental Health Services based on Recovery principles and CHIME for implementation by Area Mental Health Management Teams</li> </ul> | On-going<br><br>01/06/2019 | Health Engagement Lead |
| MH 2.2                                 |               | Support the implementation of the measures to safeguard vulnerable adults across CHO 1 including Trust in Care ensuring compliance with national policy and guidance  | On-going                   | AMHMTs                 |
| MH 2.3                                 |               | Support the implementation of the five agreed Clinical Care Programmes in particular the CHO 1 projects of Attention Deficit Hyperactivity Disorder (ADHD), Early Intervention in Psychosis and Eating Disorders  | 01/01/2019<br>31/12/2019   | AMHMTs                 |
| MH 2.4                                 |               | Develop a proposal for the development of Metabolic screening to address the issue that the physical health of those with Mental Health disorders is significantly poorer than the general population   | 01/10/2019                 | AMHMTs                 |
| MH 2.5                                 |               | Establish a cross divisional working group as endorsed by the EMT, to support and develop the phased commencement of a Model of Service for Mental Health Intellectual Disability within available resources  | 01/03/2019                 | Head of Service        |
| MH 2.6                                 |               | Complete the de-registration process of St John's Rehab &   | 01/03/2019                 | ECD and Nominee        |



| Mental Health Operational Plan Actions |               |  |                          |                          |
|--|---------------|--|--------------------------|--------------------------|
| OP Ref                                 | Priority Area | Priority Action  | Timeline                 | Lead                     |
|  |               | Recovery unit in Sligo/Leitrim including the due diligence and transfer to Older Persons Services  |                          | Proprietor               |
| MH 2.7                                 |               | Further expand on the on the out of hours responses for general adult mental health services in Sligo Leitrim and Donegal as new staff join the service  | 01/10/2019               | ADON                     |
| MH 2.8                                 |               | Progress with the on-going implementation of skill mix within all Supervised Residential Settings in SLMHS   | 01/01/2019<br>31/06/2019 | ADON                     |
| MH 2.9                                 |               | Continue on-going investment to improve infrastructure including service user and staff facilities within the notified minor capital allocation  | Ongoing                  | AMHMTs & Head of Service |
| MH 2.10                                |               | Continue to enhance engagement and collaboration across all systems and services to develop and deliver best possible care and services across CHO 1   | 31/03/2019               | AMHMTs                   |
| MH 2.11                                |               | Support the participation of Sligo Leitrim Mental Health Services, as one of 3 Irish Centres, in a 36 site cutting edge International Clinical trial for people with Mild Cognitive Impairment or early Dementia | Ongoing                  | SLAMHMT                  |
| MH. 2.12                               |               | Support the European Interreg funded BRAIN-diabetes clinical trial aimed at improving patient care as part of a cross-border clinical trial in collaboration with partners in Queens University, Belfast         | Ongoing                  | SLAMHMT                  |
| MH 2.13                                |               | Implement the MAPS Policy Portal across CHO 1 Mental Health Services in all disciplines  | 01/04/2019               | AMHMTs                   |
| MH 2.14                                |               | Deliver in collaboration with a range of stakeholders the agreed   | Ongoing                  | AMHMTs &                 |





| Mental Health Operational Plan Actions |  |   |  |   |
|--|--|---|--|---|
| OP Ref                                 | Priority Area  | Priority Action   | Timeline                                 | Lead  |
|  |  | stepped model of care for those who are homeless with mental health illness   |  | Housing Co-ordinator                                  |
| MH 2.15                                |  | Complete the reconfiguration of HSE residential accommodation including tenancy for service users in Ionad Cois Lochá to Cluid Social Housing and Tuath / Praxis in Donegal   | 01/10/2019                               | DAMHMT  |
| MH 2.16                                |  | Complete a 5 Year Accommodation Strategy for Mental Health Services in Donegal  | 01/10/2019                               | DAMHMT  |
| MH 3.1                                 | Deliver timely, clinically effective and standardised safe mental health services in adherence to statutory requirements | Standardise and move towards more equitable resource allocation models based on an updated costing model for mental health services in line with A Vision for Change and continue the mental health multi-year approach to budgeting        | On-going                                 | Head of Service & AMHMTs                              |
| MH 3.2                                 |  | Continue to support the embedding of best practice guidelines and also improve compliance through monitoring services, in collaboration with the Mental Health Commission (MHC), to achieve real time oversight supported by ICT automation | On-going                                 | Head of Service & AMHMTs                              |
| MH 3.3                                 |  | Continue to focus on improving compliance through the implementation of and learning from the performance on the Legislation and Regulatory Compliance within the Mental Health Judgement Support Framework                                 | As defined by MHC                        | ECD's ;Registered Provider Nominee (GM) & QPS Manager |
| MH 3.4                                 |  | Continue to enhance service responses to improve the physical health of mental health service users including the Physical Health Project in AMU in LUH, CGH  | Pilot completed Q1 2019, Audit Review Q2 | ADONs   |
| MH 3.5                                 |  | The development and delivery of a group based Mental Health   | 01/10/2019                               | CMHMT   |



| Mental Health Operational Plan Actions |   |   |            |                               |
|--|---|---|------------|-------------------------------|
| OP Ref                                 | Priority Area   | Priority Action   | Timeline   | Lead                          |
|  |   | Promotion programme for MHID service users and carers. The sessions will be run in parallel – SU and carers separately for 6 weeks  |            |                               |
| MH 3.6                                 |   | Report on Quality and Patient Safety Performance in Mental Health Services, for example: SRE/SI, complaints; notifications to regulators & safeguarding team, governance & Infection Control, Service User Feedback             | Ongoing    | QPS Manager                   |
| MH 3.7                                 |   | Develop adult and child mental health intellectual disability teams including the appointment of agreed new staffing  | 01/01/2019 | Medical Manpower Officer      |
| MH 3.8                                 |   | Deliver on 4 Quality and Safety training workshops to Mental Health Staff for example: <ul style="list-style-type: none"> <li>Incident/Risk Management; Open disclosure; corporate induction; National PPG Framework</li> </ul> | 01/07/2019 | QPS Manager                   |
| MH 3.9                                 |   | Undertake Assessment against the HIQA National Standards for PCHAI in Community Services in Mental Health Services  | 01/04/2019 | QPS Manager                   |
| MH 3.10                                |   | Map current dietetic support services in primary care and improve links between CAMHS and Addictions Services for young people  | 01/08/2019 | AMHMTs                        |
| MH 4.1                                 | Ensure that the views of service users, family members and carers are central to the design and | Improve engagement of service users and their supporters (family members and carers) in the design and delivery of mental health services through further embedding and developing forums in each CHO, and introducing more     | 01/04/2019 | Mental Health Engagement Lead |



| Mental Health<br>Operational Plan Actions |                                     |   |          |  |
|---|-------------------------------------|---|----------|--|
| OP Ref                                    | Priority Area                       | Priority Action   | Timeline | Lead   |
|   | delivery of mental health services. | <p>collaborative ways of working in conjunction with service users, family members and carers while ensuring development of standardised reimbursement methods</p> <ul style="list-style-type: none"> <li>• Continue the development of guidance for engaging service users and their supporters (family members and carers) in Mental Health Services to ensure a consistent national model of engagement by service providers</li> <li>• Agree with all AMHMTs the implementation of the General Guidelines for Mental Health Engagement including the establishment of formal meetings with their respective Local Fora</li> <li>• Building on the learning of Mental Health Engagement in CHO 1, further develop the capacity of Service Users, their Supporters, MHS Service Providers and Community Partners by co-developing, piloting and co-delivering training to all stakeholders</li> <li>• Convene an Area Forum for CHO 1 with Local Forum representatives, Community Service Providers and key MHS staff to address and collaborate and develop 3 improvement plans on specific issues and items raised at the local fora meetings</li> <li>• In conjunction with Senior Manager for Service Reform and CHO 1 stakeholders develop a framework for inclusion of Service Users and their Supporters in the Operational</li> </ul> |          | <p>&amp; Identified Stakeholders &amp; National Working Group</p> <p>Mental Health Engagement Lead &amp; AMHMTs</p> <p>Mental Health Engagement Lead</p> |



| Mental Health Operational Plan Actions |               |  |  |  |
|--|---------------|--|--|--|
| OP Ref                                 | Priority Area | Priority Action  | Timeline   | Lead   |
|  |               | Planning Process which can be utilised across CHO 1  |  |  |
| MH 4.2                                 |               | Formulate and co-produce a strategy for Rehabilitation and Recovery Services in Donegal based on and informed by best practice within resources  | 01/07/2019   | DAMHMT   |
| MH 4.3                                 |               | <p>Implementation of CHO 1 Service Reform (Progressing Mental Health Services)</p> <ul style="list-style-type: none"> <li>Based on the deliberations of the Pulling the Strands Together Seminar undertake a point in time review of the achievements of and barriers to Service Reform from its commencement in 2017 with a view to informing workplans for 2019 &amp; 2020</li> <li>The establishment and enhancement of a Social Prescribing service across CHO 1 within available resources</li> <li>In collaboration with partner agencies develop and pilot a peer led support and advocacy service for family members and carers</li> <li>Deliver a comprehensive person centred care planning training programme to 18 senior staff across CHO 1</li> <li>In collaboration with the IMHCN Action Learning Sets plan for and commence phased reconfiguration of HSE accommodation underpinned by recovery principles</li> <li>Undertake a review of Mental Health Service Day Service Provision referencing New Directions and based on a whole person, whole community and whole systems approach</li> </ul> | <p>31/03/2019</p> <p>01/10/2019</p> <p>01/10/2019</p> <p>31/03/2019</p> <p>Ongoing</p> <p>31/12/2019</p> | <p>SRF Lead</p> <p>Head of Service / SRF Lead</p> <p>SRF Lead</p> <p>AMHMTs</p> <p>AMHMTs, HOS, SRF lead</p> |



| Mental Health Operational Plan Actions |   |  |  |  |
|--|---|--|--|--|
| OP Ref                                 | Priority Area   | Priority Action  | Timeline   | Lead   |
|  |   | <ul style="list-style-type: none"> <li>In consultation with the Health and Wellbeing Division develop a Health and Wellbeing Self Care Programme for CHO 1 Mental Health Services Staff, Service Users, Family Members and carers and pilot in identified sites</li> <li>Support the provision of a mindfulness programme for 20 services users in Donegal</li> <li>Implement a project to deliver transitioning support, for 6 services users, from HSE accommodation and Homelessness to Independent living based on the principles of recovery</li> <li>Schedule and hold a CHO 1 information roadshow incorporating Service Reform Mental Health Engagement, Youth Mental Health, Traveller Mental Health, Recovery and the National Recovery Framework</li> </ul> | <p>31/09/2019</p> <p>30/06/2019</p> <p>Ongoing 2019</p> <p>May</p> | <p>SRF Lead</p> <p>DMAMHT</p> <p>SRF Lead &amp; Housing Co-ordinator</p> <p>SRF Lead, MHE Lead</p> |
| MH 5.1                                 | Enable the provision of mental health services by highly trained and engaged staff and fit for purpose infrastructure | Further enhance the community mental health team capacity for CAMHs, general adult and psychiatry of later life at a consistent level across all areas including the appointment of agreed new staffing  | Ongoing  | AMHMTs & GM  |
| MH 5.2                                 |   | Establish a CHO 1 MHS Performance Management framework to underpin the effective and equitable use of resources maximising outcomes for service users commencing in Mental Health Services   | 01/04/2019   | AMHMTs   |
| MH 5.3                                 |   | Maintain a concentrated focus on the successful recruitment and retention of key staff across CHO 1 in line with Vision for  | 01/06/2019   | AMHMTs & GM  |



| Mental Health Operational Plan Actions |               |  |            |                             |
|--|---------------|--|------------|-----------------------------|
| OP Ref                                 | Priority Area | Priority Action  | Timeline   | Lead                        |
|  |               | Change and national policy and direction   |            |                             |
| MH 5.4                                 |               | Provide increased access to talk therapies, including Dialectic Behavioural Therapy (DBT) and Cognitive Behavioural Therapy (CBT) within available resources to improve treatment outcomes for service users   | Ongoing    | AMHMTs & GM                 |
| MH 5.5                                 |               | Support educational places available for mental health nurses, clinical psychology trainees, health and social care professionals and the introduction of new disciplines / workers such as peer support etc   | Ongoing    | Head of Service and AMHMTs  |
| MH 5.6                                 |               | Support the development and implementation of workforce planning and development for all disciplines   | 01/10/2019 | AMHMTs & GM                 |
| MH 5.7                                 |               | Progress capital developments to comply with the Mental Health Commission (MHC) regulation 22 - Premises <ul style="list-style-type: none"> <li>• The replacement of Blackwater House, registered unit in Monaghan</li> <li>• The replacement of St Columba's, registered acute unit in Sligo</li> </ul> | 01/07/2019 | Head of Service & GM        |
| MH 5.8                                 |               | Develop a framework for mental health services to respond to the requirements of the Assisted Decision Making (Capacity) Act 2015 including supporting staff to access briefing and information sessions   | 01/09/2019 | Head of Social Work, AMHMTs |
| MH 5.9                                 |               | Progress the implementation and utilisation of the CORE Net UK client database Management and Evaluation system (a web based statistical system) as per the CIPC Counselling Service   | 01/07/2019 | Director of Counselling     |



| Mental Health Operational Plan Actions |               |   |               |                        |
|--|---------------|---|---------------|------------------------|
| OP Ref                                 | Priority Area | Priority Action   | Timeline      | Lead                   |
| MH 5.10                                |               | Progress the transfer of 2 WTE Bereavement Counselling Posts under the Donegal Bereavement Counselling Service to NCS/CIPC  | 31/03/2019    |                        |
| MH 5.11                                |               | Prioritise and support staff to access training on “Every Contact Counts”, participate in MECC eLearning Programme and learning sets  | On-going      | AMHMTs                 |
| MH 5.12                                |               | In line with both national and local CHO Nurse management structures, introduce a senior nurse management response and on call services in Sligo Leitrim, which will operate 24/7/365 | 31/03/2019    | ADON                   |
| MH 5.13                                |               | Realign nurse resources away from mental health residential settings toward areas of increasing service need e.g.: CAMHS, POA and Homelessness in Sligo / Leitrim                     | 30/06/2019    | ADON                   |
| MH 5.14                                |               | Support the expansion of a recovery team in Donegal in all areas with the approval and recruitment of AHP posts within available resources  | December 2019 | AMHMT                  |
| MH 5.15                                |               | Continue investment in facilities that improve the environment in which mental health services are delivered  | On-going      | Head of Service and GM |
|  |               | Maintain a concentrated focus on the successful recruitment and retention of key staff across CHO 1 in line with Vision for Change and national policy and direction                  | June 2019     | AMHMTs & GM            |



## **Risks to Service Delivery and Proposed Mitigation Management of Risk**

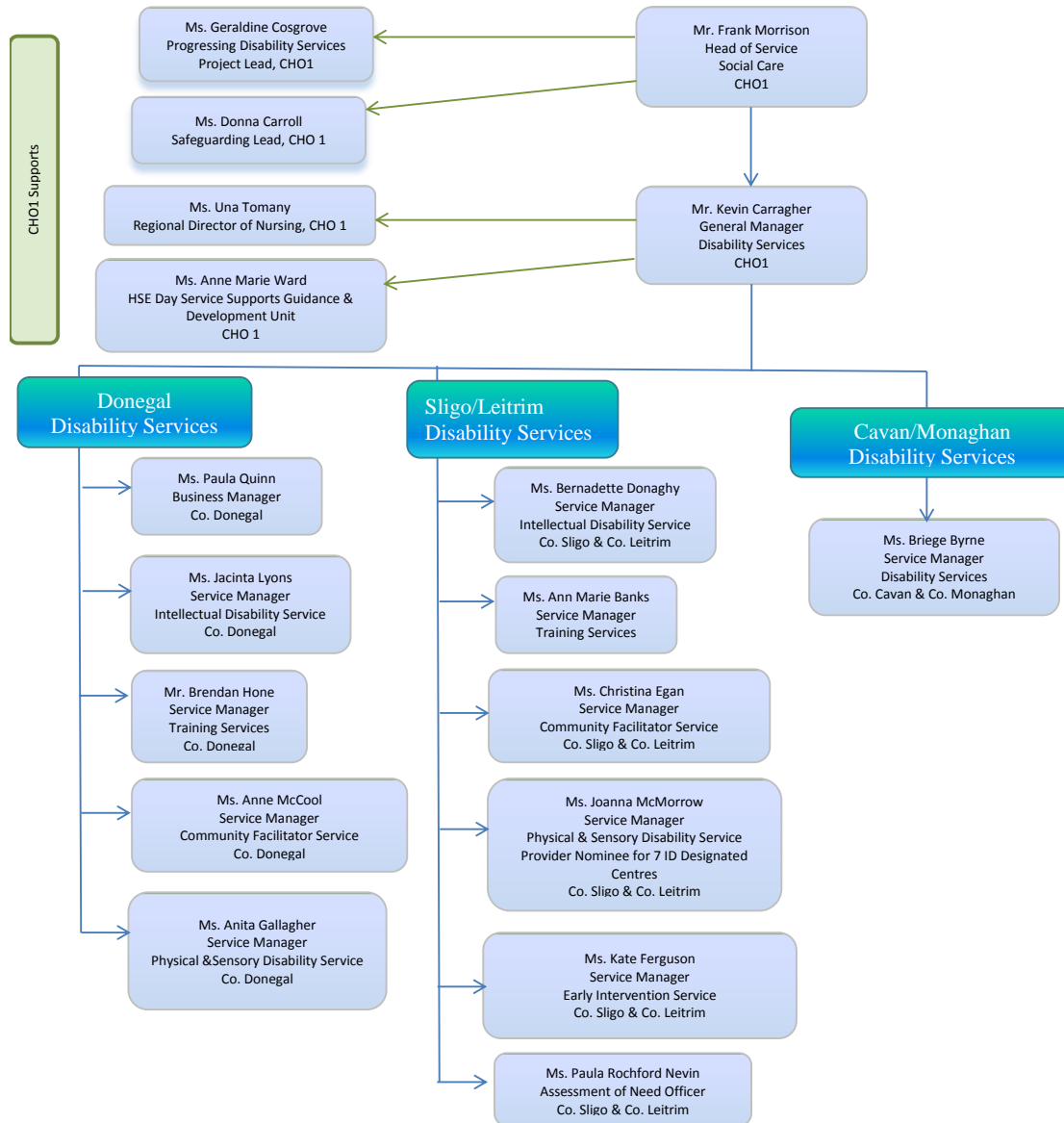
The following are the challenges / risks to delivery of services to meet the operational goals:

- Service capacity versus Vision for Change (VFC)
- Recruitment of Staff (in particular Medical, Nursing and Psychologists)
- Reliance of Agency / Locum cover for Consultant cover
- Recruitment time lines can be very slow to attract, recruit, vet and appoint.
- Demographic changes, growth in population and changing age profile
- Geographical spread of services across 5 rural counties
- Funding availability
- External Placements
- Regulatory compliance
- Providing services on a 24/7 basis
- Lack of Services for 16-18 year olds
- Accessibility of services for the homeless / minority groups



# 6. Disability Services

## CHO Disability Services Senior Management Team (SMT)





## Population served

The population group in CHO 1 is largely rural, bordered by Northern Ireland and encompasses two Hospital groups of Saolta and RCSI. Delivery of services for people with disabilities will be constantly challenged given the large rural geographical spread, high levels of deprivation, increasing complexity and an aging population.

In CHO 1 the rate of disability is 13.7% with 53,451 people reporting as having at least one disability in Census 2016. This rate has risen since 2011 with an additional 1,608 or 3.1% of the population reporting same (Census 2016).

CHO 1 had 1,991 people with a physical and or sensory disability registered on the NPSDD in December 2017. 370 (18%) of these are aged less than 18 years, and the remaining 1,621 are aged between 18 and 65 years. The vast majority of the people are living in their own homes, alone or with family members, while only 2.9% (56 people) live in residential services.

There were 2,582 people with an intellectual disability registered on the NIDD in CHO 1 in 2017. Almost one third (814, 31.5%) of the persons in CHO 1 were aged less than 18 years, 664 (25.7%) were aged between 18 and 34 years, 690 (26.7%) were aged between 35 and 54 years and 414 (16.0%) were aged 55 years and over. Over two thirds (1,799) of people with an intellectual disability live in their own homes with family members, while almost one quarter live in residential services (610 people).

## Services provided

The focus in CHO 1 is to support people with disabilities to achieve their full potential including living as independently as possible and to ensure that people with disabilities are heard and involved at all stages of the process to plan and improve services.

Services are provided for people with disabilities, their families and carers either directly by the HSE or by other agencies working in partnership with the HSE. Services which are predominantly community orientated are provided through HSE direct services, non-statutory / voluntary groups and locally based community groups with the aim of achieving the best quality of life for each individual. The services provided include residential services, respite services, home support services, personal assistance services, rehabilitative training programmes, sheltered programmes and day activity programmes multi-disciplinary team assessment and intervention, general health services and health promotion activities.



## Priorities 2019

1. Transforming Lives:
  - Commence implementation of *Effective Participation in Decision Making* through the CHO 1 Disability Services Consultative Forum
2. Residential Services:
  - Provide Residential Services across CHO 1 in compliance with the Health Act 2007 and Disability Regulations 2013-2015 meeting current and emerging need within budget allocation
3. Community Supports:
  - Provide Personal Assistance and Home Supports meeting current and emerging need within budget allocation
4. Time to Move on From Congregated Settings:
  - Progress *Time to move on from Congregated Settings* initiatives
5. Day Services:
  - Provide Day Service Supports across CHO 1 meeting current and emerging need within budget allocation while continuing to implement the New Directions Policy in line with the National New Directions Implementation Plan 2019
6. Progressing Disabilities:
  - Reconfigure 8 Children's Disability Network Teams for 0-18 Children's Disability services
  - Implement the National Access Policy in collaboration with Primary Care and Mental Health services to ensure one clear pathway of access for all children with a disability, progressing agreed stages as set out in the CHO 1 National Access Policy Implementation Plan
7. Neuro-rehabilitation Services:
  - Progress implementation of the Neuro-rehabilitation Strategy in line with funding allocation
8. Respite Services
  - Provide Residential Respite Services across CHO 1 in compliance with the Health Act 2007 and Disability Regulations 2013-2015 meeting current and emerging need within budget allocation
  - Provide Alternative Respite Services across CHO 1 using innovative approaches
9. Disability Act 2005:
  - Implement Assessment of Need Compliance plan to achieve 100% compliance with Disability Act 2005 across CHO 1
10. Service Arrangement Governance:
  - Strengthen and enhance governance of non-statutory funded services
11. Safeguarding:
  - Continued implementation of the Safeguarding Vulnerable Persons at Risk of Abuse Policy and Procedure in CHO 1



| Disability Services<br>Operational Plan Actions |                    |   |  |            |                          |
|---|--------------------|---|--|------------|--------------------------|
| OP Ref  | Priority Area      | Key Result Area   | Priority Action  | Timeline   | Lead                     |
| DIS 1.1   | Transforming Lives | Commence implementation of <i>Effective Participation in Decision Making</i> through the CHO 1 Disability Services Consultative Forum | 1. Preliminary mapping of the context and drafting of<br>(i) an implementation and resource plan for the development of a local community disability forum in Sligo-Leitrim and<br>(ii) a model for the effective engagement and advocacy of this forum with local providers of services, supports and enabling infrastructure | 31/03/2019 | CHO 1 Consultative Forum |
|   |                    |   | 2. Commence the development of the local community disability forum in Sligo-Leitrim and build a basis for effective engagement with local providers of services, supports and enabling infrastructure   | 31/12/2019 | CHO 1 Consultative Forum |
|   |                    |   | 3. Evaluation and documentation of the learning from the implementation process to date. Develop and agree a plan for the further development and extension of this process throughout CHO 1   | 31/12/2019 | CHO 1 Consultative Forum |
|   |                    |   | 4. Conduct an 6 monthly Service User Questionnaires within designated residential centres to inform quality improvement planning within the service  | 01/12/2019 | Disability Managers      |
|   |                    |   | 5. Conduct Annual Service User Questionnaires within day services to inform quality  | 01/08/2019 | Disability Managers      |



| Disability Services<br>Operational Plan Actions |                      |   |   |            |                        |
|---|----------------------|---|---|------------|------------------------|
| OP Ref  | Priority Area        | Key Result Area   | Priority Action   | Timeline   | Lead                   |
|   |                      |   | improvement planning within the service   |            |                        |
| DIS 2.1   | Residential Services | Provide Residential Services across CHO 1 in compliance with the Health Act 2007 and Disability Regulations 2013-2015 meeting current and emerging need within budget allocation. | 1. Provide 691 Residential Services Places across CHO 1   | 31/12/2019 | Disability Managers    |
|   |                      |   | 2. Maintain HIQA registration in 100% of HSE designated residential services maintaining compliance against Disability Regulations 2013-2015 through quality improvement planning process with a strong focus on person centred planning and protection of vulnerable adults from abuse | 31/12/2019 | Disability Managers    |
|   |                      |   | 3. Develop additional 5 residential places for people with a physical and sensory disability in Monaghan  | 30/06/2019 | C/M Disability Manager |
|   |                      |   | 4. Manage emergency residential placement requirements and provide appropriate residential placements through the CHO 1 Emergency Residential Placement Committee in line with the agreed governance procedures and available budget  | 31/12/2019 | General Manager        |
| DIS3.1  | Community Supports   | Provide Personal Assistance and Home Supports meeting current and emerging  | 1. Provide home support hours as per national target and subject to budget provision across CHO 1   | 31/12/2019 | Disability Managers    |
|   |                      |   | 2. Provide Personal Assistance hours as per   | 31/12/2019 | Disability Managers    |



| Disability Services<br>Operational Plan Actions |  |  |   |  |  |
|---|--|--|---|--|--|
| OP Ref  | Priority Area                              | Key Result Area  | Priority Action   | Timeline   | Lead   |
|   |  | need within budget allocation.   | national target and subject to budget provision across CHO 1<br>3. Streamline implementation structure, criteria for access and process to review services in place across CHO 1 in conjunction with Services for Older Persons   | 30/06/2019   | in conjunction with Services for Older Persons                           |
| DIS 4.1   | Time to Move on From Congregated Settings: | Progress <i>Time to move on from Congregated Settings</i> initiatives              | 1. Complete transition of 19 service users from Cregg Campus in consultation with individuals, families, staff and trade union representation<br>2. Complete transition of 8 service users from Cloonamahon Campus in consultation with individuals, families, staff and trade union representation<br>3. Complete transition of 10 service users from Donegal Congregated Settings in consultation with individuals, families, staff and trade union representation<br>4. Complete transition reviews with all service users that move to community settings as part of their person centre plan | 31/12/2019<br>31/12/2019<br>31/12/2019<br>31/12/2019 | S/L ID Manager<br>S/L P&S Manager<br>D ID Manager<br>Disability Managers |
| DIS 5.1   | Day Services                               | Provide Day Service Supports across CHO 1 meeting current and emerging need within | 1. Provide day service support placements for people with disabilities across CHO 1 including: <ul style="list-style-type: none"> <li>207 Rehabilitative Training Places</li> </ul>   | 31/12/2019   | Disability Managers  |



| Disability Services<br>Operational Plan Actions |               |   |   |            |                        |
|---|---------------|---|---|------------|------------------------|
| OP Ref  | Priority Area | Key Result Area   | Priority Action   | Timeline   | Lead                   |
|   |               | budget allocation while continuing to implement the New Directions Policy in line with the National New Directions Implementation Plan 2019 | <ul style="list-style-type: none"> <li>1587 Day Services Supports</li> </ul> Continue to reduce work/like activity in line with National Policy sourcing appropriate alternative day service support  | 31/12/2019 | Disability Managers    |
|   |               |   | 2. Implement quality improvement planning process within all HSE to enhance governance and management of services in line with New Directions Interim Standards with a strong focus on person centred planning, protection of vulnerable adults from abuse and capital planning | 31/05/2019 | Disability Managers    |
|   |               |   | 3. Complete Leaver Profiling, identification of existing capacity for 2019 leavers and confirm requirements for new developments and cost of rent/lease   | 01/09/2019 | Disability Managers    |
|   |               |   | 4. Finalise agreement of placements for each individual 2019 school leaver  | 31/12/2019 | Disability Managers    |
|   |               |   | 5. Complete identification of all 2020 school/rehabilitative training leavers and profiling process   | 31/12/2019 | C/M Disability Manager |
|   |               |   | 6. Source appropriate infrastructure for existing day services as follows: <ul style="list-style-type: none"> <li>Commence greenfield development in Cavan to replace existing facility in Rathcorrick</li> </ul>   | 31/12/2019 | C/M Disability Manager |



| Disability Services<br>Operational Plan Actions |                          |   |   |  |  |
|---|--------------------------|---|---|--|--|
| OP Ref  | Priority Area            | Key Result Area   | Priority Action   | Timeline   | Lead   |
|   |                          |   | <ul style="list-style-type: none"> <li>Relocate Day Service from Cregg Campus to community location within Sligo Town</li> </ul>  | 31/12/2019   | S/L ID Manager   |
|   |                          |   | 7. Continue the roll out of New Directions Interim Standards. Complete Self-Evaluation Easi-Tool for Theme 2  | 31/12/2019   | Manager Day Service Supports Guidance & Development Unit   |
| DIS 6.1   | Progressing Disabilities | Reconfigure 8 Children's Disability Network Teams for 0-18 Children's Disability services | <ol style="list-style-type: none"> <li>Agree Lead Agency model for Cavan with Enable Ireland Service providers for inclusion in 2019 Service Arrangement</li> <li>Complete Lead Agency Expression of Preference Process for HSE and Enable Ireland staff 0-18 services in Cavan/Monaghan</li> <li>Map WTE resources in school ages services 6-18 for reconfiguration into 8 Children's Disability Network Team's in CHO 1</li> <li>Complete recruitment process for 7 CDNT Manager positions ( 5 @1 WTE, 2 @ 0.5 WTE)</li> <li>Complete accommodation plan for Inishowen 0-18 team and long term accommodation plan for Sligo/Leitrim</li> <li>Complete Stakeholder Engagement and Communication Plan for reconfiguration of</li> </ol> | 25/01/19<br><br>01/03/18<br><br>29/03/18<br><br>29/03/18<br><br>29/03/18<br><br>28/06/18<br><br>25/01/18 | HOSC/GM Disability / Project Manager Progressing Disabilities<br><br>Enable Ireland/ GM Disability/ HR /Project Manager Progressing Disabilities<br><br>HR<br><br>Project Manager Progressing Disabilities |





| Disability Services<br>Operational Plan Actions |                      |   |  |  |   |
|---|----------------------|---|--|--|---|
| OP Ref  | Priority Area        | Key Result Area   | Priority Action  | Timeline   | Lead  |
|   |                      | Implement the National Access Policy in collaboration with Primary Care and Mental Health services to ensure one clear pathway of access for all children with a disability, progressing agreed stages as set out in the CHO 1 National Access Policy Implementation Plan | CDNT's<br>7. Complete introduction of National Access Policy referral/additional information forms across CHO 1 Disability services in preparation for reconfiguration of 0-18 CDNT's<br>8. Complete mapping of resources in 0-18 Primary Care and Social Care services<br>9. Identify resource requirements in PC/SC for the Implementation of the National Access Policy<br>10. Complete Business cases for required posts in agreement with the CHO 1 National Access Policy Implementation group<br>11. Agree care pathways for PC/SC/ MH services and the agree the Integrated Children's Services Forum structure across CHO 1<br>12. Complete Phase 2 of the CHO 1 Implementation Plan "Go Live" for agreement with the CHO 1 National Access Policy Implementation Group and the 3 Local Implementation Groups | 29/03/18<br><br><br><br>26/06/18<br><br>31/07/18<br><br>28/08/18<br><br>27/09/18 | LIG Leads/ Project Manager<br>Progressing<br>Disabilities<br><br><br>Project Manager<br>Progressing<br>Disabilities<br>Project Manager<br>Progressing<br>Disabilities / CHO 1<br>NAP I.G.<br>Project Manager<br>Progressing<br>Disabilities<br>/MR<br>CHO 1 NAP I.G.<br>Project Manager<br>Progressing<br>Disabilities<br>/MR |
| DIS 7.1   | Neuro-rehabilitation | Progress implementation of  | 1. Continue to deliver neuro-rehabilitation services within Donegal Disability Services in   | TBC  | TBC   |



| Disability Services<br>Operational Plan Actions |                  |   |   |  |   |
|---|------------------|---|---|--|---|
| OP Ref  | Priority Area    | Key Result Area   | Priority Action   | Timeline   | Lead  |
|   | Services         | the Neuro-rehabilitation Strategy in line with funding allocation   | line with the model set out in the Neuro-rehabilitation Strategy providing assessment and ongoing rehabilitative support to enable people to remain within their home and community. This is subject to available resources.  |  |   |
| DIS 8.1   | Respite Services | Provide Residential Respite Services across CHO 1 in compliance with the Health Act 2007 and Disability Regulations 2013-2015 meeting current and emerging need within budget allocation. | <ol style="list-style-type: none"> <li>1. Provide 9,400 residential respite bed nights across CHO 1</li> <li>2. Provide an additional 1,000 residential respite bed nights in Sligo/Leitrim area</li> <li>3. Maintain HIQA registration in 100% of HSE designated residential respite services maintaining compliance against Disability Regulations 2013-2015 through quality improvement planning process with a strong focus on person centred planning and protection of vulnerable adults from abuse</li> <li>4. Commence capital development of Children's Residential Respite Service in Cavan/Monaghan area subject to funding allocation</li> <li>5. Provide 4,900 day respite sessions across CHO 1</li> <li>6. Provide an 2,500 alternative respite hours</li> </ol> | <p>31/12/2019</p> <p>31/12/2019</p> <p>31/12/2019</p> <p>TBC</p> <p>31/12/2019</p> <p>31/12/2019</p> | <p>Disability Managers<br/>S/L ID Manager<br/>Disability Managers</p> <p>C/M Disability<br/>Manager<br/>Disability Managers</p> |
|   |                  | Provide Alternative   |   |  |   |



| Disability Services<br>Operational Plan Actions |                                |  |   |  |  |
|---|--------------------------------|--|---|--|--|
| OP Ref  | Priority Area                  | Key Result Area  | Priority Action   | Timeline   | Lead   |
|   |                                | Respite Services across CHO 1 using innovative approaches within budget allocation             | across CHO 1  |  |  |
| DIS 9.1   | Disability Act 2005            | Implement AON Compliance plan to achieve 100% compliance with Disability Act 2005 across CHO 1 | 1. In conjunction with Primary Care Services, complete all outstanding AON Assessments in the Cavan Monaghan area   | 31/03/2019   | C/M Disability Manager   |
| DIS 10.1  | Service Arrangement Governance | Strengthen and enhance governance of non-statutory funded services                             | <ol style="list-style-type: none"> <li>1. Complete negotiation and final sign off of all 2019 Service Arrangements with non-statutory providers</li> <li>2. Complete Service Arrangement Review Meetings with all non-statutory agencies as per their funding level and the HSE Operational Procedures policy</li> <li>3. Complete and retain on file National Standard Governance Documentation and associated compliance controls for all non-statutory funded agencies</li> <li>4. Identify actions required in the non-statutory HSE funded services to ensure implementation of the HSE policy on</li> </ol> | 28/02/2019<br><br>31/12/2019<br><br>31/12/2019<br><br>31/12/2019 | Service Managers<br>Service Managers<br><br>Service Managers<br><br>Service Managers |



| Disability Services<br>Operational Plan Actions |               |                  |   |                                     |   |
|---|---------------|------------------|---|-------------------------------------|---|
| OP Ref  | Priority Area | Key Result Area  | Priority Action   | Timeline                            | Lead  |
|   |               |                  | safeguarding vulnerable adults from abuse   |                                     |   |
| DIS 11.1  |               | Cross-Divisional | <p>Healthy Ireland</p> <ul style="list-style-type: none"> <li>• Roll out of the Triple P Positive Parenting, Stepping Stones workshops and seminars to families within the Sligo / Leitrim area, by 4 practitioners trained and accredited within Children's Disability Services</li> <li>• Develop and deliver a Health Promotion Programme for Service Users within Sligo Training Services</li> </ul> <p>Safeguarding</p> <ul style="list-style-type: none"> <li>• Continued implementation of the Safeguarding Vulnerable Persons at Risk of Abuse Policy and Procedure in CHO 1</li> <li>• Identify actions required in the non-statutory HSE funded services to ensure implementation of the HSE policy on safeguarding vulnerable adults from abuse</li> </ul> | <p>31/12/2019</p> <p>31/03/2019</p> | <p>S/L EIT Manager</p> <p>S/L Training Services Manager</p> |



## Risks to Service Delivery and Proposed Mitigation Management of Risk

| Risk  | Proposed mitigation management of the risks   |
|---|---|
| <p>Progressing Disabilities:</p> <ol style="list-style-type: none"> <li>1. Unsuccessful recruitment campaign for CDNM – delay in reconfiguration</li> <li>2. Lack of funding for 2 WTE additional posts required and increase in funding to meet specified grade of 4 current post holders</li> <li>3. Changes in alignments of Primary Care Networks – not coterminous with Children’s Disability Networks</li> <li>4. Accommodation for Inishowen Network – not agreed</li> <li>5. Lack of resources to meet the needs of children with Disability in line with National Access Policy and agreed care pathways</li> <li>6. Inconsistent core competencies and skill mix</li> <li>7. Changes in alignments of Primary Care Networks – not coterminous with Children’s Disability Networks.</li> <li>8. Increase in waiting times for children with complex and non-complex needs</li> </ol> | <ol style="list-style-type: none"> <li>1. Work streams planned with national and local HR to progress recruitment and point of contact nominated</li> <li>2. Management structure and funding identified with nation Social Care Disability service</li> <li>3. Clarification sought on potential proposed changes – Discussion and will be required on proposed changes to network areas and implications for CDNT/s with Chief Officer and HOS SC/PC</li> <li>4. Accommodation plan for Inishowen included in CHO 1 Estates planning meetings</li> <li>5. Mapping of Primary Care/Social Care resources to be completed by March 19, gaps in PC/SC identified by June 19 and Business cases for required posts completed by July 19</li> <li>6. Request for training budget submitted to Head of Social Care with identified training needs for 2019</li> <li>7. Clarification sought on potential proposed changes to network areas – Discussion and will be required on proposed changes and implications for CDNT’s with Chief Officer and HOS SC/PC</li> <li>8. Adequate resource mapping and planning</li> </ol> |
| <p>Day Services:</p> <ol style="list-style-type: none"> <li>1. Inability to meet National Standards arising from infrastructural deficits</li> <li>2. Lack of robust integrated health and safety system</li> <li>3. Planning permission for development of green field site in Cavan not approved by County Council</li> </ol>   | <p>Capital infrastructure and minor capital requirements to be assessed through:</p> <p>Roll out of integrated health and safety system across CHO 1 Day Services</p> <p>Engage with County Council in pre-planning meetings prior to submission of application</p>   |
| <p>Inadequate staff resources to deliver planned actions arising from delays in</p>   | <p>Timely submission of appropriate paperwork to replace staff leavers</p>  |



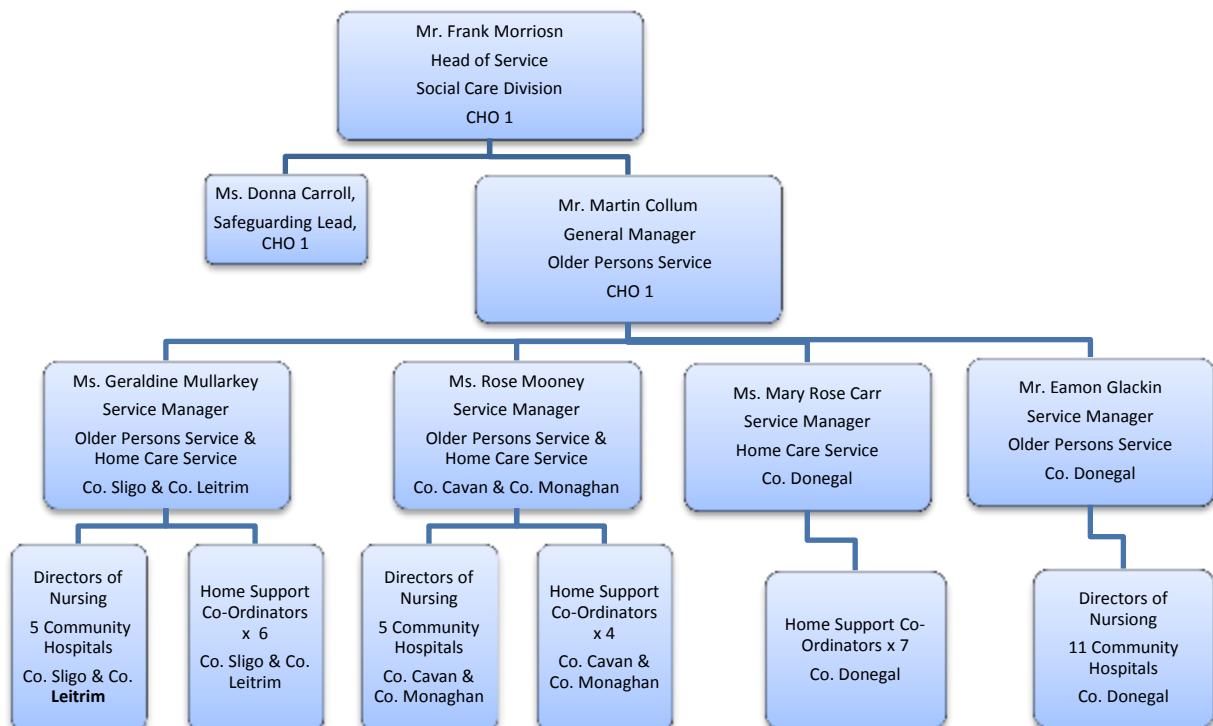
|  |   |
|--|---|
| recruitment of approved position/replacement posts and inability to recruit some staff grades  | In conjunction with HR local recruitment of priority staff  |
| Inadequate staffing arising from absenteeism   | Sustained attention to implementation of HSE Absence Management Policy<br><br>Timely submission of appropriate paperwork to replace staff on prolonged absence<br><br>Appropriate mechanisms in place to replace staff through agency where it is deemed critical   |
| Maintaining skilled workforce to meet service requirements   | Training needs assessments completed in all service areas<br><br>Priority training needs to be delivered as required with focus on <ul style="list-style-type: none"><li>• Mandatory Training</li><li>• Safeguarding Vulnerable Adults at risk of abuse</li><li>• Health and Safety</li><li>• Person centred services</li></ul> |
| The following priorities are dependent on approval of funding allocation: <ul style="list-style-type: none"><li>• Neuro-rehabilitation</li><li>• Children's respite Cavan Monaghan</li><li>• Residential Service in Carrickmacross</li></ul> | No mitigating actions identified.   |

# 7. Older Persons' Services

## Introduction

The ethos of service delivery for older people in CHO 1 is to maintain the person in their own home for as long as possible thereby promoting their independence dignity, privacy and respect. This principal is supported by a variety of health care professionals working in the community including GPs and practice nurses, Public Health Nursing, Home Support Services, Allied Health Professionals and a range of other community and voluntary sector supports. Services are accordingly organised to deliver health and social care supports to enable this.

### CHO 1 Older Persons' Services Senior Management Team (SMT)





*Left to Right: Ms. Rose Mooney, Mr. Martin Collum, Ms. Mary Rose Carr, Ms Valerie Bradley, Mr. Eamon Glackin, Ms. Geraldine Mullarkey.*

## Population Served

CHO 1 has a population of 59,787 people aged 65 years and over which represents over 15.1% of the areas total population. We have the highest age dependency of all CHO areas at 37.3 compared to a national average of 34.5. 1.7% of the population are aged 85 years and over; higher than the national average of 13.3% for population aged over 65 years

Similar to previous years, challenges remain in relation to resourcing, increased demand due to increases in the older population, growing numbers of people with dementia and challenges in relation to compliance with the National Standards for Residential Care Settings for Older People in Ireland.

It is important to acknowledge the role of carers in the context of their support to older people. There are over 17,400 carers in CHO 1 (people providing regular unpaid help for a friend / family member) providing at least 6.6m hours of care per week (Census 2016), this represents 8.9% of the total carer population in Ireland.

## Services Provided

Older Persons Services across CHO 1 are made up of:

- Community Hospitals
- Day Services
- Home Support
- Other Community supports

Older Persons Services values the contribution and support of Community Groups / Voluntary Sector and work closely with each group via Service Level Arrangements / Grant





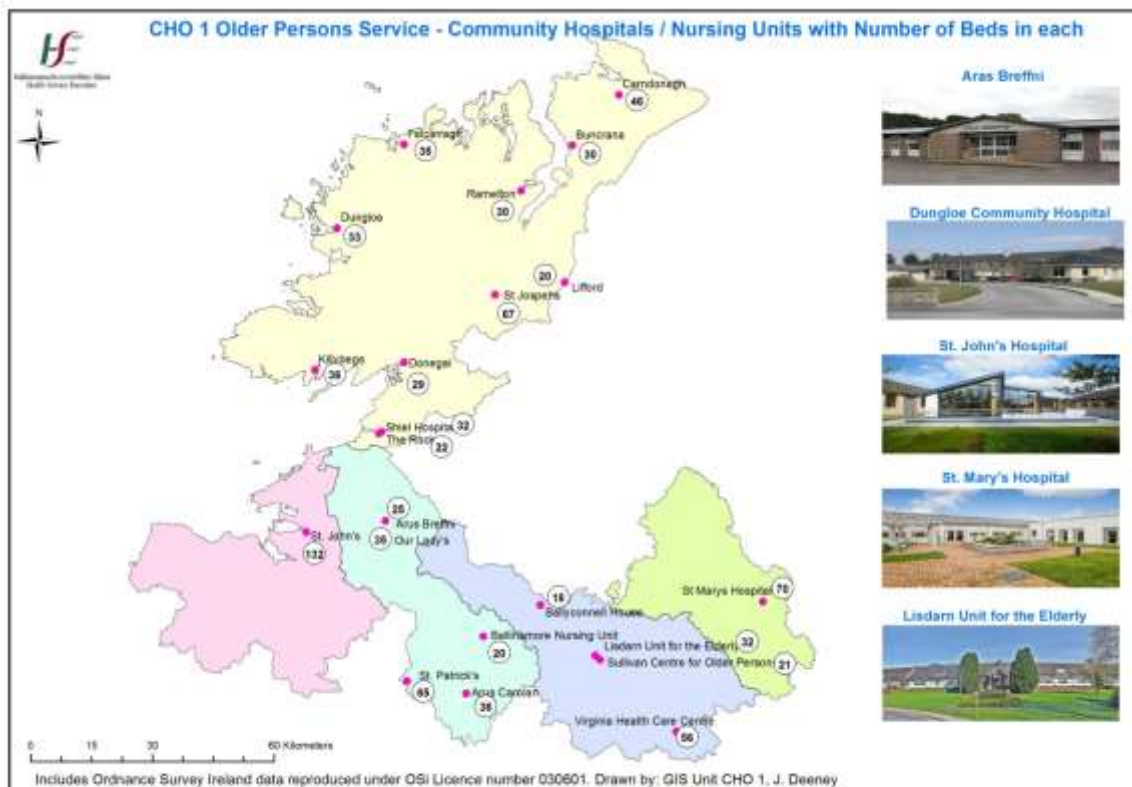
Aid Agreements to provide services to the citizens we serve. An overview of Older Persons Services which are delivered in CHO 1 are illustrated in Map 3.

CHO 1 Older Persons Services operates 21 community hospitals / residential units with 892 beds which can accommodate 1.4% of older population of the area. 535 beds are designated Nursing Home Support Scheme (NHSS) or long stay beds with the remaining 357 beds operating as short stay beds.

The service model in CHO 1 centres around the use and availability of short stay beds, to enable older people to remain at home longer, allow earlier discharge from acute services and minimise admissions to hospital.

Home Support Services further enhances the ability of older people to remain in their own home and communities for longer. The move to the single model of funding commenced in 2018, however demand for home support services continues to increase.

| Home Support Services   | Community Hospitals  | Community Supports   |
|---|--|--|
| <ul style="list-style-type: none"> <li>• Home Help Hours to support older people to remain at home including Palliative Care hours and Dementia Care hours</li> <li>• Support timely discharges from Community and Acute Hospitals</li> <li>• Rehabilitative hours</li> <li>• Intensive Home Care Packages</li> </ul> | <ul style="list-style-type: none"> <li>• Long-term care</li> <li>• Short-term care</li> <li>• Respite provision</li> <li>• Day Hospitals</li> <li>• Dementia Care</li> <li>• Palliative Care</li> <li>• Assessment</li> <li>• Rehabilitation</li> <li>• Range of outpatient clinics within the community hospital complex</li> <li>• X-Ray services within the network areas in Donegal</li> <li>• AHP such as Physio and OT services accessible within the networks of community hospitals</li> </ul> | <ul style="list-style-type: none"> <li>• Dementia Care</li> <li>• Day Centres</li> <li>• Active Age Clubs</li> <li>• Carer Support</li> <li>• Meals on Wheels</li> <li>• Social Housing</li> <li>• Continence Services</li> <li>• Integrated Care Programme for Older Person (ICPOP)</li> <li>• Befriending Services in Donegal</li> <li>• Education and Training for carers</li> <li>• Falls Service</li> <li>• Primary Care centres used by PHN and GP services</li> <li>• Support to Sheltered Housing complex</li> </ul> |



**Map 3 – CHO 1 Older Persons Service – Community Hospitals / Nursing Units with number of beds in each**

### Issues and Opportunities

The implementation of *The Irish National Dementia Strategy, 2014* through the National Dementia Office has resulted in CHO 1 receiving approval for a Dementia Lead who will link with relevant stakeholders will assist with implementation of the National Dementia Strategy throughout 2019.

The continued roll out of the capital development plan will increase bed capacity across CHO 1 by 2020.

Increased life expectancy within an aging population reporting as having one or more chronic diseases has given rise to an increased demand for services within existing resources. CHO 1 Older Persons services will face significant challenges in meeting these demands particularly:

- Home Support due to financial constraints
- Residential Care (long term and short term) due to staffing issues and reliance on agency staff
- Community Services due to increased governance requirements of Section 39 Service Providers in the area



### Home Support

- The cost of delivery of home support has been impacted by a range of factors which include
  - increasing numbers of complex cases
  - requirements to deliver statutory and mandatory staff training
  - Home Care Tender

As a result priority ratings and waiting lists have been introduced. The service continues to be developed on an on-going basis

### Residential Care

- Changes to the funding basis for short stay beds may threaten short stay bed provision and present challenges to maintaining the model of care delivery that has been the mainstay of managing older people at home in CHO 1
- Maintaining the required workforce and skill set is a challenge across all services which has led to a reliance on agency staffing particularly in residential care services

### Community Supports

- Support to carers is vital in their work in maintaining older people in their own homes and communities. Identifying carers as early as possible is of critical importance if they are to be supported to maintain their caring role
- Assessment tools continue to be used to identify supports required. Relevant services in CHO 1 work with the national office to introduce the Carer's Needs Assessment Tool
- The support of communities and voluntary agencies is hugely valued in both social and health service provision. Integration of services including, local and community based activity is a key fundamental to maintaining older people at home

## Achievements 2018

### Integrated Care Plan for Older People (ICPOP)

- As part of ICPPOP in Sligo /Leitrim which became operational in 2018 the following staff have been recruited Dementia Nurse Specialist Senior Occupational Therapist; Senior Physiotherapist; Senior Social Worker; Speech & Language Therapist; 5 cANP's who have an interest in Tissue Viability, Movement Disorder, Falls & Dementia. Multi-disciplinary team Hubs in Sligo/Leitrim have been established with a base in St. Johns Community Hospital
- Integrated Frailty Pathway, Integrated Falls Pathway developed in Sligo / Leitrim CHO 1 / SUH
- Frailty Governance Group established in Donegal
- Donegal and Sligo / Leitrim have introduced the National Frailty programme to staff. A total of 680 across all sectors and interdisciplinary team received this training



## Dementia

- Completion of a 'Practice Development School' in Donegal – attended by 30 participants from across CHO 1 and Derry who implemented learning in local sites
- Introduction of TOVRTAFEL (Magic Table - interactive technology for those with moderate to severe dementia) in Buncrana Community Hospital (the first in a community hospital in Ireland)
- Evaluation of the culture of care within the 2 dementia units in Donegal via a Practice Nurse Development Programme
- The education of Dementia Champions from both the nursing and HCA grade within CHO 1 OPS in Collaboration with DCU and CNMEs
- One Frail and Older Persons cANP with a special interest in Dementia appointed in Cavan / Monaghan
- Dementia CNS and cANP with a special interest in Dementia in Sligo / Leitrim
- Dementia specific Focused Intervention Training and Support (FITS) Facilitators in place in all Older Person Residential Units inclusive of the Transitional Unit in Cavan Monaghan
- Dementia mapping project undertaken including:
  - Dementia Pathway mapped with an inter-disciplinary dementia meeting held monthly in Sligo / Leitrim CHO 1 / SUH
  - Psychiatry of Later Life Older Persons Services in SUH working collaboratively mapping dementia pathway and engaging in inter-disciplinary team meetings monthly
- 2 staff trained to facilitate Understanding Dementia Home Care Education Programme for Home Support Workers
- Dementia register developed in July 2018, maintained by the Dementia Nurse Specialist. Currently there are 300 people registered from across Sligo / Leitrim

## Residential Care

- HIQA Compliance - All 22 residential units across CHO 1 were successfully re registered in 2018
- Bed occupancy target of 95% for Long Term Beds was maintained
- Reconfiguration of 20 extended care beds into transitional care at the Lisdarn Unit in Cavan
- An additional 6 beds were opened in Community Hospitals in St Patrick's Community Hospital, Carrick on Shannon
- Refurbishment of Killybegs Community Hospital 90% completed
- Residential Care Centres across CHO 1 continued to engage with Service Users. An evaluation of the effectiveness of activities and family engagement in the Community Hospitals was undertaken
- Continued promotion of resident quality and safety issues through adaptation of the safety pause to the "3 at 3" alongside introduction with Safety Champions in Cavan North and Monaghan Residential Units



- East Palliative Care Meitheal Programme to prevent unnecessary hospital transfers from Older Persons residential Units to the acute hospital has commenced in Cavan Monaghan
- A cohort of nurses across all units in Cavan Monaghan service have completed or are currently undertaking palliative care post graduate certificate

### Safeguarding

- CHO 1 Safeguarding Interagency Steering Committee established in each area
- 217 staff supported to attend training and an awareness programme implemented across CHO 1 Older Persons Service

### Staff Developments

- Funding received from DOH for
  - 3 Advanced Nurse Practitioners posts in Cavan/Monaghan
  - 5 Advanced Nurse Practitioners posts In Sligo / Leitrim have been secured
- Approval for 2 Practice Development Co-ordinator for Older Persons in Cavan Monaghan and Sligo / Leitrim Older Persons Services
- 1 Dementia CNS and 1 cANP with a special interest in Dementia in Sligo / Leitrim to give support to the team
- 2 WTE SAT Educators recruited and panel formed with recruitment process underway. National training will be provided to relevant staff to ensure roll out of SAT across CHO 1

### Priorities and Actions 2019

1. Continue the provision and improve the quality of home support to older people
2. Work with colleagues in the acute sector and other key stakeholders to target resources towards reducing delayed discharges and providing greater options for avoidance in hospital admission, particularly over the winter surge period
3. Roll out of the Integrated Care Programme for Older People Demonstration Project in partnership with Sligo University Hospital and work with the ICPOP Project Lead to progress programme throughout CHO 1
4. Work with Practice Development Facilitators and the National office to expand the Frailty Education Programme across CHO 1 using a standardised model
5. Continue the implementation of the *Irish National Dementia Strategy, 2014*
6. Provide 535 long stay public beds across 21 community units which are HIQA compliant and achieve a bed occupancy target of 95%
7. Progress the roll out of the Single Assessment Tool (SAT) in conjunction with the newly appointed SAT Project Leads
8. Provide day services and a range of other community supports across CHO 1 in partnership with the voluntary sector (e.g. meals on wheels, befriending)



9. Improve IT systems in Older Persons Services through
  - Roll out and implementation of Care Notes in Community Hospitals in Donegal and Sligo/Leitrim
  - Implementation of an IT system in Home Care in Sligo/Leitrim and Cavan/Monaghan
  - To work with National IT with the upgrade of business lines in identified areas across CHO 1
10. Work with local HR to actively reduce absenteeism levels and target a reduction in the use of agency staff across CHO
11. Continue to work with the Regional Safeguarding Office to implement the Revised Adult Safeguarding Policy. Support the training and awareness programme ensuring that staff are aware of their responsibilities in safeguarding and that appropriate action is taken when a concern is raised. Continue to prioritise mandatory safeguarding training for staff.



| Older Persons<br>Operational Plan Actions |                               |  |   |            |                             |
|---|-------------------------------|--|---|------------|-----------------------------|
| OP Ref.                                   | Priority Area                 | Key Result Area  | Priority Action   | Timeline   | Lead                        |
| OPS 1.1                                   | Home Support                  | Continue the provision and improve the quality of home support to older people | 1. Provide home support hours as per national target and subject to budget provision)   | 31.12.2019 | OPS & Home Support Managers |
|   |                               |  | 2. Target resource towards those that are in hospital and who need home support to return home; particularly over the winter surge period   | 31.12.2019 |                             |
|   |                               |  | 3. Continue to work with providers in the context of the outcome of the Tender 2018 in developing home support services in a sustainable way and implement all National directives as agreed using a standardised approach across CHO 1 | 31.12.2019 |                             |
|   |                               |  | 4. Roll out approx. 1,000 new contracts for all homecare staff and establish rosters for all staff who directly provided home support services across CHO 1   | 30.9.2019  |                             |
|   |                               |  | 5. Implement the 2018 Tender arrangements across CHO 1  | 31.12.2019 |                             |
|   |                               |  | 6. Continue to work with key stakeholders to quality assure and enhance the standard of service provided to clients in receipt of home support services in line with the National Governance Framework                                  | 31.12.2019 |                             |
| OPS 2.1                                   | Delayed Discharges / Hospital | Work with colleagues in the acute sector and other key stakeholders to target  | 1. Ensure access to a range of short stay beds, transitional care beds and home support to facilitate delayed discharges  | 31.12.2019 | OPS Managers                |



| Older Persons Operational Plan Actions |               |   |   |  |  |
|--|---------------|---|---|--|--|
| OP Ref.                                | Priority Area | Key Result Area   | Priority Action   | Timeline   | Lead   |
|  | Avoidance     | resources towards reducing delayed discharges and providing greater options for avoidance in hospital admission, particularly over the winter surge period. | <ol style="list-style-type: none"> <li>2. Continue the reconfiguration of extended care beds into transitional care in the Lisdarn Unit in Cavan - a further 12 beds to be converted over 24/36 months.</li> <li>3. Reopen beds in St Patrick's Hospital</li> <li>4. Strive to achieve an 85% occupancy rate for short term beds in Residential Units across CHO 1</li> <li>5. Continue Joint working between Community, Disability Services, all key stakeholders and colleagues in Acute Services in the implementation of the winter plan across CHO 1</li> </ol>  | <p>31.3.2020</p> <p>31.12.2019</p> <p>31.12.2019</p> <p>31.12.2019</p> | <p>OPS Manager, CM</p> <p>OPS Manager, SL</p> <p>OPS Managers, CHO 1</p> |
| OPS 3.1                                | ICPOP         | Continue to roll out the Integrated Care Programme for Older people   | <ol style="list-style-type: none"> <li>1. Continue to develop and embed new models of integrated care in the Sligo/Leitrim pioneer site, including implementation of redesigned care pathways – Integrated Frailty Pathway and Integrated Falls Pathway and Dementia Pathway</li> <li>2. Ensure linkages with other strategic changes that are underway (dementia services, home support, falls prevention initiatives, SAT)</li> <li>3. Work with the ICPOP Project Lead to progress the programme across CHO 1</li> <li>4. Further development of 5 cANP's in Sligo Leitrim and 3 cANP's in Cavan / Monaghan in developing</li> </ol> | <p>31.12.2018</p> <p>31.12.2018</p>                                    | <p>OPS Managers CHO 1 / Project Lead (once appointed)</p>                |





| Older Persons<br>Operational Plan Actions |               |                 |   |          |                    |
|---|---------------|-----------------|---|----------|--------------------|
| OP Ref.                                   | Priority Area | Key Result Area | Priority Action   | Timeline | Lead               |
|   |               |                 | <p>their areas of special interest for roll out to the community</p> <p><b>Falls &amp; Frailty</b></p> <ol style="list-style-type: none"> <li>1. Continue the delivery of falls clinics in sites across Donegal &amp; Sligo/Leitrim</li> <li>2. Introduce a new falls clinic in Letterkenny that is Multidisciplinary in nature and explores additional causes for falls e.g. Syncope</li> <li>3. Work with Practice Development Facilitators and the National office to expand the Frailty Education Programme across CHO 1 using a standardised model</li> <li>4. Continue the work of the Frailty Governance Group established in Donegal</li> <li>5. Cavan Monaghan Older Person Services in-conjunction with the RCSI Hospital Group will participate in the next phase of the National Frailty Programme</li> <li>6. Progress the AFFINITY and Bone Health programme across all services in developing an integrated approach to the prevention and management of falls in co-operation with the National office</li> <li>7. Continue to work with CNME and Practice</li> </ol> |          | Falls Co-ordinator |



| Older Persons Operational Plan Actions |   |   |   |  |   |
|--|---|---|---|--|---|
| OP Ref.                                | Priority Area   | Key Result Area   | Priority Action   | Timeline   | Lead  |
|  |   |   | <p>Development Co-ordinators to promote education and awareness of Frailty Programme</p> <p>1. Work with Age Friendly Ireland in engaging older people in service redesign</p>  |  |   |
| OPS 4.1                                | Implement the <i>Irish National Dementia Strategy</i> | Implement the <i>Irish National Dementia Strategy, 2014</i> | <p>1. Appoint a Project Lead in Dementia Care for CHO 1</p> <p>2. Roll out the Homecare Worker two-day Education Programme to 25% of employed home helps in 2019 with a further 25% to be trained in 2020 as part of Dormant Accounts funding</p> <p>3. Continue with 2-day dementia specific training to approx. 40 HSE staff delivered by the CNME</p> <p>4. Donegal Home Support &amp; OPS to deliver 12 sessions to staff and carers</p> <p>5. Continue rollout of Practice Development Schools in Dementia Specific units in Donegal</p> <p>6. Roll out 2 Practice Development Schools in Sligo / Leitrim</p> <p>7. Continue with Memory Technology Library in St Patricks CH and the Dementia Resource Room in Carrick on Shannon and Drumalee Centre, Cavan. Seek to roll out further in Donegal and Cavan / Monaghan subject to available funding</p> | <p>30.6.2019</p> <p>30.10.2019</p> <p>31.12.2019</p> <p>30.11.2019</p> <p>31.12.2019</p> <p>31.12.2019</p> <p>31.12.2019</p> | OPS Managers, CHO 1 / Project Lead (when appointed) |



| Older Persons<br>Operational Plan Actions |                  |  |  |  |                     |
|---|------------------|--|--|--|---------------------|
| OP Ref.                                   | Priority Area    | Key Result Area                                  | Priority Action  | Timeline                                       | Lead                |
|   |                  |  | 8. Focussed Intervention Training and Support Facilitator programme will be repeated 2019 in collaboration with Mental Health Services in Cavan / Monaghan<br>9. Continue the delivery of Person Centred Cultures programme in Sligo and Cavan / Monaghan and conduct an evaluation of the on-going impact in Cavan Monaghan<br>10. Continue collaborative working between Cavan Monaghan Older Persons Services, Cavan Monaghan Hospital Group, Mental Health Services and Primary Care to develop an integrated approach to dementia care supporting the National strategy | 31.12.2019<br><br>31.12.2019<br><br>31.12.2019 |                     |
| OPS 5.1                                   | Residential Care | Provide long stay public beds in community units | 1. Work with the National office to develop Governance Structures across CHO 1<br>2. Provide 535 long stay public beds across 21 community units which are HIQA compliant and achieve a bed occupancy target of 95%<br>3. Ensure HIQA compliance by the development and implementation of unit specific action plans and continued management attention to the delivery of person centred services<br>4. Improve environmental facilities for residents of   |  | OPS Managers, CHO 1 |



| Older Persons<br>Operational Plan Actions |                    |                 |   |          |  |
|---|--------------------|-----------------|---|----------|--|
| OP Ref.                                   | Priority Area      | Key Result Area | Priority Action   | Timeline | Lead   |
|   |                    |                 | <p>long term residential care settings, in line with regulations and as an on-going progression of the Capital Plan 2016-2021</p> <p>5. Continue with CNME and Practice Development Programme to encourage Person Centred Practices and develop educational supports</p> <p>6. Continue to work with Quality and Patient Safety Department to ensure the ongoing delivery of patient centred safe services meet the needs of individual clients</p> <p>7. Continue to work with Flu Champions, Peer Vaccinators, Infection Control and local managers to increase uptake of flu vaccination in 2019</p> <p><b>Nursing Home Support Scheme</b></p> <p>1. Support the centralisation of Nursing Home Support Scheme</p> |          |  |
| OPS 6.1                                   | Community Services |                 | <p>1. Continue to provide day services and a range of other community supports across CHO 1 in partnership with the voluntary sector (e.g. meals on wheels, befriending)</p> <p>2. Provide support to Carers through</p> <ul style="list-style-type: none"> <li>- 3 Generic Carers Programmes (7 week programme)</li> <li>- 2 Stroke Carers Programme (5 week</li> </ul>  |          | <p>OPS Service Managers, CHO 1</p> <p>Carers Development Officer</p> |



| Older Persons<br>Operational Plan Actions |                  |                              |   |  |                 |
|---|------------------|------------------------------|---|--|-----------------|
| OP Ref.                                   | Priority Area    | Key Result Area              | Priority Action   | Timeline                                 | Lead            |
|   |                  |                              | <ul style="list-style-type: none"> <li>programme)</li> <li>- Dementia family training one day training in partnership with Alzheimer Society.</li> <li>- Dementia specific day care in Brentwood Manor, once a week.</li> <li>- Training of befriending volunteers in Dementia</li> <li>- Support carers support groups across Donegal</li> <li>- Deliver events for Carers Week</li> <li>- Deliver 2 Brain Gain Programme (5 weeks)</li> </ul> |  |                 |
| OPS 7.1                                   | SAT              | Single Assessment Tool (SAT) | <ol style="list-style-type: none"> <li>1. Complete recruitment of SAT Project Leads / Educators</li> <li>2. Develop a SAT project plan in conjunction with the CHO 1 Project Management Office</li> <li>3. Work with key stakeholders with the roll out of SAT prioritising NHSS and Homecare</li> <li>4. Report training and progress on a quarterly basis</li> </ol>  | 31.3.2019<br><br>30.6.2019<br>31.12.2019 | OPS Managers    |
| OPS 8.1                                   | ICT Developments | Carenotes Project            | <ol style="list-style-type: none"> <li>1. Complete the Carenotes nursing electronic record upgrade</li> <li>2. Establish a Governance Group and associated Terms of Reference for the implementation and management of Care Notes by the service</li> </ol>   | 31.12.2019<br><br>30.6.2018              | Service Manager |



| Older Persons<br>Operational Plan Actions |                      |  |   |           |      |
|---|----------------------|--|---|-----------|------|
| OP Ref.                                   | Priority Area        | Key Result Area                                  | Priority Action   | Timeline  | Lead |
|   |                      | Home Support System                              | 3. Implement Carenotes into 11 Community Hospitals in Donegal by June 2019<br>4. Support this project with additional training specific to the Nursing process<br>5. Support the roll out of care notes into Sligo / Leitrim following evaluation<br>6. Implementation of an IT system in Home Care in Sligo/Leitrim and Cavan/Monaghan<br>7. Work with National IT to the upgrade business lines in identified areas across CHO 1  | 31.3.2018 |      |
| OPS 9.1                                   | Capital Developments | Progress Capital Developments plans across CHO 1 | <ul style="list-style-type: none"> <li>• Letterkenny new build via PPP- 110 bed (2020)</li> <li>• Sheil Hospital upgrade/extension – 80 beds (2020)</li> <li>• St. John Hospital Sligo – upgrade in 2019</li> <li>• Carrick on Shannon - 90 bed Unit (2021)</li> <li>• Oriel House (2020) – (2020 – 2021)</li> <li>• Ballyconnell – (2020 – 2021)</li> <li>• Breffni Care Centre, Cavan – (2020 – 2021) extension and refurb for 50 beds</li> <li>• Refurbishment of:-</li> <li>• Dungloe, Donegal (2019 – 2020)</li> <li>• Falcarragh, Donegal (2020 – 2021)</li> <li>• Carndonagh, Donegal (2019 – 2020)</li> </ul> |           |      |



| Older Persons<br>Operational Plan Actions |               |   |   |          |   |
|---|---------------|---|---|----------|---|
| OP Ref.                                   | Priority Area | Key Result Area                                 | Priority Action   | Timeline | Lead                                    |
|   |               |   | <ul style="list-style-type: none"> <li>Buncrana, Donegal (2020 – 2021)</li> <li>St Joseph’s Community Hospital (2020 – 2021)</li> <li>Ramelton Nursing Unit (2020 – 2021)</li> </ul>  |          |   |
| OPS 10.1                                  | Safeguarding  | Implement the Revised Adult Safeguarding Policy | <ol style="list-style-type: none"> <li>Support the implementation of the revised Adult Safeguarding Policy in CHO 1 Older Persons Services</li> <li>Continued Implementation of the Safeguarding Vulnerable Persons at Risk of Abuse, National Policy and Procedures</li> <li>Identify all key stakeholder in the service</li> <li>Appoint safeguarding trainers and develop a training plan</li> <li>Release staff for safeguarding and awareness training</li> <li>Support the development of monitoring and compliance measures</li> </ol> |          |   |
| OPS 11.1                                  |               | Absenteeism / Agency                            | <ol style="list-style-type: none"> <li>Actively monitor and manage absenteeism in all areas to reduce from 7.5% to 3.5%</li> <li>Reduce usage of Agency staff by issuing contracts where vacancies exist and replacement staff are recruited</li> <li>Support from HR to specific units where there are high levels of absenteeism</li> </ol>   | Ongoing  | Service Managers / Directors of Nursing |



| Older Persons<br>Operational Plan Actions |                                       |                                       |  |            |   |
|---|---------------------------------------|---------------------------------------|--|------------|---|
| OP Ref.                                   | Priority Area                         | Key Result Area                       | Priority Action  | Timeline   | Lead                                    |
|   |                                       |                                       | 4. Introduce a new probation process to support managers with all new employees  |            |   |
| OPS 12.1                                  | Healthy Ireland                       | Making Every Contact Count            | 1. Release front line staff to attend MECC training to enable them to conduct a brief health behaviour change intervention with their patients<br>2. Work in partnership with Health and Wellbeing to develop stroke services across CHO 1 | 31/12/2019 | Service Managers / Directors of Nursing |
| OPS 13.1                                  | Assisted Decision Making Capacity Act | Assisted Decision Making Capacity Act | 1. Participate in needs assessment when made available   | 31/12/2019 | Service Managers                        |
| OPS 14.1                                  | GDPR                                  | GDPR / Data Protection                | 2. Work with Consumer Affairs Office to implement requirements of GDPR   | 31/12/2019 | Service Managers / Directors of Nursing |
| OPS 15.1                                  | Recruitment                           | Adult Social Work                     | 1. Endeavour to fill vacancies in Donegal (currently 2 of 5 positions filled)  |            |   |





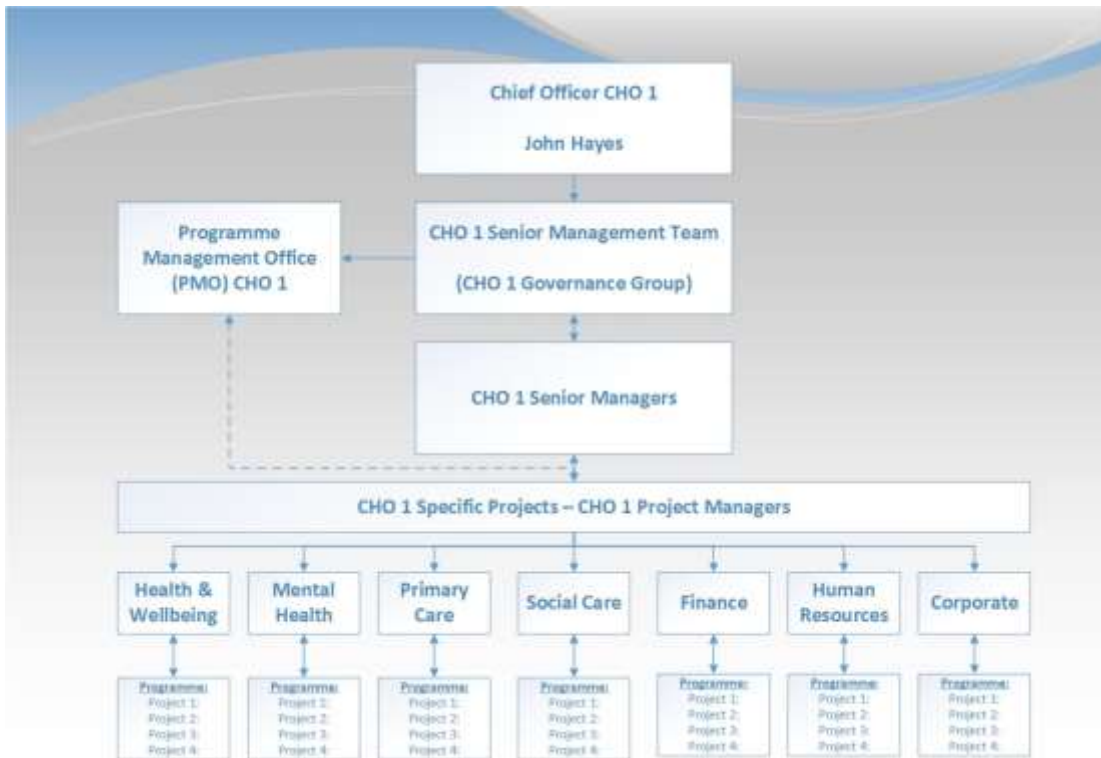
## Risks to Service Delivery and Proposed Mitigation Management of Risk

| Risk  | Proposed mitigation management of the risks   |
|---|---|
| Inability to recruit staff to fill vacancies in Nursing and Social work | Closure of services to keep residents safe where required                                   |
| Safe and suitable premises  | Refurbishment Programme in Community Hospitals during 2019                                  |
| Safeguarding issues with new admissions to designated centres           | Better interagency communications regarding risks with new admissions to designated centres |

## 8. Cross- Divisional Operations

### 8.1 Project Management Office

**CHO 1 PMO Senior Management Team (SMT)**



#### Population served

The National Programme for Health Service Improvement (PHSI) was established by the HSE in 2016 to provide a single overarching body to coordinate and drive the delivery of a range of service improvement programmes and projects arising from strategies, frameworks, policies, reviews and recommendations published by the Department of Health (DoH), the Health Service Executive (HSE) and the Health Information and Quality Authority (HIQA).

To support Health Service Improvement at local level, Programme Management Offices have been established in each CHO and Hospital Group with the appointment of a Portfolio Lead; Programme Manager and Support Officer.

The Programme Management Office for CHO 1 works through the Heads of Services and Functions to provide programme and project management support to all HSE community health care services in Cavan, Donegal, Leitrim, Monaghan and Sligo.



## Services provided

The CHO 1 Programme Management Office (PMO) was established in the last quarter of 2017 with the vision to support and accelerate the delivery of the service improvement reforms set out in the CHO Report and any key service improvement projects necessary within each care group/service in CHO 1

The PMO office is staffed as follows:

- Ms Virginia Reid, Portfolio Lead
- Ms Lynn Stoddart, Programme Manager
- Ms Ruth Bradley, Support Officer
- Ms Anne Marie Frizzell was assigned to the PMO in September 2018

The PMO provides the platform for an integrated approach to health service improvement programmes across CHO 1 services and with the geographically aligned acute hospitals. A hybrid of PmBok and PRINCE2 methodologies have been introduced in 2018 with standardised project management templates which will support services in the implementation of health improvement programmes and enable the attainment of successful project outcomes in a timely cost effective manner.

Staffing levels in the PMO was 2 WTE until September 2018 due to maternity leave.



## Achievements 2018

- Governance group established and bi-monthly meetings held to review project progress; review new project proposals and sign off on project documentation
- Portfolio of CHO 1 projects agreed and Project Leads identified. Support was provided to 28 service improvement projects across CHO 1
- Portfolio Lead SAOLTA Hospital group is a member of the CHO 1 PMO Governance group. A number of joint projects between SAOLTA and CHO 1 & 2 are in progress.
- Publication and launch of the Primary Care Islands Service Review
- Development, delivery and implementation of a CHO 1 Project Management Training Programme and inputted to the Leaders in Management Programme CHO 1
- Support and implementation of Cervical Check Audit Patient Supports for those affected in CHO 1
- Funding secured from the National Dementia Office towards the appointment of a Project Manager on SPC for 2 years to support and manage the implementation of the Dementia Strategy action plan
- Support and coordination of Department of Health funded candidate Advanced Nurse Practitioners applications-six posts secured
- Project management leadership to the Integrated Programme for Older Persons, Sligo/Leitrim in the absence of an assigned project manager
- Successful implementation of access to laboratory results in nine out of the eleven community hospitals in Donegal in collaboration with Letterkenny University Hospital
- Supported the development of proposals for Winter Plan funding across CHO 1
- Roll out of Skype for Business to Senior Management Team and project leads across CHO 1

## Priorities 2019

The CHO 1 PMO will develop a portfolio of priority projects which meet the criteria agreed by the CHO Executive Management Team and will include:

1. Projects that are critical to the delivery of the CHO Reform programme and Sláintecare
2. Service improvement projects
3. Projects that will deliver new ways of working across Community Services and with Hospital Groups, leading to safer, better healthcare for patients/service users

The use of project management and quality improvement tools, within agreed governance structures, supported by a learning and development programme will enable services to accelerate efforts in the identification, testing, implementation and spread of healthcare improvement programmes that support better outcomes for patients/service users.



## Priorities 2019

### Theme 1: Methodology

- 1.1 Finalise Project Management Operating Procedure and secure Senior Management Team approval for implementation across CHO 1
- 1.2 Develop and commence roll out of training workshops on the Project Management Operating Procedure
- 1.3 Provide online access to CHO 1 standardised Project Management templates via HSE Intranet
- 1.4 Conduct P3M3 Self-Assessment of the CHO organisational Project Management Maturity with designated Project Leads

### Theme 2: Governance

- 2.1 Review Portfolio Governance structures and update PMO Charter to reflect any necessary amendments as agreed by the Executive Management Team
- 2.2 Support Service Managers to establish agreed governance structures for all improvement programmes/projects in their area of responsibility

### Theme 3: Integration

- 3.1 Review current Project Portfolio for CHO 1 utilising agreed prioritisation approach and agree
- 3.2 Agree Portfolio of health service improvement programmes/projects for CHO 1 incorporating nationally agreed priorities such as Sláintecare, integration with acute hospitals and other key stakeholders
- 3.3 Support the establishment of integrated improvement programmes/projects with acute hospitals

### Theme 4: Delivery Support

- 4.1 Deliver and evaluate the CHO 1 Project Management Training programme to Project Leads
- 4.2 Provide PMO input at the initiation stage of projects and provide follow up support as required throughout the lifecycle of projects contained within the portfolio
- 4.3 Design a learning and development support programme for Project Leads and Project Teams

### Theme 5: Oversight and Traceability

- 5.1 Monitor Portfolio Project status and collate reports for governance and oversight purposes
- 5.2 Develop Project Evaluation Framework incorporating lessons learned



| Programme Management Office<br>Operation Plan Actions |                      |  |  |            |                |
|---|----------------------|--|--|------------|----------------|
| OP Ref  | Priority Area        | Key Result Area  | Priority Action  | Timeline   | Lead           |
| PMO 1.1   | Theme 1: Methodology | Finalise Project Management Operating Procedure and secure Senior Management Team approval for implementation across CHO 1 | <ol style="list-style-type: none"> <li>1. Review draft Project Management Operating Procedure</li> <li>2. Prepare Final Draft</li> <li>3. Submit to Senior Management Team for review and approval</li> <li>4. Disseminate Project Management Operating Procedure</li> </ol>   | 31/03/2019 | Portfolio Lead |
| PMO 2.1   | Theme 1: Methodology | Develop and commence roll out of training workshops on the Project Management Operating Procedure                          | <ol style="list-style-type: none"> <li>1. Prepare Training Programme Specification for Project Management Operating Procedure Workshop</li> <li>2. Update PMO Project Management Training Programme Specification to incorporate Project Management Operating Procedure</li> <li>3. Design Workshop Lesson Plan</li> <li>4. Prepare Workshop training materials</li> <li>5. Schedule Workshops</li> <li>6. Commence roll out of workshops</li> </ol> | 30/06/2019 | Portfolio Lead |
| PMO 3.1   | Theme 1: Methodology | Provide online access to CHO 1 standardised Project Management templates via HSE Intranet                                  | <ol style="list-style-type: none"> <li>1. Liaise with HSE Digital Team to prepare documentation for online publishing</li> <li>2. Prepare introduction section for HSE Intranet webpage</li> <li>3. Upload documents</li> <li>4. Liaise with Communications Manager CHO 1 to</li> </ol>  | 30/01/2019 | Portfolio Lead |



| Programme Management Office<br>Operation Plan Actions |                      |  |  |            |                |
|---|----------------------|--|--|------------|----------------|
| OP Ref  | Priority Area        | Key Result Area  | Priority Action  | Timeline   | Lead           |
|   |                      |  | prepare communication to all staff re the availability of online documents to all staff in CHO 1   |            |                |
| PMO 4.1   | Theme 1: Methodology | Conduct Self-Assessment of the CHO organisational Project Management Maturity with designated Project Leads                                  | <ol style="list-style-type: none"> <li>1. Communicate details of Self-Assessment of the CHO organisational Project Management Maturity to Project Leads</li> <li>2. Organise and facilitate discussion session with Project Leads to prepare for self-assessment process</li> <li>3. Agree timeline for completion of Self-Assessment by Project Leads</li> <li>4. Collate results of Self Assessments and present report to PMO Governance Group</li> </ol> | 30/04/2019 | Portfolio Lead |
| PMO 5.1   | Theme 2: Governance  | Review Portfolio Governance structures and update PMO Charter to reflect any necessary amendments as agreed by the Executive Management Team | <ol style="list-style-type: none"> <li>1. Review current Portfolio Governance structures and oversight arrangements</li> <li>2. Identify areas for revision/updating</li> <li>3. Update PMO Charter to reflect revisions/updates to Portfolio Governance structures and oversight arrangements</li> </ol>  | 01/03/2019 | Portfolio Lead |
| PMO 6.1   | Theme 2: Governance  | Support Service Managers to establish agreed governance structures for all improvement   | <ol style="list-style-type: none"> <li>1. Request Heads of Service to initiate a review of current governance and oversight arrangements for the Portfolio of Improvement Programmes/Projects at Service Level (i.e.,</li> </ol>   | 30/10/2019 | Portfolio Lead |



| Programme Management Office<br>Operation Plan Actions |                      |   |  |            |                |
|---|----------------------|---|--|------------|----------------|
| OP Ref  | Priority Area        | Key Result Area   | Priority Action  | Timeline   | Lead           |
|   |                      | programmes/projects in their area of responsibility.                                | <p>Mental Health Services, Disability Services, Older Person Services, Health &amp; Wellbeing Services, Primary Care Services, Finance Services &amp; Human Resource services) and identify gaps and areas for improvement</p> <ol style="list-style-type: none"> <li>Request Heads of Service to establish or update/revise governance structures for the portfolio of improvement programmes/projects within their area of responsibility</li> <li>Ensure governance structures for integrated improvement programmes/projects are agreed and documented</li> <li>Support Heads of Service to review the effectiveness of the agreed governance structures/arrangements</li> </ol> |            |                |
| PMO 7.1   | Theme 3: Integration | Review current Project Portfolio for CHO 1 utilising agreed prioritisation approach | <ol style="list-style-type: none"> <li>Review and agree Portfolio prioritisation approach for CHO 1 improvement Programmes/Projects</li> <li>Facilitate a review of the CHO 1 Portfolio of improvement programmes/projects utilising the agreed prioritisation approach and in line with available resources</li> </ol>  | 31/03/2019 | Portfolio Lead |
| PMO   | Theme 3:             | Agree Portfolio of health   | <ol style="list-style-type: none"> <li>Facilitate discussion and agreement by PMO</li> </ol>   | 31/03/2019 | Portfolio Lead |





| Programme Management Office<br>Operation Plan Actions |                      |   |  |            |                |
|---|----------------------|---|--|------------|----------------|
| OP Ref  | Priority Area        | Key Result Area   | Priority Action  | Timeline   | Lead           |
| 8.1   | Integration          | service improvement programmes/projects for CHO 1 incorporating nationally agreed priorities                            | <p>Governance Group on projects for continuation as part of CHO 1 Portfolio</p> <ol style="list-style-type: none"> <li>2. Facilitate discussion and agreement by PMO Governance Group on projects for discontinuation and/or close out from CHO 1 Portfolio</li> <li>3. Facilitate discussion and agreement by PMO Governance Group on new area based and/or integrated projects for inclusion in CHO 1 Portfolio</li> <li>4. Facilitate discussion and agreement by PMO Governance Group in relation to national improvement programme/project priorities for inclusion CHO 1 Portfolio</li> <li>5. Finalise CHO 1 Portfolio</li> </ol> |            |                |
| PMO 9.1   | Theme 3: Integration | Support the establishment of integrated improvement programmes/projects with acute hospitals and other key stakeholders | <ol style="list-style-type: none"> <li>1. Liaise with Executive Management Team and acute hospital colleagues and other key stakeholders to identify opportunities/demand for integrated improvement programmes</li> <li>2. Establish viability of proposed integrated programmes and prioritise improvement programmes/projects which will be initiated based on CHO 1 prioritisation approach</li> </ol>   | 30/11/2019 | Portfolio Lead |



| Programme Management Office<br>Operation Plan Actions |                           |   |   |            |                |
|---|---------------------------|---|---|------------|----------------|
| OP Ref  | Priority Area             | Key Result Area   | Priority Action   | Timeline   | Lead           |
|   |                           |   | 3. Ensure governance and oversight arrangements for integrated programmes/projects are agreed between partner services<br>4. Provide PMO support at initiation, planning, design and where requested at close out stages of integrated projects   |            |                |
| PMO 10.1  | Theme 4: Delivery Support | Deliver and evaluate the CHO 1 Project Management Training programme to Project Leads | 1. Prepare presentation and workshop materials for Day 2 PMO Project Management training programme<br>2. Prepare materials for Project Leads/Project Managers Online Discussion Forum No 2<br>3. Facilitate Day 2 PMO Project Management Training<br>4. Facilitate Project Leads/Project Managers Online Discussion Forum No 2<br>5. Request participants to evaluate the PMO Project Management Training programme<br>6. Review PMO Project Management Training programme based participant evaluations and programme delivery team feedback | 30/09/2019 | Portfolio Lead |
| PMO 11.1  | Theme 4: Delivery Support | Provide PMO input at the initiation, planning and design stages of                    | 1. Liaise with Project Leads/Project Managers to address any issues arising during the life cycle of the projects   | 30/11/2019 | Portfolio Lead |



| Programme Management Office<br>Operation Plan Actions |                           |  |  |            |                |
|---|---------------------------|--|--|------------|----------------|
| OP Ref  | Priority Area             | Key Result Area  | Priority Action  | Timeline   | Lead           |
|   |                           | improvement projects within the agreed CHO 1 Portfolio, and follow up support as required throughout the lifecycle of the projects | <ol style="list-style-type: none"> <li>2. Support Project Leads/Project Managers to initiate action plans to address issues arising</li> <li>3. Utilise feedback from Project Leads/Project Managers experience to quality improve the PMO Project Management Operating Procedure and supporting templates/documentation as appropriate</li> </ol>   |            |                |
| PMO 12.1  | Theme 4: Delivery Support | Design a learning and development support programme for Project Leads and Project Teams  | <ol style="list-style-type: none"> <li>1. Develop a learning and development support needs analysis template in relation to initiation, planning, design, implementation and close out of improvement projects</li> <li>2. Initiate a learning and development needs analysis to establish project related development/support needs of staff involved in leading and/or implementing improvement projects in CHO 1</li> <li>3. Design Learning and Development support programme for staff involved in improvement projects, in collaboration with Human Resources services and other key stakeholders</li> <li>4. Agree commencement plan for the roll out of the support programme for Project Leads and allied Project Team members</li> </ol> | 30/11/2019 | Portfolio Lead |



| Programme Management Office<br>Operation Plan Actions |                                     |  |  |                                   |                |
|---|-------------------------------------|--|--|-----------------------------------|----------------|
| OP Ref  | Priority Area                       | Key Result Area  | Priority Action  | Timeline                          | Lead           |
| PMO 13.1  | Theme 5: Oversight and Traceability | Monitor Portfolio Project status and collate reports for governance and oversight purposes | <ol style="list-style-type: none"> <li>1. Request Project Leads/ Project Managers to maintain Project Implementation Plan for all projects within the agreed CHO 1 Portfolio</li> <li>2. Request Project Leads/Project Managers to complete Project status report utilising the PMO Project Highlight Report template and submit to Project Sponsor and PMO within agreed timeframes</li> <li>3. Upload project status onto Project Vision</li> <li>4. Compile Executive Report Project Portfolio for Chief officer and Senior Management Team</li> <li>5. Ensure risks and issues identified on Project Highlight reports are brought to the attention of the Chief Officer and PMO Governance Group and that actions to mitigate and/or manage risks and issues, are agreed</li> </ol> | 01/03/2019 and ongoing thereafter | Portfolio Lead |
| PMO 14.1  | Theme 5: Oversight and Traceability | Develop Project Evaluation Framework incorporating lessons learning                        | <ol style="list-style-type: none"> <li>1. Liaise with Portfolio Leads to agree approaches to Project Evaluation</li> <li>2. Ensure a Project Evaluation Framework which incorporates Lessons identified/learned is developed</li> <li>3. Provide Briefing sessions on the Evaluation Framework to Project Leads and Project</li> </ol>   | 31/10/2019                        | Portfolio Lead |



| Programme Management Office<br>Operation Plan Actions |               |                 |  |          |      |
|---|---------------|-----------------|--|----------|------|
| OP Ref  | Priority Area | Key Result Area | Priority Action  | Timeline | Lead |
|   |               |                 | <p>Sponsors</p> <p>4. Ensure an end of project evaluation is undertaken by Project Leads and Evaluation reports are submitted to Project Sponsors and the PMO Governance Group</p> <p>5. Where similar 'lessons learned 'are identified across a number of projects, ensure a coordinated approach is undertaken to incorporating these lessons into future improvement programmes/projects in CHO 1</p> |          |      |

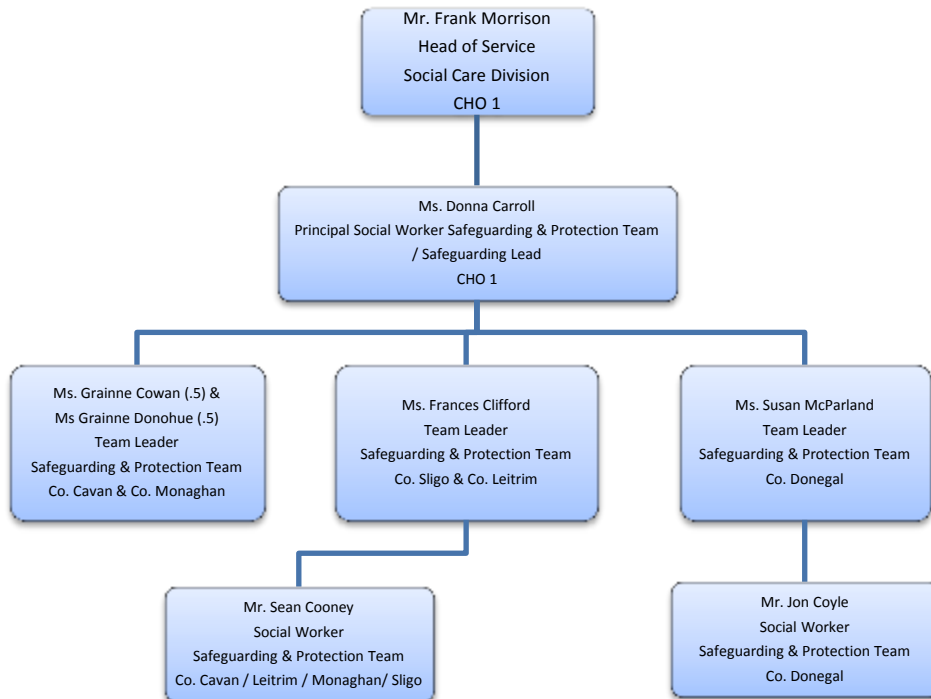


## Risks to Service Delivery and Proposed Mitigation Management of Risk

| Risk  | Proposed mitigation management of the risks  |
|---|--|
| All PMO Staff are on Specified Purpose Contracts and therefore staff may seek a permanent post in another service   | <ul style="list-style-type: none"><li>• Risk highlighted to National PHSI lead by all Portfolio leads nationally</li></ul>   |
| PMO not having capacity to deliver on its priorities due to the requirement to divert resources to emerging national requests   | <ul style="list-style-type: none"><li>• Prioritise CHO 1 Portfolio of projects and consider additional resource requirements in the event of additional national demands</li></ul>                         |
| Increased in the number of improvement projects may negate against PMO capacity to provide advice, guidance, input and support to Project Leads/Project Managers in an equitable and efficient manner | <ul style="list-style-type: none"><li>• PMO Governance group to review demands/request for the initiation of all improvement projects and establish PMO office capacity to support such projects</li></ul> |

## 8.2 Safeguarding Team

### CHO 1 Safeguarding Senior Management Team (SMT)





## Introduction

With the establishment of the Social Care Division, which provides services for Older Persons and Persons with Disabilities, a consistent approach was required to ensure vulnerable adults are protected from abuse. In that context, The Safeguarding Vulnerable Persons at Risk of Abuse National Policy and Procedures 2014 was developed. This is an overarching policy to safeguard and protect Vulnerable Adults and Older Persons' from abuse and neglect.

Arising from the Report of the Working Group on Elder Abuse, the HSE established a dedicated Elder Abuse Service in 2007. A National Steering Committee on Elder Abuse was established and local service responses were put in place.

Building on this expertise and learning, The Safeguarding Vulnerable Persons at Risk of Abuse National Policy and Procedures 2014 now provides a standardized, timely approach to the identification notification assessment and planning and management of concerns of abuse. The Policy addresses the issue of safeguarding all vulnerable persons across the Social Care Division, encompassing older people and persons with a disability.

It is proposed that on completion of the safeguarding policy review (on-going) that the safeguarding policy will be implemented within Mental Health Services, Primary Care and Acute services. The operational plan therefore takes this into consideration.

The safeguarding and protection team in line with the HIQA Mental Health Draft Safeguarding Standards will continue to promote the safeguarding policy and the concept of safeguarding as an integral part of excellent care practice. As with the HIQA Mental Health Draft Safeguarding Standards the Safeguarding Team CHO 1 understands that prevention has a primary part to play in the safeguarding continuum. Going forward we will promote the need to focus on capacity building for service users, in services and in the community. In addition we will encourage and support the development of good safeguarding practice from initial contact with HSE services.

## Population served

The Safeguarding policy covers all of Social Care including disabilities over 18s, and older people.

### ***Disability population***

There were 2,582 people with an intellectual disability registered on the NIDD in CHO Area 1 in 2017. Of Those 664 (25.7%) were aged between 18 and 34 years, 690 (26.7%) were aged between 35 and 54 years and 414 (16.0%) were aged 55 years and over. Approx. ¼ with an ID live in residential services – 610 people. Over two thirds (1,799) of people with an intellectual disability live in their own homes with family members, while almost one quarter live in residential services (610 people).





Services are provided for people with disabilities, their families and carers either directly by the HSE or by other agencies working in partnership with the HSE. Services which are predominantly community orientated are provided through HSE direct services, non-statutory / voluntary groups and locally based community groups with the aim of achieving the best quality of life for each individual. The services provided include residential services, respite services, home support services, personal assistance services, rehabilitative training programmes, sheltered programmes and day activity programmes multi-disciplinary team assessment and intervention. The Safeguarding and Protection Team work closely with all of the above services and service providers providing support and advice and on-going collaborative working to ensure the implementation of the safeguarding policy and to address safeguarding concerns.

### **Older Persons Services**

CHO 1 has the highest age dependency of all CHO areas at 37.3 compared to a National average of 34.5. Just over 15.1% (59,787) of the population are aged 65 years and over with 1.7% of the population aged 85 years and over; higher than the National average of 13.3% for population aged over 65 years and 1.3% for those aged over 85 years.

It is important to acknowledge the role of carers in the context of their support to older people. There are over 17,400 carers in CHO 1 (people providing regular unpaid help for a friend / family member) providing at least 6.6m hours of care per week (Census 2016), this represents 8.9% of the total carer population in Ireland.

The ethos of service delivery for older people in CHO 1 is to maintain the person in their own home for as long as possible thereby promoting their independence dignity, privacy and respect. This principal is supported by a variety of health care professionals working in the community including GPs and practice nurses, Public Health Nursing, Home Support Services, Social worker, Allied Health Professionals and a range of other community and voluntary sector supports. Services are accordingly organised to deliver health and social care supports to enable this. The Safeguarding and Protection Team work closely with all of the above services and service providers providing support and advice and on-going collaborative working to ensure the implementation of the safeguarding policy and to address safeguarding concerns

### **Services provided**

The role of the Safeguarding and Protection Team as per the Safeguarding Vulnerable Persons at Risk of Abuse National Policy and Procedures 2014:

The Safeguarding and Protection Team:

- Receive reports of concerns and complaints regarding the abuse of vulnerable persons
- Support services and professionals to assess and investigate the concern(s)/complaint(s) and develop intervention approaches and protection plans
- Directly assess particularly complex complaints and coordinate service responses



#### Safeguarding Team

- Support, through training and information, the development of a culture which promotes the welfare of vulnerable persons, and the development of practices which respond appropriately to concerns or allegations of abuse of vulnerable persons
- Maintain appropriate records

The Safeguarding Team CHO 1 promotes the implementation of the Safeguarding Policy in service settings and in the community. We offer support and advice to services; we identify areas requiring attention, and identify and highlight resource and service deficits for the purposes of enhancing safeguarding practice. Nationally the Safeguarding Team identify areas of legislation and/or lack of legislation and policy which could impact on services or the HSEs ability to provide safeguarding responses. We work closely with HIQA and the Mental Health Commission, relevant stakeholders and the Public/Private partnership governed appropriately by the commissioner of the services to ensure the implementation of Safeguarding within all relevant services.

Our focus has been to ensure that safeguarding and the processes therein become an intrinsic part of day to day practice in all relevant areas.



## Achievements 2018

- Safeguarding included as an agenda item at all relevant committee meetings in Social Care CHO 1  
Alert process developed for outstanding documentation ensuring implementation of the safeguarding policy
- Provided services with a database to assist in the administrative requirements of the safeguarding process
- Maintained an up to date database of all safeguarding notifications
- Assisted service managers to ensure that the Safeguarding Vulnerable Adults at Risk of Abuse Policy is being implemented in all relevant services and Section 38/39 agencies
- Reviewed all preliminary screening and formal safeguarding plans submitted to the Safeguarding Team from all Funded Voluntary Agencies and HSE services
- Through the process of overview of all preliminary screenings and formal safeguarding plans quarterly and annual reports were forwarded to the head of social care, GM and services managers. This report highlighted any outstanding concerns and any positive development within the previous year
- Safeguarding Lead attended Governance Meetings of Disability Services and Older Peoples Services on a quarterly basis. Safeguarding lead attended social care governance on a monthly basis
- Provided a quarterly analysis report to the Head of social care on all notifications received, cases of concern, issues arising and positive developments
- Ensured Safeguarding was an agenda item at all relevant Social Care Division Meetings
- Safeguarding lead attended monthly briefing meetings with the Chief Officer/Head of Social Care
- Held regular collaborative meetings with persons in charge (PICs) for the purposes of reviewing and analysing trends, incidents and notifications in relation to safeguarding
- Provided on-going support and advice to frontline staff re implementation of the Safeguarding Vulnerable Adults at Risk of Abuse Policy
- Provided Mandatory Safeguarding Awareness Training to relevant staff
- Co-Ordinated Mandatory Safeguarding Awareness Training to all relevant staff
- Provided Designated Officer Training to relevant staff
- Assisted Services to develop a training needs analysis relevant to safeguarding
- Carried out random review of implementation of the Safeguarding Vulnerable Persons at Risk of Abuse National Policy in Older Person Services and Disability Services



## Priorities 2019

1. Support the implementation and integration of the HSE Adult Safeguarding Policy 2018 in all relevant services/Divisions across CHO 1
2. Support the roll out of the Safeguarding policy into Mental Health, Primary Care and Acute services
3. Continue to provide input to the Regional Safeguarding Committee to enhance the success of the 2 year Regional Safeguarding Committee plan
4. Support the work of designated officers across Social Care
5. In conjunction with General Managers/Service Manager in Social Care develop quality assurance measures for the purpose of ensuring implementation of the Safeguarding Policy
6. Develop a review mechanism for serious safeguarding incidents
7. Encourage and develop collaborative working within and between relevant services and key stakeholders.
8. Promote the requirement by services to enhance and develop the capacity of service users as part of the safeguarding continuum services and key stakeholders
9. Provide Safeguarding Awareness training to all relevant staff in Social Care as per the 3 year mandatory training rule
10. Provide a quarterly report to the Executive Management Team to include the number of safeguarding notification received, positive developments and on- going concerns including repeat safeguarding notifications



| Safeguarding Team<br>Operational Plan Actions |               |  |   |           |  |
|---|---------------|--|---|-----------|--|
| OP Ref  | Priority Area | Key Result Area  | Priority Action   | Time line | Lead   |
| SG 1.1  | Safeguarding  | Support the implementation and integration of HSE Adult Safeguarding Policy 2018 in all relevant services across CHO 1                     | <p>Develop a project for implementation of The HSE Adult Safeguarding Policy 2018 and Procedures in all relevant divisions across the HSE</p> <p>Continue to provide support to the social care division around the implementation of the reviewed safeguarding policy</p>  |           | PSW safeguarding and S&PT/PMO Programme Manager/Heads of Service-General managers CHO 1 Service Managers, HSE Staff. |
| SG 2.1  | Safeguarding  | Support the roll out of the Safeguarding policy into Mental Health, Primary Care and Acute services  | Ensure appropriate Safeguarding goals are included in operational plan for all relevant divisions in CHO 1  |           | All relevant division managers, HSE Staff  |
| SG 3.1  | Safeguarding  | Continue to provide input to the Regional Safeguarding Committee to enhance the success of the 2 year Regional Safeguarding Committee plan | <p>Represent the Regional Safeguarding Committee on the National Safeguarding Committee Board</p> <p>Provide relevant training as identified by the Regional Safeguarding Committee focus groups</p> <p>Develop collaborative working through the establishment of key working groups, Safeguarding Gardaí Siochana</p> |           | Head of Social Care ,PSW and S&PT. Members of the Regional Safeguarding Committee / General Managers                 |



| Safeguarding Team<br>Operational Plan Actions |               |   |   |           |  |
|---|---------------|---|---|-----------|--|
| OP Ref  | Priority Area | Key Result Area   | Priority Action   | Time line | Lead   |
|   |               |   | <p>PSW Regional Group, etc</p> <p>Participate in the creation of the agenda for the quarterly Regional Safeguarding Committee meetings and provide quarterly report to the Regional Safeguarding Committee on all safeguarding notification, issues arising and positive developments</p>                 |           |  |
| SG 4.1  | Safeguarding  | Support the work of designated officers across Social Care          | <p>Establish a quarterly meeting of all designated officers to provide support and training</p> <p>Provide designated officers training as and when required</p> <p>Develop an agreed review mechanism to ensure implementation of the safeguarding policy in the service settings within Social Care</p> |           | <p>PSW Safeguarding and S&amp;PT, Service Managers in Social Care</p> <p>General Managers/Service Managers supported by the Safeguarding and Protection Team</p> |
| SG 5.1  | Safeguarding  | Develop quality assurance measures around the implementation of the | Develop close working link with National Quality Assurance  |           | Head of Social Care, General   |



| Safeguarding Team<br>Operational Plan Actions |               |                     |   |           |  |
|---|---------------|---------------------|---|-----------|--|
| OP Ref  | Priority Area | Key Result Area     | Priority Action   | Time line | Lead   |
|   |               | Safeguarding Policy | <p>Safeguarding to be included as an agenda item at Quality and Patient Safety Committee Meetings</p> <p>Hold regular collaborative meetings with the Quality and Patient Safety managers</p> <p>Review and analyse NIMs and safeguarding incident notification for tracking and trending purposes as a quality assurance measure</p> <p>Develop a unit review process for HSE and HSE funded agencies to monitor implementation and compliance with the Safeguarding Policy</p> <p>Establish a practice whereby each Unit carried out an audit of their safeguarding notifications and cross reference them with their NIMS and complaints on a quarterly basis. This will be used as a quality assurance measure for services</p> |           | <p>Manager, PSW Safeguarding and S&amp;PT/Service Managers in Social Care/Quality and Patient Safety</p> |



| Safeguarding Team<br>Operational Plan Actions |               |   |  |           |   |
|---|---------------|---|--|-----------|---|
| OP Ref  | Priority Area | Key Result Area   | Priority Action  | Time line | Lead  |
|   |               |   | <p>and the Safeguarding and Protection Team when undertaking the unit reviews</p> <p>Provide a bi-monthly report to the EMT on the number of safeguarding notifications, positive developments, concerns arising and repeat notifications to the safeguarding and protection team</p>  |           |   |
| SG 6.1  | Safeguarding  | Carryout review of the management of serious safeguarding incidents within services | <p>All team members to undertake systems analysis training specific to Safeguarding</p> <p>Systems analysis processes to be adapted if possible to meet the needs of the Safeguarding Service</p> <p>Commence the development of the safeguarding team response to serious safeguarding incidents within services</p> <p>Develop a process to ensure that the safeguarding team are provided with a copy of all relevant reports and reviews of serious safeguarding incidents carried out by Quality and Patient Safety</p> |           | Head of Social Care / PSW Safeguarding and S&PT |





| Safeguarding Team<br>Operational Plan Actions |               |  |  |           |  |
|---|---------------|--|--|-----------|--|
| OP Ref  | Priority Area | Key Result Area  | Priority Action  | Time line | Lead   |
| SG 7.1  | Safeguarding  | Encourage and develop collaborative working within and between relevant services and key stakeholders.                         | <p>Identify key working relationships and establish collaborative working groups to share knowledge and understanding and to enhance safeguarding practice within the service setting and within the community</p> <p>Develop a collaborative working relationship with the National Safeguarding Committee</p> <p>Develop cross divisional Education Forums</p> |           | Heads of Divisions, General managers/Service managers, PSW safeguarding as per the Regional Safeguarding Committee |
| SG 8.1  |               | Promote the requirement by services to enhance and develop the capacity of service users as part of the safeguarding continuum | Through the overview of safeguarding concerns and Formal Safeguarding Plans promote the development of capacity building programmes within services for both staff and Service Users   |           | General Managers, Service Managers, PSW safeguarding PICs S&PT   |

**Risks to Service Delivery and Proposed Mitigation Management of Risk**

| Risk   | Proposed mitigation management of the risks  |
|--|--|
| A failure by key services to engage fully with the implementation of the Safeguarding Policy   | Governance accountability up to the level of Chief Officer   |
| <p>A lack of safeguarding resources</p> <p>The absence of appropriate safeguarding governance structures</p> <p>Current safeguarding staff have responsibilities under social care division only, this may have implications for our ability to support the implementation and integration of the HSE Adult Safeguarding Policy 2018 in all relevant services/Divisions across CHO 1</p> | <ul style="list-style-type: none"> <li>• Chief Officer/Senior Managers and relevant staff to ensure appropriate structures/resources are in place for the roll out of the safeguarding policy into Mental Health, Primary Care and Acute Services</li> <li>• National Implementation plan to be developed with input from CHO 1</li> <li>• Engagement with all key stakeholders at a national level</li> <li>• Local project focusing on the roll out of the National Safeguarding Policy</li> </ul>   |
| A lack of appropriate skill mix within services and the community  | <ul style="list-style-type: none"> <li>• Senior managers to ensure that Key Professionals are nominated to designated safeguarding roles</li> <li>• Senior managers within services to ensure collaboration within and across divisions</li> <li>• Senior managers to respond proactively to identified resource deficits</li> <li>• Senior managers to ensure staff have the capacity and understanding of the safeguarding policy in order to carry out safeguarding functions</li> <li>• Senior managers to address any deficits in this area</li> <li>• Safeguarding team will continue to provide on-going safeguarding training as required, in addition to on-going support and advice</li> </ul> |
| Lack of appropriate scrutiny and continued monitoring of Service Level Agreements in the area of safeguarding  | <ul style="list-style-type: none"> <li>• Senior management to develop a plan of action to address this identified risk</li> <li>• Safeguarding protocol developed to address any identified concerns by the safeguarding team re implementation of</li> </ul>  |



|  | the Safeguarding Policy in Funded/voluntary agencies   |
|--|--|
| Lack of collaboration among key professionals  | <ul style="list-style-type: none"><li>• Senior managers to ensure all relevant staff are involved in the process of safeguarding. Multidisciplinary teams to be developed</li><li>• Safeguarding team to highlight any identified lack of collaboration impacting on the safeguarding process, directly to senior managers</li><li>• Senior managers to respond to any identified lack of collaboration impacting on the safeguarding process. The regional safeguarding committee focus group on collaboration by key professionals both within and outside of the HSE to identify and develop collaborative working amongst key professionals and services</li></ul> |
| Restructuring within the HSE   | <ul style="list-style-type: none"><li>• Senior Management, PSW safeguarding to ensure the continuation of all safeguarding processes within Social Care as agreed, through the development of an appropriate planning strategy</li></ul>   |
| Failure to respond to identified risk in a timely manner, to include protracted decision making process. | <ul style="list-style-type: none"><li>• Where this is identified by the safeguarding and protection team this will be reported to the head of Social Care at the on-going 6 weekly briefing meeting with the Principal Social Worker for safeguarding</li></ul>  |

## 8.3 Communications

The role of the Communications Office for CHO 1 is as follows:

1. To provide timely, accurate and up to date responses to media queries from both local and national media and to issue media statements regarding services provided by CHO 1
2. To aid and support managers and staff across CHO 1 with regards to communications planning
3. To compile and issue media releases with regards to positive developments/initiatives that are occurring throughout CHO 1
4. To produce a quarterly CHO 1 Newsletter and to produce a range of communications for CHO 1 staff
5. To provide advice/assistance to managers and staff with regards putting information on the HSE website, to use of social media for promoting their service and with regards to social media policy for HSE employees
6. To provide a media monitoring service and challenge inaccuracies in media reporting through the Right of Reply process where necessary

### Highlights from 2018

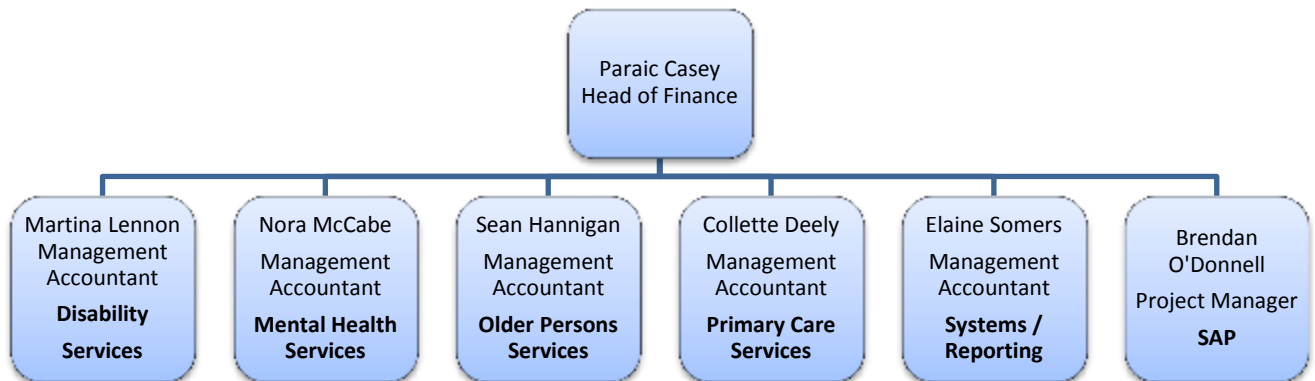




1. Launch Donegal Self-Management Support Website – February
2. Cavan Community Mental Health Team Wins Irish Healthcare Awards – March
3. Mental Health Promotion Event – Change Your Mind Festival - Sligo - March
4. Launch CHO 1 Traveller Health Strategy - April
5. CHO 1 Host ‘Born to Change’ World Café Research Event – May
6. Ballytivnan Training Centre Host Fun Fest Day – July 2018
7. Official Opening Ballymote Primary and Mental Health Care Centre – Sept
8. Official Opening Antoine House, Residential Centre - Monaghan – Oct
9. Cavan Monaghan Mental Health Service Hosts International Conference –Oct
10. Launch ‘Primary Care Island Services Review’ – Nov

# 11. Finance

**CHO 1 Finance Senior Management Team (SMT)**



## Services provided

Finance provides independent expert advice and decision support to service managers in delivering optimum levels of service within available resources.

Leading on the financial aspects of service decisions including resource allocation, service developments and value improvement, finance delivers critical analysis in decision support and reporting on performance and is a key business partner in service provision.

The multiple financial systems (including 4 HR/payroll and 2 core financial systems) and historic practices and structures in CHO 1 present a very challenging environment in which to operate. Finance has responded to those challenges by developing a bespoke CHO 1-wide reporting solution, refocusing expertise on a cross-divisional basis and commencing a HR data cleanse process that will improve the accuracy and reliability of financial information.

## Achievements in 2018

Specifically, in 2018, the following initiatives were advanced:

- Division specific Management Accounting leadership roles
- Analyst Reporting solution to provide cross-CHO reports from multiple financial systems further developed and rolled-out



- Process review, improvements and additional training for users of the SAP system implemented in November 2017
- Introduction of electronic invoice capture in the North West SAP system
- Commencement of a comprehensive data cleanse process to address historic coding and organisation structure issues

## Priorities 2019

Whilst progress was made in 2018, there is continued requirement to advance the decision support, governance and controls agendas.

To that end the following are the main priorities for 2019:

- Improve service manager knowledge and understanding of financial responsibilities through targeted National Financial Regulation and other relevant training
- Continue HR / Finance data cleanse and develop procedures to strengthen compliance / communication
- Develop consistent financial control, reporting and governance processes across CHO 1
- Review and develop divisional finance structures
- Strengthen process for finalising and monitoring of Internal Audit recommendations
- Continue the roll-out and development of Analyst Reports for service managers
- Improve the operational efficiency of the SAP purchase to pay system in the North West

## Summary of Financial Outlook for 2019

The headline opening 2019 budget level of **€416.3m** received is a **€0.9m** year on year budget increase over and above the final 2018 budget of €415.4m.

The HSE acknowledges its legal requirement to protect and promote the health and wellbeing of the population, having regard to the resources available to it, and by making the most efficient and effective use of those resources.

In 2019 CHO 1 will plan, within the level of available resource, to maximise the delivery of safe service activity levels subject to the delivery, service and financial risks being managed within the overall plan. In doing so CHO 1 seeks to use the totality of the funding available as flexibly as is practical to best meet the needs of those who rely on health and social care services whilst also preparing for the implementation of *Sláintecare*.

Despite the scale of the allocation, the challenge for CHO 1 to meet its targets is considerable. The dependent population is increasing, demand for more complex services to



support people in the community is rising and the changing needs of our target population place continuing pressures on existing services.

Given the scale of the demographic, regulatory and legislative obligations, organisation changes and other service pressures, there are substantial service and financial risks to be managed in delivering this operational plan.

CHO 1 will focus its efforts around improving the quality and standards of care being provided and developing the most efficient and effective models of service delivery. We will target value improvement opportunities to address the financial challenge across all services whilst maintaining levels of activity.

To the greatest extent practicable, and consistent with the safe delivery of services for our population and the continued availability of front-line staff, CHO 1 will deliver services at the 2018 resourced levels or at an increased level where this is supported by the available funding.

**Table 5: Finance Table**

| Division             | 2019 Opening Budget | 2018 Closing Budget | 2018 Expenditure |
|----------------------|---------------------|---------------------|------------------|
|                      | €m                  | €m                  | €m               |
| Health and Wellbeing | -                   | -                   |                  |
| Corporate            | 0.1                 | 0.7                 | 0.5              |
| Primary Care         | 116.9               | 115.9               | 123.7            |
| Mental Health        | 74.5                | 75.4                | 75.7             |
| Social Care          | 224.4               | 223.4               | 223.1            |
| <b>TOTAL CHO 1</b>   | <b>416.3</b>        | <b>415.4</b>        | <b>423.0</b>     |

Note: 2018 closing budget reflects once-off allocations including Winter Initiative and Minor Capital Works that have not yet been notified for 2019 but excludes funding for Complex Paediatric Cases (€2.4m) which is being managed centrally in 2019.

### 2019 Development Funding/New Initiatives

Whilst significant cost pressures exist in many aspects of service delivery, new funding streams have been provided in 2019 for the following priority areas:

- Mental Health developments posts - €1.3m
- School Leavers - €1.0m
- Disability residential placements - €1.7m





- Primary Care approved Paediatric cases - €0.8m
- Home Support Audit teams - €0.3m

### Service Pressures / Existing Level of Service

The cost of providing the existing services at the 2018 level will grow in 2019 due to a variety of factors including:

- Incremental costs of developments commenced during 2018
- The impact of national pay agreements / public pay policy requirements
- Quality and safety requirements, e.g. Mental Health Commission and HIQA
- Other clinical non pay costs, price rises etc
- Additional costs associated with demographic factors

New base funding has been provided within the 2019 budget and this will assist in dealing with the underlying 2018 operating deficit in the Social Care division for:

- Disability demographic funding - €1.0m
- Home support - €3.4m

### Approach to addressing the financial challenge

It should be noted that the 2018 outturn for CHO 1 was a net deficit of €5.2m masking an underlying issue of almost €18m due to once-offs and time related savings in Mental Health and Social Care. This is the minimum opening challenge.

There continues to be a pressing need to ensure an appropriate response to the growing need for residential and emergency places for people with a disability, to maintain funded levels of personal assistant and home support hours and to address key funding and activity deficits in therapy services, for complex paediatric cases and Mental Health external placements.

CHO 1 is cognisant that the demand for supports and services is growing in a significant way and will ensure throughout 2019 effective monitoring of the impact in this area as part of the ongoing operational reviews.

CHO 1 has modelled the theoretical level of activity that the 2019 funding will pay for and identified service areas where the HSE is expected to address service demands, even where these exceed the available funding. This provides an estimate of the likely scale of financial challenge facing our health and social care services in 2019, before options to mitigate that challenge.



In light of the above CHO 1 will adopt a range of actions / initiatives to address the financial challenge in 2019. This includes:

**Areas where lower provision is being made, cost reduction or improved income generation is required including:**

- Procurement
- Agency / Overtime Conversion
- Vacancy control
- High cost community residential care including external placements

**Actions undertaken to limit cost growth to the available budget including**

- Once-off savings from normal recruitment phasing of existing and development posts
- Once-off savings from timing of opening of new / expanded units
- Expenditure to be avoided through limiting planned activity to affordable levels

**Areas of a technical financial nature including**

- Once-off saving from use of prior year provisions
- Bad debt management

**Financial Risks**

Despite the additional allocation in 2019, there is a significant financial challenge in respect of maintaining existing levels of service within the net revenue allocation notified. Whilst, the financial impacts on service quality, access, integration and resourcing continue to be pro-actively managed, the risks arise due to a combination of demographic factors, emerging demand, regulatory cost pressures and structural issues including:

- Continued reliance on once-off funding / initiatives to deal with recurring funding
- Costs of transitioning people with disabilities to live in the community
- External placements in disabilities and mental health
- Home support packages
- Complex paediatric cases
- The pressures on the relevant Emergency Departments
- Challenging HR environment which has seen an increased dependence on agency staff
- Rising costs of demand led schemes
- Regulation / Compliance (HIQA & MHC) related costs
- Service user expectations
- The reliance on multiple financial systems and legacy processes impacting on data quality and consistency across CHO 1



In addition, there are risks associated with the pay and staffing process as outlined in the HR section of this plan. The implementation of WTE limits in late 2018 and the related introduction of WTE affordability limits for pay for the 2019 Operation Plan are based on a point in time analysis and assume funded levels of agency and overtime spend to arrive at the core pay available. In the context of both the methodology and the data cleanse exercise being undertaken, CHO 1 are liaising with business partners nationally to identify and adjust some anomalies through the available review mechanism.

CHO 1 is actively engaging with the national divisions in relation to these issues, however, due to the scale of the financial challenge, the measures required to address this challenge may result in some restrictions to accessing services as demand grows.

### Measures to address Financial Risk Areas

Delivering the maximum amount of services, as safely and effectively as possible, within the limits of the available funding will remain a critical area of focus and concern in 2019. This will require a balancing and management of the financial and service risks with the level of resources available. In considering the cost reduction and growth limitation requirements, the key components of CHO 1's approach to addressing this challenge involve achieving increased efficiency, value for money and budgetary control in 2019 and utilising and include:

- Governance – specific cost management groups established to oversee initiatives and intensification of the focus on budgetary control across all divisions through the Performance and Accountability Framework
- Pay – vacancy control, targeting agency / overtime conversion and skills mix initiatives in the context of implementing the Pay and Staffing strategy
- Non-Pay – implement targeted cost-containment programmes and including compliance with nationally negotiated contracts for specific high-growth /spend categories
- Income – sustain and improve where possible the level of income generation achieved in 2018
- Ongoing participation in Value Improvement Programme initiatives

Specific measures and risk for each division are outlined below.

### Primary Care Measures

The allocation of €116.9m in 2019 represents an increase of 0.9% on the 2018 net budget excluding once-offs and complex paediatric allocations.

Given the underlying base funding pressures and the shortfall in the pay requirement, the 2018 budgetary environment will be extremely challenging with a net incoming shortfall of €5.4m.



The management team will continue to focus on monitoring the workforce plan in order to balance the requirement to operate within allocated resources whilst both maintaining and developing services. This will not deliver a balanced budget in itself and will necessitate ongoing engagements with Primary Care nationally in relation to proposed service curtailments, and prioritisation of all recruitment including development posts and posts to address areas of service risk.

Other measures identified to address the financial challenge include:

- Increased focus on vacancy control
- Limitation of cost growth in particular non-Primary Care related activity
- Targeted reduction of agency spend, where possible
- Reviewing of service delivery models for primary care services across CHO 1
- The development of prioritisation protocols for the delivery of services
- Cost management programmes

### **Primary Care financial risks**

The principle risks associated with the financial plan include:

- the capacity to maintain existing levels of service due to overall resource constraints
- Risk of reduction in the key performance indicator activity levels including statutory services
- The ability to secure appropriately qualified staff
- The continued impact of WRC recommendations on S39 providers
- Requirement to respond to opportunity to respond to the health needs of our Island populations.

### **Health and Wellbeing Measures**

It should be noted that there is no separate budget line for Health and Wellbeing and budget and expenditure are currently reported in Primary Care. This is being reviewed, in particular in the context of the development of a new Health Promotion & Improvement function.

The principle risks to Health and Wellbeing financial delivery relates to funding levels associated with key posts and policy initiatives including Healthy Ireland, long term conditions and integrated care programmes.

### **Older Persons Measures**

The 2019 budget of €84.1m represents a decrease of 4.2% on final 2018 budget levels.

This decrease, coupled with the impact of changing needs and demographic trends for older people, presents a significant challenge in this area. Demand for long and short term care



and increasingly complex supports for those living independently places considerable pressure on services.

The basis for the allocation of short stay beds in Older Persons Services has resulted in a retraction of €3.4m which will be returned to CHO 1 once the beds are occupied. The scale of this adjustment places significant pressure on the ability to deliver short stay services in the region.

The delivery of targets for home care will also be challenging given the scale of allocation, the impact of the new Home Support worker contract and the continued increases in levels of demand experienced in this area in recent years.

To deliver on these measures and service pressures, the Older Persons Service will focus on cost management initiatives that include:

- Adherence to vacancy control measures including specific agency replacement measures and absenteeism management
- Targeted cost review including skills mix, transport and procurement
- Monitoring of waiting lists and re-allocation of home care hours on a standardised basis to manage the allocation of services in as fair a way as possible
- Reviews of the cost effectiveness, appropriateness and equity of service provision across CHO 1

### **Older Persons Services financial risks**

The principle risks associated with the financial plan include:

- the capacity to maintain existing levels of service due to overall resource constraints
- the requirement to achieve targeted levels of home support hours
- Continuing requirement to respond to escalating Acute Services discharge pressures
- increased levels of dependency for older people living at home resulting in waiting lists
- Difficulty with recruitment of nursing in order to maximise bed capacity

### **Disability Services Measures**

The 2019 budget of €140.7m represents a €5m or 3.7% increase on final 2018 budget levels.

Despite the increased allocation, the impact of changing needs and demographic trends for people with disabilities and the full year costs of 2018 service developments present a significant challenge in this area. Demand for new residential places, respite services and increased supports for those living independently in the community carry a high level of risk.

To deliver on these measures and service pressures, the Disability Service management will focus on cost management initiatives that include:



- Adherence to vacancy control measures including specific agency replacement measures and absenteeism management
- Targeted cost review including skills mix, transport and procurement
- Managing the phasing of developments to limit the financial impact on 2019
- Reviews of the cost effectiveness, appropriateness and equity of service provision across CHO 1
- Working to ensure there is effective prioritisation and management of existing residential care and emergency residential places

### **Disability Services financial risks**

The principle risks associated with the financial plan include:

- The capacity to maintain existing levels of service due to overall resource constraints
- Significant demand for new residential and respite services
- The continued impact of WRC recommendations on S39 providers
- Ensuring adequate infrastructure / maintenance and minor capital is available to meet requirements of existing regulatory requirements, to facilitate people moving into the community as part of the Time to Move On Decongregation Policy and for delivering the New Directions day services
- The continued difficulties with staff recruitment impacting both service development and ability to reduce cost drivers including agency

### **Mental Health Measures**

The opening budget for Mental Health Services in 2019 is €74.5m, a 1.1% reduction on the closing 2018 budget. This excludes €2.4m in development funding held nationally which will be released to CHO 1 in line with actual expenditure.

This level of allocation represents a financial challenge of approximately €3.3m for 2019 (net of time related savings and cost management initiatives to deliver 2018 levels of existing services, whilst also enhancing services through agreed development funding and posts.

It should be noted that the underlying deficits relate to:

- Unfunded external General Adult placements
- Inability to access CAMHS public beds
- Premium costs associated with medical agency due to recruitment difficulties, and,
- Inflationary and unfunded general non-pay cost increases

The projected outturn assumes no further unfunded cost increase during 2019 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 2019.



Specifically, the 2019 allocation does not take account of any cost growth attributable to, or arising from, existing or new external placements in 2019. All new unavoidable costs will be monitored and reported on separately and will form part of the monthly performance discussions.

Measures taken to address the financial challenge in Mental Health are overseen by an Oversight Management Group (whilst operational responsibility rest with the Area Mental Health Management Teams), and include:

- Review and prioritisation of development posts
- Strengthening the process for managing vacancy control and the prioritisation of replacing key service delivery staff.
- Enhanced focus on medical agency and absenteeism across all disciplines
- Review of all external placements in line with the annual SLA process.
- Optimising the use of technology to reduce travel costs
- Review training and development expenditure in consultation with HR and Health & Wellbeing

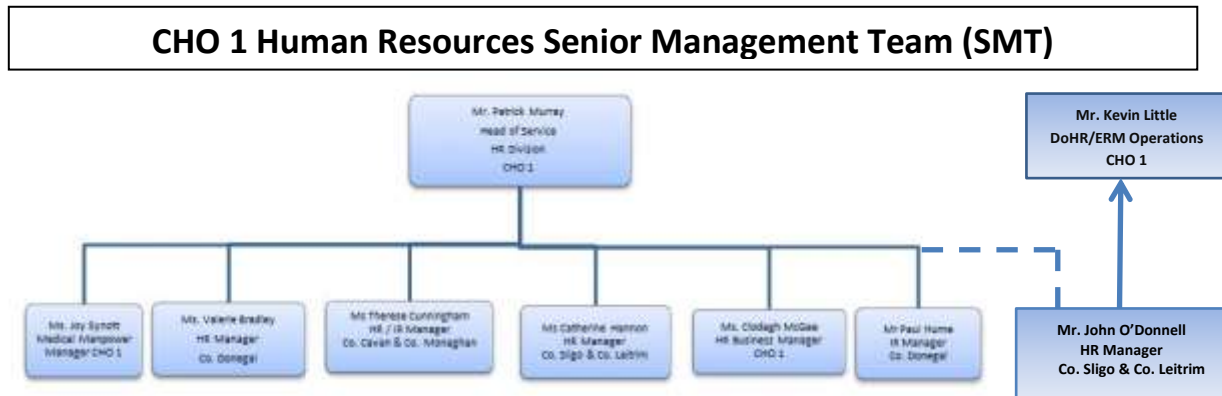
In finalising the above position for Mental Health in 2019, there is also the requirement to continue to address the current challenges arising from core underfunding and/or cost based management due to the continued reliance on once-off funding which is reducing. This requires examination of the current operational model of all our services to ensure maximum efficiency and effectiveness whilst maintaining safe levels of mental health services.

### **Mental Health financial risks**

The principle risks associated with the financial plan include:

- the capacity to maintain existing levels of service including timely access to quality recovery focused services due to overall resource constraints
- The ongoing reliance on once off time related savings
- The ability to recruit and retain a highly skilled and qualified workforce and avoiding the requirement for agency / locum cover at a premium cost
- The increasingly complex presentations of CAMHS patients and the inability to access CAMHS public beds
- Reliance on external providers for bespoke care for challenging complex cases
- The capacity to comply with regulatory requirements for mental health services within the limits of the revenue and capital funding available

# 10. Workforce



## Introduction

Staff in CHO 1 continue to be our most valuable resource and are central to improvement in patient care, productivity and performance. A culture of compassionate care and a sense of belonging among staff will create and embed an organisation wide approach to delivering a high quality, effective and safer service to our patients and clients. Listening to staff feedback and the implementation of outcomes from the 2018 Staff Survey will be a key staff engagement objective in 2019.

Recruitment and retention of motivated, engaged and skilled staff, within the WTE Affordability Limits, is a key service support objective for 2019.

The effective management of the health services’ workforce will underpin the accountability framework in 2019. This requires that the HSE has the most appropriate workforce configuration to deliver health services in the most cost effective and efficient manner to maximum benefit. Service delivery must meet with demands of service users within available resources and to ensure compliance with external regulatory requirements (HIQA: Registration bodies i.e. Irish Medical Council / Nursing Midwifery Board of Ireland / CORU etc.)

*People’s Needs Defining Change - Health Services Change Guide* [www.hse.ie/changeguide](http://www.hse.ie/changeguide) is the policy framework and agreed approach to change signed off by HSE Leadership and the Joint Information and Consultation Forum (JICF) representing the Trade Unions. It presents the overarching *Change Framework* that connects and enables a whole system approach to delivering change across the system and is a key foundation for delivering the people and culture change required to implement *Sláintecare* and *Public Sector Reform*. The *Change Guide* complements all of the other service, quality and culture change programmes that are





Workforce

currently making progress towards the delivery of person-centred care underpinned by our values of Care, Compassion, Trust and Learning. The *Change Framework* prioritises *people's needs defining change* and the *Change Guide* is a resource that can be applied at all levels to support managers and staff to mobilise and implement change. Fully utilising and resourcing the implementation of the *Change Guide* is an organisational priority – building change capacity will enable and support staff to work with and embrace change as an enabler of better outcomes for service users, families, citizens and local communities.

In collaboration with all stakeholders, work will continue in 2019 on the HR Strategic intent and emerging operating model to ensure the organisations strategic HR Goals, initiatives and projects, such as the Health Ireland Initiative, are delivered to best serve the needs of patients and service users, and deliver safer, better healthcare as per the 2019 National HSE Service Plan.

Building on progress to date and following a robust review process the revised People Strategy 2019 - 2024 will guide all organisational people services & HR activity in 2019 with an emphasis on **Leadership, Talent and Capability** enabling people and culture change. The People Strategy is positioned to “build a resilient workforce that is supported and enabled to deliver the Sláintecare vision.” This will include dedicated focus on workforce planning, enhancing leadership and accountability and building organisational capacity. Supporting the delivery system and working with key strategic partners will be prioritised to ensure relevance and connectivity to meeting people’s needs and local service requirements.

Active promotion of health and wellbeing in the workplace continues to be a priority. Our staff bring a range of skills, talents, diverse thinking and experience to the organisation. We are committed to creating a positive working environment whereby all employees inclusive of race, religion, ethnicity, gender, sexual orientation, responsibility for dependents, age, physical or mental disability, civil status, membership of the Traveller Community and geographic location are respected, valued and can reach their full potential.

Our staff Survey seeks employees views on a range of themes concerning them directly. National HR undertakes this staff survey every two years, the latest of which was in 2018. We will work with services to take actions based on the findings from the survey.

Encouraging staff to participate in Education and Training in mandatory and non-mandatory areas will be a focus for 2019, including creating increased awareness of online options, such as HSELand, and resources available via HSE website (e.g. ChangeHub).

Adherence to *Supporting a Culture of Safety, Quality and Kindness: A Code of Conduct for Health and Social Service Providers, 2018* is a key priority for the health services. Its primary purpose is to ensure the safety of those that access our services and to support our staff in providing safe services. The Code assists in this by setting out both service provider obligations and individual responsibilities to deliver quality safe care.

Engagement with Business Partners in Health Business Services (HBS) and ERPS will continue in 2019.



## The Workforce Position

At the end of December 2018 there were 5,435.73 WTE positions in place delivering Divisional Services as shown in Table 1. This represents an overall increase of 87 WTE or 1.63% staffing increase relative to December 2017 outturn. Effective control over workforce numbers and associate pay expenditure will be essential to ensuring that we deliver within the available financial resources for 2019. Further details in this regard are set out in the following paragraphs.

## Pay and Staffing Strategy 2019

Based upon key learning from previous Pay and Staffing Strategies, the approach being taken in 2019 begins with a central ‘top down’ high level affordability assessment of the level of staff, on an average cost per WTE basis, that the indicative pay budget for 2019 can support. This approach is designed to enable more realistic and affordable forecasting and follows on from the WTE limits process implemented in late 2018. All key stakeholders (National Directors, CHOs and Hospital Groups, supported by Finance and HR) will operationalise the WTE limits through a ‘bottom up’ process that takes account of service priorities and maintenance of services, whilst equally identifying the opportunities for optimisation and efficiency. This year’s combination of a top down affordability assessment to set the overall WTE limits, and the bottom up prioritisation by service providers, is intended to ensure maximum flexibility for services to determine the deployment of the limit across their services. However, it must be noted – as referred to in the Finance Section – that strict adherence to the proposed WTE and affordability metrics will potentially have significant negative impacts on operational services, on the quantity and quality of service provision and on the risk profile for services within CHO 1.

Central to the process for 2019 is:

- Engagement at key service levels on the development of robust operational workforce plans based on a centrally constructed WTE limit that takes account of a range of factors including priorities determined by the Government
- Striking the balance between safe, effective, efficient service delivery and affordability
- Realising opportunities to reinvest in the workforce through agency conversion, for example, as allowable growth factors within the WTE limits, enabling constructive WTE limits review at key intervals throughout the year, underpinned by evidence, notwithstanding that all services need to closely monitor agency and overtime spend and implementation of measures to reduce same
- Realising opportunities to redeploy the existing workforce to ensure maximum alignment between our staffing and the delivery of priority health and social care needs.
- Necessity of monitoring WTE movement against the limits alongside overall pay expenditure so as to appropriately manage direct employment costs, in addition to overtime and agency costs

WTE limit monitoring is an integral component of the overriding principle of compliance to allocated pay expenditure budgets. The monitoring of both WTE limits and pay expenditure



Workforce

at all service levels will further support and enhance performance and governance of same, with key actions and interventions on deviation in place, in line with the Performance and Accountability Framework. In line with this framework, as with any other key performance areas, performance against these WTE limits will ultimately be considered as part of the National Performance and Oversight Group.

**Table 6: WTE's CHO 1**

| Business Entity       | Division      | Census WTE @ December 2018 | 2019 WTE Limit** |
|-----------------------|---------------|----------------------------|------------------|
| CHO 1                 | Primary Care  | 1232.90                    | 1,206            |
|                       | Mental Health | 941.41                     | 919              |
|                       | Social Care*  | 3,261.42                   | 4,823            |
| <b>Overall Result</b> |               | <b>5,435.73</b>            | <b>5,458</b>     |

\* Social Care includes Home Helps which were not recorded on the Personnel Census in 2017

\*\* Engagement in relation to 2019 WTE limits to be reviewed on a quarterly basis and finalised

It should also be noted that, in addition to the reported WTE detailed above, the service delivery is supported by Agency staffing. Whilst this is accounted for in financial expenditure terms, the Agency staffing provision is not recorded within the official WTE figures. At the end of December 2018, the estimated Agency utilisation was equivalent to 300 WTE's, incorporating all grades of staff – further detail available in section on Agency Utilisation below.

## Agency Utilisation

**Table 7: Agency Utilisation**

|                 | Admin          | Medical          | Nursing          | Paramedical    | Support Services  | Admin WTEs  | Medical WTEs | Nursing WTEs | Paramedical WTEs | Support Services WTEs |
|-----------------|----------------|------------------|------------------|----------------|-------------------|-------------|--------------|--------------|------------------|-----------------------|
| Disabilities    | 22,060         | 21,346           | 1,576,574        | 222,369        | 6,664,516         | 0.44        | 0.11         | 21.99        | 3.19             | 132.23                |
| Mental Health   | 30,260         | 1,692,919        | 389,606          | 66,250         | 496,011           | 0.61        | 8.38         | 5.43         | 0.95             | 9.84                  |
| Older Persons   | 67,064         | 18,056           | 1,107,627        | 166,820        | 2,738,193         | 1.34        | 0.09         | 15.45        | 2.40             | 54.33                 |
| Palliative Care | 0              | 0                | 32,826           | 14,673         | 70,430            | 0.00        | 0.00         | 0.46         | 0.21             | 1.40                  |
| Primary Care    | 129,243        | 162,381          | 1,179,352        | 292,384        | 733,269           | 2.58        | 0.80         | 16.45        | 4.20             | 14.55                 |
| <b>Overall</b>  | <b>248,627</b> | <b>1,894,701</b> | <b>4,285,986</b> | <b>762,497</b> | <b>10,702,419</b> | <b>4.97</b> | <b>9.38</b>  | <b>59.78</b> | <b>10.96</b>     | <b>212.35</b>         |

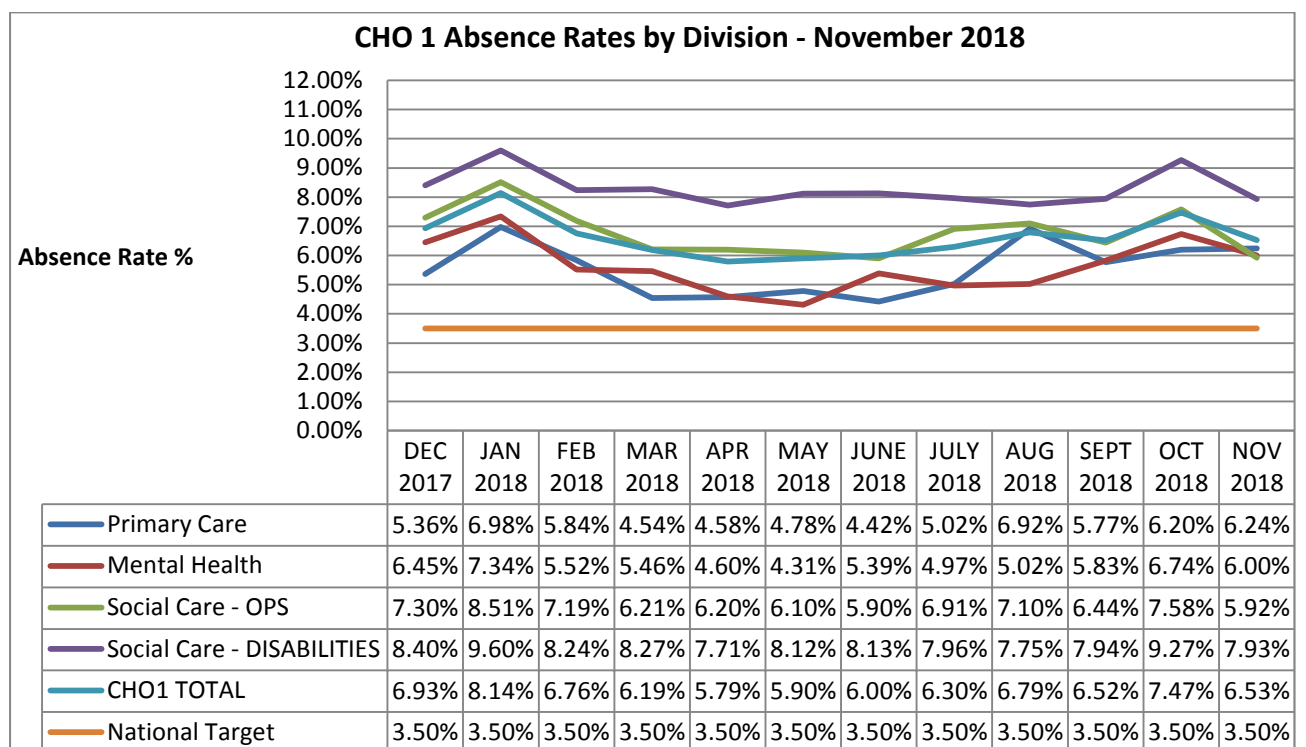


### Attendance and Absence Management

This continues to be a key priority area and service managers and staff with the support of HR will continue to build on the significant progress made over recent years in improving attendance levels.

This will be subjected to targeted support and engagement by HR in 2019. The overall performance target for 2019 remains at 3.5%, with the overall year to date average Absenteeism for CHO 1 in 2018 (up to end of November) is 6.57%

**Table 8: Absence rates CHO 1**



**Table 9: Absence rates CHO 1 by Staff Category – November 2018**

| Area  | Management Admin | Medical Dental | Nursing | Health & Social Care Professionals | General Support | Other Patient & Client Care | Overall      |
|-------|------------------|----------------|---------|------------------------------------|-----------------|-----------------------------|--------------|
| CHO 1 | 4.46%            | 3.81%          | 6.53%   | 5.87%                              | 6.75%           | 7.96%                       | <b>6.53%</b> |

## Achievements 2018

- HR and IR Managers working with local Service Managers to manage absenteeism within their respective areas
- CHO 1 ensured compliance with the National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 – 2016. 5263 staff were vetted by the deadline of 1<sup>st</sup> April 2018. As part of the HIQA instruction that all garda vetting information be held within designated residential centre, in October 2018 the instruction was implemented in all Older Persons Residential Centres with and Disability Units
- “Managing a positive workplace” training was piloted in 6 sites throughout the country; 3 of these sites were in CHO 1 incorporating acute services. The training was provided by Dublin Rape Crisis Centre and was delivered to 101 staff across 6 sessions
- HR are supporting Leadership, Education, Talent & Development Department in the delivery of. 6 sessions were held in Donegal and Sligo and Corporate Induction
- People Management Legal Framework (PMLF) Programme for Managers has been delivered within Donegal Older Persons Services, Intellectual Disability Services and Home Support
- Implementation of electronic document and record management system in Cavan/Monahan and Sligo/Leitrim HR Departments to digitise all existing personnel files, and to scan all future files following issue of contracts. Donegal HR will implement the system in 2019
- A new HR IT System developed and introduced in Donegal to hold information on Recruitment campaigns, positions, and Garda Vetting. To be rolled out across CHO 1 in 2019
- Links established with HR colleagues in CHO 2 regular meetings held to discuss current HR issues, implementation of new legislation, training etc
- CHO 1 HR Departments completed 95 local recruitment campaigns up to October 2018
- HR Departments have developed links with Educational Agencies, including Sligo IT, Sligo ETB, St Angela’s College, Letterkenny IT, Donegal ETB and local secondary schools. Careers Fairs were attended in both colleges which generated a high level of interest from students in posts within the HSE. Student placements have been facilitated with further placements planned
- Discussions are Ongoing with the Sligo IT and Sligo ETB regarding student placements for FETAC Level 5 course participants



- Local target recruitment campaigns held to target areas where there is large agency usage within CHO 1
- Medical Manpower Manager commenced in post in November 2018
- 20 people successfully completed the CHO 1 Leaders in Management Programme. A 2<sup>nd</sup> programme is currently underway
- CHO 1 HR Department also supported staff to attend the Leaders Academy Programme in 2018

## Priorities 2019

### National Priorities 2019

#### Implementation of the People Strategy.

- Working with Health Business Services (HBS) to attract, recruit and retain the right people, ensuring their integration and development into a workplace that cares about their wellbeing, motivation and opportunities at work
- Ensuring easy access to professional HR services in a way that meets the needs of those delivering services
- Connecting people services in a more integrated way to create the people and culture change platform for meaningful and healthy work environments

Implementation of *Working Together for Health – A National Strategic Framework for Health and Social Care Workforce Planning*

Implementation of the *Strategic Review of Medical Training and Career Structure* (MacCraith Report), including increased training on a two year phased basis (see Appendix 1 Table 4) and progressing a review of the recruitment of non-consultant hospital doctors (NCHDs)

Implementation of the *Framework for Safe Nurse Staffing and Skill Mix in General and Specialist Medical and Surgical Care Settings in Adult Hospitals in Ireland 2018* and the phase 2 Framework for Staffing and Skill Mix for Nursing in Emergency Care Settings

#### Implementation of workforce agreements.

- Continued commitment to *Public Service Stability Agreement 2018-2020* including support for the work of the Public Service Pay Commission and implementation of recommendations where relevant
- Implementation of Consultant Contract 2008 Settlement Agreement and consultant contract compliance arrangements
- Implementation of Workplace Relations Commission (WRC) agreement on pay restoration in section 39 organisations
- Manage on-going recruitment challenges in respect of particular groups, such as nurses, and continuing pressures in EDs in collaboration with HBS



- Deliver two cohorts of each of the flagship leadership development programmes, Leading Care I, Leading Care II and Leading Care III
- Develop and curate best practice and leadership materials on topics that will support the reforms underway within Irish healthcare, including resources, tools and materials, talent management supports, coaching, team interventions, etc
- Optimise and expand technological platforms to facilitate highly relevant training courses for greater numbers of staff at a lower cost to the organisation
- Target capacity building by ensuring that *People's Needs Defining Change – Health Services Change Guide* and the skills development to support its implementation are integrated into all appropriate learning programmes
- Mandate and monitor the participation of staff in Respect and Dignity Module on HSELand
- Implement practices to reduce the number of incidents of violence and aggression in the workplace
- Implement a healthy workplace framework and organisational health standards
- Launch national critical incident stress management training and programme
- Develop and implement a Mental Health Strategy for staff



## CHO 1 Priorities 2019

### 1. Absenteeism

Continue to support managers to reduce absenteeism within their services, in line with National Targets

### 2. Leadership & Development

CHO 1 Leaders in Management Programme  
National Leadership Academy

#### People Management Legal Framework

Deliver People Management Legal Framework training to Managers within CHO 1

#### Respect and Dignity at Work

Mandate and monitor the participation of staff in Respect and Dignity Module on HSEland in line with the National Service Plan

### 3. Links with Educational Bodies

#### *Links with IT's / ETB's*

Sligo/Leitrim HR Department established links with Sligo IT and ETB in 2018 re sourcing candidates who have completed courses, for posts within CHO 1. Work will continue in 2019

**Health Service Skills Programme** – continue to assist existing staff in obtaining a FETAC Level 5 Qualification through the Health Service Skills Programme, when the programme is reactivated in 2019. Initial focus in CHO 1 on Home Care Services

### 4. Induction and Probationary Pack

Following evaluation of the pack after the pilot, Donegal HR intends to roll out the initiative to all services within Donegal

Sligo/Leitrim and Cavan/Monaghan HR Departments will roll out the new Induction & Probation packs in their respective areas in 2019

### 5. Healthy Ireland Initiative

HR will continue to support the roll out of the Healthy Ireland Initiative throughout CHO 1, and will prioritise staff engagement initiatives

### 6. HR IT Systems

Sligo/Leitrim and Cavan Monaghan HR Departments will implement the new HR IT System in 2019

Therefore (electronic document and record management system) will be implemented





in Donegal HR Department in 2019

## 7. Recruitment

Increasingly local recruitment is required to supplement centralised recruitment by HBS Recruit. This requires resources and capacity to deliver priority service posts in a timely, efficient and compliant manner.

The current Model of Recruitment is under scrutiny nationally, with a project group active. Agreed outcomes will be implemented locally and nationally when the national Leadership Team have approved alternative practices.

Careful Workforce planning will be required to achieve the objectives as set out in Sláintecare of integrated care across primary care networks, service divisions and hospital groups. This workforce planning will incorporate the required reduction in manpower levels to achieve the required efficiencies while maintaining optimum level of service delivery and standards of care. Within this overall context challenging choices and decisions have to be made between service needs and financial constraints.

## 8. Introduce a HR Data Recording system

CHO 1 does not have a system to collect data on Grievances, Dignity at Work, Trust in Care or Disciplinary cases. HR has initiated a project to develop a recording system for same in 2019

## 9. Staff Achievement Recognition Awards

This is being actively progressed, with a HR lead identified to develop and deliver a Staff Recognition initiative

## 10. Garda Vetting

Continuously monitor vetting of existing and new staff to ensure compliance  
Implement relevant elements of legislation regarding re-vetting of staff when enacted (projected mid 2019)

Implement vetting requirements re Contractors when national working group issue guidelines for same, in conjunction with GVLO Office and service management

## 11. Agency Utilisation

The use of agency staff is as a result of difficulties in filling nursing vacancies in community hospitals and intellectual disability units; the increased clinical needs of our service users; and replacing absences relating to sick leave and other leave types within budgetary provisions. CHO 1 will continue to work on the recruitment of nursing grades and attendance management in order to reduce agency usage in 2019.

CHO 1 HR will explore options, suitability and cost of an overseas recruitment initiative to secure staff for Older Persons Services and produce a position paper for EMT



**12 Establish HR Supports for staff and Managers re Interviews and HR Policies and Procedures**

Sligo/Leitrim HR Department to arrange HR Drop in Clinics

**13 Values and Action Programme**

Consider the Roll out of National Values in Action Programme on a pilot basis within CHO 1, subject to capacity

**14 European Working Time Directive (EWTD)**

Monitor, manage and make national returns on KPIs monthly, on performance and achievement of EWTD compliance, in particular for Medical staff, and relevant Social Care staff



| Workforce Operational Plan Actions |                          |   |  |            |                            |
|------------------------------------|--------------------------|---|--|------------|----------------------------|
| OP Ref                             | Priority Area            | Key Result Area   | Priority Action  | Timeline   | Lead                       |
| HR 1.1                             | Absenteeism              | Continue to support managers to reduce absenteeism  | 1. Roll out HR Clinics to the Intellectual Disability Services and Home Care Services within Donegal   | 31/12/2019 | HR Manager Donegal         |
|                                    |                          |   | 2. Sligo/Leitrim HR will continue to work with Service Managers to address high levels of absenteeism  | 31/12/2019 | HR Manager Sligo / Leitrim |
|                                    |                          |   | 3. Cavan Monaghan HR will continue to work with Service Managers to address high levels of absenteeism   | 31/12/2019 | HR Manager Cavan Monaghan  |
| HR 2.1                             | Leadership & Development | Roll out People Management Legal Framework training within CHO 1 in conjunction with LETD | 1. Donegal will roll out the PMLF training in the Social Care Division in Donegal  | 31/12/2019 | HR Manager Donegal         |
|                                    |                          |   | 2. Sligo/Leitrim HR will commence PMLF within the Disability Services. Training will be rolled out to other divisions/services on a phased basis         | 31/12/2019 | HR Manager Sligo / Leitrim |
|                                    |                          |   | 3. Cavan Monaghan HR will commence PMLF training for Management Teams in Cavan Monaghan, Primary Care Division initially, with other services thereafter | 31/12/2019 | HR Manager Cavan Monaghan  |
|                                    |                          |   | 4. CHO 1 will continue to support the participation of managers in the CHO 1 Leaders in Management Programme and the Leaders Academy programmes          | 31/12/2019 |                            |
|                                    |                          |   | 5. Mandate and monitor the participation of staff in   |            |                            |



| Workforce Operational Plan Actions |                               |  |  |                                     |  |
|------------------------------------|-------------------------------|--|--|-------------------------------------|--|
| OP Ref                             | Priority Area                 | Key Result Area  | Priority Action  | Timeline                            | Lead   |
|                                    |                               |  | Respect and Dignity Module on HSEland in line with National Service Plan   | 31/12/2019                          |  |
| HR 3.1                             | Links with Educational Bodies | Links with Educational Bodies re FETAC Level 5 and International Nurses    | <ol style="list-style-type: none"> <li>1. Sligo/Leitrim HR to continue working with Sligo ETB re student placements for FETAC Level 5 students</li> <li>2. Sligo/Leitrim HR will continue negotiations with CNME re providing a Nursing Adaptation Course which will enable international nurses who have completed a nursing course in St Angela's College, to work within the HSE</li> <li>3. All HR Departments will liaise with 3<sup>rd</sup> level institutes and training bodies on student placements</li> <li>4. HR CHO 1 will engage with National HR regarding the Health Service Skills Programme</li> </ol> | 31/12/2019                          | <p>HR Manager Sligo / Leitrim</p> <p>HR Manager Sligo / Leitrim</p>          |
| HR 4.1                             | Induction & Probation         | Roll out of Induction and Probationary Pack to all services in Donegal CHO | <ol style="list-style-type: none"> <li>1. Following evaluation of the Induction and Probation pack after the pilot, Donegal HR will roll out the initiative to all other services in Donegal in 2019</li> <li>2. The Induction &amp; Probation pack will be rolled out the Sligo Leitrim and Cavan Monaghan services in</li> </ol>   | <p>31/12/2019</p> <p>31/12/2019</p> | <p>HR Manager Donegal</p> <p>HR Manager Sligo / Leitrim &amp; HR Manager</p> |



| Workforce Operational Plan Actions |                             |  |   |            |  |
|------------------------------------|-----------------------------|--|---|------------|--|
| OP Ref                             | Priority Area               | Key Result Area                            | Priority Action   | Timeline   | Lead   |
|                                    |                             |  | 2019  |            | Cavan / Monaghan   |
| HR 5.1                             | Healthy Ireland Initiative  | Healthy Ireland – Staff Health & Wellbeing | <ol style="list-style-type: none"> <li>1. Establish a staff health and well-being group to oversee the implementation of H&amp;WB national and local policy/initiatives</li> <li>2. Staff have access to work place initiatives which promote physical health and wellbeing</li> <li>3. Staff access to work place initiatives to promote mental health and wellbeing</li> <li>4. Staff have access to staff support and development resources in the workplace</li> <li>5. Maximise opportunities for staff engagement in the workplace</li> </ol> | 31/12/2019 | Head of Service  |
| HR 6.1                             | IT System                   | Implement HR IT System                     | 1. Implement HR IT System in Sligo/Leitrim and Cavan/Monaghan HR Departments  | 31/12/2019 | HR Manager Sligo / Leitrim & HR Manager Cavan / Monaghan |
| HR 7.1                             | Recruitment                 | Recruitment                                | 1. Review National and Local process in line with ongoing National review   | 31/12/2019 | Head of Service  |
| HR 8.1                             | Project - HR Data recording | Introduce a HR Data Recording system       | 1. HR have initiated a project to develop an IT system to record all Grievances, Dignity at Work, Trust in  | 31/12/2019 | Business Manager   |



| Workforce Operational Plan Actions |  |  |   |            |                          |
|------------------------------------|--|--|---|------------|--------------------------|
| OP Ref                             | Priority Area                                  | Key Result Area  | Priority Action   | Timeline   | Lead                     |
|                                    | system   |  | Care and Disciplinary cases within CHO 1.   |            |                          |
| HR 9.1                             | Project - Staff Achievement Recognition Awards | Staff Achievement Recognition Awards   | 1. Initiate Project to scope, plan, design and action Staff Achievement Recognition Awards within CHO 1   | 31/12/2019 | HR Manager Sligo Leitrim |
| HR 10.1                            | Garda Vetting                                  | Garda Vetting  | 1. Implement recommendations from National Working Group on Garda Vetting   | 31/12/2019 | All HR Managers          |
| HR 11.1                            | Agency   | Agency Utilisation   | 1. Recruitment of nursing grades<br>2. Absenteeism<br>3. Conversion of Agency staff   | 31/12/2019 | All HR Managers          |
| HR 12.1                            |  | HR Supports to staff and Managers re Interviews and HR Policies and Procedures ( HR Drop in Clinics) | 1. Sligo/Leitrim HR has arranged a full day drop in clinic for interviews and interviewees<br>2. Sligo/Leitrim HR has arranged a half day drop in clinic for staff, where they can get information on HR policies and procedures, Terms and Conditions etc<br>3. Develop and disseminate information packs on HR supports available to employees including but not limited to management development training |            | HR Manager Sligo Leitrim |



| Workforce<br>Operational Plan Actions |  |  |  |          |      |
|---------------------------------------|--|--|--|----------|------|
| OP Ref                                | Priority Area                          | Key Result Area                                | Priority Action  | Timeline | Lead |
|                                       |  |  | leadership development training, e-learning via HSELand, coaching, mentoring and HSE employee support services etc   |          |      |
| HR 13.1                               | Values and Action Programme            | Implement Values and Action Programme in CHO 1 | 1. Consider the Roll out of National Values in Action Programme on a pilot basis within CHO 1, subject to capacity   |          |      |
| HR 14.1                               | European Working Time Directive (EWTD) |  | 1. Monitor, manage and make national returns on KPIs monthly, on performance and achievement of EWTD compliance, in particular for Medical staff, and relevant Social Care staff |          |      |

# Appendices





## Appendix 1: Financial Tables

|  |                                | 2019 Opening Budget | 2018 Closing Budget | 2018 Expenditure |
|--|--------------------------------|---------------------|---------------------|------------------|
|  |                                | €m                  | €m                  | €m               |
| Corporate  | <b>Total Corporate</b>         | <b>0.1</b>          | <b>0.7</b>          | <b>0.5</b>       |
| Primary Care   | Primary Care (Core services) * | 85.7                | 84.4                | 91.3             |
|  | Community Schemes (Demand Led) | 22.0                | 22.0                | 23.0             |
|  | Social Inclusion               | 2.9                 | 3.2                 | 2.9              |
|  | Palliative Care                | 6.4                 | 6.3                 | 6.5              |
|  | <b>Total Primary Care</b>      | <b>116.9</b>        | <b>115.9</b>        | <b>123.7</b>     |
| Social Care  | Older Persons Services**       | 84.1                | 87.8                | 88.0             |
|  | Disability Services            | 140.7               | 135.6               | 135.1            |
|  | <b>Total Social Care</b>       | <b>224.8</b>        | <b>223.4</b>        | <b>223.1</b>     |
| Mental Health  | <b>Total Mental Health***</b>  | <b>74.5</b>         | <b>75.4</b>         | <b>75.7</b>      |
| <b>Total CHO 1</b>   |                                | <b>416.3</b>        | <b>415.4</b>        | <b>423.0</b>     |
| <p>* Funding to be applied centrally in 2019 for Paediatric Home Care Package funding</p> <p>** Funding for vacant short stay beds is being held nationally</p> <p>*** Represents opening budget for Mental Health before receipt of development monies.</p> |                                |                     |                     |                  |

## Appendix 2: HR Information

| <b>Business Entity</b> | <b>Division</b> | <b>Census WTE<br/>@<br/>December 2018</b> | <b>2019 WTE Limit**</b> |
|------------------------|-----------------|---|-------------------------|
| CHO 1                  | Primary Care    | 1232.90                                   | 1,206                   |
|                        | Mental Health   | 941.41                                    | 919                     |
|                        | Social Care*    | 3,261.42                                  | 4,823                   |
| <b>Overall Result</b>  |                 | <b>5,435.73</b>                           | <b>5,458</b>            |

\* Social Care includes Home Helps which were not recorded on the Personnel Census in 2017

\*\* Engagement in relation to 2019 WTE limits to be reviewed on a quarterly basis and finalised



# Appendix 3: National Scorecard & Performance Indicator Suite

| Primary Care   |                  |  |                              |
|--|------------------|--|------------------------------|
| KPI Title  | Reporting Period | 2019 National Target / Expected Activity | 2019 Expected Activity CHO 1 |
| <b>Community Diagnostics (Privately Provided Service)</b>  |                  |  |                              |
| No. of ultrasound referrals accepted   | M                | 25,480                                   | 7,540                        |
| No. of ultrasound examinations undertaken  | M                | 25,480                                   | 7,540                        |
| <b>Community Intervention Teams</b>  |                  | <b>45,432</b>                            | <b>1,416</b>                 |
| Admission Avoidance (includes OPAT)  | M                | 1,380                                    | 60                           |
| Hospital Avoidance   | M                | 33,180                                   | 948                          |
| Early discharge (includes OPAT)  | M                | 7,068                                    | 240                          |
| Unscheduled referrals from community sources   | M                | 3,804                                    | 168                          |
| Outpatient Parenteral Antimicrobial Therapy (OPAT) Re-admission rate %   | M                | ≤5%                                      | ≤5%                          |
| <b>Community Intervention Teams Referrals by referral source</b>   |                  | <b>45,432</b>                            | <b>1,416</b>                 |
| ED / Hospital wards / Units  | M                | 29,736                                   | 852                          |
| GP Referral  | M                | 11,148                                   | 444                          |
| Community Referral   | M                | 2,760                                    | 48                           |
| OPAT Referral  | M                | 1,788                                    | 72                           |
| <b>GP Out of Hours</b>   |                  |  |                              |
| No. of contacts with GP Out of Hours Service   | M                | 1,147,496                                | 59,417                       |
| <b>Physiotherapy</b>   |                  |  |                              |
| No. of physiotherapy patient referrals   | M                | 199,236                                  | 26,268                       |
| No. of physiotherapy patients seen for a first time assessment   | M                | 162,549                                  | 21,708                       |
| No. of physiotherapy patients treated in the reporting month   | M                | 34,926                                   | 4,879                        |
| No. of physiotherapy service face to face contacts/visits  | M                | 709,764                                  | 100,308                      |
| Total no. of physiotherapy patients on the assessment waiting  | M                | 34,023                                   | 3,994                        |
| No. of physiotherapy patients on the assessment waiting list at the end of the reporting period 0 - ≤ 12 weeks           | M                | No target                                | No target                    |
| No. of physiotherapy patients on the assessment waiting list at the end of the reporting period >12 weeks - ≤ 26 weeks   | M                | 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 | M                | 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 | M                | No target                                | No target                    |
| No. of physiotherapy patients on the assessment waiting list at the end of the reporting period > 52 weeks               | M                | No target                                | No target                    |
| % of new physiotherapy patients seen for assessment within 12 weeks  | M                | 81%                                      | 81%                          |



| Primary Care   |                  |  |                              |
|--|------------------|--|------------------------------|
| KPI Title  | Reporting Period | 2019 National Target / Expected Activity | 2019 Expected Activity CHO 1 |
| % of physiotherapy patients on waiting list for assessment ≤ 26 weeks  | M                | 84%                                      | 84%                          |
| % of physiotherapy patients on waiting list for assessment ≤ 39 weeks  | M                | 91%                                      | 91%                          |
| % of physiotherapy patients on waiting list for assessment ≤ to 52 weeks   | M                | 95%                                      | 95%                          |
| <b>Occupational Therapy</b>  |                  |  |                              |
| No. of occupational therapy service user referrals   | M                | 94,800                                   | 9,528                        |
| No. of new occupational therapy service users seen for a first assessment  | M                | 94,678                                   | 9,296                        |
| No. of occupational therapy service users treated (direct and indirect) monthly target                                       | M                | 21,803                                   | 2,370                        |
| Total no. of occupational therapy service users on the assessment waiting list at the end of the reporting period            | M                | 31,220                                   | 1,576                        |
| No. of occupational therapy service users on the assessment waiting list at the end of the reporting period 0 - ≤ 12 weeks   | M                | 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 | M                | 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 ≤  | M                | 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 ≤  | M                | No target                                | No target                    |
| No. of occupational therapy service users on the assessment waiting list at the end of the reporting period > 52 weeks       | M                | No target                                | No target                    |
| % of new occupational therapy service users seen for assessment within 12 weeks  | M                | 68%                                      | 68%                          |
| % of occupational therapy service users on waiting list for assessment ≤ 26 weeks  | M                | 54%                                      | 54%                          |
| % of occupational therapy service users on waiting list for assessment ≤ 39 weeks  | M                | 67%                                      | 67%                          |
| % of occupational therapy service users on waiting list for assessment ≤ to 52 weeks   | M                | 85%                                      | 85%                          |
| <b>Primary Care – Speech and Language Therapy</b>  |                  |  |                              |
| No. of speech and language therapy patient referrals   | M                | 50,892                                   | 4,788                        |
| Existing speech and language therapy patients seen in the month  | M                | 19,514                                   | 2,169                        |
| New speech and language therapy patients seen for initial assessment   | M                | 45,635                                   | 4,045                        |
| Total no. of speech and language therapy patients waiting initial assessment at end of the reporting period                  | M                | 14,236                                   | 1,162                        |



| Primary Care   |                  |  |                              |
|--|------------------|--|------------------------------|
| KPI Title  | Reporting Period | 2019 National Target / Expected Activity | 2019 Expected Activity CHO 1 |
| Total no. of speech and language therapy patients waiting initial therapy at end of the reporting period           | M                | 7,939                                    | 189                          |
| % of speech and language therapy patients on waiting list for assessment ≤ to 52 weeks                             | M                | 100%                                     | 100%                         |
| % of speech and language therapy patients on waiting list for treatment ≤ to 52 weeks                              | M                | 100%                                     | 100%                         |
| <b>Primary Care – Speech and Language Therapy Service</b>  |                  |  |                              |
| New speech and language therapy patients seen for initial  | M                | 3,882                                    | 213                          |
| No. of speech and language therapy initial therapy   | M                | 16,956                                   | 175                          |
| No. of speech and language therapy further therapy   | M                | 20,062                                   | 1,924                        |
| <b>Primary Care – Podiatry</b>   |                  |  |                              |
| No. of podiatry patient referrals  | M                | 11,184                                   | 1,872                        |
| Existing podiatry patients seen in the month   | M                | 6,187                                    | 1,701                        |
| New podiatry patients seen   | M                | 8,856                                    | 1,536                        |
| Total no. of podiatry patients on the treatment waiting list at the end of the reporting period                    | M                | 3,654                                    | 718                          |
| No. of podiatry patients on the treatment waiting list at the end of the reporting period 0 - ≤ 12 weeks           | M                | No target                                | No target                    |
| No. of podiatry patients on the treatment waiting list at the end of the reporting period >12 weeks - ≤ 26 weeks   | M                | 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 | M                | 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 | M                | No target                                | No target                    |
| No. of podiatry patients on the treatment waiting list at the end of the reporting period > 52 weeks               | M                | No target                                | No target                    |
| % of podiatry patients on waiting list for treatment ≤ 12 weeks  | M                | 32%                                      | 32%                          |
| % of podiatry patients on waiting list for treatment ≤ 26 weeks  | M                | 52%                                      | 52%                          |
| % of podiatry patients on waiting list for treatment ≤ 39 weeks  | M                | 65%                                      | 65%                          |
| % of podiatry patients on waiting list for treatment ≤ to 52 weeks   | M                | 77%                                      | 77%                          |
| No. of patients with diabetic active foot disease treated in the reporting month                                   | M                | 552                                      | 202                          |
| No. of treatment contacts for diabetic active foot disease in the reporting month                                  | M                | 1,113                                    | 311                          |
| <b>Primary Care – Ophthalmology</b>  |                  |  |                              |
| No. of ophthalmology patient referrals   | M                | 24,888                                   | 5,232                        |
| Existing ophthalmology patients seen in the month  | M                | 6,080                                    | 1,661                        |



| Primary Care  |                  |  |                              |
|---|------------------|--|------------------------------|
| KPI Title   | Reporting Period | 2019 National Target / Expected Activity | 2019 Expected Activity CHO 1 |
| New ophthalmology patients seen   | M                | 26,232                                   | 5,844                        |
| Total no. of ophthalmology patients on the treatment waiting list at the end of the reporting period                    | M                | 20,203                                   | 2,271                        |
| No. of ophthalmology patients on the treatment waiting list at the end of the reporting period 0 - ≤ 12 weeks           | M                | No target                                | No target                    |
| No. of ophthalmology patients on the treatment waiting list at the end of the reporting period >12 weeks - ≤ 26 weeks   | M                | 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 | M                | 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 | M                | No target                                | No target                    |
| No. of ophthalmology patients on the treatment waiting list at the end of the reporting period > 52 weeks               | M                | No target                                | No target                    |
| % of ophthalmology patients on waiting list for treatment ≤ 12 weeks  | M                | 26%                                      | 26%                          |
| % of ophthalmology patients on waiting list for treatment ≤ 26 weeks  | M                | 46%                                      | 46%                          |
| % of ophthalmology patients on waiting list for treatment ≤ 39 weeks  | M                | 58%                                      | 58%                          |
| % of ophthalmology patients on waiting list for treatment ≤ 52 weeks  | M                | 66%                                      | 66%                          |
| <b>Primary Care – Audiology</b>   |                  |  |                              |
| No. of audiology patient referrals  | M                | 20,256                                   | 1,716                        |
| Existing audiology patients seen in the month   | M                | 2,899                                    | 409                          |
| New audiology patients seen   | M                | 17,760                                   | 2,360                        |
| Total no. of audiology patients on the treatment waiting list at the end of the reporting period                        | M                | 15,088                                   | 2,253                        |
| No. of audiology patients on the treatment waiting list at the end of the reporting period 0 - ≤ 12 weeks               | M                | No target                                | No target                    |
| No. of audiology patients on the treatment waiting list at the end of the reporting period >12 weeks - ≤ 26 weeks       | M                | 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     | M                | No target                                | No target                    |
| No. of audiology patients on the treatment waiting list at the end of the reporting period >39 weeks but ≤ 52 weeks     | M                | No target                                | No target                    |
| No. of audiology patients on the treatment waiting list at the end of the reporting period > 52 weeks                   | M                | No target                                | No target                    |
| % of audiology patients on waiting list for treatment ≤ 12 weeks  | M                | 41%                                      | 41%                          |
| % of audiology patients on waiting list for treatment ≤ 26 weeks  | M                | 64%                                      | 64%                          |



| Primary Care   |                     |  |                              |
|--|---------------------|--|------------------------------|
| KPI Title  | Reporting Period    | 2019 National Target / Expected Activity | 2019 Expected Activity CHO 1 |
| % of audiology patients on waiting list for treatment ≤ 39 weeks   | M                   | 78%                                      | 78%                          |
| % of audiology patients on waiting list for treatment ≤ to 52 weeks  | M                   | 88%                                      | 88%                          |
| <b>Primary Care – Newborn Hearing Screening Programme</b>  |                     |  |                              |
| Total no. and % of eligible babies whose screening was   | Q, 1 Qtr in         | TBA                                      | TBA                          |
| No. of babies identified with primary childhood hearing impairment referred to audiology services from the screening | Q, 1 Qtr in Arrears | TBA                                      | TBA                          |
| No. and % of babies from screening programme identified with a hearing loss by six months of age                     | Q, 1 Qtr in Arrears | TBA                                      | TBA                          |
| <b>Primary Care – Dietetics</b>  |                     |  |                              |
| No. of dietetic patient referrals  | M                   | 34,788                                   | 4,200                        |
| Existing dietetic patients seen in the month   | M                   | 3,459                                    | 542                          |
| New dietetic patients seen   | M                   | 21,874                                   | 3,200                        |
| Total no. of dietetic patients on the treatment waiting list at the end of the reporting period                      | M                   | 16,085                                   | 1,211                        |
| No. of dietetic patients on the treatment waiting list at the end of the reporting period 0 - ≤ 12 weeks             | M                   | No target                                | No target                    |
| No. of dietetic patients on the treatment waiting list at the end of the reporting period >12 weeks - ≤ 26 weeks     | M                   | 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   | M                   | 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   | M                   | No target                                | No target                    |
| No. of dietetic patients on the treatment waiting list at the end of the reporting period > 52 weeks                 | M                   | No target                                | No target                    |
| % of dietetic patients on waiting list for treatment ≤ 12 weeks  | M                   | 37%                                      | 37%                          |
| % of dietetic patients on waiting list for treatment ≤ 26 weeks  | M                   | 59%                                      | 59%                          |
| % of dietetic patients on waiting list for treatment ≤ 39 weeks  | M                   | 71%                                      | 71%                          |
| % of dietetic patients on waiting list for treatment ≤ to 52 weeks   | M                   | 79%                                      | 79%                          |
| <b>Primary Care – Psychology</b>   |                     |  |                              |
| No. of psychology patient referrals  | M                   | 12,948                                   | 1,668                        |
| Existing psychology patients seen in the month   | M                   | 2,550                                    | 567                          |
| New psychology patients seen   | M                   | 10,884                                   | 1,656                        |
| Total no. of psychology patients on the treatment waiting list at the end of the reporting period                    | M                   | 7,919                                    | 712                          |



| Primary Care   |                       |  |                              |
|--|-----------------------|--|------------------------------|
| KPI Title  | Reporting Period      | 2019 National Target / Expected Activity | 2019 Expected Activity CHO 1 |
| No. of psychology patients on the treatment waiting list at the end of the reporting period 0 - ≤ 12 weeks           | M                     | No target                                | No target                    |
| No. of psychology patients on the treatment waiting list at the end of the reporting period >12 weeks - ≤ 26 weeks   | M                     | 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 | M                     | 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 | M                     | No target                                | No target                    |
| No. of psychology patients on the treatment waiting list at the end of the reporting period > 52 weeks               | M                     | No target                                | No target                    |
| % of psychology patients on waiting list for treatment ≤ 12 weeks  | M                     | 36%                                      | 36%                          |
| % of psychology patients on waiting list for treatment ≤ 26 weeks  | M                     | 49%                                      | 49%                          |
| % of psychology patients on waiting list for treatment ≤ 39 weeks  | M                     | 64%                                      | 64%                          |
| % of psychology patients on waiting list for treatment ≤ to 52 weeks   | M                     | 81%                                      | 81%                          |
| <b>Primary Care – Nursing</b>  |                       |  |                              |
| No. of nursing patient referrals   | M                     | 140,832                                  | 11,676                       |
| Existing nursing patients seen in the month  | M   Mth in            | 52,063                                   | 3,650                        |
| New nursing patients seen  | M   Mth in            | 118,849                                  | 5,725                        |
| % of new patients accepted onto the nursing caseload and seen within 12 weeks  | M   Mth in<br>Arrears | 100%                                     | 100%                         |
| <b>Child Health</b>  |                       |  |                              |
| % of children reaching 10 months within the reporting period   | M   Mth in            | 95%                                      | 95%                          |
| % of newborn babies visited by a PHN within 72 hours of discharge from maternity services                            | Q                     | 98%                                      | 98%                          |
| % of babies breastfed (exclusively and not exclusively) at first PHN visit   | Q 1 Qtr in<br>Arrears | 58%                                      | 58%                          |
| % of babies breastfed exclusively at first PHN visit   | Q 1 Qtr in<br>Arrears | 48%                                      | 48%                          |
| % of babies breastfed (exclusively and not exclusively) at three month PHN visit                                     | Q 1 Qtr in<br>Arrears | 40%                                      | 40%                          |
| % of babies breastfed exclusively at three month PHN visit   | Q 1 Qtr in<br>Arrears | 30%                                      | 30%                          |
| <b>Oral Health Primary Dental Care</b>   |                       |  |                              |
| No. of new oral health patients in target groups attending for scheduled assessment                                  | M                     | 162,336                                  | 17,100                       |
| No. of new oral health patients attending for unscheduled assessment   | M                     | 64,812                                   | 6,612                        |





| Primary Care  |                  |  |                              |
|---|------------------|--|------------------------------|
| KPI Title   | Reporting Period | 2019 National Target / Expected Activity | 2019 Expected Activity CHO 1 |
| % of new oral health patients who commenced treatment within three months of scheduled oral health assessment | M                | 90%                                      | 90%                          |
| <b>Orthodontics</b>   |                  |  |                              |
| No. of orthodontic patients receiving active treatment at the end of the reporting period                     | Q                | 18,000                                   |                              |
| No. and % of orthodontic patients seen for assessment within 6 months   | Q                | 2,406<br>46%                             | 761<br>46%                   |
| % of orthodontic patients on the waiting list for assessment ≤ 12 months                                      | Q                | 100%                                     | 100%                         |
| % of orthodontic patients on the treatment waiting list ≤ two years   | Q                | 75%                                      | 75%                          |
| % of orthodontic patients (grades 4 and 5) on treatment waiting list less than four years                     | Q                | 99%                                      | 99%                          |
| No. of orthodontic patients on the assessment waiting list at the end of the reporting period                 | Q                | 8,722                                    |                              |
| No. of orthodontic patients (grade 4) on the treatment waiting list at the end of the reporting period        | Q                | 9,432                                    | 2898                         |
| No. of orthodontic patients (grade 5) on the treatment waiting list at the end of the reporting period        | Q                | 8,426                                    | 2271                         |
| % of orthodontic patients (grades 4 and 5) on the treatment waiting list longer than four years               | Q                | <6%                                      | <6%                          |
| <b>Services to persons with Hepatitis C</b>   |                  |  |                              |
| No. of Health Amendment Act 1996 cardholders who were   | Q                | 340                                      | 25                           |



| Social Inclusion   |  |                              |
|--|--|------------------------------|
| Performance Activity / KPI (Wording as per NSP/OP)   | 2019 National Target / Expected Activity | 2019 Expected Activity CHO 1 |
| Number of pharmacies recruited to provide a Pharmacy Needle Exchange Programme                         | 95                                       | 11                           |
| No of unique individuals attending the Pharmacy Needle Exchange Programme                              | 1,650                                    | 27                           |
| No. of pharmacy needle exchange packs provided as per the Pharmacy Needle Exchange Programme           | No Target                                |                              |
| Number of clean needles provided each month as per the Pharmacy Needle Exchange Programme              | 22,559                                   | 606                          |
| Average no. of clean needles (and accompanying injecting paraphenilia per unique individual each month | 14                                       | 14                           |
| No. of needle / syringe packs returned as per the Pharmacy Needle Exchange Programme                   | 643                                      | 20                           |
| % of needle / syringe packs returned as per the Pharmacy Needle Exchange Programme                     | 41%                                      | 41%                          |

| Palliative Care   |                      |       |
|---|----------------------|-------|
| Palliative Care   | Target/E A Full Year | CHO 1 |
| Access to specialist inpatient bed within seven days during the reporting year  | 98%                  | 98%   |
| No. accessing specialist inpatient bed within seven days (during the reporting year)  | 3,809                | 263   |
| % of patients triaged within one working day of referral (Inpatient Unit)   | 90%                  | 90%   |
| Access to specialist palliative care services in the community provided within seven days (normal place of residence)                 | 90%                  | 90%   |
| % of patients triaged within one working day of referral (Community)  | 95%                  | 95%   |
| No. of patients who received specialist palliative care treatment in their normal place of residence in the month                     | 3,405                | 375   |
| No. of children in the care of the Clinical Nurse Co-ordinator for Children with Life Limiting Conditions (children's outreach nurse) | 280                  | 26    |
| No. of children in the care of the acute specialist paediatric palliative care team (during the reporting month)                      | 97                   |       |



| Mental Health   |                  |  |                              |
|---|------------------|--|------------------------------|
| KPI Title   | Reporting Period | 2019 National Target / Expected Activity | 2019 Expected Activity CHO 1 |
| % of accepted referrals / re-referrals offered first appointment within 12 weeks by General Adult Community Mental Health Team                                    | M                | 90%                                      | 90%                          |
| % of accepted referrals / re-referrals offered first appointment and seen within 12 weeks by General Adult Community Mental Health Team                           | M                | 75%                                      | 75%                          |
| %. of new (including re-referred) General Adult Community Mental Health Team cases offered appointment and DNA in the current month                               | M                | < 22%                                    | < 22%                        |
| % of accepted referrals / re-referrals offered first appointment within 12 weeks by Psychiatry of Later Life Community Mental Health Teams                        | M                | 98%                                      | 98%                          |
| % of accepted referrals / re-referrals offered first appointment and seen within 12 weeks by Psychiatry of Later Life Community Mental Health Teams               | M                | 95%                                      | 95%                          |
| %. of new (including re-referred) Later Life Psychiatry Team cases offered appointment and DNA in the current month   | M                | < 3%                                     | < 3%                         |
| Admissions of children to Child and Adolescent Acute Inpatient Units as a % of the total number of admissions of children to mental health acute inpatient units. | M                | 75%                                      | N/A                          |
| Percentage of Bed days used in HSE Child and Adolescent Acute Inpatient Units as a total of Bed days used by children in mental health acute inpatient units      | M                | 95%                                      | 95%                          |
| % of accepted referrals / re-referrals offered first appointment within 12 weeks by Child and Adolescent Community Mental Health Teams                            | M                | 78%                                      | 78%                          |
| % of accepted referrals / re-referrals offered first appointment and seen within 12 weeks by Child and Adolescent Community Mental Health Teams                   | M                | 72%                                      | 72%                          |
| %. of new (including re-referred) child/adolescent referrals offered appointment and DNA in the current month   | M                | < 10%                                    | < 10%                        |
| % of accepted referrals / re-referrals offered first appointment and seen within 12 months by Child and Adolescent Community Mental Health Teams excluding DNAs   | M                | 95%                                      | 95%                          |
| % of urgent referrals to Child and Adolescent Mental Health Teams responded to within three working days  | M                | New KPI 2019                             | New KPI 2019                 |
| No. of adult referrals seen by mental health services   | M                | 28,716                                   | 2,525                        |
| No. of admissions to adult acute inpatient units  | Q in arrears     | 12,148                                   | 1,353                        |
| No. of Psychiatry of Later Life referrals seen by mental health services  | M                | 8,896                                    | 1,217                        |
| No. of CAMHs referrals received by mental health services   | M                | 18,128                                   | 1,404                        |
| No. of CAMHs referrals seen by mental health services   | M                | 10,833                                   | 880                          |
| Total No. to be seen for a first appointment at the end of each month.  | M                | 2,498                                    | 205                          |
| Total No. to be seen 0-3 months   | M                | 1,142                                    | 117                          |
| Total No. on waiting list for a first appointment waiting > 3 months  | M                | 1,356                                    | 88                           |
| Total No. on waiting list for a first appointment waiting > 12 months   | M                | 0  | 0                            |
| No. of admissions to adult acute inpatient units  | Q in arrears     | 12,148                                   | 1,353                        |



| Mental Health  |                  |  |                              |
|--|------------------|--|------------------------------|
| KPI Title  | Reporting Period | 2019 National Target / Expected Activity | 2019 Expected Activity CHO 1 |
| Median length of stay  | Q in arrears     | 11                                       | 11                           |
| Rate of admissions to adult acute inpatient units per 100,000 population in mental health catchment area   | Q in arrears     | 62.9                                     | 85.8                         |
| First admission rates to adult acute units (that is, first ever admission), per 100,000 population in mental health catchment area                       | Q in arrears     | 23.0                                     | 25.5                         |
| Acute re-admissions as % of admissions   | Q in arrears     | 63%                                      | 70%                          |
| Inpatient re-admission rates to adult acute units per 100,000 population in mental health catchment area   | Q in arrears     | 39.9                                     | 60.3                         |
| No. of adult acute inpatient beds per 100,000 population in the mental health catchment area   | Q in arrears     | 21.3                                     | 23.1                         |
| No. of adult involuntary admissions  | Q in arrears     | 1,918                                    | 138                          |
| Rate of adult involuntary admissions per 100,000 population in mental health catchment area  | Q in arrears     | 9.9                                      | 8.8                          |
| Number of General Adult Community Mental Health Teams  | M                | 114 (119)                                | 9                            |
| Number of referrals (including re-referred) received by General Adult Community Mental Health Teams  | M                | 43,819                                   | 3,676                        |
| Number of Referrals (including re-referred) accepted by General Adult Community Mental Health Teams  | M                | 39,437                                   | 3,308                        |
| No. of new (including re-referred) General Adult Community Mental Health Team cases offered first appointment for the current month (seen and DNA below) | M                | 35,035                                   | 3,080                        |
| No. of new (including re-referred) General Adult Community Mental Health Team cases seen in the current month  | M                | 28,716                                   | 2,525                        |
| No. of new (including re-referred) General Adult Community Mental Health Team cases offered appointment and DNA in the current month                     | M                | 6,319                                    | 555                          |
| % of new (including re-referred) General Adult Community Mental Health Team cases offered appointment and DNA in the current month                       | M                | < 22%                                    | < 22%                        |
| Number of cases closed/discharged by General Adult Community Mental Health Teams   | M                | 27,606                                   | 2,316                        |
| Number of Psychiatry of Later Life Community Mental Health Teams   | M                | 31                                       | 3                            |
| Number of referrals (including re-referred) received by Psychiatry of Later Life Mental Health Teams   | M                | 12,455                                   | 1,314                        |
| Number of Referrals (including re-referred) accepted by Psychiatry of Later Life Community Mental Health Teams   | M                | 11,211                                   | 1,183                        |
| No. of new (including re-referred ) Later Life Psychiatry Team cases offered first appointment for the current month (seen and DNA below)                | M                | 9,163                                    | 1,253                        |
| No. of new (including re-referred) Later Life Psychiatry Team cases seen in the current month  | M                | 8,896                                    | 1,217                        |
| No. of new (including re-referred) Later Life Psychiatry cases offered appointment and DNA in the current month  | M                | 267                                      | 36                           |
| Number of cases closed/discharged by Later Life Psychiatry Community Mental Health Teams   | M                | 8,969                                    | 947                          |
| No. of child and adolescent Community Mental Health Teams  | M                | 70                                       | 6                            |
| No. of child and adolescent Day Hospital Teams   | M                | 4  | 0                            |
| No. of Paediatric Liaison Teams  | M                | 3  | 0                            |



| Mental Health   |                  |  |                              |
|---|------------------|--|------------------------------|
| KPI Title   | Reporting Period | 2019 National Target / Expected Activity | 2019 Expected Activity CHO 1 |
| No. of child / adolescent admissions to HSE child and adolescent mental health inpatient units                            | M                | 296                                      | N/A                          |
| No. of children / adolescents admitted to adult HSE mental health inpatient units   | M                | 30                                       | N/A                          |
| i). <16 years   | M                | 0  | N/A                          |
| ii). <17 years  | M                | 0  | N/A                          |
| iii). <18 years   | M                | 30                                       | N/A                          |
| No. of child / adolescent referrals (including re-referred) received by mental health services                            | M                | 18,128                                   | 1,404                        |
| No. of child / adolescent referrals (including re-referred) accepted by mental health services                            | M                | 13,069                                   | 1,010                        |
| No. of new (including re-referred ) CAMHS Team cases offered first appointment for the current month (seen and DNA below) | M                | 11,919                                   | 969                          |
| No. of new (including re-referred) child/adolescent referrals seen in the current month                                   | M                | 10,833                                   | 880                          |
| No. of new (including re-referred) child/adolescent referrals offered appointment and DNA in the current month            | M                | 1,086                                    | 89                           |
| No. of cases closed / discharged by CAMHS service   | M                | 10,454                                   | 808                          |
| Total No. to be seen for a first appointment by expected wait time at the end of each month.                              | M                | 2,498                                    | 205                          |
| i) 0-3 months   | M                | 1,142                                    | 117                          |
| ii). 3-6 months   | M                | 550                                      | 45                           |
| iii). 6-9 months  | M                | 454                                      | 24                           |
| iv). 9-12 months  | M                | 352                                      | 19                           |
| v). > 12 months   | M                | 0  | 0                            |
| 12-15 months  | M                | 0  | 0                            |
| 15-18 months  | M                | 0  | 0                            |
| > 18 months   | M                | 0  | 0                            |
| 18-21 months  | M                | 0  | 0                            |
| 21-24 months  | M                | 0  | 0                            |
| 24-27 months  | M                | 0  | 0                            |
| 27-30 months  | M                | 0  | 0                            |
| 30-33 months  | M                | 0  | 0                            |
| 33-36 months  | M                | 0  | 0                            |
| 36-39 months  | M                | 0  | 0                            |
| 39-42 months  | M                | 0  | 0                            |
| 42-45 months  | M                | 0  | 0                            |
| 45-48 months  | M                | 0  | 0                            |
| >48 months  | M                | 0  | 0                            |



| Disability Services   |  |                              |
|---|--|------------------------------|
| Performance Activity / KPI (Wording as per NSP/OP)  | 2019 National Target / Expected Activity | 2019 Expected Activity CHO 1 |
| Safeguarding: (combined KPI's with Older Persons Service)<br>% of Preliminary Screenings for adults aged 65 years and over with an outcome of reasonable grounds for concern that are submitted to the Safeguarding and Protection Teams accompanied by an interim Safeguarding Plan. | 100%                                     | 100%                         |
| Safeguarding: (combined KPI's with Older Persons Service)<br>% of Preliminary Screenings for adults under 65 years with an outcome of reasonable grounds for concern that are submitted to the Safeguarding and Protection Teams accompanied by an interim Safeguarding Plan.         | 100%                                     | 100%                         |
| % compliance with regulations following HIQA inspection of Disability Residential Services  | 80%                                      |                              |
| No. of requests for assessments of need received for children   | 5,065                                    | 88                           |
| % of child assessments completed within the timelines as provided for in the regulations  | 100%                                     | 100%                         |
| % of school leavers and Rehabilitation Training (RT) graduates who have been provided with a placement  | 100%                                     | 100%                         |
| % of Children's Disability Network Teams established  | 100%                                     | 100%                         |
| No. of Children's disability Network Teams established  | 80                                       | No target ⚡                  |
| No. of residential places for people with a disability  | 8,568                                    | 703                          |
| No. of new emergency places provided to people with a Disability  | 90                                       |                              |
| Facilitate the movement of people from congregated to community settings  | 160                                      | 20                           |
| No of people with a disability in receipt of work/work-like activity services (ID/Autism and Physical and sensory disability)   | 2,513                                    | 181                          |
| No. of people (all disabilities) in receipt of Rehabilitative Training (RT)   | 2,282                                    | 224                          |
| No. of people with a disability in receipt of other day services (excl. RT and work/ Work-like activities (adult) (ID / Autism and Physical and sensory disability)   | 22,272                                   | 1,400                        |
| No of day only respite sessions accessed by people with a disability (ID/Autism and Physical and Sensory Disability)  | 32622                                    | 4,922                        |
| No of people with a disability in receipt of respite services (ID/Autism and Physical and Sensory Disability)   | 6,559                                    | 507                          |
| No. of overnights (with or without day respite) accessed by people with a disability (ID/Autism and Physical and Sensory Disability)  | 182,506                                  | 11,709                       |
| Number of PA Service hours delivered to adults with a physical and / or sensory disability  | 1,630,000                                | 137,349                      |
| No. of adults with a physical and / or sensory disability in receipt of a PA service  | 2,535                                    | 254                          |
| No. of Home Support Service Hours delivered to people with a disability (ID/Autism and Physical and Sensory Disability)   | 3,080,000                                | 312,480                      |
| No of people with a disability in receipt of Home Support Services (ID/Autism and Physical and Sensory Disability)  | 8,094                                    | 1,048                        |
| Percentage of "Transforming Lives" priorities Implemented   | 100%                                     | Retired                      |
| Percentage of Service improvement priorities implemented  | 100%                                     | Retired                      |
| % of CHOs who have established a Residents' Council / Family Forum / Service User Panel or equivalent for Disability Services   | 100%                                     | Retired                      |



| Disability Services  |      |         |
|--|------|---------|
| % 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% | Retired |

| Older Persons Services   |  |                              |
|--|--|------------------------------|
| Performance Activity / KPI (Wording as per NSP/OP)   | 2019 National Target / Expected Activity | 2019 Expected Activity CHO 1 |
| <b>Quality</b>   |  |                              |
| % of CHOs who have established a Residents' Council / Family Forum / Service User Panel or equivalent for Services for Older People  |  |                              |
| % of compliance with Regulations following HIQA inspection of HSE direct-provided Older Persons Residential Services   | 80%                                      | N/A                          |
| % 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   |  |                              |
| <b>Safeguarding</b>  |  |                              |
| % of Preliminary Screenings for adults aged 65 years and over with an outcome of reasonable grounds for concern that are submitted to the Safeguarding and Protection Teams accompanied by an interim Safeguarding Plan. | 100%                                     | 100%                         |
| % of Preliminary Screenings for adults under 65 years with an outcome of reasonable grounds for concern that are submitted to the Safeguarding and Protection Teams accompanied by an interim Safeguarding Plan.         | 100%                                     | 100%                         |
| <b>Deliver on Service Improvement Priorities</b>   |  |                              |
| Deliver on Service Improvement Priorities: %of Service improvement priorities implemented  |  |                              |
| <b>Home Support</b>  |  |                              |
| No. of Home Support hours provided (excluding provision of hours from Intensive Home Care Packages (IHCPs))  | 17,900,000                               | 1,720,000                    |
| No. of people in receipt of Home Support (excluding provision from Intensive Home Care Packages(IHCPs)) - each person counted once only  | 53,182                                   | 4,427                        |
| Intensive Home Care Packages   |  |                              |
| Total No. of persons in receipt of an Intensive Home Care Package (IHCP)   | 235                                      | N/A                          |
| % of clients in receipt of an IHCP with a Key Worker Assigned  | 100%                                     | 100%                         |
| No. of Home Support hours provided from Intensive Home Care Packages   | 360,000                                  | N/A                          |
| <b>NHSS</b>  |  |                              |
| No. of persons funded under NHSS in long term residential care during the reporting month  | 23,042                                   | N/A                          |
| % of clients with NHSS who are in receipt of Ancillary State Support   | 13.5%                                    | N/A                          |
| % of clients who have Common Summary Assessment Report (CSARs) processed within 6 weeks  | 90%                                      | N/A                          |
| <b>Public Beds</b>   |  |                              |
| No. of NHSS Beds in Public Long Stay Units   | 4,900                                    | 522                          |
| No. of Short Stay Beds in Public Long Stay Units   | 1,850                                    | 299                          |
| % Occupancy of Short Stay Beds to commence Q3 2019   | 90%                                      | 90%                          |



| Older Persons Services  |        |     |
|---|--------|-----|
| % of population over 65 years in NHSS funded Beds (based on 2016 Census figures)                          | ≤3.5%  | N/A |
| <b>Transitional Care Beds</b>   |        |     |
| No. of Persons at any given time being supported through transitional care in alternative care settings   | 1,160  | N/A |
| No. of Persons in acute hospitals approved for transitional care to move to alternative care settings     | 10,980 | N/A |
| <b>Single Assessment Tool (SAT)</b>   |        |     |
| No. of People seeking service who have been assessed using the Single Assessment Tool(SAT)(commencing Q4) | 300    | N/A |

| Health & Wellbeing Services   |                  |  |                              |
|---|------------------|--|------------------------------|
| KPI Title   | Reporting Period | 2019 National Target / Expected Activity | 2019 Expected Activity CHO 1 |
| No. of smokers who received face to face or telephone intensive cessation support from a cessation counsellor   | Q-1Q             | CHO/HG/ Nat Quitline                     |                              |
| No. of smokers who are receiving online cessation support services  | Q                | National                                 |                              |
| % of smokers on cessation programmes who were quit at four weeks  | Q-1Q             | National                                 |                              |
| No. of unique runners completing a 5k parkrun   | M                | CHO/LHO                                  |                              |
| No. of people attending a HSE funded structured community based healthy cooking programme   | Q                | CHO                                      |                              |
| No. of people who have completed a structured patient education programme for type 2 diabetes   | M                | CHO                                      | 650                          |
| % 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)    | Q-1Q             | LHO/CHO                                  | 95%                          |
| % children at 12 months of age who have received two doses of the Pneumococcal Conjugate vaccine (PCV2)   | Q-1Q             | LHO/CHO                                  | 95%                          |
| % children at 12 months of age who have received 1 dose of the Meningococcal group C vaccine (MenC1)  | Q-1Q             | LHO/CHO                                  | 95%                          |
| % children at 12 months of age who have received two doses of the Meningococcal group B vaccine (MenB2)   | Q-1Q             | LHO/CHO                                  | 95%                          |
| % children at 12 months of age who have received two doses of Rotavirus vaccine (Rota2)   | Q-1Q             | LHO/CHO                                  | 95%                          |
| % children aged 24 months who have received 3 doses Diphtheria (D3), Pertussis (P3), Tetanus (T3) vaccine, Haemophilus influenzae type b (Hib3), Polio (Polio3), hepatitis B (HepB3) (6 in 1) | Q-1Q             | LHO/CHO                                  | 95%                          |
| % children aged 24 months who have received 2 doses Meningococcal C (MenC2) vaccine   | Q-1Q             | LHO/CHO                                  | 95%                          |





**Health & Wellbeing Services**

|  |      |                   |     |
|--|------|-------------------|-----|
| % children aged 24 months who have received 1 dose Haemophilus influenzae type B (Hib) vaccine   | Q-1Q | LHO/CHO           | 95% |
| % children aged 24 months who have received 3 doses Pneumococcal Conjugate (PCV3) vaccine  | Q-1Q | LHO/CHO           | 95% |
| % children aged 24 months who have received the Measles, Mumps, Rubella (MMR) vaccine  | Q-1Q | LHO/CHO           | 95% |
| % of children aged 24 months who have received three doses of the Meningococcal group B vaccine (MenB3)  | Q-1Q | LHO/CHO           | 95% |
| % of children aged 24 months who have received two doses of the Rotavirus vaccine (Rota2)  | Q-1Q | LHO/CHO           | 95% |
| % children in junior infants who have received 1 dose 4-in-1 vaccine (Diphtheria, Tetanus, Polio, Pertussis)                                   | A    | LHO/CHO           | 95% |
| % children in junior infants who have received 1 dose Measles, Mumps, Rubella (MMR) vaccine  | A    | LHO/CHO           | 95% |
| % first year students who have received 1 dose Tetanus, low dose Diphtheria, Acellular Pertussis (Tdap) vaccine                                | A    | LHO/CHO           | 95% |
| % of first year girls who have received two doses of HPV Vaccine   | A    | LHO/CHO           | 85% |
| % of first year students who have received one dose meningococcal C (MenC) vaccine   | A    | LHO/CHO           | 95% |
| % of health care workers who have received seasonal Flu vaccine in the 2018-2019 influenza season (acute hospitals)                            | A    | National / HG     | 60% |
| % of health care workers who have received seasonal Flu vaccine in the 2018-2019 influenza season (long term care facilities in the community) | A    | National /CHO/LHO | 60% |
| % uptake in Flu vaccine for those aged 65 and older with a medical card or GP visit card   | A    | LHO/CHO           | 75% |
| No. of infectious disease (ID) outbreaks notified under the national ID reporting schedule   | Q    | National          |     |
| No. of individual outbreak associated cases of infectious disease (ID) notified under the national ID reporting schedule                       | Q    | National          |     |
| % of identified TB contacts, for whom screening was indicated, who were screened.  | Q-1Q | National          |     |
| No. of frontline Staff to complete the eLearning Making Every Contact Count Training in brief intervention                                     | Q    | National          |     |
| No. of frontline Staff to complete the Face to Face Module of the Make Every Contact Count Training in brief intervention                      | Q    | National          |     |



## Appendix 4: Capital Infrastructure

- The projects set out here should align with those set out in NSP2019 and in the Community Healthcare Plan 2019 as appropriate to your CHO. Please see NSP2019 for the criteria to be followed in the inclusion of any projects.

| Facility                                   | Project details  | Project Completion   | Fully Operational    | Additional Beds | Replacement Beds | Capital Cost €m |       | 2019 Implications |              |
|--|--|----------------------|----------------------|-----------------|------------------|-----------------|-------|-------------------|--------------|
|  |  |                      |                      |                 |                  | 2019            | Total | WTE               | Rev Costs €m |
| <b>Service Area</b>                        |  |                      |                      |                 |                  |                 |       |                   |              |
| Carrick On Shannon, Co. Leitrim            | Primary Care Centre by Lease agreement   | Q4 2019              | Q4 2019              | 0               | 0                | 0.15            | .15   | 0                 | 0            |
| Cregg House and Cloonmahon, Co. Sligo      | Six Units at varying stages of purchase/new build / refurbishment to meet housing requirements for 24 people transitioning from congregated settings | Phased delivery 2019 | Phased delivery 2019 | 0               | 24               | 1.22            | 2.63  | 0                 | 0            |
| Dungloe Community Hospital, Co. Donegal    | Upgrade and refurbishment to achieve HIQA compliance   | Q4 2019              | Q4 2019              | 0               | 0                | 1.4             | 1.67  | 0                 | 0            |
| Carndonagh Community Hospital, Co. Donegal | Upgrade and refurbishment to achieve HIQA compliance   | Q4 2019              | Q4 2019              | 0               | 0                | 1.7             | 2.33  | 0                 | 0            |