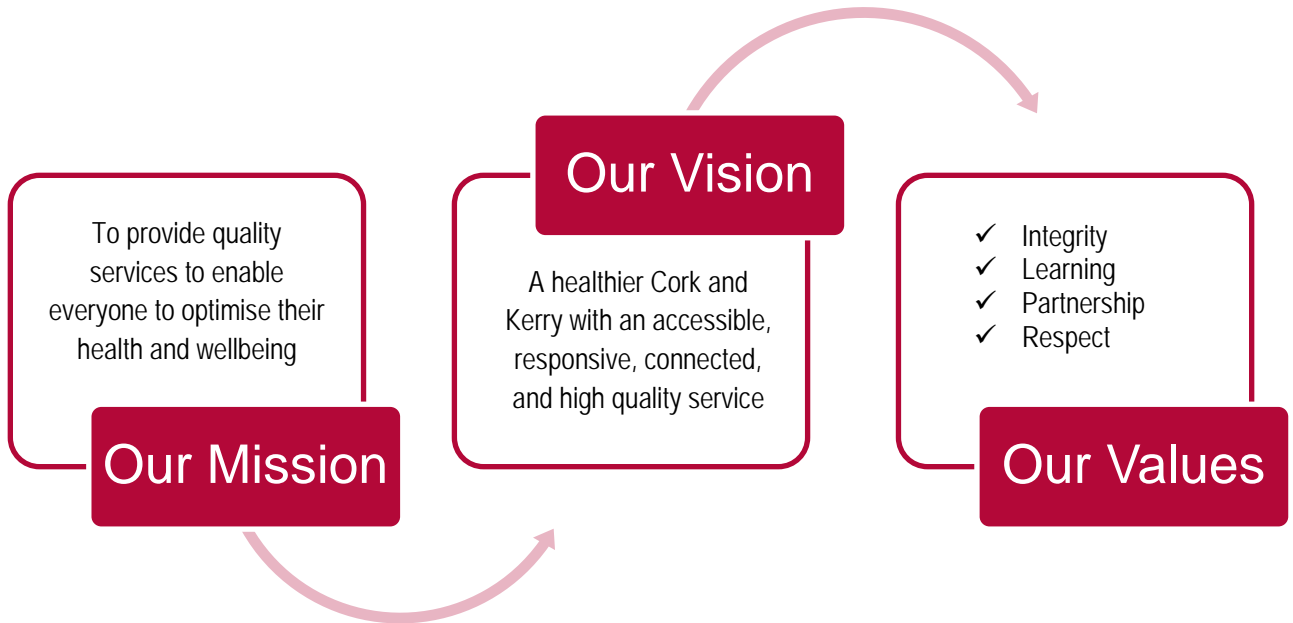




Cork Kerry Community Healthcare Operational Plan 2019



Our Strategic Priorities

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

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Foreword

In the National Service Plan 2019 the then Director General, John Connaghan, described 2018 as a very challenging year for the health service. Adverse events such as serious failures in one part of the Health Service in addition to the on-going changes in structures and personnel at national level, emphasise how important it is that local health services such as Cork Kerry Community Healthcare have a clear identity and are planning proactively to meet local needs within National Policy Frameworks and priorities.

Last year also saw Health Service staff respond to challenges in ways that demonstrated the best values of the public health service. Storm Emma highlighted the commitment and resilience of staff as they ensured that those who depend on our services were looked after. The local community healthcare response to the aftermath of the cervical cancer screening failures showed compassion and an ability to respond flexibly to local need.

Work has continued in Cork Kerry Community Healthcare (CKCH) in 2019 on planning the strategic direction of community healthcare services in Cork and Kerry. Staff from across the organisation are working as part of six workstreams implementing our priorities of Access, People, Quality, Resources, Health & Wellbeing and Engagement. The work from these six strategic priority work streams is reflected in the Strategic Plan to be published simultaneously with the 2019 Operational Plan and the short term actions for 2019 identified in the CKCH Strategic Plan also reflected in this Operational Plan.

The publication in August 2018 of the Sláintecare Implementation Plan along with the establishment of a Programme Office will mean that we will see visible progress on that strategy in 2019. This 10 year cross-party approach on the direction of Health Care delivery is a welcome attempt to protect the Health Service from short term changes in political strategies. The clear vision of Sláintecare is to increase the proportion of health care services that are delivered in primary care and other community settings.

As part of the work of implementation of Sláintecare, 2019 will see the announcement of new structures called Integrated Care Organisations (referred to as Regional Integrated Care Organisations in Sláintecare). As we anticipate and prepare for another round of structural change in health services, it is important that staff responsible for the delivery and planning of Community Healthcare services in Cork and Kerry continue to focus on how to address the current and future needs of the population we serve. This will involve delivering on our Strategic Priorities and seeking to align these with the emerging Sláintecare Programmes. Despite this level of structural change at National level, people still depend on local health services such as Community Hospitals, Mental Health Units, and Primary Care Teams, being responsive to their needs and working with each other to plan for and address needs.

Community Healthcare Networks (CHNs) will become the key geographic unit for the delivery of all Community Healthcare Services in the future. Each CHN will be in a position to deliver a range of community health services to a population of approximately 50,000. This year will see the implementation of one of our 14 networks as a Learning Site in Cork Kerry Community Healthcare as we, along with all other CHOs test the operating model for CHNs.

Working to improve integration of community healthcare and acute hospital services in Cork and Kerry remains a priority. Last year saw the commencement of the Five Fundamentals Project, a joint approach between CKCH and the South/South West Hospital Group, to address the key challenge of waiting times in Emergency Departments for admission. This project has led to an increased level of collaboration between acute hospital and community healthcare services as part of a systematic project management approach to service improvement.

Investment continues in improving the physical infrastructure in Community Hospitals and increased numbers of Primary Care Centres. Investment is also helping people with disabilities start new lives in community settings. In 2019 we want to focus on ensuring that this investment in facilities is matched by a focused investment in our staff commencing with CHO wide training and work force plans.

Finally, working in the Irish Health Care Services at this time may be very challenging but is also extremely rewarding. Cork Kerry Community Healthcare is proud to have committed, well qualified and resilient staff who deliver accessible, responsive, connected and high quality, services every day and in every part of in the region. We hope 2019 will see us, continue to improve both the quantity and quality of community healthcare services to the population of Cork and Kerry as we continue to provide quality services to enable everyone to optimise their health and wellbeing.



Ger Reaney, Chief Officer

1. Introduction

Introduction Section

The Cork Kerry Community Healthcare Operational Plan 2019 sets out the volume and type of service which will be delivered in community healthcare settings in Cork and Kerry in 2019.

The mission of Cork Kerry Community Healthcare (CKCH) is to provide quality services to enable everyone to optimise their health and wellbeing. Our vision is for a healthier Cork Kerry with an accessible, responsive, connected, high quality service valued by all.

To deliver on a the mission and values above, staff and management in CKCH work to plan and deliver a range of responsive high quality community healthcare services to meet the assessed needs of the population of Cork and Kerry in line with national policies and frameworks.

Financial Allocation

The total financial allocation to Cork Kerry Community Healthcare (CKCH) in 2019 is €648.4m, an increase of €2.36m (0.3%) on 2018. The increased allocation is to meet the higher costs in 2019 of delivering 2018 levels of service activity as a result of centrally agreed pay rate and pension changes as well as other price increases, and the costs in 2019 of additional service activity to meet demographic changes and other service pressures.

CKCH will also have access to funding held nationally for developments in Primary Care and Mental Health Services and for home care packages for children with complex medical needs.

In 2019, the HSE will be required to provide services within the total level of funding available to the executive. It remains of critical importance to plan and deliver services so as to achieve optimal value for money and also to be able to demonstrate this to all stakeholders. This requires all service units and all service managers to review on a continuous basis the services we are delivering, the way they are delivered and how people are prioritised for these services. It is essential that we continue to review and transform services to meet the need of those in greatest need.

Where there is scope to reduce costs or improve value for money in how and / or where services are delivered, we have reflected this within our planning considerations. Details in this regard are provided in the subsequent sections of the Plan and in particular the finance section. However, even with cost reductions and improved efficiency, it is not possible to respond fully to the level of health and social care needs expected in 2019. Inevitably, difficult choices have had to be made, in order that we continue as far as possible to respond to the most important patient and service users' needs while operating within the resources available.

Sláintecare

The *Sláintecare Report (2017)* and *Sláintecare Implementation Strategy (2018)* signal a new direction for the delivery of health and social care services in Ireland. The aim is to create a far more sustainable, equitable, cost effective system, deliver better value for patients and service users, and to transform the health and wellbeing of the population and how and where they access services.

The strategy 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.

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.

2018 saw the publication of the *Sláintecare Implementation Strategy* and the appointment of an Executive Director of the *Sláintecare* Programme Office and a Chair of the *Sláintecare* Implementation Advisory Council in September 2018. The *Sláintecare Implementation Strategy* sets out four overarching goals, ten high-level strategic actions and eight principles (see Fig 3.). These underpin the first three years of the reform programme, and represent a mix of legislative, policy and service-level actions. A detailed action plan was published on March 13th 2019 by the Executive Director of the *Sláintecare* Programme Office setting out a series of work streams and designated actions, with associated measures to be delivered in 2019.

Revised HSE National Structures

2019 will see the re-establishment of a Board of Directors for the HSE to strengthen independent oversight and performance. In addition, a new Director General / CEO will be appointed.

2019 will also see work commence on new Integrated Care Organisations (Regional Integrated Care Organisations in *Sláintecare* documents and the National Service Plan 2019) These regional structures will bring together Hospital Groups and CHOs to focus on improving the integration of services to meet the needs of the population. These new structures will seek to devolve more decision making closer to where services are delivered.

Strategic Direction

Section 3 sets out work done to date on developing the strategic direction for Cork Kerry Community Healthcare.

Introduction

In 2019, we will continue to work under the six strategic priorities of Access, People, Quality, Resources, Health & Wellbeing and Engagement.

The work of individual workstreams focused on each of these priorities informing individual sections of this operational plan. Taken together, the initiatives identified from the workstreams forms a 5 year strategic plan for the delivery of community healthcare in Cork and Kerry.

Workstreams in 2019 will focus on supporting service managers to deliver the short term initiatives identified along with more detailed planning and prioritisation of the medium term initiatives to be progressed in 2020.

Work will also continue with frontline managers to recognise current initiatives in each service unit which are contributing to the strategic priorities along with further actions to be taken.

Quality and Safety

Quality is one of the strategic priorities in CKCH. We have made significant progress in developing governance structures and processes to improve safety. 2019 will see an increased focus on quality improvement including the establishment of Quality Improvement Committee. We will also use feedback from service users more effectively and systematically to identify areas for improvement. This will take place alongside on-going improvements in each service unit in risk identification and management leading to improved safety for people who use our services and for staff.

Key Challenges and Priority Areas

Healthy Ireland

2019 will see the on-going delivery of the COMPASS Healthy Ireland implementation plan across all community healthcare services in Cork Kerry Community Healthcare. Each service unit will be expected to deliver an initiative in line with COMPASS implementation plan. Making Every Contact Count will be rolled out in pilot areas within each care group and Health Promotion and Improvement services will transfer to the governance of Cork Kerry Community Healthcare.

Waiting Times/Access

We will continue to prioritise access to services and reducing waiting lists and waiting times in specific Primary Care Services, in Child and Adolescent Mental Health Services (CAMHS) and for Autism Spectrum Disorder (ASD) assessments. In addition, work will commence in 2019 on identifying how to improve access to ASD interventions after assessment.

Compliance with Regulatory Standards

We will continue to improve compliance with regulatory standards in Disability Services, in Older Person Services and in Mental Health Services. Many of the challenges come from older facilities but we also need to ensure that care is delivered in a person centred way within available resources. CKCH in 2019 will continue the planning for the introduction of regulation to Primary Care and Home Support Services.

Workforce Planning

Section 7 sets out the actions to ensure that the highly trained, committed and well led workforce that is required to meet the health needs of the population is recruited, trained, developed and supported. Recruitment challenges are experienced in many areas including consultants in Child and Adolescent Mental Health Services (CAMHS), Mental Health Nurses and Psychologists. Workforce recruitment plans will be developed seeking to ensure that CKCH proactively maximises the numbers recruited but also that the design of services takes account of limited availability of certain roles.

A training and development plan will be completed in 2019 to address the mandatory and legal requirements, along with the range of training and information needs required to ensure the quality and safety of services.

Engagement

The work of the Strategic Priority Workstream on Engagement will guide the enhancement of engagement with staff and service users and also with community and partner organisations. The NSP 2019 identifies that various staff engagement initiatives at national level will be aligned in 2019. CKCH will establish a service user forum which will be a platform for improved communication and consultation with people who use our services.

Information and Communication Technology

The under development, under investment and lack of planning for fit-for-purpose ICT systems is a major hindrance to the development and delivery of community healthcare services in Cork and Kerry. Many of the actions from the Strategic Priority Workstreams identified the need to improve access to and the use of ICT. A key step will be to assign an ICT lead, who will assist in increasing access by CKCH staff to ICT now and in the future.

Risks

The Cork Kerry Community Healthcare Operational Plan 2019 and the accompanying financial plan have been prepared based on a range of assumptions and with careful consideration of risks to delivery. These are outlined below:

- Achieving the level of cost reduction in agency and overtime expenditure, in non-pay costs and the level of additional income which is set out in these plans.
- The high risks that services in demand-led service areas (e.g. emergency placements for people with a disability / mental health needs / provision of aids and appliances) – which are not usually amenable to normal budgetary control measures – will be required over and above the level of funding available to address urgent and major risks.
- Ensuring an adequate response to the additional service pressures which will arise during the winter period in relation to hospital, community and primary care services, within the funding envelope available.

Introduction

- Effectively managing our workforce, including recruitment and retention of a highly skilled and qualified workforce, delivering a reduction in overtime and the use of agency personnel and staying within our pay budget and associated WTE control limits.
- The requirement for additional expenditure reductions impacting on Disability Services (pending the outcome of national interventions).
- Working within the constraints posed by limitations to clinical, business, financial and HR information systems.
- In the context of the resources available, maintaining focus on service improvements and cost reduction and on the strategic priorities in CKCH during a period of major organisational change.
- Meeting the regulatory requirements in the disability sector, older persons and mental health sectors, within the limits of funding available without impacting on service levels.
- Responding adequately within available funding to support the delivery of key service developments and expansion in community services.
- Limited ability to meet public expectations in terms of access to services, aids and appliances, drugs and interventions, in the context of the resources available.
- Responding adequately to the impact of the Brexit process, in the context of the resources available.
- Responding adequately to unplanned and unforeseen events (e.g. adverse weather / other environmental events), in the absence of a contingency fund in 2019.
- Responding adequately to recommendations in new and existing reviews and reports, in the context of the resources available.
- Complying with the General Data Protection Regulation requirements.

Cork Kerry Community Healthcare will keep these and other risks under on-going review to ensure that they are mitigated as far as possible but as can be seen a number of these risks are outside the control of services and are not amenable to mitigation.

2. Our Population

Cork Kerry Community Healthcare

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

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

Life Expectancy and Health Status

The population of the region is ageing. Census 2016 data for Cork and Kerry indicates increased numbers living longer. The greatest increase since Census 2011 is in the age range 70-74 (+23.4%), followed closely by the age range 65-69 (+21.6%). There is a decline in the younger working age cohorts, the greatest decline being in the age range 25-29 (-19.2%) and a decline in the numbers of those aged 0-4 (-7.1%). In terms of future health service planning, the decline in the younger working age cohort is particularly significant for supporting our older population.

CSO Census 2016 (de facto) - Total

County [2]: Cork + Kerry.

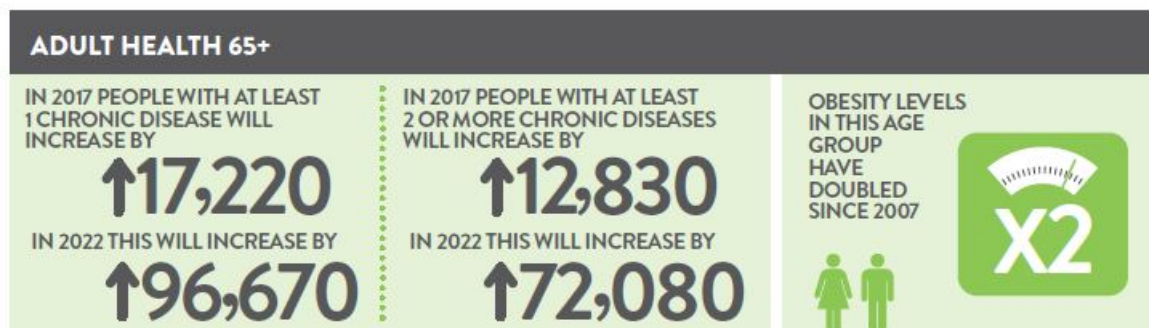
AGE GROUP	Relative proportions		Area		Area change (since 2011)		Ireland		Ireland change (since 2011)	
	National %	Area %	#	%	#	%	#	%	#	%
Total			690,575	100.0	+26,041	+3.9	4,761,865	100.0	+173,613	+3.8
85+			10,224	1.5	+1,261	+14.1	67,555	1.4	+9,139	+15.6
80-84			12,766	1.8	+1,772	+16.1	81,037	1.7	+10,924	+15.6
75-79			17,947	2.6	+1,887	+11.7	115,467	2.4	+13,431	+13.2
70-74			25,221	3.7	+4,779	+23.4	162,272	3.4	+31,082	+23.7
65-69			32,719	4.7	+5,810	+21.6	211,236	4.4	+37,598	+21.7
15-19			43,952	6.4	+3,244	+8.0	302,816	6.4	+19,797	+7.0
10-14			45,062	6.5	+1,570	+3.6	319,476	6.7	+16,985	+5.6
5-9			50,598	7.3	+5,448	+12.1	355,561	7.5	+34,791	+10.8
0-4			46,662	6.8	-3,551	-7.1	331,515	7.0	-24,814	-7.0

Life expectancy in Ireland has increased by almost two and a half years since 2005 and is now above the EU average, with women at just over 83.4 years and men at 79.6 years. The greatest gains in life expectancy have been achieved in the older age groups, reflecting decreasing mortality rates from major diseases. (*Health in Ireland – Key Trends 2017*, DoH). People living longer demonstrates that we are managing to prevent and treat diseases more effectively. Mortality rates from circulatory system diseases decreased by 31.5% between 2007 and 2017, and cancer death rates decreased by 11.3% over the same period. Transport accident mortality rates have fallen by 44.5% in the past decade, and suicide rates by 26% in the same period (provisional figures provided by the DoH for *Health in Ireland – Key Trends 2018*).

Chronic Disease

The three most common chronic diseases are cancer, cardiovascular disease and respiratory disease. These diseases give rise to three quarters of deaths in Ireland. It is estimated that over 1.07m people over the age of 18 years currently have one or more chronic diseases (based on analysis of *The Irish Longitudinal Study on Ageing (TILDA), wave1, 2017* and *Quarterly National Household Survey, special module on health, 2010*). However, chronic disease increases with age, the highest prevalence

observed in the population aged 50 years and over. The number of people in this age cohort, living with one or more chronic disease, is estimated to increase by 40% from 2016 levels, to 1.09m in 2030 (based on analysis of *TILDA data, 2018*). Multi-morbidity is common in older people with 45.3% of adults aged 65 years and over affected by arthritis, 44.4% by high blood pressure, 11.8% by diabetes and 3.7% by stroke (*TILDA wave 3, 2014-2015*)



Increasing Lifestyle Risk Factors for Poor Health



Many diseases and premature deaths are preventable. Increased morbidity and mortality are strongly related to lifestyle-based health determinants such as smoking, alcohol consumption, exercise and healthy eating. The prevalence of smoking has declined from 23% in 2015 to 20% in 2018, with 44% of all smokers reporting they have made an attempt to quit in the past 12 months.

% Proportion that smoke (by gender, age and deprivation)							
Deprived Areas	15-24	25-34	35-44	45-54	55-64	65-74	75+
Men	28	35	37	25	31	20	11
Women	21	30	27	29	31	13	12
Affluent Areas	15-24	25-34	35-44	45-54	55-64	65-74	75+
Men	18	31	23	17	12	10	8
Women	15	22	13	9	8	8	4

Source: Healthy Ireland Survey 2018

While those living in more deprived areas are more likely to smoke than those living in more affluent ones, the dynamic in respect of smoking is broadly the same in both areas. Men are more likely to smoke than women, and those who are younger are more likely to smoke than those who are older.

Three-quarters of the population reported drinking alcohol in the past year, with over half (55%) of drinkers drinking at least once a week (*Healthy Ireland Survey 2018*). Binge drinking is drinking six or more standard drinks on a typical drinking occasion, 37% of the population report binge drinking.

Our Population

% Proportion that binge drink (by gender, age and deprivation)							
Deprived Areas	15-24	25-34	35-44	45-54	55-64	65-74	75+
Men	50	57	48	48	45	32	16
Women	25	37	18	18	5	8	2
Affluent Areas	15-24	25-34	35-44	45-54	55-64	65-74	75+
Men	43	55	46	33	34	30	17
Women	21	20	9	9	8	1	<0.5

Source: Healthy Ireland Survey 2018

As with smoking, the pattern in respect of binge drinking is one of a decline in this negative behavior occurring later in life in deprived areas than in affluent areas.

Almost two thirds (65%) of the population are aware that people should be active for at least 150 minutes each week (*Healthy Ireland Survey 2016*). The initial wave of this survey identified that 32% undertake a sufficient level of physical activity. The average amount of time spent sitting each day is 396 minutes.

Over a third (37%) of the population report that they consume at least five portions of fruit and vegetables daily (including juices) (*Healthy Ireland Survey 2018*). Of the five types of unhealthy foods measured by the survey, in 2018 34% of the population consumed at least one of them on a daily basis; this is down by 1% since the 2017 report. In 2018, 9% drink sugar-sweetened drinks on a daily basis; this is highest amongst those aged 15-24 (15%).

Health Inequalities among Socially Excluded Groups

Socially excluded groups have complex health needs, experience very poor health outcomes across a range of indicators like chronic disease, morbidity, mortality and self-reported health. Socially excluded groups include people who are homeless, people with substance use disorders, Travellers, asylum-seekers, prisoners and survivors of institutional abuse. These populations require a lot of support across a range of healthcare areas. The health inequalities experienced differ in their severity and their complexity, compared to those for the wider population. The choices we make as individuals are likely to be significantly influenced by social and economic circumstances. We need to look at successful interventions to help our most vulnerable and deprived communities and address the wider structural determinants of health to help reduce health inequalities.

Healthy Ireland, our national policy, promotes a reduction in health inequalities through improved lifestyle and health behaviours. This is an inter-sectoral whole of government approach to ensuring an improvement of the wider determinants of health. The *Healthy Ireland* / HSE policy priority programmes focus particularly on population health issues such as overweight and obesity, child health, mental health, smoking, alcohol and drugs, and positive ageing. *Healthy Ireland* provides people and communities with accurate information on how to improve their health and wellbeing and seeks to empower and motivate them by making the healthy choice the easier choice. *Healthy Ireland* sets out a comprehensive and co-ordinated plan to improve health and wellbeing over the coming years. This is being actively implemented within Cork and Kerry through COMPASS – our local Healthy Ireland implementation plan.

People who are homeless

People who are homeless often experience complex and chronic health conditions. Of particular concern are adults who are persistently homeless and rough sleepers. There is a high risk of a

combination of physical ill-health with dual diagnosis (co-existing mental ill-health and substance misuse) and consequent high healthcare needs. The average life expectancy for a homeless person is just over 40 years. In August 2018 there were 5,834 adults who were in Ireland – 2,547 were female and 3,287 were male, 60% were aged between 25 and 44 years. The number of children who were homeless was 3,693. Compared with July 2017, these figures have increased by 12.5% for adults (5,187) and 24.2% for children (2,973) nationally. The Dublin region accounts for 68% of all homelessness (Department of Housing, Planning and Local Government, Homelessness Report, July 2018).

People with substance use disorders

People with substance use disorders can often have complex health needs. These include mental health problems and the combined effect of drug and alcohol misuse. Of particular concern are the needs of older people availing of treatment for heroin use, which is in excess of 4,000 (of a total of over 10,000 people on opioid substitution treatment) (Drugnet Ireland, Issue 64, Winter 2018, Health Research Board). They are vulnerable to a range of health problems, including poor dental health, liver damage, chronic lung and circulation disease, poor mental health, as well as the effects of long-term drug and alcohol use.

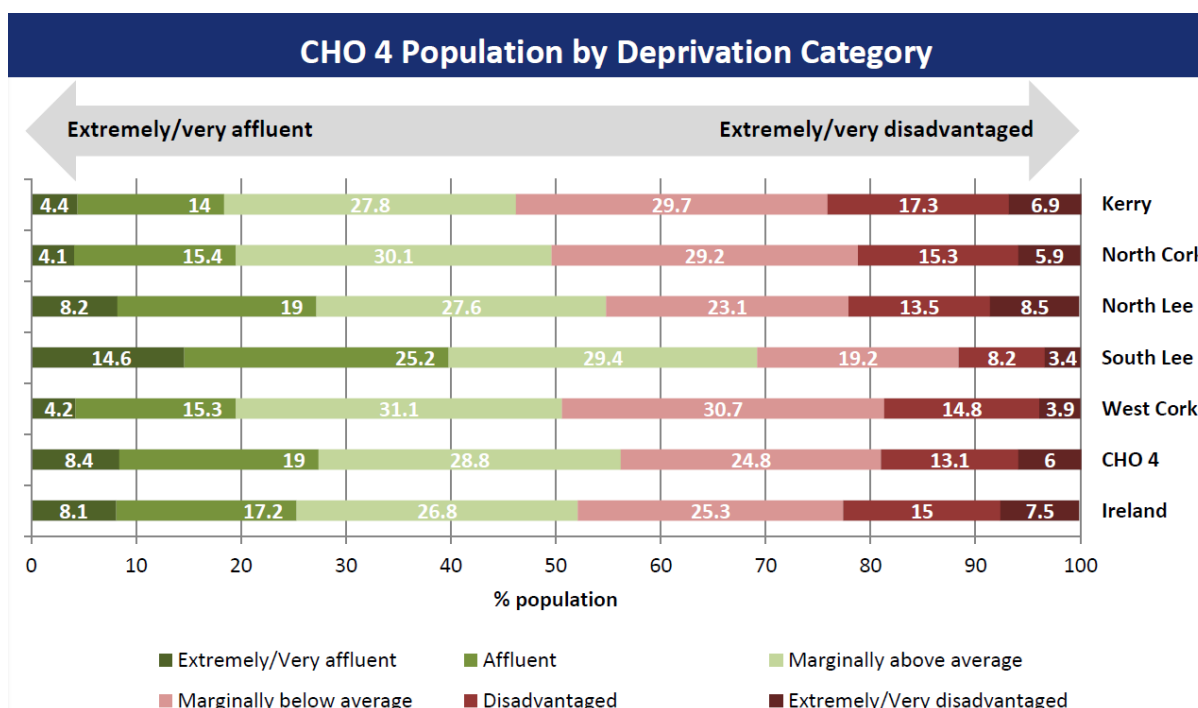
Travellers and Roma

Severe health inequalities experienced by Traveller and Roma communities lead to poorer health outcomes, including lower life expectancy and higher infant mortality, compared to the general population. These outcomes are documented in the All Ireland Traveller Health Study. The 2016 Census recorded 30,987 Travellers living in the Republic of Ireland, an increase of 5.1% from Census 2011 (CSO, 2016). There are a total of 3,110 Travellers within Cork and Kerry, representing 0.5% of the total population. The national percentage of travellers is 0.7%.

Irish Travellers are much younger than the general population. Almost three quarters of Travellers are aged 34 years or younger while just over 7% are 55 years and over. The estimated Roma population is between 3,000 and 5,000 (National Traveller and Roma Inclusion Strategy 2017-2021).

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

There is a recognised link between deprivation and chronic illness. The Pobal HP Deprivation Index measures relative affluence or disadvantage using CSO data. In Cork Kerry Community Healthcare (CKCH) there is variation in deprivation levels with deepened levels of deprivation in areas of Cork City.



Source: Child Health Profile Cork Kerry Community Healthcare
 Source: National Healthy Childhood Programme-Department of Public Health Tullamore – October 2018

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

Child Health

Nationally (*Planning for Health 2017*) indicates:

- Prevalence of low birth weight has increased slightly to 5.8% (2014) from 5.3% (2010).
- 25% of children aged 3, 5 and 9 years are overweight or obese.
- 13% of children experience consistent poverty.
- 17% of children are starting to smoke compared to 25% in 2010.
- Alcohol and drug consumption among children has not changed significantly.
- 27% of teenagers (15-17 years) report sexual activity, an increase from 23% in 2010 but the number of teenage births is continuing to decrease.

In Cork and Kerry the Child Health Profile Cork Kerry Community Healthcare (*National Healthy Childhood Programme-Department of Public Health Tullamore – October 2018*) reports the following:

- Cork City had one of the highest child mortality rates in 2017 (6.7/100,000 vs 2.4/100,000 nationally) and one of the highest 5 year standardised child mortality rates (2013-2017) (4.0/100,000 vs 2.7/100,000 nationally).
- None of the areas in Cork Kerry Community Healthcare met the 95% target uptake rate for the MMR vaccination at 24 months, while Kerry (95.9%), North Cork (96.2%) and North/South Lee (95.9%) met the 95% target for the 6-in-1 vaccination at 24 months. North Cork met the target for MMR vaccination at Junior Infants (95.9%), while North/South Lee almost met the target at 94.4%. Kerry and West Cork had the lowest two uptakes in the country for the HPV vaccination (39.8% and 41.4%, respectively).

- Cork City had a significantly higher proportion of teenage pregnancies than the national average (2.7% of births vs 1.7% nationally), while the rate in Cork County was one of the lowest in the country (1.0%), and significantly lower than the national average.
- Cork County had one of the lowest rates of emergency hospital admissions for asthma in children in the country and this was significantly lower than the national average (56/100,000 vs 134/100,000 nationally) whereas the rate in Kerry was one of the highest in the country and significantly higher than the national average (223/100,000).
- In Cork (all), the rate of breastfeeding on discharge from hospital was one of the highest in the country, and significantly higher than the national average (63.5% vs 59.9% nationally).

3. Reform and Transformation

Sláintecare

Cork Kerry Community Healthcare (CKCH) is the unit within the HSE which has responsibility for the delivery of community healthcare services in Cork and Kerry. At national level, 2019 will see substantial changes with the re-establishment of a Board of Directors and appointment of a new Chief Executive.

In addition, Integrated Care Organisations (Regional Integrated Care Organisations) will be progressed as part of the implementation of *Sláintecare*. The National Service Plan includes a number of high level reform and transformation projects:

Principles set out in the *Sláintecare Report*



Health Service Structures

- Work with the *Sláintecare* Programme Office to develop the design and development of new Regional Integrated Care Organisations (RICOs) in line with *Sláintecare*. Work will be undertaken to ensure that all structural changes are designed to focus on and lead to improved services and outcomes for patients and service users. The new structures will provide a better balance between central decision-making and flexibility and responsiveness at local level. This will facilitate more effective planning across the full range of services and at regional level to respond to defined needs of local populations.

Staff Engagement

- Map all existing staff engagement programmes of work to ensure one coherent and measurable staff engagement work stream is in place to support *Sláintecare* implementation.

Population Profiling

- Develop our information systems and workforce to support a standardised and systemised approach to population needs assessment.
- Put in place an augmented capability to focus more on the use of information to understand population need and ensure investment and reform decisions deliver best outcomes.
- Augment our Planning for Health work to publish standardised frameworks and related publications to support regional population needs assessment that will drive local and regional service plans and the work of new RICOs.

eHealth

- Complete the procurement for an electronic health record (EHR) and commence implementation.

Service Design

- Complete reviews of the existing approved models of care for the four chronic diseases (chronic obstructive pulmonary disease (COPD), asthma, diabetes, cardiovascular disease) and a service gap analysis will be conducted.
- Develop a plan to respond to the prevention and community healthcare needs of COPD patients.

Future Capacity Expansion

- Focus on opportunities to sustainably expand capacity by augmenting community services with funding assigned to address winter and other service demand pressures
- Complete our work to build an evidence-based and robust model for determining regional capacity requirements (flowing from the DoH's Health Service Capacity Review 2018) that when allocated will prescribe a shift to care, and treatment, in community settings in addition to clear targets for capacity to be released via efficiencies in length of stay.

Clinical Leadership

- Strengthen clinical leadership in the development of healthcare strategy and in the planning and management of our services at a time of critical service transformation as signalled by the Sláintecare Report.
- Complete a review of the national clinical programmes to ensure optimum alignment with the new HSE structures and commissioning models re-align the work of the programmes with policy direction in Irish healthcare, in particular that set out by Sláintecare.

Transformation Support and Enablement

A dedicated *Sláintecare* Programme Office has been established to drive implementation of the reform programme. This approach needs to be mirrored in the HSE to support full implementation.

- The Programme for Health Service Improvement (PHSI) at national level resources and expertise will be re-directed to establish a HSE Strategic Transformation Office under the remit of Strategic Planning and Transformation. This office, working collaboratively with the Sláintecare Programme Office, commissioning teams and the wider organisation, will lead, drive and actively support the delivery of the Sláintecare reforms in line with the Sláintecare Action Plan, when published, and other key work programmes determined as being critical to the overall HSE transformation programme.
- This national office will oversee the change management business planning approach across the organisation and will align the existing PHSI framework to the new established priorities. In specific terms the Strategic Transformation Office will:
 - Work in partnership with the Sláintecare Programme Office and through the governance structures to ensure that implementation of reform is delivered as planned.
 - Oversee the change management business planning approach across the organisation and align the existing PHSI framework to the new established priorities.
 - Drive and actively support the delivery of the Sláintecare reforms and other key programmes determined as being critical to the overall HSE transformation programme.

Reform and Transformation

- Provide assurance to the new HSE Board on Sláintecare implementation progress, highlight issues of concern and take corrective actions as required to ensure that overall outcomes are delivered and that value for money is achieved.
- Direct available resources and expertise towards the delivery of transformational change in accordance with prioritised projects.
- Build strategic change capability, enabling teams to successfully deliver and achieve the benefits of transformation programmes.
- Support and enable local Programme Management Offices to deliver strategic reforms at frontline service level

Community Healthcare Networks

Community Healthcare Networks (CHNs) will be the core unit for the planning and delivery of healthcare services to local populations.

2019 will see the implementation of a learning site in each CHO including CKCH. The purpose of the learning site is to test and refine the operating model for CHNs. Learning will be identified in relation to both the operating model itself and the method of implementation. This learning will be used to inform the wider rollout of CHNs in 2020 and beyond.

CHNs will:

- Improve the effectiveness of Primary Care teams through multi-disciplinary management rather than uni-disciplinary management
- Have single accountable person for all Primary Care team services in each CHN
- Improve collaboration and joint working with general practice through having an identified GP lead at network level
- Improve the integration of community healthcare services within the CHN and integration with acute hospital services
- Provide opportunities to integrate health service provision with other statutory, voluntary and community organisations
- Improve community and service user involvement

The learning site for Cork Kerry Community Healthcare (CKCH) will be the Bandon, Kinsale and Carrigaline Network.

Portfolio Management Office (PMO)

Function of the PMO

The primary aim of the Project Management Office (PMO) in CKCH is to support the effective delivery of safer better health and social care in Cork Kerry Community Healthcare by embedding robust and effective governance arrangements in the design, approval, implementation and delivery of strategic improvement projects. The PMO also has a role in developing project and change management capacity, thereby increasing the adoption of the programme management approach in the implementation of change and improvement programmes across CKCH.

The CKCH Portfolio Management Office (PMO) has been in operation since late 2017 and continues to see significant demand for its services in implementing significant change and service improvement programmes and projects. From the original list of 17 priority programmes and project identified by the management team in 2018, 10 are now in implementation stage, 4 are in planning with the remaining 3 in the pipeline awaiting approval and resources to proceed. PMO support has also been provided in the structuring and compilation of the Strategic Plan for CKCH. A project management training programme has been developed and rolled out to Project Managers currently involved in priority projects and programmes and this will be expanded to new Project Managers in 2019. Regular and extensive reporting is being provided to all governance levels as required through the use of the electronic portfolio management system – Project Vision.

The 2019 vision of Cork Kerry Community Healthcare Programme Management Office (PMO) is to support and accelerate the delivery of new Sláintecare service improvement reforms, along with work to achieve the strategic priorities of CKCH and any key service improvement projects necessary within each care group, ensuring that Project Management practice is standardised and embedded across the CKCH, so that projects are completed and implemented consistently.

2019 Priorities for the PMO

The key objective of the Project Management Office is to strategically influence project design, approval and delivery to achieve organisational goals and realisation of benefits throughout Cork Kerry Community HealthCare. The PMO has identified five priority areas in 2019:

- Priority 1: Continue to support all existing priority programmes and projects and commence support for new 2019 agreed priorities. (Q1 – Q4)
- Priority 2: Support the implementation of the Community Health Network Learning Site, CKCH strategic priorities and Sláintecare priorities (Q1 – Q4)
- Priority 3: Carry out an assessment of Project Management Maturity within the organisation to determine current levels and establish a plan to develop the project management maturity, awareness and expertise of key staff within the organisation (Q1 – Q2)
- Priority 4: Further develop project management capacity for staff within CKCH by developing a structured training programme to meet the needs of staff at the appropriate level required (Q2 – Q3)
- Priority 5: Establish operational systems to support benefits realisation, service quality assurance and performance monitoring of programmes and projects within CKCH (Q2 – Q4)

Strategic Direction Cork Kerry Community Healthcare

The role and mission of Cork Kerry Community Healthcare (CKCH) is to plan and deliver healthcare services in community settings to address the identified needs of the population of Cork and Kerry. The wide range of services across different care groups, ages and geographic locations make up a complex range of services. These services need to be planned and delivered in line with national legal and policy framework, but also reflecting the needs of the population of Cork and Kerry as identified and assessed by CKCH staff.

Reform and Transformation

In 2017, CKCH commenced engagement with frontline managers and staff with two aims:

1. To establish an identity for CKCH that staff identify with, through:
 - A recognisable identifier for the CHO which complements the HSE brand, whilst allowing distinction so that staff and service users can recognise our unique function within the health service;
 - A mission statement for the CHO that provides clarity for staff and service users on what we aim to do for the people of Cork and Kerry on a day to day basis;
 - A vision for the future of the CHO, that sets clear aspirations for the level of service we aim to achieve over the coming years;
 - A set of values that align with the national HSE values, but also reflect our local priorities and the particular contexts faced by our staff and service users;

2. To identify the long term strategic priorities for the CHO over the next 3-5 years in order that we can begin putting in place the actions now that will allow us to achieve our vision in the future through an effective multi-year planning process.

In October 2017 we launched 'Forward Thinking' – a document that captured the outputs of this work, setting out the Mission, Vision, Values, and Strategic Priorities for CKCH.

At the same time we began the process of developing an approach to achieving our Strategic Direction, through further work with Front Line Managers in November 2017. In December 2017 we launched both the strategic work and our approach to implementing it with staff at a series of staff information events at six locations across Cork and Kerry.

Throughout 2018, we focused on setting out the best way to implement this vision and make the six priorities a reality. Work began in February 2018 with the establishment of six Strategic Priority workstreams that have focused on identifying strategic deliverables that will deliver on agreed outcomes for each workstream.

The completion of this work now forms the basis of our Strategic plan, which incorporates our strategic deliverables and outcomes and the process of how we are going to achieve them over the next five years.

The strategic plan for CKCH provides a framework within which we can plan and deliver community healthcare services in line with current and emerging national policies and strategies. The aim is to set a direction will assist us to remain focused on improving community healthcare services in the midst of the on-going challenges and changes.

CKCH have also commenced an Integrated Population Needs Assessment with the South/South West Hospital Group and the Department of Public Health in Cork and Kerry. This will be ongoing in 2019 and give us access to a range of demographic information on current and future health status and needs of the population of Cork and Kerry.

Implementing our Strategic Priorities

Strategic Priorities to be delivered by CHOMT, Workstreams, Service Managers, Business Manager Group etc in 2019					
Strategic Priority	Objectives	Action	Responsible Person	Timeline	
				Start Q	End Q
1a(i).1	Improving access in an equitable way across the CHO to services, information and buildings, as appropriate to need	Develop a Service Directory for the CHO area	Each HoS - Access works stream to provide guidance note on the type of information required	Q3	Q4 2020
1a(i).2		Identify access points and single point of contact for all services	Each HoS	Q2	Q3
1a(i).3		Update all Outlook email contact details to reflect - Current job title, - work address, - telephone number	CHOMT	Q2	Q4
1a(ii).8		Develop access criteria for all services to address and prioritise inequalities in service provision	Access Work stream to draft "Guiding principles for developing access criteria - Each HoS Access Workstream HoS	Q1	Q2
1a(ii).9		Develop standardised prioritisation criteria where demand exceeds supply	Access Work stream to draft "Guiding principles for developing access criteria - Each HoS	Q1	Q2
1a(ii).11		Compile Access Officer List - Validate and update list, identify and provide training requirements, promote the role of the Access Officer across the CHO	Access Work stream to lead on this area of work, - Each HoS	Q1 Q2	Q1 Q3
1a(iii).12		Assess all buildings to identify the level of physical accessibility	Service Managers in conjunction with Estates	Q3	Q4
1a(iii).13		Develop short term action plans to address any deficits in building accessibility.	Service Managers in conjunction with Estates	Q4	Q4
1a(iii).14		Develop site maps and improve physical signage where required	Service Managers in conjunction with Estates	Q2	Q4
1a(iii).15		Complete feasibility study on HSE buildings that do not have a loop system. (Loop system is an Audio Induction Loop System used by people with hearing aids.)	Access work stream subgroup to co-ordinate this with Estates	Q2	Q3
1a(iv).16	Implement community healthcare networks to	Appoint ICT Lead for CKCH	CHOMT	Q3	Q4
1a(iv).18		Examine Feasibility of pilot sites for National Shared Clinical information project	Chief officers office, Clinical Projects Facilitator		
1a(iv).19		Identify specific sites/services that could benefit from the extension of existing systems i.e. iPIMS	CHOMT	Q1	Q4
1b.6		Develop a plan to align all services with the CHO network boundaries.	Each HoS	Q3	Q4

Reform and Transformation

Strategic Priorities to be delivered by CHOMT, Workstreams, Service Managers, Business Manager Group etc in 2019					
Strategic Priority	Objectives	Action	Responsible Person	Timeline	
				Start Q	End Q
	improve internal and external integration across healthcare services, community and voluntary organisations				
2a.8	Empowering the public to manage their own health needs and to access and use our services effectively	Investigate potential enhancement of functionality for Service User Schedule of Care to include all client clinical information	Each HoS	Q3	Q4
2b.1.3	Providing staff with the enabling systems, tools, and relevant expertise to achieve excellence	Central IT Hubs/hot desks that staff can access emails, policies, procedures and best practice, guidelines	CHOMT, Estates/Each HoS	Q3	Q4
3b.1	Embedding a clear and accountable governance structure	Ensure CKCH Mission for Quality underpins all staff meetings by communicating its importance to all Line Managers	Each HoS	Q1	Q2
3b.4		All line managers are to ensure clarity on governance and reporting relationships	Each HoS	Q2	Q4
3b.5		Put in place appropriate Governance Structures and ensure they are known and understood by all	Each HoS	Q3	Q4
3c(i).1	Supporting each service and each staff member to deliver continuous quality improvement, measured through outcomes	Improve attendance and participation by service users and families at engagement fora	Each HoS	Q1	Q4
3c(i).2		Focus on improving the lived experience of Service Users by delivering a high quality service	Each HoS	Q1	Q4
3c(i).3		Implement a closed suggestion box in each unit	Each HoS	Q2	Q4
3c(ii).10		Start by keeping quality improvement simple and small	Each HoS	Q1	Q3
3c(ii).11		Each service to identify and deliver an initiative on Quality Improvement within their circle of control	Each HoS	Q3	Q4
3c(ii).12		Capture what is happening – record at “on the floor level” initiatives	Each HoS	Q3	Q4
3d.1	Using our knowledge and experience of delivering community based care to positively influence policy development and decision making nationally.	Identify areas where better alignment can be achieved between regulatory requirement and safe quality services for discussion between the HSE and the relevant regulatory body at national level	Each HoS	Q2	Q4
3d.2		Share local examples of good practice with the national system	Each HoS	Q2	Q4
3d.3		Use current CKCH Heads of Service, Chief Officer, and QPS Governance structure to capture and highlight areas of good practice in monthly performance report that can be shared across all services	Each HoS	Q2	Q3
3d.4		Participation by CKCH staff in National meetings should have a clear defined purpose agreed with Head of Service/CHO MT along with mechanism for review	CHOMT	Q1	Q4

Strategic Priorities to be delivered by CHOMT, Workstreams, Service Managers, Business Manager Group etc in 2019					
Strategic Priority	Objectives	Action	Responsible Person	Timeline	
				Start Q	End Q
4a.1	Providing timely access to accurate information to support informed decision making throughout the organisation	Create a directory of management activity data currently available to support decision making and make available to all managers through shared folders (cloud based)	Resources Workstream	Q1	Q2
4a.3		Develop framework to identify service delivery activity versus expected output versus resources available to support decision making (Resources workstream to develop framework)	Resources Workstream	Q2	Q3
4a.4		Create standard business case template for service developments/enhancements or for staff replacement	Resources Workstream	Q1	Q2
4b.2	Tailoring service plans to meet current & future demographic need	Develop a Charter that sets out the process for Multi-Annual Planning to include: a. Standardise service planning process & documentation in CKCH b. CHO operational plan c. Impact of national policies/strategies on capacity and demand d. Identify options appraisal to meet gap between capacity and demand e. Review of evidence and best practice internally (HSE) and internationally to influence national service plan f. Future demand allocations to be based on demographics and unmet need	Business Managers Group	Q2	Q3
4c.1	Ensuring that available resources are used in the most effective way to achieve best possible outcomes	Investigate feasibility of how needs based allocated funding per network area could be implemented (CHN Learning site programme)	Service Managers	Q2	Q4
4c.6		Review options to centralise core services both locally and nationally e.g. Salaries, Out Patient Department appointment system, schemes etc.	Service Managers	Q2	Q4
4c.8		Maximise use of space and potential for sharing accommodation e.g. shared offices, hot desks, bookable rooms by using space allocation guidelines from PCCs	Service Managers	Q2	Q3
4d.2	Ensuring that we have access to appropriate levels of resource	Develop a framework for aligning resource gap with national priorities through the use of an effective business case to help communicate need to achieve funding	CHOMT	Q2	Q4
4d.3		Explore collaborative funding opportunities with the Acute Hospitals	CHOMT	Q1	Q4
5a.1	Providing the information, awareness, and opportunities to enable everyone to maximise their personal health & wellbeing	Each team to review the existing list of Health & Wellbeing Champions in their area, explore with them their area of interest, their understanding of the role and their capacity to support the delivery of the preventative and health promotion initiatives set out in the Compass Plan	CHOMT & Teams	Q2	Q4
5a.2		Each team to identify additional champions as needs be	CHOMT & Teams	Q2	Q4
5a.3	Providing the information, awareness, and opportunities to enable everyone to maximise their	Existing and new champions to participate in a network of Champions supported by the Healthy Ireland Leads.	Healthy Ireland Leads	Q2	Q4
5a.4		The role of the Champion and their specific training and support needs to be agreed by the network of Champions.	Healthy Ireland Leads	Q2	Q4

Reform and Transformation

Strategic Priorities to be delivered by CHOMT, Workstreams, Service Managers, Business Manager Group etc in 2019					
Strategic Priority	Objectives	Action	Responsible Person	Timeline	
				Start Q	End Q
5a.5	personal health & wellbeing	Champions will take a lead in working with their team to deliver an initiative that is targeted on prevention consistent with the Compass Plan and preferably targeted at a specific population cohort. One third of teams will have delivered or be on the way to delivering an initiative in 2019. (These initiatives may already have commenced or be planned).	CHOMT & Healthy Ireland Leads	Q2	Q4
5b.1	Maximising our staff as ambassadors for Health and Wellbeing	The Care group monthly performance meetings to include a quarterly review of the prevention and promotion activities occurring that are consistent with the Compass plan	Heads of Service, Chief Officer	Q2	Q4
5c.1	Leading by example in the promotion of health and wellbeing in all our facilities	Each team to have discussed what makes a Healthy Work environment, and have taken steps to promote incremental improvements towards same in their own work/area and have identified further actions they can take to achieve same.	CHOMT & Teams	Q2	Q4
6a.2	Listening to the voice of those who use our services, and their families and carers, and adapting our plans to respond to their needs	Map current customer engagement process for all services	Service Managers, Customer Feedback Manager	Q3	Q4
6a.4		Guidelines will be created on type of identification to be used in Service settings including "Hello my Name is" where appropriate	Engagement Workstream	Q2	Q3
6a.5		Use plain English in correspondence by holding workshop on development of "Did Not Attend" (DNA) letters to service users using National Adult Literacy Agency (NALA) guidelines	Engagement Workstream, Service Managers	Q1	Q4
6b.1	Improving staff engagement through collaboration and the development of shared goals	Each service will embed the Cork Kerry Community Healthcare Mission, Vision and Values in all staff engagement processes	Service Managers	Q3	Q4
6b.3		Assess the feasibility and benefits of applying the "Values in Action" 9 behaviours in CKCH	Engagement Workstream, CHOMT	Q3	Q4
6b.4		Hold Staff Awards 2019	Nominated CHOMT Rep	Q4	Q4
6b.5		Produce and implement guidelines on Staff and Team Meetings	Engagement Workstream, CHOMT	Q2	Q3
6c.3	Frequently, effectively and honestly communicating with our staff and stakeholders	The tone and content of all internal and external communications must reflect Mission, Vision and Values (MVV)	Engagement Workstream	Q1	Q4

4. Quality and Patient Safety

Introduction

There is a strong commitment to improving the quality of care and improvement of services within the CHO and this work will continue to be undertaken in 2019. Improving quality is everybody's business and to achieve real and sustained improvements we must find new and better ways to achieve the outcomes that will best meet patient needs.

Cork Kerry Community Healthcare (CKCH) is committed to supporting a culture of patient safety, continuous quality improvement and learning. The development of a CHO Quality Improvement Committee aims to place a proactive focus on quality improvement in order to strengthen and support quality improvement structures and processes within the CHO along with assisting services and individual staff members to undertake quality improvement initiatives, utilising appropriate quality improvement and measurement tools. CKCH will participate in quality and safety programmes aimed at building a knowledge base of improvement methodologies and skills to enhance implementation of the HSE Framework for Improving Quality.

The quality strategic workstream identified a number of actions for implementation within the CHO and these will complement the work currently being undertaken by the quality and patient safety department along with acknowledging the requirement for managers and staff to take responsibility for continuous quality improvement.

CKCH will include in its QPS priorities for 2019 those which have been identified at national operational level. These priorities will include enhancing our surveillance and oversight of patient safety across also community services and ensuring accurate and timely reporting of incidents and the management of those incidents in line with the HSE Incident Management Framework (2018), the HIQA and MHC standards for managing patient safety incidents. Reducing the risk of Healthcare Acquired Infection (HCAI) and Antimicrobial Resistance (AMR) by implementing the National Standards for infection prevention and control in community services is also a key priority.

As outlined in the Community Healthcare Plan 2019, CHO QPS Teams are the key enablers and drivers for the delivery of the quality & safety agenda. Investment in the development of capacity and capability within the CHO QPS Teams is a continued requirement in order to ensure that the Chief Officer, Heads of Service, frontline managers and staff are supported with the expertise needed address the increasing number of complex multi-factorial quality and safety priorities.

Significant progress has been made to date in developing a QPS governance structure within the CHO. In 2019, there will be a focus on evaluating the effectiveness of existing structures with a view to sharing the learning from what is working well and addressing any deficits. Risk management is a critical function within our service and we aim to utilise available data to identify and manage risk priorities in 2019.

The rollout of the Incident Management Framework will continue across all services within the CHO. A particular focus will be placed on the implementation of the Open Disclosure Policy in the context of effective and appropriate engagement with patients, service users and their families following an adverse event.

Person and Family Engagement has been identified as one of the drivers for quality improvement in the 'Framework for Improving Quality in our Health Services' and CKCH has identified the establishment of the Service User Forum as a key deliverable in 2019 in line with the recommendations of the strategic priority workstream on Engagement.

Integrating safety health and welfare into existing management systems will facilitate safer working environments and compliance with legislation. In 2019, CKCH will focus on establishing an appropriate health and safety governance structure as well as being one of the pilot sites for the commencement of CHO health and safety audits.

Quality and Patient Safety

The following core deliverables on 2019 priorities as aligned to the HSE Patient Safety Strategy:

Quality Patient Safety Priority Actions					
Priority Area	SP	Priority Action	Timeline		Lead
			Q Start	Q End	
National Patient Safety Programme	3	Implement a hand hygiene training programme for all directly managed community services in 2019	Q1	Q4	Chairperson HCAI /AMR Committee
		Monitor the use of KPIs by care group representatives on the CHO HCAI/AMR Committee as a reporting mechanism for HCAI/AMR performance and activity in each care group	Q1	Q4	Chairperson HCAI /AMR Committee
		Continue to work to address governance and human resources gaps for prevention, surveillance and management of HCAIs and AMR including resources required for infection control nursing and Consultant Microbiology services	Q1	Q2	Chairperson HCAI /AMR Committee
		Continue to disseminate and communicate information and updates concerning CPE received from the Office of HSE Clinical Lead as requested	Q1	Q1	Chairperson HCAI /AMR Committee
		Continue to provide support to HCAI/AMS specific initiatives in CKCH e.g. GP antibiotic prescribing	Q1	Q4	Chairperson HCAI /AMR Committee
		Support the roll out of Pressure Ulcers to Zero Programme within the CHO by implementing pressure ulcer incident reporting requirements, training and audit.	Q1	Q4	QPS Manager & QPS Advisors Heads of Service
Improving the quality and safety of services	3	Promote understanding and awareness of quality to staff at all levels by providing information and training	Q1	Q4	QPS Manager & QPS Advisors Heads of Service
		Provide training to all services as part of the Incident Management Framework 2018 implementation within the CHO.	Q1	Q2	Q&PS Manager & Advisors
		Support the Phase 3 roll out of the National Incident Management System (NIMS) which will facilitate NIMS being utilised as an incident management system as well as an incident reporting system.	Q1	Q4	QPS Managers & Advisors Heads of Service
		Support the implementation of the Framework for Improving Quality by promoting improvement methodologies and skills to enhance the quality of services being provided.	Q1	Q4	QPS Team
		Ensure quality & safety structures are in place across all services and regular review of effectiveness	Q1	Q4	QPS
		Establish a CHO Quality Improvement Committee	Q1	Q1	Q&PS Manager Heads of Service

Quality Patient Safety Priority Actions					
Priority Area	SP	Priority Action	Timeline		Lead
			Q Start	Q End	
		Evaluate the After Action Review (AAR) Implementation pilot study	Q2	Q2	Q&PS Manager
		Establish a Health & Safety Governance Structure across all services within the CHO.	Q2	Q2	Chair of the CHO H&S Committee H&S Officer Heads of Service
		Implement the recommendations from the Dangerous Goods Safety Advisor Audit within the CHO.	Q2	Q4	H&S Officer Heads of Service
		Deliver health & safety awareness training to all relevant staff. This will include e learning and face to face training sessions.	Q2	Q4	H&S Officer
		Deliver training on developing and maintaining site specific safety statements	Q2	Q4	H&S Officer
		CKCH has been identified as a pilot site for the commencement of the H&S audit process.	Q2	Q4	H&S Officer
		Promote the role of the safety representative and arrange training for a minimum of 30 additional safety representatives within the CHO	Q1	Q4	H&S Officer
Maintaining standards and minimising risk	3	Implement consistent quality and safety indicators across each care group within the CHO as identified by national lead for quality and patient safety.	Q1	Q4	Q&PS Manager & Q&S Advisors
Improving the quality and safety of services	3	Support the implementation of a falls reduction and management policy in older persons services <i>by progressing with piloting the draft falls policy and assessment tools in 4 residential facilities with a view to rolling the policy out across all services on a phased basis.</i>	Q1	Q4	Chairperson Falls Reduction and Management Working Group in older persons services
		Develop an evidence-based falls reduction and management policy in Mental Health Services	Q1	Q4	Risk & Patient Safety Advisor Mental Health
Maintaining standards and minimising risk	3	Establish CHO Medical Device Equipment Management Committee to facilitate implementation, monitor compliance and provide assurance in relation to the HSE Medical Device Equipment Management Policy 2016.	Q1	Q1	Q&PS Manager
		Support the role out of the Clinical Audit ICT system within the CHO.	Q1	Q4	Chair of the CHO Clinical Audit Committee
Improving the quality and	3	Establish an Open Disclosure Implementation committee to support the implementation of the Open Disclosure Policy.	Q1	Q1	Q&PS Manager Heads of Service

Quality and Patient Safety

Quality Patient Safety Priority Actions					
Priority Area	SP	Priority Action	Timeline		Lead
			Q Start	Q End	
safety of services		Promote the use of the "Assist Me" model for supporting staff following an adverse incident.	Q2	Q4	Q&PS Manager
		Establish a system to review trends from the collation of HIQA notifications and compliance data	Q1	Q4	Q&S Advisors
		Commence an evaluation of existing local quality and safety governance structures to ensure effectiveness in line with the approved terms of reference.	Q1	Q4	Q&S Advisors
		Audit the monitoring process for the implementation of investigation/audit recommendations from investigation reports.	Q4	Q4	Q&PS Manager
Service user involvement	3	Implement the Your Service Your Say Policy 2017 <ul style="list-style-type: none"> Support the rollout of YSYS briefing sessions for all staff Support the rollout of Complaints Officer training and Complaint Review Officer training. Ensure that all complaints officers have access to and upload stage 2 formal complaints on the Complaints Management System (CMS) 	Q1	Q4	Service Feedback Manager
		Progress the Implementation the Ombudsman's Report "Learning to Get Better" recommendations	Q1	Q4	Service Feedback Manager
		Establish a CHO Service User forum as a mechanism to promote service user engagement and to obtain input from service users on focus groups and committees at various levels within our services.	Q1	Q2	Service Feedback Manager
Improving access in an equitable way across the CHO to services, information and buildings, as appropriate to need	1a(i).5	Promote advocacy services through the use of clear signposting	Q1	Q4	Service Feedback Manager
	1a(ii).10	Identify interpreter services and signpost for service users including foreign language and sign language	Q1	Q4	Service Feedback Manager
Maintaining standards and minimising risk	3	Establish a serious incident (including SREs) notification and monitoring process for Section 38 and Section 39 agencies within the CHO to support the requirements for serious incident reporting in line with the HSE Service Arrangements.	Q1	Q2	Q&PS Manager
Improving the	3	Q&PS Training in the areas of:	Q1	Q4	QPS Manager & Advisors

Quality Patient Safety Priority Actions					
Priority Area	SP	Priority Action	Timeline		Lead
			Q Start	Q End	
quality and safety of services		<ul style="list-style-type: none"> Quality Improvement 			
		<ul style="list-style-type: none"> Risk identification and risk management. 	Q1	Q4	QPS Manager & Advisors
		<ul style="list-style-type: none"> Incident Management which will comprise of incident: <ul style="list-style-type: none"> Identification Reporting Management Review /Investigation 	Q1	Q4	QPS Manager & Advisors
		<ul style="list-style-type: none"> Open disclosure <ul style="list-style-type: none"> Briefing sessions for all staff Open Disclosure workshops for line managers and senior managers. 	Q1	Q4	QPS Manager & Advisors
		<ul style="list-style-type: none"> Complaints Officer Practice development workshops 	Q1	Q4	Service Feedback Manager
		<ul style="list-style-type: none"> Clinical Audit training will be facilitated for approximately 60 staff 	Q1	Q4	QPS Manager & Advisors
Embedding a clear and accountable governance structure	3	<ul style="list-style-type: none"> Put in place systems to continuously improve and share learning 	Q1	Q4	QPS Manager
Supporting each service and each staff member to deliver continuous quality improvement, measured through outcomes	3	<ul style="list-style-type: none"> Identify staff who already possess a QI qualification (2) 	Q3	Q4	QPS Manager
		<ul style="list-style-type: none"> Continue to improve awareness of and range of quality-related resources available on HSE website by communicating all updates to Line managers 	Q1	Q4	QPS Manager
		<ul style="list-style-type: none"> Optimise utilisation of existing resources for shared learning by communicating to all staff on what is available 	Q1	Q4	QPS Manager
		<ul style="list-style-type: none"> Optimise utilisation of "A practical Toolkit - Leadership Skills for Engaging Staff in Improvement Quality" developed by National Staff Engagement Forum and Quality Improvement Division 	Q1	Q4	QPS Manager

Section 5:
CHO
Health and Social Care Delivery

5.1 Health and Wellbeing

This COMPASS Healthy Ireland implementation Plan may be one of the most important plans produced for the people of Cork and Kerry for many years. This document sets out a clear plan for Cork Kerry Community Healthcare to assist and encourage every person across the two counties to live healthier lives. A project of this scale needs to be ambitious, not least because it involves a significant change in mindset among our staff and the wider public.

COMPASS Healthy Ireland implementation plan marks a change in the way healthcare services are delivered in Cork Kerry Community Healthcare. This change derives from commitments made in the Healthy Ireland Framework that prefaced the establishment of health and wellbeing divisions in all community healthcare areas throughout the country. Our key priority is that prevention is everyone's business. This is the cornerstone in establishing a community healthcare service that understands people's needs from cradle to grave by providing services that are integrated across all areas, emphasising investment early in life, maintaining wellness, preventing illness, and providing support for the final stages of life. COMPASS is the result of extensive consultations throughout Cork Kerry Community Healthcare. It is designed to address our changing health priorities. It encourages innovation and creates opportunities in how we interact with others and how we focus our efforts to promote good practice, and to recognise our actual and potential role to improve public health in order to become a health promoting community, service provider and employer.

There are 18 action areas in the plan which covers the period 2018 – 2022. These action areas include:

- Making Every Contact Count which will enable health professionals to recognise the role and opportunities that they have through their daily interactions in supporting individuals to make health behaviour changes.
- Self-Management Support acknowledging patients as partners in their own care, supporting them in developing knowledge, skills and confidence to make informed decisions.
- National priority programmes: Healthy Eating & Active Living, Tobacco Free Ireland, Healthy Childhood, Drugs & Alcohol, Positive Aging, Wellbeing & Mental Health, Sexual Health
- Health & Wellbeing Community Referral implementing a managed, person centred, referral pathway to community resources across Cork Kerry Community Healthcare to enhance health and wellbeing.

Key enablers to achieving full implementation are:

- The nomination of Healthy Ireland Leads in each care group who will support their Head of Service and their management team to drive and deliver on all aspects of the plan:
- Adoption of a partnership approach to developing services e.g. membership of Local Community Development Committees
- Establishment of the COMPASS Implementation Steering Group chaired by the Head of Service, Health and Wellbeing which is responsible for the delivery of actions in the plan at a corporate level

The COMPASS Healthy Ireland plan is well positioned for *Sláintecare* implementation as it recognises the importance of supporting people to look after and protect their own health and wellbeing. *Healthy Ireland* is an important action area within *Sláintecare*. It is underpinned by a whole-system philosophy involving cross-government and cross-societal responsibility. The health system will continue to play an

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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.

To address these challenges the health service will continue to prioritise high quality evidence based prevention, early intervention and population health strategies to help reduce demand on our health and social care services thereby ensuring a sustainable health system for future generations. Health and Wellbeing will continue to support the development of Cork Kerry Community Healthcare Strategic Priorities in association with Primary Care, Social Care and Mental Health Services.

Services Provided

Health and Wellbeing Services in Cork and Kerry are focussed on the Healthy Ireland strategic priorities of:

1. Chronic Disease Prevention
2. Staff Health & Wellbeing
3. System Reform

These priorities will be delivered in Cork Kerry Community Healthcare under the Healthy Ireland Outcomes Framework (2018). This is an initial set of indicators which includes measures showing the health status of the population, such as smoking and obesity rates, health protection measures such as screening and vaccination, social factors such as educational attainment and poverty, and environmental factors such as air quality, and measures of wellbeing.

The four goals of Healthy Ireland are:

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

Chronic Disease

Approximately 1 million people in Ireland have diabetes, cardiovascular disease, COPD or asthma. It is estimated that the majority of these (625,000) are over 50 years of age. In 2017 the HSE launched 'Living well with a Chronic Condition' a Framework and implementation plan for self management support for chronic conditions: COPD, Asthma, Diabetes and Cardiovascular disease. It sets out how we in the health services want to work with and support people to be able to self-manage their health conditions. Cork Kerry Community Healthcare Health & Wellbeing is developing capacity to tackle the challenge of chronic disease by supporting measures to increase the ability and confidence of people with long term health conditions to manage their health and to live well, initially through a directory of resources and also through participation on the Local Implementation Governance Group (LIGG).

Priorities 2019

- Develop new sub-structure under the Cork Kerry Community Healthcare HoS, HWB in collaboration with the National Director, Community Service Operations to facilitate the development of a new Health Promotion & Improvement function

- Continue to implement Cork Kerry Community Healthcare Staff Health and Wellbeing strategy with a particular emphasis on physical and emotional wellness
- Complete the assignment of Healthy Ireland Leads in each care group for the duration of the implementation of COMPASS Cork Kerry Community Healthcare
- Progress and support the implementation of Making Every Contact Count in Cork & Kerry
- Deliver a Health and Wellbeing Festival WellComm to promote citizen engagement and support the general population to lead healthier lifestyles
- Develop a Self-Management Support webpage to support local community and voluntary resources
- Expand H&WB Community Referral through voluntary and community organisations using the social prescribing model in Cork Kerry Community Healthcare
- Continue to participate & engage with Children and Young People's Services Committees (CYPSC's) and Local Community Development Committee (LCDC's) in implementing their respective Healthy Ireland Plans
- Continued collaborations developing new ways of working to support networked organisational cultures to ensure streamlining and integration across all structures
- Progress national policy priority programmes including Tobacco Free Ireland, Healthy Eating and Active Living etc
- Complete integrated population needs assessment for Cork Kerry
- Develop and implement a flu plan for 2019/2020

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Implementing Health & Wellbeing priorities 2019 in line with Cork Kerry Strategic Priorities:

Health & Wellbeing Priority Actions					
Priority Area	SP	Priority Actions	Timeline		Lead
			Q Start	Q End	
System Reform	3b	<ul style="list-style-type: none"> Establish a COMPASS Implementation group at Cork Kerry Community Healthcare level chaired by the HoS Health & Wellbeing 	Q1	Q1	HoS HWB
	1a	<ul style="list-style-type: none"> Prepare a statement for service providers to include a commitment to Health & Wellbeing in SLAs 	Q3	Q4	All HoS
	2a	<ul style="list-style-type: none"> Host an annual public Healthy Ireland Wellness festival to promote citizen engagement 	Q1	Q1	HoS HWB
	2a	<ul style="list-style-type: none"> Develop Cork Kerry Community Healthcare policy on dissemination and display of health messaging e.g. QUIT. Develop a governance structure to validate content for health messaging display Implement digital messaging in new builds 	Q2	Q4	HoS HWB
	2a	<ul style="list-style-type: none"> Publish COMPASS Health and Wellbeing annual report 	Q1	Q4	HoS HWB
	4b	<ul style="list-style-type: none"> Work with Heads of Service to ensure that all CKCH actions, programmes and services address marginalised groups to reduce health inequalities Plan for and monitor 50% of programmes for impact on health inequalities 	Q2	Q4	HoS HWB/ PC/SC
	1a	<ul style="list-style-type: none"> Establish Healthy Ireland Network Action Groups in each network 	Q2	Q4	HoS HWB
	5a	<ul style="list-style-type: none"> Complete integrated population needs assessment for Cork Kerry (disease specific – /annum) 	Q1	Q4	HoS HWB
	4a	<ul style="list-style-type: none"> Review the demographic information from the Integrated Population Needs Assessment to inform future service planning 			Resources Workstream / Service Managers
	4d	<ul style="list-style-type: none"> Complete the transfer of Health Promotion & Improvement function to CKCH using new substructures 	Q1	Q1	HoS HWB
Chronic Disease prevention: MECC	1b	<ul style="list-style-type: none"> Support HoS to implement MECC (see relevant care group plan for detailed actions) 	Q1	Q4	HoS HWB
	2b	<ul style="list-style-type: none"> Include MECC in quarterly Corporate Induction for staff 	Q1	Q4	HoS HWB
Chronic Disease: Prevention SMS	4a	<ul style="list-style-type: none"> Continue to implement 'Living well with a Chronic Condition: Framework for Self-Management Support Collect and report on agreed KPIs for Self-Management support (SMS) for chronic conditions 	Q1	Q4	HoS HWB
	1a	<ul style="list-style-type: none"> Map, produce and maintain a directory of programmes and supports for Self-Management for chronic conditions identifying gaps in services. 	Q1	Q1	HoS HWB
	1a	<ul style="list-style-type: none"> Establish a Self-Management support plan to include: Identification of gaps and create pathways for referrals/signposting to existing Self-Management supports 	Q1	Q2	HoS HWB
	2a	<ul style="list-style-type: none"> Develop 2 pilot sites for Self-Management Hypertension (Blood Pressure) 	Q1	Q4	HoS HWB/PC

Health & Wellbeing Priority Actions					
Priority Area	SP	Priority Actions	Timeline		Lead
			Q Start	Q End	
	2a	<ul style="list-style-type: none"> ● Increase delivery of Cardiac Rehabilitation in Kerry <ul style="list-style-type: none"> - Increase delivery of Phase 3 Cardiac Rehabilitation - Increase provision of Phase 4 cardiac rehab in Kerry by supporting British Association for Cardiovascular Prevention & Rehabilitation) training 	Q1	Q2	HoS HWB/PC
	2a	<ul style="list-style-type: none"> ● Pilot COPD Passport in one site including online directory of services and supports ● Roll out COPD education exercise / Self-Management pack for COPD support group. 	Q1	Q2	HoS HWB/PC
	2a	<ul style="list-style-type: none"> ● Identify accommodation to increase provision of Phase 4 pulmonary rehab 	Q3	Q4	HoS HWB/PC
	2a	<ul style="list-style-type: none"> ● Work with acute hospitals to support increased delivery of patient education to adults with Type 1 diabetes in a timely manner 	Q1	Q4	HoS HWB/PC
Chronic Disease Prevention: H&WB Community Referral	5a	<ul style="list-style-type: none"> ● Develop a Health & Wellbeing Community Referral Project in Cork (Social Prescribing) through voluntary and community organisations using the social prescribing model. 	Q1	Q2	HoS HWB
	5a	<ul style="list-style-type: none"> ● Complete an evaluation of the Kerry Health & Wellbeing Community Referral (Social Prescribing Model) pilot site in collaboration with MHS & Kerry Co Co introduced in 2018 ● Roll out social prescribing in Cork in conjunction with Health and Wellbeing, Community Work Department (CWD) and Social Care. ● Investigate the feasibility of rolling out a second H&WB CR second site in Kerry with Kerry County Council and MHS 	Q2 Q2 Q2	Q2 Q4 Q4	UCC + Oversight Committee SRO Cork
	4a	<ul style="list-style-type: none"> ● Develop an annual report of actions, initiatives & numbers participating in social prescribing initiatives 	Q1	Q4	HoS HWB
	5c	<ul style="list-style-type: none"> ● Provide support to individual teams at location specific level to engage on staff health and wellbeing programs as well as local opportunities 	Q1	Q4	HoS HWB
Staff H&WB	5c	<ul style="list-style-type: none"> ● Promote and increase uptake of the flu vaccine among all staff both front line service providers and managerial and administrative staff. ● Further develop peer vaccinators and flu champions across all care groups 	Q2	Q4	HoS HWB/PC/SC/MHS
	5c	<ul style="list-style-type: none"> ● Establish 3 new sites to engage in the Irish Heart Foundation Active@Work and walking leader training for staff 	Q1	Q4	HoS HWB
	5c	<ul style="list-style-type: none"> ● In conjunction with SSWHG increase staff access to specific initiatives around stress management, e.g. Kerry Beats Stress, Resilience Programmes, Kindness Works Here, Mind Your Wellbeing, Life Balance in conjunction with HR 	Q1	Q4	HoS HWB HoS HWB
	5c	<ul style="list-style-type: none"> ● In conjunction with SSWHG deliver an annual wellness event for all staff 	Q3	Q3	HoS HWB
	5c	<ul style="list-style-type: none"> ● Establish criteria for Healthy Ireland Campus Status, e.g. Active@ Work Award (Gold Status) 	Q1	Q3	HoS HWB

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Health & Wellbeing Priority Actions					
Priority Area	SP	Priority Actions	Timeline		Lead
			Q Start	Q End	
		leading to the award recognition			
	5c	<ul style="list-style-type: none"> Deliver 6 Health & wellbeing sessions specifically developed for Health Care Support Staff 	Q1	Q4	HoS H&WB
	5c	<ul style="list-style-type: none"> Provide mini health screening for 1,200 staff {minimum of 1 days per network} 	Q1	Q4	HoS HWB
	5c	<ul style="list-style-type: none"> Provide additional dedicated staff H&WB space/programme Rathass, Model Business Park, Clonakilty, Killarney 	Q2	Q4	HoS HWB
ehealth	5c	<ul style="list-style-type: none"> Implement approved Staff Health & Wellbeing Initiatives funded by HWB across Cork & Kerry: <ul style="list-style-type: none"> Know your Numbers app for Cork Kerry Community Healthcare with a health literacy component Issue staff with 'Know your Numbers' Card 	Q2	Q4	HoS HWB
	5c	<ul style="list-style-type: none"> Identify a service / site and pilot the implementation of steps challenge app 	Q2	Q2	HoS HWB
System Reform: Partnerships	6d	<ul style="list-style-type: none"> Work with Local Authorities in developing plans and securing funding for H&WB initiatives 	Q1	Q4	HoS HWB
	6d	<ul style="list-style-type: none"> Work with CYPSCs on Healthy Ireland funded projects in Cork and Kerry 	Q1	Q4	HoS HWB
	6d	<ul style="list-style-type: none"> Support targeted partnerships to address health inequalities: e.g. Homelessness, Traveller Needs, Direct Provision & Refugees e.g. Edel House Youth Initiative, Meitheal Mara project with Kinsale Rd Direct Provision Centre, Traveller Culture, Partnership with The Sanctuary Runners for Direct Provision and an Garda Siochana 	Q1	Q4	HoS HWB/PC
	6d	<ul style="list-style-type: none"> Support new partnerships and support existing partnerships in delivering inclusive cultural programs for service users (N Cork PHN project/Creative Ireland project with Helium) 	Q1	Q4	HoS HWB
	6d	<ul style="list-style-type: none"> Develop new partnerships and support existing partnerships in developing and implementing new models of service delivery (Wild Atlantic Way / Beat the Street Initiative/ Schools Walking programme) 	Q1	Q4	HoS HWB
System Reform: Environment	5c	<ul style="list-style-type: none"> Develop & implement a policy in conjunction with procurement to phase out the utilisation of polystyrene in catering and packaging in Cork Kerry Community Healthcare 	Q1	Q4	HoS HWB
	5c	<ul style="list-style-type: none"> Work with local authorities and stakeholders to link Cork Kerry Community Healthcare bike scheme/ public transport services adjacent to primary care services in Cork city 	Q1	Q4	HoS HWB
System Reform: Disability/SMS	5a	<ul style="list-style-type: none"> Develop capacity in supporting Self-Management of chronic diseases among people with disabilities (dormant accounts) 	Q1	Q4	HoS HWB/SC
Chronic Disease Prevention: Sexual Health	6d	<ul style="list-style-type: none"> Map the current sexual health services / initiatives in Cork Kerry Community Healthcare. Implement process to ensure all area leads are aware of the available free sexual health resources and training opportunities (e.g. condom distribution service, Health promotion material, HSE & HSE 	Q3	Q4	HoS HWB/PC

Health & Wellbeing Priority Actions					
Priority Area	SP	Priority Actions	Timeline		Lead
			Q Start	Q End	
		funded training and encourage uptake) subject to Health Promotion & Improvement (HP& I) Transition			
	6d	<ul style="list-style-type: none"> Work with 3rd level sector to promote sexual health through education and preventative strategies and initiatives that are linked in with national initiatives e.g. IT Tralee Consent Project subject to HP& I Transition 	Q1	Q4	HoS HWB
Chronic Disease Prevention: Immunisations & Screening	5a	<ul style="list-style-type: none"> Support Community Cancer Action Plan & Community Department & Regional Cancer Screening Co-ordinator to address population screening needs. E.g. Cork Cancer Connect x 3 sites cervical & 1 site Skin cancer 1 x site Kerry Bowel 	Q1	Q4	HoS HWB
	5a	<ul style="list-style-type: none"> Promote and increase Cervical Check % uptake to all women 25-60 years including staff 	Q1	Q4	HoS HWB
	5a	<ul style="list-style-type: none"> Promote our health promoting approach to increase % uptake for human papillomavirus (HPV immunisation) – target set at 85% with a localised campaign and extend the existing national HPV vaccination programme to boys 	Q1	Q4	HoS HWB
	5a	<ul style="list-style-type: none"> Target an annual increase of 10% in flu vaccine uptake rates (over 2018 rates) among Health Care Workers to achieve national target of 60% e.g. peer vaccinators / flu champions / local campaign 	Q1	Q4	HoS HWB
	3c	<ul style="list-style-type: none"> Develop and implement in a systematic format an annual flu plan across care areas 	Q1	Q2	HoS HWB
	2a, 5a, 5b	<ul style="list-style-type: none"> Support Influenza lead in promoting the annual flu vaccine campaign, including: <ul style="list-style-type: none"> Early ordering of all local promotional materials, to be available by the end of Q3 to facilitate the early preparation of promotional packs for peer vaccinators. Identify and train local spokespeople for a public campaign on the importance of the vaccine. Survey 2018 vaccinators in Q1 2019 to establish which promotional items are working. 	Q2	Q3	Influenza Lead / Comms Manager
	5a	<ul style="list-style-type: none"> Promote the BreastCheck Programme to all women including female staff who are new to the BreastCheck age cohort (i.e. female staff in the 50 to 52 years age group) in collaboration with the National Screening Service 	Q1	Q4	HoS HWB
	3c	<ul style="list-style-type: none"> Implement and monitor the use of KPI's by care group representatives on the CHCH Health Care Associated Infection (HCAI) /Anti-microbial resistance (AMR) Committee as a reporting mechanism for HCAI/AMR performance and activity in each care group 	Q1	Q4	HoS HWB
	3c	<ul style="list-style-type: none"> Continue to work with National HCAI/AMR committee & SSWHG to assist with , surveillance and management of HCAs and AMR including resourcing of Consultant Microbiology services 	Q1	Q4	HoS HWB
	3c	<ul style="list-style-type: none"> Continue to disseminate and communicate information and updates concerning Carbapenase-producing enterobacteriaceae (CPE) received from the office of HSE Clinical Lead as requested 	Q1	Q4	HoS HWB
3c	<ul style="list-style-type: none"> Implement new governance structures for HCAI/AMR initiatives 	Q1	Q4	HoS HWB	

Health and Wellbeing

Health & Wellbeing Priority Actions					
Priority Area	SP	Priority Actions	Timeline		Lead
			Q Start	Q End	
Chronic Disease Prevention: Tobacco Free Ireland (TFI)	6d	<ul style="list-style-type: none"> Provide support and information on Tobacco Free Ireland (TFI) to external agencies to achieve tobacco free environments (parks / recreational amenities / college campuses) 	Q1	Q4	HoS HWB
Chronic Disease Prevention: Healthy Eating & Active Living (HEAL)	5c	<ul style="list-style-type: none"> Develop a framework for implementing calorie posting in all catering facilities 	Q2	Q4	HoS HWB/SC/PC/MHS
Chronic Disease Prevention: Drug & Alcohol	5c	<ul style="list-style-type: none"> Promote & support askaboutalcohol campaign to increase awareness of the risks associated with alcohol intake 	Q1	Q4	HoS HWB
Chronic Disease Prevention: Healthy Childhood	6d	<ul style="list-style-type: none"> Support all schools to develop health and wellbeing action plans 	Q1	Q4	HoS HWB
	6d	<ul style="list-style-type: none"> Provide health and wellbeing training to teachers on a range of topics agreed annually with the Dept. of Education and Skills 	Q1	Q4	HoS HWB/MHS
	6d	<ul style="list-style-type: none"> Support the delivery of the HSE Breastfeeding Action Plan (2016-2021) 	Q1	Q4	HoS HWB/PC
Chronic Disease Prevention: Mental Health & wellbeing	5a	<ul style="list-style-type: none"> Support implementation of Connecting for Life subgroup to: <ul style="list-style-type: none"> Implement a wellness week in Cork and Kerry in October 2019 Implement a review of Schools Mental Health programmes Implement H&WB community referral in Cork 	Q1	Q4	HoS HWB/MHS
	5c	<ul style="list-style-type: none"> Implement initiatives to <ul style="list-style-type: none"> Promote positive mental health among older people living in the community and residential settings (cultural companions). Support Physical Activity Leader training -- Age & Opportunity 	Q1	Q4	HoS HWB/MHS
Positive Ageing	2a	<ul style="list-style-type: none"> Collaborate with Community Work & HP&I Depts. with regard to healthy aging initiatives across the CHO e.g. Warmer Homes, Staying Fit for the Future 	Q1	Q4	HoS HWB/SC
	2a	<ul style="list-style-type: none"> Provide opportunities within day care services for clients to engage in physical activities appropriate to their fitness levels e.g. walking, dancing, yoga 	Q1	Q4	HoS HWB/SC
	6d	<ul style="list-style-type: none"> Collaborate with Community Work and older Persons to identify and document intersectoral partnerships necessary to increase community managed sheltered care for older persons Support establishment of a pilot community working group Link nationally & internationally to provide a scoping paper 	Q1	Q4	HoS HWB/SC

Health & Wellbeing Priority Actions					
Priority Area	SP	Priority Actions	Timeline		Lead
			Q Start	Q End	
Emergency Management	2b	<ul style="list-style-type: none"> Finalise / sign off of an Area Emergency Management Plan (AEMC) Communicate Area Emergency Management Plan to front line managers Complete 3 emergency drill exercises on agreed plans 	Q1	Q1	HoS HWB/CO
Children First	3b	<ul style="list-style-type: none"> Ensure Child Safeguarding Statement 2019 is in place and on display in all areas Ensure Child Protection and Welfare Risk Assessments are completed and included in risk registers as required Identify and inform new starters fulfilling Mandated Persons roles of their responsibilities under the Act Implement the HSE Child Protection and Welfare Policy All new staff and volunteers to complete the HSE e-Learning Module "An Introduction to Children First" or alternative to the e-learning module. Administer the HSE Children First Compliance Self-Assessment Checklist to all funded agencies 	Q1	Q4	HoS HWB
GDPR	4a	<ul style="list-style-type: none"> Implement the plan to incrementally achieve compliance with the GDPR. Complete the Data Inventory. Ensure arrangements are in place for subject access requests (SAR) within the new timeline of one month. 	Q1	Q4	HOS

5.2 Primary Care

Services Provided

Over the past number of years, Health Planning has had an increasing focus on delivering care to service users close to home through a community based approach. Wide ranges of service are provided by primary care teams working in co-operation with wider community services and acute hospitals in response to service user needs. The Primary Care team (PCT) is the central point for service delivery.

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

Issues and Opportunities

Community Health Network Learning Site

2019 will see the introduction of a Community Health Network (CHN) Learning Site in Cork and Kerry. CHN's are a key building block in the establishment of the infrastructure to deliver *Sláintecare*. The Learning Site through the management of primary care staff by the network manager, working collaboratively with community nursing and GPs will co-ordinate the delivery of primary care services and integration of services. CHN's will improve service user experience through the identification of and co-ordination of clear access and referral pathways to services for older people, people with disabilities, people with mental illness and to acute hospitals. The conclusion of the GP contract negotiations will allow for a GP lead at CHN level.

Delivering Services as close to home as possible

While there is commitment to redirect the delivery of services from an acute hospital setting to a primary care setting this can be challenging to progress due to the requirement to align different stakeholders' processes and systems. Cork Kerry Community Healthcare will continue to work with the South/South West Hospital Group (SSWHG) to transfer services currently being delivered in an acute setting to a primary care setting. The CHO will also work with the SSWHG to support hospital avoidance and accelerate hospital discharge by maximising the scope and capacity of the Community Intervention Teams, in both Cork and Kerry. Primary Care Services Management will work with our colleagues in The Estates Department to progress the development of Primary Care Centres in our area.

Addressing Increased demand

The level of demand for primary care services continues to increase with little additional resource leading to pressures on services and waiting times longer than we consider appropriate. Considerable work has been done in 2018 to plan for reduction in waiting times. These plans to improve access to primary care services, which are consistent with the recommendations of the Access Workstream recommendations, will be completed in 2019. This will include addressing paediatric occupational therapy, orthodontic and community ophthalmology waiting lists will be undertaken in 2019 to reduce those waiting for a long time for the service through increased time bound capacity and improvements

to processes and models of care. A plan to increase the level of in house recycling in CKCH will also be progressed. This plan will work towards ensuring a culture of efficiency making the best use of the resources available.

Children with a Disability

In order to meet the requirements of the National Access Policy for Children and Young People with disabilities we will work with our colleagues in Disability Services to develop a staged implementation plan that will ensure the resources available are directed in the most appropriate way to meet the needs of children requiring assessment and treatment from Allied Health Professional(s). We will continue to work with our colleagues in the national primary care office to ensure packages of care for children discharged from hospital with complex medical conditions are provided. We will also work with our partners in the acute hospital setting to streamline the response to children with life limiting conditions.

Chronic Disease Management

CKCH has established a Local Implementation and Governance Group for Chronic Disease made up of stakeholders including staff, service users and service providers. CKCH through this group will work to maximise the impact of the current resources and secure additional resources to address the needs of those with chronic disease and to promote the health and wellbeing of the population so that the incidences of and impact of chronic disease is reduced.

Social Inclusion

CKCH will continue to work with our partners in the not for profit sector to provide services to meet specific needs and to improve health outcomes for socially excluded groups including those with addiction issues, the homeless, refugees, asylum seekers and members of Traveller and Roma communities.

Palliative Care

CKCH will work to consolidate the governance and delivery of palliative care services across the CHO.

Priorities 2019

Primary care will continue to focus on improving the quality, safety, access and responsiveness of services, including through the use of development funding, to support the decisive shift of services to primary care.

- Implement the CHN learning site in Bandon Carrigaline and Kinsale
- Progress the Primary Care Centre Buildings and service programme
- Progress transfer of services from acute setting to a primary care
- Improved co-ordination of chronic disease services and supports across the CHO and with the acute hospitals.
- Continue to develop and implement initiatives to reduce waiting lists within available resources.
- Consolidate the governance and delivery of palliative care services across the CHO
- Continue to respond to the needs of children with complex medical care needs.
- Review and change the management of the resource available for the purchase of medical and surgical appliances in order to maximise its impact.

Implementing Primary Care priorities 2019 in line with Cork Kerry Strategic Priorities:

Primary Care Priority Actions					
Priority Area	SP	Priority Actions	Timeline		Lead
			Q Start	Q End	
Implement community healthcare networks to improve internal and external integration across healthcare services, community and voluntary organisations	1b	<ul style="list-style-type: none"> Implement the CHN learning site in Bandon Carrigaline and Kinsale (Network 13) Build the governance of CHNs Review outputs from the learning pilot site to inform wider implementation of healthcare networks in CKCH. Conduct an evaluation of the impact of the network model of working Deploy a pilot ICT solution to support the new CHN learning site in accordance with National Guidelines. 	Q1	Q4	HoSPC & CHOMT Network Implementation Committee
Initiatives to transfer services from acute hospital - ultra sound	1b	<ul style="list-style-type: none"> Finalise the relocation of the provision of ultrasound services for GP's in Cork to St Marys Primary Care Centre. 	Q2	Q3	GM
Initiatives to transfer services from acute hospital – gynaecological	1b	<ul style="list-style-type: none"> Provide a GP delivered service in cooperation with and under the governance of CUMH resulting in 280 gynaecological appointments being provided in Mallow PHC to women who are on the CUMH waiting list. 	Q1	Q2	GM
Initiatives to transfer services from acute hospital services Atrial Fibrillation /stroke prevention Cardio/respiratory/ diabetic	1b	<ul style="list-style-type: none"> Chronic Disease Management: Develop Initiatives through the 3 subgroups of the Local Implementation and Governance Group (LIGG) ; In conjunction with UCC, general practice, secondary care and Irish Heart, carry out an atrial fibrillation-stroke prevention feasibility project which is aimed at patients aged 65 and older in the north side of Cork city. The target is to screen 5000 patients. Improve the co-ordination and delivery of services to support people with cardiovascular, respiratory and diabetic illnesses and progress same in conjunction with SSWHG and National Integrated Care Office. 	Q1	Q4	HOS
			Q1	Q4	HOS
Initiatives to transfer services from acute hospital services to community healthcare.	1b	<ul style="list-style-type: none"> Develop a plan with the South/ South West Hospital Group for the delivery of eye care services to provide a responsive service delivered in the most appropriate setting to those at greatest risk; Finalise a plan for the implementation of integrating eye care services 	Q1	Q2	GM
	1b		Q3	Q4	
Providing reliable, trusted information	2a	<ul style="list-style-type: none"> Work with LIGG on three targeted campaigns eg awareness of the resource to manage Type II diabetes. 	Q1	Q4	HOS, Primary Care
Neuro Rehab	1a	<ul style="list-style-type: none"> Complete gap analysis through MDT engagement across CKCH and make recommendations as appropriate in line with the Neuro Rehab Strategy 	Q2	Q3	GM

Primary Care

Primary Care Priority Actions					
Priority Area	SP	Priority Actions	Timeline		Lead
			Q Start	Q End	
Child Health	4c	<ul style="list-style-type: none"> Pilot service improvement initiatives in Child Health through teamwork initiatives e.g. Combined Child Health Record (Public Health Nursing & Community Medical Doctor) in 2 sites 1 Cork and 1 Kerry. 	Q1	Q4	GM
	4c	<ul style="list-style-type: none"> Develop team based service improvement plans across clinical and administrative services that will maximise the level of service provided across child development and immunisation delivery 	Q1	Q4	GM
Services for frail elderly and vulnerable adults including ED patients and patients in the community with mental health issues	1a	Develop a policy for improvements to services for frail elderly and vulnerable adults by: <ul style="list-style-type: none"> Achieving a Cork / Kerry standardised policy on hoist provision Ensure sustainability of health & social care professional input into Falls Risk Assessment Clinic. Target improvements in FEDS (feeding/ eating/ drinking & swallowing) service in Kerry to clients with intellectual disabilities and mental health issues living in the community. Work with Social Care and Mental Health Services to provide SLT input to help the transition of remaining residents at Cluain Fionainn to community residences and to complete audit of adults with intellectual disability or mental health living in day care/ residences with dysphagia related admissions to UHK and visits to GP . 	Q1	Q4	GM
			Q1	Q4	GM
			Q1	Q4	GM
Improve Immunisation – influenza vaccination rates	5a	<ul style="list-style-type: none"> Target an annual increase of 10% in flu vaccine uptake rates (over 2018 rates) among Health Care Workers to achieve national target of 60% e.g. peer vaccinators / flu champions / local campaign Increase awareness and promotion of the Flu Vaccine through line management and recruiting 6 peer vaccinators from community nursing services 	Q4	Q4	GM
Immunisation		<ul style="list-style-type: none"> Deliver first year of HPV vaccine programme to boys within available resources 	Q2	Q4	GM
Public Health Nursing Services	1a	<ul style="list-style-type: none"> Establish a group to review the demands and trends for community nursing and make recommendations based on area profiles for the designation of new and existing resources. 	Q1	Q4	GM
Happy Talk Initiative	5a	<ul style="list-style-type: none"> Complete the 2nd phase evaluation of Happy Talk so as to inform mainstreaming of community based approaches in Primary Care SLT. This evaluation will be supported by Irish Research Council funded research cost. 	Q1	Q4	GM
Making Every Contact Count (MECC)	5a	<ul style="list-style-type: none"> Implement MECC in 1 identified pilot sites in conjunction with Health & Wellbeing and evaluate same. 	Q1	Q2	HOS
National Diabetes Database for Structured Patient Education	4a	<ul style="list-style-type: none"> Complete database for National Diabetes Database for Structured Patient Education. Work with national team to implement plan for roll out of database across Cork/Kerry within available resources 	Q1	Q2	GM
Structured Diabetic Patient Education Programmes	3c	<ul style="list-style-type: none"> Deliver Dietician led Structured Patient Education programme training to 45 healthcare professionals 	Q1	Q4	GM
Age Friendly Transport	5a	<ul style="list-style-type: none"> Extend the Interagency transport initiative, which was piloted in 2018, with CNDS/Cork Local 	Q3	Q4	GM

Primary Care Priority Actions					
Priority Area	SP	Priority Actions	Timeline		Lead
			Q Start	Q End	
Initiative to Dietician led XPERT course		link/Cork County Council/Age Friendly IRELAND), to support a further 12- 15 people in the East Cork area to attend the Diabetes XPERT patient education programme for 2.5 hours per week for 6 weeks.			
Structured Diabetic Patient Education Programmes	5a	<ul style="list-style-type: none"> Pilot 2 Structured Patient Education Programmes to increase accessibility to clients. 1 to be held in Cork and 1 in Kerry to be held in the evenings. 	Q1	Q4	GM
Model of Care	1b	<ul style="list-style-type: none"> Develop a business plan to progress a Pilot initiative for community based treatment of Lymphedema with reference to the appropriate model of Care 	Q1	Q4	GM
Healthy Buildings/ Healthy Campus. Tobacco Free	5c	<ul style="list-style-type: none"> Support the implementation of local tobacco free campus policies across all sites and services Identify a number of services to participate in an audit to validate their tobacco free status 	Q2	Q4	GM
Healthy Buildings/ Healthy Campus Implementation Plan	5c	<ul style="list-style-type: none"> Prepare and implement a number of initiatives towards achieving healthy building/healthy campus i.e. healthy walkways, health promotion messages. 	Q2	Q4	GM
Second hand smoke policy.	5c	<ul style="list-style-type: none"> To protect staff from second hand smoke implement National HSE Protection from Second-hand Smoke in Domestic Setting Policy in CKCH. Communicate details of the policy to staff attending to clients in a domestic environment Provide appropriate governance arrangements to assist in its implementation 	Q1	Q4	GM
Progress and implement policy and value for money projects for community demand-led schemes	4a	<ul style="list-style-type: none"> Prepare and implement a plan for the management of Aids and Appliances and consumables to include the following: 	Q1	Q3	GM
	4c	<ul style="list-style-type: none"> – In house recycling – complete a cost benefit analysis on the in house provision of equipment recycling 	Q1	Q2	
	4a	<ul style="list-style-type: none"> – Make changes to the model of provision as appropriate based on the analysis 	Q1	Q3	
	4c	<ul style="list-style-type: none"> – Review of prioritisation of applications 	Q1	Q3	
	4a	<ul style="list-style-type: none"> – Review and strengthen budget governance – Review membership of resource allocation group (RAG) 	Q1	Q3	
	4c	<ul style="list-style-type: none"> Implement the guidance and recommendations when available in relation to the provision of: <ul style="list-style-type: none"> – respiratory products – orthotics, prosthetics and specialised footwear – urinary, ostomy and bowel care – nutrition – bandages & dressings 	Q1	Q4	GMs

Primary Care

Primary Care Priority Actions					
Priority Area	SP	Priority Actions	Timeline		Lead
			Q Start	Q End	
Primary Care Schemes	4c	<ul style="list-style-type: none"> Work with PCRS to centralise the following Schemes , DPS, LTI Scheme & Mat & Infant Scheme 	Q1	Q4	GMs
	4c	<ul style="list-style-type: none"> Set up a forum with CUH and community stakeholders and primary care finance to identify protocols and budget control measures for demand led expenditure originating within CUH. Initial focus in 2019 on items being provided to breast cancer patients 	Q1	Q4	FM
Long term waiting lists – Levels of DNA's/ CNA's	1a	<ul style="list-style-type: none"> Review levels of DNA's/CNA'S across Cork/Kerry service and develop a plan to reduce levels in services where they are high. Commence with the following services: <ul style="list-style-type: none"> Psychology Dietetics Audiology Ophthalmology 	Q1 Q1 Q3 Q4	Q2 Q2 Q3 Q4	GMs
Long term waiting lists – Occupational Therapy	1a	<ul style="list-style-type: none"> Deliver Paediatric Occupational Therapy Waiting list initiative as set out in project plan within available funding. Phase 1 includes reducing the wait list by 1,100 clients by the end of December 2019. 	Q1	Q4	GM
Long term waiting lists - Speech and Language Therapy	1a	<ul style="list-style-type: none"> Implement a plan with voluntary disability agencies to address the needs of children waiting for over 12 months (480 children) who only require a uni-disciplinary therapy assessment / intervention. 	Q1	Q4	GM
Long term waiting lists Ophthalmology	1a	<ul style="list-style-type: none"> Implement plan for addressing Ophthalmology waiting lists in Cork and Kerry, which includes reducing the wait list by 1,570 clients and eliminating wait list for those waiting over twelve months by the end of August 2019. 	Q1	Q3	GM
Long term waiting lists - Psychology	1a	<ul style="list-style-type: none"> Implement Psychology wait list initiative which includes: <ul style="list-style-type: none"> Recruitment of core staff Develop a wait list reduction plan aimed at reducing the wait list by 330 by December 2019 Improve attendance rates by reducing level of DNA/CNA 	Q1	Q4	GM Psychology HOS
Long term waiting lists - Podiatry	1a	<ul style="list-style-type: none"> Implement a plan for addressing Podiatry waiting lists with an emphasis on those not meeting the Model of Foot care targets. This will reduce the wait list by 700 clients. 	Q1	Q4	GM
	4d	<ul style="list-style-type: none"> Secure recurring funding to maintain the current level of Podiatry Services. 	Q1	Q2	
GP Out of Hours (OOHs) supports	1b	<ul style="list-style-type: none"> Implement agreed framework for increased supports to urban and rural GP OOH cells in partnership with South Doc. 	Q1	Q2	GM
General Practice / Supports to GPs	1b	<ul style="list-style-type: none"> Implement SLA for the training programme for GPs that meets the needs of CKCH when agreed with the Irish College of General Practitioners 	Q2	Q4	GM
	1b	<ul style="list-style-type: none"> Support additional GP trainers and additional trainees. 	Q3	Q4	
	1b	<ul style="list-style-type: none"> Finalise and implement a communication and engagement plan between GP's and Cork Kerry 	Q2	Q4	GM

Primary Care Priority Actions					
Priority Area	SP	Priority Actions	Timeline		Lead
			Q Start	Q End	
		Community Healthcare and acute hospitals as appropriate.			
Initiatives to transfer services from Acute Hospital Services	1b	<ul style="list-style-type: none"> Provide an increase in the numbers of additional plain film x-rays (up to 1,959 per annum) for GP's in Caherciveen. 	Q2	Q4	GM
Kerry Outpatient Parenteral Antimicrobial Therapy (OPAT) Services	1a	<ul style="list-style-type: none"> Work with UHK to commence using OPAT in 2019 	Q1	Q4	GM
Kerry Community Intervention Team (CIT)	1a	<ul style="list-style-type: none"> Work with UHK and GP's to maximise the use of CIT in Kerry within current resources. 	Q1	Q4	GM
Cork Community Intervention Team (CIT)	1b	<ul style="list-style-type: none"> Expand the Cork CIT service within available funding, to maximize Hospital Avoidance, Admission Avoidance and Hospital Discharges to achieve compliance with KPI's 	Q1	Q4	GM
Home Birth Services	1b	<ul style="list-style-type: none"> Formulate a plan to prepare for integration of home birth services into the acute maternity hospital services. 	Q1	Q3	GM CUMH UHK
Cork Public Analyst Laboratory	4c	<ul style="list-style-type: none"> Extend scope of accreditation (ISO17025) to include customer requirements outlined in ISO17025:2017 and Reg. (EU) 	Q1	Q4	GM
Cork Public Analyst Laboratory	4c	<ul style="list-style-type: none"> Upgrade analytical instrumentation to extend range of analytical parameters required in foods by the FSAI in relation to requirements of HSE-FSAI Service Contract and requirements of Reg. (EU) No. 2017/625 	Q1	Q2	GM
Health Centres	4c	<ul style="list-style-type: none"> Progress programme of minor capital works which are required as a result of Health and Safety and HIQA regulations and standards. 	Q1	Q4	GM
Major Emergency	2b	<ul style="list-style-type: none"> Have up to date evacuation plans in place for all PCCs and Health Centres. 	Q1	Q2	GM
	2b	<ul style="list-style-type: none"> Put a system in place in conjunction with Services for Older People for the identification of priority clients in the event of a Major Emergency 	Q1	Q2	
Primary Care Centres	1a	<ul style="list-style-type: none"> Progress the opening of Primary Care centres in 2019 in line with National Primary Care Centre programme in Tralee, Carrigtwohill and Newmarket. 	Q1	Q4	GM
	1a	<ul style="list-style-type: none"> Work with estates in the development of new PCCs, which are being progressed for Castletownbere, Clonakilty, Ballincollig, Togher / Ballypnehane, Blarney, Kanturk, Listowel, Bandon and Cobh. 	Q1	Q4	GM
	1b	<ul style="list-style-type: none"> Identify capacity and ways to optimise activity and occupancy levels in primary care centres - commence by establishing occupancy and attendance levels in Carrigaline and Tralee primary care centres. 	Q1	Q4	GM

Primary Care

Primary Care Priority Actions					
Priority Area	SP	Priority Actions	Timeline		Lead
			Q Start	Q End	
Access	1a	<ul style="list-style-type: none"> Establish a forum that will facilitate MDT working for complex adults 	Q1	Q4	GM
Children with Complex Medical Needs	3a	<ul style="list-style-type: none"> Develop a service improvement & quality improvement plan with acute hospitals and children's outreach workers for children with complex medical conditions 	Q2	Q4	GM
National Access Policy for children or young people with a disability or developmental delay	1a	<ul style="list-style-type: none"> Complete an assessment of the impact of the introduction of the Access Policy on current primary care team activity. 	Q1	Q4	GM
	1b	<ul style="list-style-type: none"> Implement Access Policy for children with disability and developmental delay 	Q1	Q2	
	1b	<ul style="list-style-type: none"> Primary care staff will deliver training on the referral process 	Q1	Q3	
Home Support Respite forum for children ineligible for PHP and Disability respite.	1a	<ul style="list-style-type: none"> Strengthen the process to provide respite service to children who are not in receipt of a Paediatric Homecare Package or Disability respite service in conjunction with Social Care. 	Q1	Q2	GM
National Review Island Review	1a	<p>Implement priority actions from the Island Review as part of national project and within available resources</p> <ul style="list-style-type: none"> Determine how to organise and operate community-based services based on population need and size, in a way that clearly identifies patient pathways for accessing services Identify a panel of Irish translators in each Primary Care Network Area to which each Island is aligned Identify Irish Language courses available in the CHO area Facilitate HSE employees who work on the islands/with island communities to undertake Irish Language training Health services Identify list of approved health service resources / tools that will be available in Irish for each division Compile list of HSE staff who can speak Irish in health care teams / Primary Care Teams Establish Interagency Forum with representation for Key Stakeholder Groups 	Q2	Q4	GM
National Reviews	1a	<p>Implement recommendations of national reviews, as they become available, on a phased basis and within existing resources:</p> <ul style="list-style-type: none"> GP out of hours review <ul style="list-style-type: none"> Enhance future provision of GP out of hours services based on available evidence and value for money. Primary care physiotherapy review Primary care occupational therapy review National HIQA standards in infection control - compliance with clinical framework for oral health services 	Q2 Q1	Q4 Q4	GMs
			Q2 Q2	Q4 Q4	

Primary Care Priority Actions					
Priority Area	SP	Priority Actions	Timeline		Lead
			Q Start	Q End	
		<ul style="list-style-type: none"> Dietetic model of care 			
Civil Registration Review Report Operational Plan Actions	4c	<ul style="list-style-type: none"> Implement, following agreement with Forsa, on a phased basis and within existing resources the recommendations of Civil Registration Review Report. HSE Corporate HR and Forsa T.U. are in ongoing discussions regarding same. 	Q1	Q4	GM
Oral Health	1a	<ul style="list-style-type: none"> Upgrade, in accordance with Dental Inspectorate Report, 9 dental clinics across Cork and Kerry as part of a phased programme. 	Q1	Q4	GM
	1a	<ul style="list-style-type: none"> Develop a plan for the delivery of Oral and Maxillofacial Services in conjunction with the South / South West Hospital Group and the National Lead for Oral Health for all areas in the SSWHG area 	Q1	Q4	GM
	1a	<ul style="list-style-type: none"> Develop a plan for the recruitment of a Hypodontia Specialist in Restorative Dentistry in conjunction with the SSWHG and the National Lead for Oral Health for all areas in the SSWHG area. 	Q1	Q4	GM
	2b	<ul style="list-style-type: none"> Implement the infection control quality improvement plan in areas of governance, processes and equipment within available resources. 	Q1	Q4	GM
Access to orthodontics services	1a	<ul style="list-style-type: none"> Develop a consistent approach to service delivery for all children and young people across the Cork Kerry CHO area through the amalgamation of the current three separate waiting lists into one common list. This will require the completion of rollout of the Orthotrack IT System with single unified referral and associated processes. This will also enable the more accurate measurement of any resource deficits to be addressed 	Q1	Q4	GM
	1b	<ul style="list-style-type: none"> Complete a capacity gap analysis in this service area 	Q1	Q4	GM
Dental Kerry	1b	<ul style="list-style-type: none"> Explore all options for optimising children's dental care in the more remote parts of Co. Kerry including the option of contracting some work out to private practitioners. 	Q1	Q4	GM

Primary Care (Including Social Inclusion & Palliative Care) Priority Actions

Primary Care (Including Social Inclusion & Palliative Care) Priority Actions					
Priority Area	SP	Priority Actions	Timeline		Lead
			Start	End	
Long Term Leave Cover	4d	<ul style="list-style-type: none"> Plan to ameliorate the effects maternity leave and other statutory leave – estimate the average level, discern any trends. Make provision to have some level of substitutes available from within existing staff to be deployed within a 40 kilometre radius. 	Q1	Q4	GMS
Increase the level of Admin support	4d	<ul style="list-style-type: none"> Explore a process within existing resources to make admin staff available for important projects, for example review of iron mountain storage, reduction of DNA's and CNA's and areas that support multidisciplinary working. 	Q1	Q4	GMS

Primary Care

Primary Care (Including Social Inclusion & Palliative Care) Priority Actions					
Priority Area	SP	Priority Actions	Timeline		Lead
			Start	End	
Service Delivery – improvements to information provided to managers	4a	<ul style="list-style-type: none"> Work with managers to use reports as available on resources (pay and non-pay) demographics and population to support decisions on resource allocation. 	Q1	Q2	HOS GM's
Child Safeguarding	2b	<ul style="list-style-type: none"> Ensure Child Safeguarding Statement 2019 is in place and on display in all areas Q1-Q4 Ensure Child Protection and Welfare Risk Assessments are completed and included in risk registers as required Identify and inform new starters fulfilling Mandated Persons roles of their responsibilities under the Act Implement the HSE Child Protection and Welfare Policy All new staff and volunteers to complete the HSE e-Learning Module “An Introduction to Children First” or alternative to the e-learning module. Administer the HSE Children First Compliance Self-Assessment Checklist to all funded agencies 	Q1	Q4	GMs
Vulnerable Adults	2b	<ul style="list-style-type: none"> Work with the Safeguarding team to plan the delivery of training on the vulnerable adults policy to primary care team staff 	Q1	Q4	GM's
Foundation Programme in Health Promotion, LGBTI awareness	6c	<ul style="list-style-type: none"> Facilitate frontline staff to attend sexual health related training - Foundation Programme in Health Promotion, LGBTI awareness and transgender Health. Subject to course delivery by HP & improvement. Target for training in 2019 is 120 across divisions 	Q1	Q4	GM's
Health Eating Options	5a	<ul style="list-style-type: none"> Ensure vending machines , where available are stocked with better choice health snacks and drinks 	Q1	Q4	GM's
Breast Feeding Policy	2b	<ul style="list-style-type: none"> Develop a plan to implement the updated Breast Feeding Policy for Primary Care Teams and community health care setting. 	Q1	Q4	GM's
Performance development	2b	<ul style="list-style-type: none"> Implement plan that will ensure each frontline staff member will have a least one performance development meeting per annum that will allow them discuss their issues, build their relationship and discuss their goals with their manager 	Q2	Q4	GMs
Review of I.T. systems	4d	<ul style="list-style-type: none"> Undertake review of I.T. systems; in Drug and Alcohol Services. The outcome of this review will be used to inform decisions for IT systems in primary care. 	Q1	Q4	GM
Health & Safety	3b	<ul style="list-style-type: none"> Work with the new Health and Safety Officer to ensure a co-ordinated approach to meeting H&S requirements across the CHO including: <ul style="list-style-type: none"> Safety statements, 	Q1	Q4	HOS

Primary Care (Including Social Inclusion & Palliative Care) Priority Actions					
Priority Area	SP	Priority Actions	Timeline		Lead
			Start	End	
		<ul style="list-style-type: none"> - H&S committee meetings, - Promote the role of Safety Representative. 			
Influence Policy	3d	<ul style="list-style-type: none"> • Review the current representation from Cork Kerry Community Healthcare on national working groups to ensure appropriate representation and feedback mechanisms to maximise impact on local service delivery 	Q2	Q3	HOS
GDPR	4a	<ul style="list-style-type: none"> • Prepare a plan to incrementally achieve compliance with the GDPR and prioritise actions across the CHO from this plan. • Complete a Data Inventory at each service level • Identify the tool kit of resources, policies, guidance and information required by service managers and circulate this through the CHO Management Team • Identify and arrange necessary training and information sessions for staff and managers. • Ensure arrangements are in place for subject access requests (SAR) within the new timeline of one month. • Provide guidance on when and how a data protection impact assessment should be prepared in response to organisational change • Identify a programme of audit. 	Q1	Q4	HOS

Social Inclusion Priority Actions

Social Inclusion Priority Actions					
Priority area	SP	Priority Actions	Timeline		Lead
			Start	End	
Homeless Services	1a	<ul style="list-style-type: none"> • Develop appropriately tailored community services to include general and health supports, mental health and addiction supports in line with the national housing led approach 	Q2	Q3	GM
	1a	<ul style="list-style-type: none"> • Work with Homeless Multidisciplinary Teams (Addiction, Mental Health and Primary Care) and with Housing First initiative to support individuals, who will have their housing needs met through this initiative, to end long term homelessness. Housing First (Genio funded) initiative over 3 years – 50 units of accommodation supported by HSE staff, 2 x CNS, 1X Addiction Counsellor, 1 x CMHN and 1 x Clinical Psychologist. 	Q3	Q2	
	1b	<ul style="list-style-type: none"> • Work to improve co-ordination between HSE homeless services and other relevant Statutory and Voluntary organisations involved in Homeless Services. 	Q1	Q4	
	1a	<ul style="list-style-type: none"> • Work with the national team provide additional supports in Homeless Services in 2019 including staffing and 	Q1	Q4	GM

Primary Care

Social Inclusion Priority Actions					
Priority area	SP	Priority Actions	Timeline		Lead
			Start	End	
		programme development, in accordance with the "Rebuilding Ireland Action Plan for Housing and Homelessness Review Sept 2017" within available resources. Some funding received for – 1x Addiction Counsellor, 1x CNS Mental Health, 1x Senior Social Worker, 1x Senior OT(recruitment underway).			
	1a	<ul style="list-style-type: none"> Work with the national team Provide additional 39 GP Hours in Homeless Services in Cork city within available resources 	Q1	Q2	GM
Intercultural Services	1a	<ul style="list-style-type: none"> Improve the provision of psychological support to refugees by having a psychologist join the existing team of 2.5 Community Workers. Funded through Dormant Accounts. 	Q1	Q4	GM
	1b	<ul style="list-style-type: none"> Conduct a research project with UCC to determine the most appropriate model of good practice in the provision of healthcare for new communities. 	Q4	Q4	GM
	1b	<ul style="list-style-type: none"> Implement actions assigned to the HSE through the Migrant Integration Strategy as appropriate to Cork Kerry Community Healthcare 	Q1	Q4	GM
Drug & Alcohol Services	1a	<ul style="list-style-type: none"> Extend the joint initiative with Mental Health Services further supports for people with Dual Diagnosis with the commencement of a dual diagnosis programme in Kerry in 2019. 	Q1	Q4	GM
	5a	<ul style="list-style-type: none"> Commence Hepatitis C Outreach Programme for intravenous drug users in Cork. New needle exchange outreach worker will be put in place and will support the delivery of this initiative. Funding received for this initiative. 	Q1	Q4	GM
	4c	<ul style="list-style-type: none"> Relocate Addiction Services to St. Mary's PCC under Phase 1 of the agreed Accommodation Plan. 	Q1	Q2	GM
	4d	<ul style="list-style-type: none"> Commence phase 2 in 2019 with the re-design of Arbour House to meet the needs of service users 	Q3	Q4	
	5a	<ul style="list-style-type: none"> Research the impact of the community action on alcohol across the three sites in Cork and Kerry. 	Q3	Q4	GM
	5a	<ul style="list-style-type: none"> Communicate information regarding the implementation of relevant measures in the Public Health Alcohol Act with community groups and support the three sites already selected in the implementation of local plans. 	Q1	Q4	GM
	1a	<ul style="list-style-type: none"> Expand needle exchange services to include Tralee where IV drug users will be supported into treatment and local communities supported to address drug litter. 	Q1	Q4	GM
	1a	<ul style="list-style-type: none"> Roll out of 2018 programme for SAOR screening & brief intervention. 12 programmes to be delivered to 240 participants 	Q1	Q4	GM
Homeless Services/ Drug & Alcohol Services	1a	<ul style="list-style-type: none"> Complete Implementation plan for the development of the pre-addiction treatment Stabilisation Facility in Cork City of 8 bed unit under Rebuilding Ireland 	Q1	Q4	GM / D&A M
Traveller Health Services	5a	<ul style="list-style-type: none"> Implement, within existing resources, actions assigned to Cork Kerry Community Healthcare within the National Traveller and Roma Inclusion Strategy 2017 – 2021. 	Q1	Q2	GM
	1b	<ul style="list-style-type: none"> Complete a Strategic 5 year Plan for Traveller Health Unit. 	Q1	Q2	GM
	1a	<ul style="list-style-type: none"> Commence implementation following completion of review 	Q3	Q4	

Social Inclusion Priority Actions					
Priority area	SP	Priority Actions	Timeline		Lead
			Start	End	
	5a	<ul style="list-style-type: none"> Provision of 4 Traveller Cultural Awareness Training sessions to frontline HSE staff in 2019. 	Q1	Q2	GM
	5a	<ul style="list-style-type: none"> Development of implementation plan for the 'Traveller Women's Food & Physical Activity Research' 	Q1	Q2	GM
	1a	<ul style="list-style-type: none"> Drive and coordinate actions to enhance Traveller Mental Health using funding received via Dormant Accounts scheme. A Traveller Mental Health Coordinator post is in the process of being recruited nationally for Cork Kerry Community Healthcare 	Q2	Q4	GM
CKCH & Cork City Council Joint Initiative	6d	<ul style="list-style-type: none"> Implement Phase 2 of Joint Initiative. This will include a series of joint initiatives between Cork City council and the HSE focussed on enhancing Health and Wellbeing & Community Development. Actions include launch of Cork City Profile, playground enhancements, Asylum Seeker support project and preparation for boundary extension. 	Q1	Q4	GM
Community Work Service	4c	<ul style="list-style-type: none"> Develop a strategic plan for the Community Work Service in order to maximise the impact of the available resources. 	Q1	Q2	GM
	4c	<ul style="list-style-type: none"> Commence implementation of plan. 	Q3	Q4	
	5a	<ul style="list-style-type: none"> Provide 2 Age Friendly Events in Cork South in 2019 in conjunction with Age Friendly Committees for the staff of voluntary organisations and HSE staff and management. 	Q1	Q4	GM
	5a	<ul style="list-style-type: none"> Continue work with Kerry County Council and implement Kerry Age Friendly Plan. Work with Kerry Local Community Development Committee on community enhancement in terms of communities for all. 	Q1	Q4	
	5a	<ul style="list-style-type: none"> Develop an Oral History Project in Health Action Zone areas involving dementia patients in a hospital setting (MUH) and staff and service users health centre. 	Q1	Q4	
Community Work Service - Health Action Zone (HAZ)	5a	<ul style="list-style-type: none"> Develop a Local Community House in Fair Hill area for Men's Shed Initiative. 	Q1	Q4	GM
	5a	<ul style="list-style-type: none"> Develop local physical activity programme attached to the outdoor gym in Fair Hill/ Farranree with HSE Occupational Therapists and other relevant organisations 	Q2	Q3	
LGBTI Services	1a	<ul style="list-style-type: none"> Develop a business plan to provide additional supports, including psychological and financial support, to the Transgender community 	Q1	Q4	GM
	1a	<ul style="list-style-type: none"> Explore further initiatives with LGBTI and Trans Community in Kerry 	Q1	Q4	
Domestic, Sexual and Gender Based Violence	2b	<ul style="list-style-type: none"> Provide additional training modules on Domestic, Sexual & Gender Based Violence. Deliver 2 courses in 2019 in conjunction with national office to frontline staff in Cork and Kerry 	Q1	Q4	GM
Women's Health	5a	<ul style="list-style-type: none"> Implement a plan on an incremental basis to provide contraceptive services for women in addiction services. 	Q1 Q3	Q3 Q4	GM
Intercultural Services	1a	<ul style="list-style-type: none"> Implement recommendations of anticipated HSE National Intercultural Health Strategy, as appropriate to Cork Kerry Community Healthcare 	Q2	Q4	GM

Primary Care

Implementing Palliative Care priorities 2019 in line with Cork Kerry Strategic Priorities:

Palliative Care Priority Actions					
Priority Area	SP	Priority Actions	Timeline		Lead
			Start	End	
Model of Service		<ul style="list-style-type: none"> Work with Marymount to implement the agreed Financially Sustainable Model of Service. 	Q1	Q4	PLPC
	4c	<ul style="list-style-type: none"> In Kerry palliative care continue to implement palliative care quality improvement plans prioritising infection control, incidents, falls, medication management, pressure areas/sores and complaints through work with the Palliative Care Quality Assessment and Improvement Enablement Committee 	Q1	Q4	PLPC
Governance Arrangements	4c	<ul style="list-style-type: none"> Finalise the governance and financial arrangements with UHK 	Q1	Q2	HoS
Home Care Services	1b	<ul style="list-style-type: none"> Complete a gap analysis for Palliative Home Care Services in Cork and Kerry. 	Q1	Q4	HoS/ PM
Palliative Care Planning Group	4c	<ul style="list-style-type: none"> Establish a CHO Palliative Care planning group involving all stakeholders 	Q1	Q2	HoS
Model of Service	4c	<ul style="list-style-type: none"> Commence the implementation of the National palliative care Model of Care. 	Q2	Q4	GM
Home Care Services	1a	<ul style="list-style-type: none"> Establish a base for the North Cork Homecare team. The associated reduction in travel time will improve access to service. 	Q2	Q4	GM

5.3 Mental Health

Services Provided

Mental Health Services in Cork and Kerry aim to promote and protect the mental health of the population and to provide effective services to those who need them. Our services have a strong focus on recovery and co-production and have consistently sought to develop and enhance community based services and reduce, where appropriate, those treated in more acute services. In recent years, specialist teams in Cork and Kerry have been developed to support certain populations, including Psychiatry of Old Age, an Assertive Outreach Team from the Psychiatric Intensive Care Unit in Cork, Mental Health with Intellectual Disability (MHID) and Liaison Psychiatry Services and Early Intervention Psychosis which are leading the way in implementing the National Clinical Care Programmes for Self Harm and Early Intervention Psychosis. In 2019, it is planned to embed the newly established specialist CAMHS Eating Disorder Team, the specialist Perinatal Team and the expanded Early Intervention Psychosis Hub and Spoke Service in South Lee.

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

- Community based mental health teams
 - Child and Adolescent Mental Health Services (CAMHS)
 - General Adult
 - Psychiatry of Later Life
 - Mental Health and Intellectual Disability
 - Rehabilitation teams
 - Community Mental Health teams
 - Home Based Treatment Teams in North Lee and South Lee
 - Liaison Psychiatry in North Lee, South Lee and Kerry
- Acute inpatient units
- Day hospitals/centres
- Community residential and continuing care

Population Served

The year on year increase in population for people older than 65 years (expected increase of 17.2% between 2016 and 2021) is having a considerable impact on our services, and there is a need to further develop Psychiatry of Later Life (POLL) services within Cork and Kerry. Teams are now established in North Cork, North Lee, South Lee, West Cork and Kerry (of note, Kerry has a population of >65s 30% higher than the national average). Through allocation of PfG funding in 2018, it will be possible in 2019 to recruit additional staff to these POLL teams to assist in meeting demand.

Now that teams are in place in all areas, it is planned to develop a strategic plan for the future development of POLL within mental health services in Cork and Kerry. In addition, the rise in the number of children will place a considerable demand on child & adolescent mental health teams (CAMHS) and on the regional CAMHS inpatient unit (Eist Linn) which accepts young people from the South East (CHO 5) in addition to young people from the Cork and Kerry area, with an 8.6% increase in number of referrals accepted to CAMHS between 2017 and 2018.

Working with our colleagues in Health and Wellbeing, and in line with priorities identified by the Health and Wellbeing Strategic Priorities Workstream, Mental Health Services will strive to improve the overall health and wellbeing of both service users and staff throughout 2019.

Issues and Opportunities

A key priority for Mental Health Services in 2019 in Cork and Kerry will be to maintain appropriate capacity in services, mindful of the increasingly complex health needs of a growing, ageing and increasingly diverse population. Mental Health Services will continue to focus on quality improvement and innovation, informed by service users, family members and carers, staff working in Mental Health Services, priorities identified by the Quality Strategic Workstream, and recommendations of National Clinical Care Programmes and Systems Analysis Investigations. Mindful of the fact that demographic pressures will increase costs in the order of 1.4% to 1.6%, delivering safe, high quality services to meet such a vast variety of often complex needs, within the resources available to us will require prioritisation of services to ensure that we get the best care and outcomes for the investment made in Mental Health Services.

A key focus for 2019 will be to further develop and implement standardised pathways for the management of complex cases who require mental health services, along with input from other services or agencies, in particular, Disability Services and TUSLA, and to streamline processes with our acute hospital colleagues. Management Teams in Cork and Kerry will also work to progress priorities identified for 2019 by the Access Strategic Priorities Workstream. Recruitment is now well underway for the specialist CAMHS Eating Disorder team, which we expect will start accepting referrals from quarter two 2019. Eating disorders affect up to 5% of the population at some point in their lives, and anorexia nervosa has the highest mortality rate of all mental health conditions. As we move closer to 2020, we look forward to the development of a specialist adult Eating Disorder Team for Cork and Kerry to ensure seamless transition from CAMHS to adult services to address the very high psychosocial, quality of life, healthcare and socioeconomic cost of eating disorders over the lifespan.

2018 saw the transfer of some Community Mental Health services to the newly opened Primary Healthcare Centre on St Marys Health Campus. We look forward to developing further opportunities such as this to enhance integration with Primary Care and Services for Older People or Disability Services.

Late 2018 saw the establishment of the specialist Perinatal Service in Cork and Kerry through recruitment of a locum Consultant. In 2019, the Consultant will be joined by other MDT members and we are working closing with our colleagues in Cork University Maternity Hospital, and across other maternity units in the South/Southwest Hospital Group to establish this specialist service in line with the National Clinical Care Programme.

Recruitment of additional posts to develop a hub and spoke model in South Lee in line with the National Clinical Care Programme for Early Intervention Psychosis (EIP) is now well underway and we look

forward to the roll out of this service in 2019 and also to the publication of the National Model of Care. A key challenge in 2019 will be to support the stand alone EIP Team in North Lee, who are experiencing a referral rate twice the normal average and are struggling to meet the demand of same within existing levels of resources.

The National Dialectical Behavioural Therapy (DBT) project published its very positive results in 2018, and teams already trained in Cork and Kerry continue to deliver this programme. The expansion of this service nationally awaits the output of the National Clinical Programme for Talking Therapies which was established in 2018.

Through a focused effort on systems, processes, training and the introduction of new technology, significant improvements were made in accessing CAMHS services in 2018 in most areas. This included a reduction in those waiting over 12 months from 199 in December 2017 (rising to a high of 225 in February 2018) to 163 in December 2018. Significant progress was made in addressing over 12 month waiters in most teams, but these improvements have been somewhat masked by loss of a CAMHS Consultant to the North Lee Central and Kerry South Teams, with 76 young people now waiting over 12 months to be seen by these teams. It is hoped that a Consultant will be appointed to the Cork North Central team early in 2019, with efforts on going to recruit a temporary or permanent Consultant to the Kerry South Team. Despite the challenge of an overall 8.6% increase in referrals accepted to CAMHS teams in Cork and Kerry between 2017 and 2018, efforts continue within the teams, and an overarching CAMHS Team Training Plan has been developed to ensure that we continue to streamline efficiencies, maximise skill mix within teams, and support our staff to deliver the best possible service, within available resources. Throughout all of Mental Health Services, the focus will be on ensuring maximum added value to service users within available resources, working in line with the principles identified above to achieve efficiencies in CAMHS services, alongside priorities identified by the Resources Strategic Priority Workstream.

The introduction of Advanced Nurse Practitioners (ANPs) was a welcome innovation in 2018, with three candidate ANPs appointed to adult services early in 2018, later joined by two in CAMHS in September 2018. Working in the areas of Complex Behavioural Management, Psychotherapy and Early Intervention Psychosis, two of the three candidates in adult services are now fully registered with a CHO wide remit, soon to be joined by the third. The candidate ANPs in CAMHS will work in the areas of ADHD and Risk Assessment, and are currently working towards registration. In addition, a cross team initiative to streamline pathways for the management of ADHD, utilising new technology to reduce direct clinical time needed for assessments, commenced in late 2018. Teams have been trained and this service is now in its early stages, to be developed further in 2019.

Cork Kerry Community Healthcare Mental Health Services are keen to utilise the potential available from telemedicine to augment capacity within our service and assist in addressing challenges faced with large geographic areas. Pilot initiatives are underway with the CAMHS MHID team and CiPC (Counselling in Primary Care) services and a scoping exercise is underway to ascertain the benefits of the use of telemedicine in addressing recruitment difficulties for Clinical Psychologists, particularly in

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Kerry. A key challenge throughout 2018 has been the absence of a secure, reliable fit for purpose telemedicine solution. It is hoped that this can be addressed following completion of a tender process which the Office of the Chief Information Officer are leading.

Implementation Steering Groups for Connecting for Life are now well established in both Cork and Kerry, with associated workstreams making great progress on delivering the actions outlined in each plan through a multi-agency approach. 2019 will see focus on increasing the number of suicide prevention trainers in Kerry with a view to delivering more training, along with close collaboration with County Councils in Cork and Kerry with a view to targeting signage with details of supports available to areas of greatest activity (as informed by the National Suicide Research Foundation real time surveillance reporting system, developed in 2018). Huge progress was made in 2018 in getting the message out there, and we thank public representatives and the media for their support in relation to same. Many public representatives assisted us throughout the year in circulating Helpline numbers and addresses from the Head of Service at key times of the year such as Christmas, when we know rates of suicide can peak. Cork City Hall turned green for the green ribbon campaign week in May, and it is planned to do the same for 2019. Mental Health Week in Kerry was a huge success with over 50 events organised, supported by a very strong communications campaign. It is planned to replicate this in 2019 in both Cork and Kerry.

To date, four local fora have been established across Cork and Kerry to provide service users, family members and carers, and staff with an opportunity to input into the design and delivery of the service. 2019 will see the establishment of a further two local fora, along with an Area Forum to promote co production and shared learning across the CHO. Structures are now in place to ensure regular communication between local fora and local management teams to ensure meaningful engagement. This, along with adopting priorities identified by the Engagement Strategic Priorities Workstream will ensure that our service users, family members and staff are provided with opportunities to input into service design and delivery.

The programme of on-going refurbishment works in the acute unit in University Hospital Kerry (Sliabh Mis Unit) which commenced in 2014 will be completed in early 2019 with refurbishment of the remainder of the unit. This represents a significant upgrade in accommodation and brings the acute mental health unit in Kerry in line with required accommodation standards. It will also allow for opening of a close observation unit (the Brandon Unit) to provide enhanced quality and safety of service provision for service users and staff. Minor capital investment to other approved centres and community residences will continue in 2019, targeted towards addressing most pressing areas of need, and to achieving improved compliance with regulatory standards.

Cork Kerry Community Healthcare have in place control and monitoring to ensure the staffing numbers remain within agreed levels. It will be a challenge throughout 2019 to balance quality service provision, and in particular meet the needs of highly complex cases which require bespoke individualised care packages, while still remaining within funded levels and agreed staffing levels. This is against a backdrop of nurses leaving the service through retirements, resignations, careers breaks and maternity

leave, at a greater rate than our ability to recruit mental health nurses. This creates a significant challenge in the ability of the service to reduce expenditure on nursing agency and overtime despite tight monitoring.

Priorities 2019

Cork and Kerry Mental Health Services will continue to support the population to achieve their optimal mental health. This support will be delivered through the following specific 2019 priorities that build capacity for sustained service improvement and mental health reform:

1. Establish a specialist perinatal service in line with the National Perinatal Clinical Care Programme
2. Embed the Early Intervention Psychosis (EIP) Hub & Spoke Model across South Lee MHS and continue to support the EIP Team in North Lee.
3. Establish a specialist CAMHS eating disorder community team in line with the National Clinical Programme for Eating Disorders, and commence detailed implementation planning for development of an adult eating disorder community team.
4. Increase accessibility for children and adolescents to CAMHS services across Cork and Kerry, with a priority on those waiting in excess of 12 months.
5. Roll out eRostering pilot in Cork and Kerry Mental Health Services
6. Establish the remaining Local Fora for Mental Health Engagement in East Cork and West Cork, along with establishing an Area Forum, to include service users / family carers and staff
7. Train staff within Mental Health Services on Making Every Contact Count (MECC)
8. Support the role of ANP's working across Cork and Kerry Mental Health Services in the areas of Psychotherapy, Complex Behavioural Presentations and Early Intervention Psychosis in adult services, and ADHD and risk assessment in CAMHS services.
9. Explore the use of telemedicine to enhance capacity and address challenges arising from disperse geographic area and recruitment difficulties.
10. Explore all options to maximise Consultant, nursing and psychology recruitment to ensure safe provision and timely access to services.

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Implementing Mental Health priorities 2019 in line with Cork Kerry Strategic Priorities:

Mental Health Service Priority Actions					
Priority Area	SP	Priority Action	Timeline		Lead
			Q Start	Q End	
Healthy Ireland	5a	<ul style="list-style-type: none"> • Increase awareness of HI lead role across Cork and Kerry Mental Health Service • Build on current infrastructure in St Stephen's Health Campus to promote healthy living and physical activity • Promote staff engagement in existing health and wellbeing initiatives • Making Every Contact Count in conjunction with Health and Wellbeing Division: <ul style="list-style-type: none"> - Develop sites of excellence for MECC roll out, including Eist Linn, including Listowel Community Mental Health Team and Killarden Community Resource Day Centre - All Occupational Therapists to complete MECC training and a number of other staff in all Community Mental Health Teams 	Q1	Q4	HI Lead MHS
			Q2	Q3	
			Q1	Q4	
			Q1	Q4	
			Q1	Q4	
			Q1	Q4	
Flu Vaccine	5a	<ul style="list-style-type: none"> • Target an annual increase of 10% in flu vaccine uptake rates (over 2018 rates) among Health Care Workers to achieve national target of 60% e.g. peer vaccinators / flu champions / local campaign • Increase number of peer vaccinators in Kerry and ensure sufficient numbers of peer vaccinators in Cork and Kerry for refresher training on medication protocols. 	Q2	Q4	HI Lead MHS in conjunction with Line Managers
			Q2	Q4	
Staff Health & Wellbeing	5a	<ul style="list-style-type: none"> • Support staff in three locations; St Marys Health Campus, St Stephens and Rathass, to achieve Healthy Ireland campus status • Ensure vending machines 100% stocked with better choice healthy snacks and drinks • Ensure completion of annual audit and support ongoing monitoring and implementation of local Tobacco Free Campus Policies across all sites and services • Implement National HSE Protection from Second-hand Smoke in Domestic Settings Policy at Cork Kerry Community Healthcare Level • Support the development and implementation of the forthcoming National Mental Health Promotional Plan and introduction of metabolic screening in all care-plans • Implement a hand hygiene training programme for all directly managed community services in 2019 in conjunction with HCAI/AMR Committee 	Q2	Q4	Members HI Lead MHS
			Q1	Q4	
			Q2	Q4	
			Q2	Q4	
			Q2	Q4	
			Q1	Q4	
Connecting for Life Cork & Kerry	6a	<ul style="list-style-type: none"> • Deliver Connecting for Life Plans in Cork and Kerry, as monitored by Project Vision • Work with local groups and schools to develop resilience in the community. • Develop a Bereavement Liaison Service Kerry following completion of the national tendering process for Bereavement Liaison Services. 	Q1	Q4	Suicide Resource Officers (SROs) Cork and Kerr
			Q1	Q4	
			Q2	Q4	
			Q1	Q3	

Mental Health Service Priority Actions					
Priority Area	SP	Priority Action	Timeline		Lead
			Q Start	Q End	
		<ul style="list-style-type: none"> Explore feasibility of establishing a collection mechanism for self-harm data for < 18 year olds in Cork and Kerry Finalise the CHO wide suicide response plan (including response to suicides of a service user) and circulate to relevant staff, community organisations, and other key stakeholders across the CHO Circulate the quarterly bulletins on the implementation of Connecting for Life Cork and Connecting for Life Kerry on a wider basis. 	Q1	Q4	
Chronic Disease Prevention Healthy Eating & Active Living (HEAL)	5c	<ul style="list-style-type: none"> Implement framework for calorie posting in 20% of catering facilities. 	Q3	Q4	HoS HWB/SC/PC/MHS
Suicide Prevention Training	6a	<ul style="list-style-type: none"> Develop a suicide prevention training plan for Cork and Kerry. Identify and train additional trainers in Kerry. Working in partnership with community and voluntary organisations across Cork and Kerry, continue to deliver suicide prevention training in line with 2018 level: <ul style="list-style-type: none"> safeTALK: 1050 Cork; 300 Kerry ASIST: 98 Cork; 48 Kerry Understanding Self Harm : 180 Cork; 60 Kerry STORM: 24 Cork; 12 Kerry Meet with senior editorial staff in media organisations in Cork and Kerry with the aim of increasing knowledge of the national guidelines on reporting on suicide. 	Q1 Q1 Q1	Q3 Q2 Q4	SROs Cork and Kerry
PSYCHED	5a	<ul style="list-style-type: none"> Identify particular areas and departments within the Mental Health services and with a targeted approach, increase awareness of the initiative and encourage staff to apply for the certificate of recognition 	Q1	Q3	Principal psychology manager
Travellers Health	5a	<ul style="list-style-type: none"> Develop a plan to ensure optimal support from MHS for this vulnerable group, through recruitment of Traveller Mental Health posts. The plan will include actions to: <ul style="list-style-type: none"> Further develop opportunities to access CAMHS through schools. Work to improve school completion rates across all areas. 	Q2 Q2 Q2	Q4 Q4 Q4	Gr VII Traveller Mental Health
CAMHS Clinical	2b	<ul style="list-style-type: none"> Recruit Clinical Director for CAMHS who will provide clinical leadership and direction to CAMHS across Cork and Kerry. 	Q2	Q4	HOS

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Mental Health Service Priority Actions					
Priority Area	SP	Priority Action	Timeline		Lead
			Q Start	Q End	
Director					
Child and Adolescent Mental Health Services (CAMHS)	1a	<p>Introduce CAPA (Choice and Partnership Approach) into North Cork CAMHS team following detailed implementation planning which will involve:</p> <ul style="list-style-type: none"> • Team members to receive CAPA Training • Site preparation for CAPA training in advance of commencement of CAPA pilot. <p>Other CAMHS Initiatives:</p> <ul style="list-style-type: none"> • Develop initiatives to enhance a joint working between CAMHS and Autism Spectrum Disorder services e.g. development of a DBT group for teenagers with high functioning autism who meet the criteria for CAMHS • Refine referral and discharge pathways to ensure a standardised approach across Cork and Kerry • Introduce Tele-Psychiatry for CAMHS Team B to meet the needs of Mental Health Intellectual Disability (MHID) service over a wide catchment area • Pilot introduction of QBTest into CAMHS services involving South Lee 1, South Lee 2 and North Cork CAMHS team. • Introduce two Advanced Nurse Practitioners (ANP) working in the areas of ADHD (across a number of CAMHS teams) and in the West Cork CAMHS service. • Finalise and submit business case for CAMHS Day Hospital. • Develop a strategy to guide future development of CAMHS services in Cork and Kerry • Recruit permanent Consultant to: <ul style="list-style-type: none"> - Cork North Central Team - Kerry South CAMHS Team 	Q1 Q1	Q3 Q4	GM MHS Cons N'Cork
			Q1	Q3	Psychology Mgr/Disability Mgr
			Q2	Q4	GM MHS
			Q1	Q3	GM MHS
			Q1	Q2	Psychology Mgr
			Q1	Q3	DON
			Q1	Q3	CAMHSDON
			Q1	Q4	CAMHS
			Q1	Q4	DON CAMHS
			Q1	Q3	GM MHS
			Q1	Q4	
National Clinical Care Programme – CAMHS Eating Disorder (ED) Team	1a	<p>Develop CAMHS Eating Disorder team for Cork Kerry Community Healthcare</p> <ul style="list-style-type: none"> • Identify base location for team • Recruit remaining members of the MDT to develop CAMHS Eating Disorder Team • Develop clinical care pathways with CAMHS services, primary care and acute hospitals across Cork and Kerry • Develop SOP's and appropriate activity data collection for the team in line with National Clinical Programme for Eating Disorders Model of Care. 	Q1 Q1 Q1 Q1 Q4	Q1 Q4 Q2 Q3	Area Administrator South Lee CAMHS ED Consultant

Mental Health Service Priority Actions					
Priority Area	SP	Priority Action	Timeline		Lead
			Q Start	Q End	
		<ul style="list-style-type: none"> Review integration of Eating Disorder Centre Cork (EDCC) within National Model of Care for Eating Disorders 			
CAMHS Liaison Services	1a	<ul style="list-style-type: none"> Develop Liaison CAMHS service in Cork by recruitment of a Liaison Consultant and two Clinical Nurses Specialists Establish the role of CAMHS CNS in the liaison service in CUH to assist with more timely assessment and collection of data on self-harm, in line with the National Self Harm Clinical Programme 	Q1 Q1	Q4 Q4	GM MHS GM MHS
Complex Case Management CAMHS	1b	<ul style="list-style-type: none"> Work with CUH to progress proposal for 2 beds in new paediatric development in CUH for CAMHS patients presenting in crisis (expected completion date of new unit is 2020) 	Q1	Q4	GM MHS
National Clinical Care Programme – Early Intervention Psychosis (EIP)	1a	<p>North Lee</p> <ul style="list-style-type: none"> Submit business case to National Clinical Programme for EIP seeking further investment in stand-alone EIP team for North Lee to deliver service in line with the National Model of Care, given that EIP presentations there are 2.2 times that national average at 72/100,000 <p>South Lee:</p> <ul style="list-style-type: none"> Roll out an evidence based Early Intervention for Psychosis Service across all of South Lee Mental Health Services, in line with the national Model of Care. Engage with Trinity College on the evaluation of the new Early Intervention for Psychosis Service (data collection to commence in Q2 2019) Develop and expand the service to provide evidence based early intervention services for three years to all cases of First Episode of Psychosis in South Lee Mental Health Services. 	Q1	Q1	ECD Cork
		<ul style="list-style-type: none"> Roll out an evidence based Early Intervention for Psychosis Service across all of South Lee Mental Health Services, in line with the national Model of Care. Engage with Trinity College on the evaluation of the new Early Intervention for Psychosis Service (data collection to commence in Q2 2019) Develop and expand the service to provide evidence based early intervention services for three years to all cases of First Episode of Psychosis in South Lee Mental Health Services. 	Q1 Q2 Q3	Q4 Q4	EIP Consultant South Lee
National Clinical Care Programme – Perinatal Care	1b	<ul style="list-style-type: none"> Establish Perinatal Care Implementation Steering Group to oversee the development of a hub and spoke model of care between the South / South West Hospital Group and Community Mental Health Services in line with the National Clinical Care Programme. Progress recruitment of a: <ul style="list-style-type: none"> Clinical Nurse Specialist Administrator NCHD Senior social worker Develop clear pathways to integrate newly established perinatal team with Community Mental Health 	Q1	Q1 Q2 Q2 Q3 Q4	Head of Service Area Administrator South Lee Perinatal

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Mental Health Service Priority Actions					
Priority Area	SP	Priority Action	Timeline		Lead
			Q Start	Q End	
		Teams and other MHS, Primary Care and Infant Mental Health services.			Consultant
Homeless Services	1a	<ul style="list-style-type: none"> Submit application to CAAC to recruit Homeless Consultant for Cork and Kerry. Establish working group to develop pathways and a clear policy to care to access homeless services- 		Q4 Q4	ECD Cork Business Manager MHS
Forensics	1a	Develop forensics services in Cork in collaboration with National Forensics Services as follows: <ul style="list-style-type: none"> Finalise job description for Consultant in forensics, in conjunction with national forensics service. Recruit a forensics Consultant for Cork and Kerry Improve communication and joint working with national forensic service to develop this service, acknowledging differing reporting relationships among team members Develop community elements of the forensic service across Cork Kerry Community Healthcare, including pathways to and from secure settings (cANP responsible) 	Q1 Q3 Q4 Q4	Q2 Q4	ECD Cork ECD / Forensic Consultant / ANP
Adult Liaison Services	1a	In line with the National Clinical Care Programme for Self Harm, <ul style="list-style-type: none"> Recruit an additional CNS in Kerry 	Q1	Q3	DON KMHS
Supported Living:	1a	<ul style="list-style-type: none"> Complete a review of High Support Hostel (HSH) services including comprehensive consultations process, mapping existing services, capacity role and function Analyse recommendations of this review to inform decisions on allocation of major and minor capital funding to HSH's and community residences 	Q1 Q3	Q3 Q4	System Reform Fund (SRF) Project Lead
Children First Act 2015	2a	<ul style="list-style-type: none"> Work with the national childrens first team to improve data reporting on number of staff trained Ensure Child Safeguarding Statement 2019 is in place and on display in all areas Q1-Q4 Ensure Child Protection and Welfare Risk Assessments are completed and included in risk registers as required Identify and inform new starters fulfilling Mandated Persons roles of their responsibilities under the Act Implement the HSE Child Protection and Welfare Policy All new staff and volunteers to complete the HSE e-Learning Module "An Introduction to Children First" or alternative to the e-learning module. Administer the HSE Children First Compliance Self-Assessment Checklist to all funded agencies 	Q1	Q4	HoS
Interagency Working – Tusla	3b	Continue to review cases in line with the Molly Report through the following steps: <ul style="list-style-type: none"> Tusla lists of children with disabilities to be reviewed at service management meetings. Validate the numbers of children to be reviewed 	Q1	Q2	GM

Mental Health Service Priority Actions					
Priority Area	SP	Priority Action	Timeline		Lead
			Q Start	Q End	
		– Arrange the necessary reviews – disability manager/manager of client services to attend review meeting with Tusla once confirmed moderate to severe disability.	Q2	Q4	GM
Health & Safety	3b	<ul style="list-style-type: none"> Complete mapping exercise of existing H&S committees within MHS Support the development of a health and safety governance structure within MHS Ensure updated safety statements are in place in all areas 	Q1 Q1 Q1	Q4 Q4 Q4	All Heads of Discipline QPS Advisor MHS
Psychiatry of Later Life (PoLL)	1a	<ul style="list-style-type: none"> Develop a CHO wide plan for PoLL across Cork and Kerry to best utilise existing resources, identify gaps in service provision and streamline referral pathways Submit business case to bring PoLL staffing in line with Vision for Change recommendations 	Q1	Q3	GM MHS
			Q1	Q4	GM MHS
Behavioural Family Therapy (BFT)	1a	In line with national SOP for BFT: <ul style="list-style-type: none"> Assess current resources, utilisation and requirement for Behavioural Family Therapy services across Cork MHS Establish links between North Lee and Kerry MHS to improve identification of First Episode Psychosis (FEP) in Kerry MHS 	Q1	Q3	Area Social Work Mgr ECD Cork / ECD Kerry
			Q1	Q3	
Mental Health Intellectual Disability (MHID)	1b	<ul style="list-style-type: none"> Develop CHO wide plan for MHID in conjunction with Disability Services in line with national model of care for MHID which will enhance : <ul style="list-style-type: none"> Provision of equitable access to Service Users. Development of clear care pathways. Clarify clinical governance arrangements. Identify gaps in service provision 	Q2	Q4	GM MHS
National Counselling (NCS) Service/ Counselling in Primary Care	3a	<ul style="list-style-type: none"> Evaluate outcomes of CiPC National Evaluation Project Extend COREnet system introduced across the CiPC Service in 2018 to include Harbour Counselling Service Develop telecounselling service in line with national pilot 	Q2	Q4	Director of Counselling
			Q2	Q4	
			Q1	Q3	
Telemedicine solution Psychological therapies		<ul style="list-style-type: none"> Progress pilot to access psychological therapies including cognitive behavioural therapy (CBT) via the digital platform for Community Mental Health Team Service Users in Cork / Kerry due to on-going difficulties with recruiting psychologists in more remote areas across the community care setting 	Q2	Q3	Principal Psychology Manager

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Mental Health Service Priority Actions					
Priority Area	SP	Priority Action	Timeline		Lead
			Q Start	Q End	
Team Co-Ordinators	1b	<ul style="list-style-type: none"> Roll out of team co-ordinators pilot to 5 general adult teams across Cork and Kerry in line with National Project 	Q2	Q3	HOS
7 Day Service	1b	<ul style="list-style-type: none"> Complete recruitment of 3 CNS posts in Kerry to commence 7/7 service in line with CHO policy Investigate the feasibility of expanding the Cork 7/7 service to accept new/more complex referrals now that the service is well established in some areas 	Q2	Q2 Q4	DON Kerry DON Cork
Adult Speech and Language Therapy Service		<p>In light of significant evidence to show that MHS inpatients and residents have higher risk of choking:</p> <ul style="list-style-type: none"> Develop interim Speech and Language Therapy Service (SaLT) swallow assessment service for high risk cases in approved centres in Cork MHS Investigate the feasibility of recruiting a Senior SaLT for adult mental health services in Cork to establish swallow assessment service and to provide guidance for management of same to staff. 	Q1 Q3	Q2 Q4	SALT Manager Cork MHS
Mental Health Engagement Forums Need update	6a	<ul style="list-style-type: none"> Establish remaining local for a for service users, families and carers, in : <ul style="list-style-type: none"> East Cork West Cork Establish the Cork Kerry area forum which will meet quarterly Investigate the feasibility of embedding Engagement Principles as part of HSE Staff Induction Introduce mental health engagement to approved centres and day hospitals as follows: <ul style="list-style-type: none"> Éist Linn Q2 Carraig Mor Q2, Deer Lodge Q3 St Stephens Hospital Q4 Commence roll out of capacity building training for all forum members in collaboration with Mental Health Ireland. 	Q1 Q1	Q2 Q3	Area Lead for Mental Health Engagement
			Q2 Q2	Q3 Q4	
			Q1 Q1	Q2 Q2	
			Q2 Q3	Q3 Q4	
			Q3 Q3	Q4 Q4	
Directory of Services	6a	<p>Building on the development of a directory of services in 2018, Cork and Kerry MHS will:</p> <ul style="list-style-type: none"> Develop more proactive approaches to ensure timely updates of national 24/7 contact line and eMental Health Directory of Services Investigate the feasibility of further developing the OPPO app (North Lee MHS) to incorporate all MHS in Cork 	Q2	Q4	
Mental	3a	<ul style="list-style-type: none"> Working within the Five Fundamentals framework, convene an integrated project group to investigate the 	Q1	Q2	Clinical Projects

Mental Health Service Priority Actions					
Priority Area	SP	Priority Action	Timeline		Lead
			Q Start	Q End	
Health/Social Care & Disability Services		<ul style="list-style-type: none"> issues to patient flow to address complex discharges including behavioural assessment / stabilisation units and residential placements for persons with complex needs. Deliver suite of projects to demonstrate improvements in patient flow 	Q3	Q4	Facilitator
QPS/CHO Shared Learning	3a	<ul style="list-style-type: none"> Building on the work of establishing the MHS PPPG in 2018: Progress streamlining of practices to inform further standardised policies within MHS. Produce framework for some policies which can then be finalised locally Establish a system for monitoring, reviewing, retiring and archiving policies Based on the framework developed in 2018, establish QPS Committee in Cork MHS. 	Q1 Q1 Q2 Q1	Q4 Q3 Q4 Q2	QPS Advisor MHS HOS
Post Graduate Doctor of Psychology Placements	3a	<ul style="list-style-type: none"> Work with HSE nationally and Tusla to secure continuity of funding from the 3 year psychology doctorate programme. Provide suitable clinical placements across Cork and Kerry Healthcare Services for additional Clinical Psychologist Programme Students (on-going across year) in adult mental health, primary care, social care (section 38 and 39 agencies as part of Service level agreements with HSE) and in acute hospitals. 	Q1 Q1	Q3 Q4	Principal Psychology Manager
Safeguarding	3a	<ul style="list-style-type: none"> Develop a local plan to implement the revised Safeguarding of Vulnerable Adults at Risk of Abuse policy across Cork and Kerry MHS. Develop a training plan for staff in Cork and Kerry MHS to access training in the new safeguarding policy 	Q2 Q3	Q4	Social Work Managers MHS Cork and Kerry
Compliance HIQA	3a	<ul style="list-style-type: none"> Progress capital submission for the necessary infrastructure requirements to achieve compliance with HIQA standards in: <ul style="list-style-type: none"> Mount Alvernia, Unit 1, St Stephens's Hospital 	Q1	Q4	Head of Service MHS
Provision of excellence in Approved Centres	3a	<ul style="list-style-type: none"> Strive to achieve good or excellent levels of compliance across all domains of Mental Health Commission (MHC) inspections in approved centres Ensure completion of monthly/quarterly compliance audit returns required by the MHC Completion of minor upgrading works across all centres within available resources 	Q1 Q1 Q1	Q4 Q4 Q4	Area Administrators
Best Practice Guidelines (BPG)	3c	<ul style="list-style-type: none"> Identify three sites per quarter for team members to complete training and commence BPG roll out 	Q1	Q4	QPS Advisor / CDs
Mental Health	6a	<ul style="list-style-type: none"> Continue to develop and deliver programmes for mental health service users and their families and carers, 			Cork DON

Mental Health

Mental Health Service Priority Actions					
Priority Area	SP	Priority Action	Timeline		Lead
			Q Start	Q End	
Service User and Family Support		including: <ul style="list-style-type: none"> - Eolas – Eolas will be available in 2019 to all groups that request this programme - Provide two Family Connections Programmes in 2019, a 12 week programme for loved ones of persons with Borderline Personality Disorder - Continue provision of DBT to adults in Cork and Kerry, and expand the Cork DBT programme to Kerry by training a DBT CAMHS team in Kerry - Develop Family Member/Carer support & Family Member Peer Support in partnership with SHINE, FRIENDS and Family Carers Ireland. And other community and voluntary organisations. - Provide Parents Plus programme to families - Provide the Multifamily Group Therapy to service users and family members affected by anorexia nervosa to families 	Q1 Q1 Q1 Q1	Q4 Q4 Q4 Q4	Psychology Mgr OT Mgr Kerry SW Mgr Cork
Talk Therapies	6a	<ul style="list-style-type: none"> • Participate in the evaluation of existing/proposed talk therapies in line with newly established National Clinical Programme for Talk Therapies. • In relation to Dialectical Behavioural Therapy, retain present level of service provision in Cork and Kerry pending further direction from national talk therapist programme. • Address existing waiting list, referrals to which were accepted on the basis of further investment from DBT which has now been confirmed as not likely in the short term. 	Q1 Q1 Q1	Q4 Q4 Q4	Principal Psychology Manager
Open Dialogue	6a	<ul style="list-style-type: none"> • Complete tender process for the evaluation of Open Dialogue (OD) pilot in West Cork • Evaluate the effectiveness of Open Dialogue in Cork and Kerry MHS. 	Q1 Q2	Q2 Q4	Chair of OD Steering Group
Advancing Recovery Ireland (ARI)	2a	<ul style="list-style-type: none"> • Finalise the Recovery Strategy for MHS CKCH in line with the National Recovery Framework for MHS in Ireland • Co-produce a local communication strategy for the Advancing Recovery in Ireland Project (ARI) • Build capacity to deliver Recovery Principles and Practice Workshops by identifying service provider, service users and their supports, to undertake training provided by the ARI National Office • Co deliver Recovery Principles and Practice Workshops (RPPW) to Community Mental Health Teams • Deliver the recovery education plan for Cork Kerry MHS 	Q1 Q2 Q1 Q1 Q1	Q2 Q4 Q4 Q4 Q4	Co-Chairs of ARI Steering Groups
System Reform Fund (SRF)	2a	<ul style="list-style-type: none"> • Develop and submit a funding application for the next round of SRF funding • SRF Project Manager will complete a large scale engagement process which will result in development of a strategic plan for the future of community residences within MHS in Cork and Kerry 	Q1 Q1	Q2 Q1	SRF Project Mgr SRF Project Mgr Chair of SRF

Mental Health Service Priority Actions					
Priority Area	SP	Priority Action	Timeline		Lead
			Q Start	Q End	
		<ul style="list-style-type: none"> Recruit Individual Placement Support (IPS) workers in Cork and identify a suitable Community Mental Health team for the IPS worker to engage with Develop a Tenancy Sustainment Model in Cork and Kerry as identified in the National Housing Strategy for people with Disability (2011-2016) and a Vision for Change (2006) 	Q1 Q1	Q3 Q3	Project Group Tenancy Sustainment Worker MHS
Resilience Training:	2b	<ul style="list-style-type: none"> Deliver Resilience Training Programmes with a particular focus in 2019 on provision to delivering the programme to parents and vulnerable adults. The tailor made programmes are titled Just for Mams and Just for Dads and will be run throughout Cork City and County with targeted activity levels as follows: <ul style="list-style-type: none"> Just for Mams: 20 groups, with 12-20 participants in each Just for Dads: 4-6 groups, with 12-20 participants in each Provide resilience training on request to staff discipline groups within MHS where requested through the Head of Service. 	Q1 Q1	Q4 Q4	Project Lead Springboard
Medical Recruitment	2b	<p>Recruit Medical Manpower Officer for MHS in Cork and Kerry to:</p> <ul style="list-style-type: none"> Improve processes around Consultant recruitment Prepare and manage agreed EWTD rosters in co-operation with Consultant Medical Staff and Non Consultant Hospital Doctors in all areas. Lead and promote the use of technology and marketing in identifying potential candidates for MHS Provide HR support to the Head of Service for matters pertaining to medical recruitment, contractual issues arising and in dealing with the Consultant and NCHD bodies Investigate feasibility of developing further trainee NCHD places in CAMHS. 	Q1	Q3	GM MHS
eRostering	2b	<ul style="list-style-type: none"> Implement eRostering to Cork North Mental Health Services as one of two identified national learning sites involving 650 staff across all disciplines. <ul style="list-style-type: none"> Complete testing of eRostering system Roll out to all disciplines in North Lee MHS Roll out to all other areas in Cork and Kerry MHS 	Q1	Q4	ADON Cork and ADON Kerry
Communications	6c	<ul style="list-style-type: none"> Develop and update as appropriate Communication Plans for key initiatives including: <ul style="list-style-type: none"> Green Ribbon Month in May Promote World Mental Health Day in October 2019 through a Mental Health Week across Cork and Kerry, with a public event to take place in both counties Assist trained spokespeople in availing of a greater numbers of media opportunities. 	Q1	Q4	Comms Manager

Mental Health

Mental Health Service Priority Actions					
Priority Area	SP	Priority Action	Timeline		Lead
			Q Start	Q End	
		<ul style="list-style-type: none"> - Increase the number of trained spokespeople within Mental Health services and provide bespoke training on critical issues in order to facilitate a speedy response to requests for spokespeople 			
Voice Recognition Digital Dictation	2b	<ul style="list-style-type: none"> • Explore feasibility of introducing voice recognition digital dictation (VRDD) to MHS: <ul style="list-style-type: none"> - Prepare Business Case. - Identify initial pilot site and arrange training in advance of roll out 	Q1 Q2	Q3 Q4	Area Administrators
Mapping Exercise	4a	<ul style="list-style-type: none"> • Complete a full mapping exercise of each adult Community Mental Health Team in Cork in preparation for CHO networks. 	Q2		General Manger
Renovation of Acute Mental Health Unit at University Hospital Kerry	4c	<ul style="list-style-type: none"> • Complete renovation of Sliabh Mis Acute Mental Health Unit, University Hospital Kerry • Commission the Brandon Unit as close observation unit 	Q1 Q1	Q2 Q2	HOS
Value Improvement Programme – Agency & Overtime Reduction	4b	<ul style="list-style-type: none"> • Reduce dependency on agency and overtime by: <ul style="list-style-type: none"> - Implement recommendations of the review of staffing in Carraig Mor. - Open the Brandon Unit, close observation unit in Sliabh Mis, acute unit in Kerry 	Q2 Q1	Q4 Q2	DON Cork DON Kerry
ICT	4c	<ul style="list-style-type: none"> • Increase uptake of electronic referral between Cork GP's and the Home Based Treatment Teams in North and South Lee. • Commence 3 separate telepsychiatry pilots in: <ul style="list-style-type: none"> – CAMHS Team B and extend to other services if possible – TeleCBT pilot in Kerry – Telecounselling pilot within CiPC 	Q1 Q1 Q1 Q1	Q2 Q3 Q3 Q2	HBTT Consultants GM MHS Psychology Mgr Director of Counselling CiPC
GDPR	4a	<ul style="list-style-type: none"> • Implement the plan to incrementally achieve compliance with the GDPR. • Complete the Data Inventory. • Ensure arrangements are in place for subject access requests (SAR) within the new timeline of one month. 	Q1	Q4	HOS

5.4 Disability Services

Population served

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

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

Disability services in Cork and Kerry are committed to meeting the needs of people with a disability who reside in their catchment area, whose needs cannot be met by mainstream services, or whose complex needs require an inter-agency or service approach.

Services provided

Disability services in Cork and Kerry are focused on enabling people with disabilities to achieve their full potential, living ordinary lives in ordinary places, as independently as possible while ensuring the voice of service users and their families are heard and involved in planning and improving services to meet needs. We seek to achieve this through the implementation of the values of the HSE incorporating Care, Compassion, Trust and Learning in all that we do. In this regard we will be mindful of the priorities identified by the Quality Strategic Workstream.

Disability services in Cork and Kerry aims to achieve better outcomes for people with disabilities by providing specialized supports and services either directly or in partnership through the Service Arrangement Process with non- statutory organisations as follows:

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

Issues and opportunities

The Disability Management Team will continue to be active members in the strategic work groups which are tasked with developing actions plans to achieve the strategic priorities for Cork Kerry Community Healthcare. These actions plans will further complement the work of the Disability Services in achieving the mission, vision and values for people living and supporting individuals with disabilities in our community.

Significant progress has been made in 2018 in order to move people with disabilities out of congregated settings to more appropriate locations that allow them to achieve meaningful lives. In 2019 we will continue to support residents in St Raphaels Centre and Cluain Fhionnain move to live in

community settings, and will work with service providers to develop plans for further progress towards community living within available resources.

The demand for residential placements and the increase in emergency cases due to complexity, aging carers and challenging behaviours is increasing at a significant pace in Cork Kerry Community Healthcare. A number of process and control measures have been implemented in 2018 to ensure effective and efficient use of available places and resources. However, this alone will not address the demand and critical unmet need. Work has commenced on the development of a multi annual plan for residential and respite services in the area. This plan will be the product of a partnership approach between Cork Kerry Community Healthcare and the voluntary service providers. The plan will seek to build on and maximise capacity within this sector. The Multi Annual Plan Group, which is a sub group of the Residential Services Placement Management Committee, will solely focus on reviewing existing services and the level of need in order to use this information to plan locally for the future.

The availability of respite services has been a challenge in Cork and Kerry but significant progress has been made in 2018. Kerry Parents and Friends Association (KPFA) opened a respite house at Kilmorna in North Kerry on a phased basis from the end of March 2018. It is operating at full capacity since the beginning of July 2018 and will provide capacity for 1460 bed nights per year. In Cork, a Regional Respite service commenced at CoAction in December 2018. This service will operate at weekends in 2019.

Cork Kerry Community Healthcare received €220,000 in 2018 for Non-Residential Respite Services and as a result funded the following agencies for an Alternative Respite program in 2018; this will be ongoing in 2019:

- Brothers of Charity – After Work Programme.
- Cope Foundation – Saturday Clubs
- St Joseph's Foundation – Equestrian Sessions
- CoAction – Weekend and Evening Socialisation Respite

We continue to face challenges in regard the length of time that children are required to wait for assessment under the Disability Act. In 2019 we will reduce the numbers waiting on stage 2 of the Disability Act, following commencement of a Wait List Initiative for ASD Assessment. In addition, work continues with the voluntary service providers in order to standardise their approach to the assessment process. Currently there are variations in the time taken to assess each child. Standardising the process will increase the numbers seen. Together with the implementation of the national SOP, the above will deliver a significant reduction in the numbers of children awaiting assessment as we progress through 2019.

Furthermore, implementation of the Progressing Disabilities teams will commence in Cork throughout 2019, which will support children in accessing timely services. A number of actions need to be addressed as part of the implementation plan such as accommodation, team assignment and training. We will work with our Primary Care partners in the rollout of the National Access Criteria to ensure that all children in the Cork Kerry Community Healthcare area have timely access to an appropriate service.

There is a requirement for additional physical capacity to respond to the demands of approximately 330 School Leavers and RT programme leavers per year in Cork and Kerry. Additional challenges in this

area include access to MDT supports and Transport. In 2019 we will continue the implementation of the New Directions policy for Day Services and progress the recruitment of Day Service coordinators to support the School Leavers process and provide useful data for the planning of services in the future.

Disability Service will continue to work to progress these priorities in line with both our statutory responsibilities and the priorities identified for 2019 by the Access Strategic Priorities Workstream and by adopting the priorities identified by the Engagement Workstream. This will ensure that the voice of service users and their families is included in key service reconfiguration processes such as the Progressing Disabilities teams.

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

Working with our colleagues in Health and Wellbeing, and in line with priorities identified by the Health and Wellbeing Strategic Priorities Workstream, Disability Services will strive to improve the overall health and wellbeing of both service users and staff throughout 2019.

A number of our service providers present with underlying financial deficits which may impact on their ability to meet all service development challenges in 2019. We will continue to work proactively with these providers to identify solutions to address these deficits. In addition we aim to develop a communication plan for Disability Services to ensure effective communication is provided to the population we serve. Throughout all of Disability Services the focus will continue to be on ensuring maximum service delivery within available resources, together with priorities identified by the Resources Strategic Priority Workstream.

Working with available Financial Resources

The indicated actions and priorities for Disability services in Cork Kerry Community Healthcare, including the agreed level of service as set out in this plan, are at minimum predicated on delivery of committed non-service impacting cost management measures across the CHO. However, it is agreed nationally, that delivery of full financial breakeven for Disability in the CHO, without other interventions nationally, may necessitate implementation of indicated service impacting measures which, at this stage, are not included in this CHO's delivery plan. This will require further review and national direction as the year progresses as part of the service and financial control and management requirements.

Priorities 2019

Progressing Disabilities

- Implementation of the Progressing Disabilities Teams in Cork throughout 2019
- Implementation of the National Access Criteria

Disability Act

- Continue to improve the waiting time for assessments under the act with a particular waiting List Initiative for ASD Assessments.
- Work with the national office on the roll out of the AON SOP and ASD Review.

New Directions

- Continue to implement the new directions policy and implementation of the interim standards for day services in 2019.
- Continue the work of the School Leavers sub-group within the new directions group in devising a multi annual plan for School Leavers.

Decongregation

- Decongregation of priority sites within Cork Kerry Community Healthcare will continue in 2019 within available resources.

Residential and Respite Services

- Residential Management Placement Committee – use this forum to work collaboratively with providers to address emergency needs using new and existing capacity in residential services
- Enhance respite services through engagement with our voluntary partners to maximise funded respite services.
- Development of a Multi Annual Plan for the Disability Services in Cork and Kerry.

Implementing Disability Services priorities 2019 in line with Cork Kerry Strategic Priorities:

Disability Services Priority Actions					
Priority Area	SP	Priority Actions	Timeline		Lead
			Q Start	Q End	
Tobacco Free Campus	5	<ul style="list-style-type: none"> Encourage and promote with our service providers to deliver improvements in relation to tobacco free campus 	Q1	Q4	GM
Health & Wellbeing	5	<ul style="list-style-type: none"> Complete a health and wellbeing charter for service providers, starting with the following three providers: <ul style="list-style-type: none"> Cope Foundation Co-Action St. John of Gods (SJOGs) 	Q1	Q2	GM
		<ul style="list-style-type: none"> Assign healthy Ireland lead within disability service for implementation of the Compass plan 	Q1	Q1	GM
		<ul style="list-style-type: none"> Continue to use the for a of the service arrangement meetings for development of health and wellbeing initiatives. 	Q1	Q4	GM
		<ul style="list-style-type: none"> Commence MECC in one designated centre within St. Raphaels Centre. 	Q1	Q1	GM
		<ul style="list-style-type: none"> Devise a multi annual plan for disability services, which will involve the service providers: <ul style="list-style-type: none"> Phase 2 – Data collection Phase 3 – Data validation Phase 4 – Plan composition 	Q1	Q3	GM
		<ul style="list-style-type: none"> Implement framework for calorie posting in 20% of catering facilities. 	Q1	Q3	GM
Flu Vaccine	5	<ul style="list-style-type: none"> Target an annual increase of 10% in flu vaccine uptake rates (over 2018 rates) among Health Care Workers to achieve national target of 60% e.g. peer vaccinators / flu champions / local campaign 	Q2	Q4	GM
Disability Team: QPS	3	<ul style="list-style-type: none"> Roll out quality indicators tool for all service providers in order to capture monthly data on incident numbers, HIQA inspections and risk registers. 	Q1	Q1	GM
Mental Health of Intellectual Disability Services	1	<ul style="list-style-type: none"> Develop CHO wide plan for MHID in conjunction with mental health services which will enhance : <ul style="list-style-type: none"> Provision of equitable access to service users. Development of clear care pathways. Clarify clinical governance arrangements. Identify gaps in service provision 	Q2	Q3	HOMHS/HOS

Disability Services

Disability Services Priority Actions					
Priority Area	SP	Priority Actions	Timeline		Lead
			Q Start	Q End	
Mental Health Joint Working Initiative	3	<ul style="list-style-type: none"> Develop initiatives to enhance a joint working between CAMHS and Autism Spectrum Disorder services e.g. development of a DBT group for teenagers with high functioning autism who meet the criteria for CAMHS 	Q3	Q3	HOMHS/GMDS
Interagency Working – Tusla	3	<ul style="list-style-type: none"> Continue to review cases in line with the Molly Report through the following steps: <ul style="list-style-type: none"> Tusla lists of children with disabilities to be reviewed at service management meetings. Validate the numbers of children to be reviewed Arrange the necessary reviews – disability manager/manager of client services to attend review meeting with Tusla once confirmed moderate to severe disability. 	Q1	Q2	GM
		<ul style="list-style-type: none"> Children aging out of child protection services/foster placements: <ul style="list-style-type: none"> Identify the number of children for 2019 Engage with the national team to ensure that there is appropriate governance arrangements for the children that will require ongoing specialist disability services. Matter to be raised with national lead around consistent approach in all CHOs. 	Q2	Q4	GM
		<ul style="list-style-type: none"> Children aging out of child protection services/foster placements: <ul style="list-style-type: none"> Identify the number of children for 2019 Engage with the national team to ensure that there is appropriate governance arrangements for the children that will require ongoing specialist disability services. Matter to be raised with national lead around consistent approach in all CHOs. 	Q1	Q1	GM
Children First Act	3	<ul style="list-style-type: none"> Identify the number of children for 2019 Engage with the national team to ensure that there is appropriate governance arrangements for the children that will require ongoing specialist disability services. Matter to be raised with national lead around consistent approach in all CHOs. 	Q1	Q4	GM/DT
		<ul style="list-style-type: none"> Identify the number of children for 2019 Engage with the national team to ensure that there is appropriate governance arrangements for the children that will require ongoing specialist disability services. Matter to be raised with national lead around consistent approach in all CHOs. 	Q1	Q1	HOS
		<ul style="list-style-type: none"> Ensure Child Safeguarding Statement 2019 is in place and on display in all areas Q1-Q4 Ensure Child Protection and Welfare Risk Assessments are completed and included in risk registers as required Identify and inform new starters fulfilling Mandated Persons roles of their responsibilities under the Act Implement the HSE Child Protection and Welfare Policy All new staff and volunteers to complete the HSE e-Learning Module “An Introduction to Children First” or alternative to the e-learning module. Administer the HSE Children First Compliance Self-Assessment Checklist to all funded agencies 	Q1	Q4	GM
All services social reform fund	1	<ul style="list-style-type: none"> Continue to roll out social reform project for: <ul style="list-style-type: none"> Kerry alternative respite with Enable / Kerry parents & friends (KPFA) / SJOG 	Q1	Q4	GM
Service Arrangements	3	<ul style="list-style-type: none"> Ensure the service arrangement schedules are completed in full by universal deadline of 28/02/2019. 	Q1	Q1	GM
		<ul style="list-style-type: none"> Use the service arrangement meetings appropriately to monitor delivery of services in line with schedule 3 and 6 and KPIs. 	Q1	Q4	GM
		<ul style="list-style-type: none"> Improve the accuracy of the data collected for KPI's. 	Q1	Q1	GM
		<ul style="list-style-type: none"> Introduce new review documentation for recording the agreed actions from each meeting 	Q1	Q1	GM

Disability Services Priority Actions					
Priority Area	SP	Priority Actions	Timeline		Lead
			Q Start	Q End	
Financial Viability of Service Providers	4	<ul style="list-style-type: none"> Continue to work with a number of identified service providers in order to clarify financial deficits, causal factors and solutions to respond. 	Q1	Q4	GM
Transport	1,6	<ul style="list-style-type: none"> Continue to work with Kerry transport group around final report which includes National Transport Authority 	Q1	Q2	GM
		<ul style="list-style-type: none"> Continue to work with the transport working group for Cork North and West Cork to identify efficiencies in route planning. 	Q1	Q3	GM
Day Service New Directions	3	<ul style="list-style-type: none"> Continue the roll out of the interim standards for New Directions. 	Q1	Q4	GM
		<ul style="list-style-type: none"> Commence implementation of the Person Centred Framework once approved by the national team. 	Q2	Q4	GM
	2,6	<ul style="list-style-type: none"> Learning event for New Directions to take place to include service users and service providers. 	Q1	Q2	GM
Day Service School Leavers	4	<ul style="list-style-type: none"> Develop a multi-annual plan for school leavers in conjunction with service providers via the school leaver subgroup 	Q1	Q4	GM
	1	<ul style="list-style-type: none"> Deliver 330 approximate school leaver places in 2019. 	Q1	Q4	GM
	1	<ul style="list-style-type: none"> Improve efficiency in the school leavers process by recruitment of day service managers x 2 	Q1	Q1	GM
Disability Act (Assessment of Need)	1	<ul style="list-style-type: none"> Continue to work with three voluntary providers to increase autism spectrum disorder (ASD) assessment capacity from 26 per month to 62 per month in 2019. Continue to implement wait list initiative for ASD assessments Review new standard operating procedure (SOP) once launched by the national office, in conjunction with local implementation group. Support the implementation of the Autism Review (2018) recommendations in conjunction with the National Office 	Q1	Q4	GM
Home Support	1	<ul style="list-style-type: none"> Devise a home support plan with a select number of service providers: <ul style="list-style-type: none"> Map Internal Resources Put in place an internal application and planning process. Identify additional resources required. 	Q1	Q3	GM
Personalised Budgets	4	<ul style="list-style-type: none"> Participate in pilot project as per the national office roll out of personalised budgets 	Q2	Q4	GM/DM

Disability Services

Disability Services Priority Actions					
Priority Area	SP	Priority Actions	Timeline		Lead
			Q Start	Q End	
National Incident Review Panel	3	<ul style="list-style-type: none"> Support the implementation of the agreed recommendations arising from reviews undertaken by the National Incident Review panel 	Q1	Q4	GM
Respite	1	<ul style="list-style-type: none"> Continue roll out of Cork Regional Respite Service with CoAction, initial Skibbereen base with a move to Clonakilty once house available: <ul style="list-style-type: none"> Weekends from May 2019 	Q1	Q3	GM
		<ul style="list-style-type: none"> Continuation of alternative respite services to full year capacity: <ul style="list-style-type: none"> Afterwork programme in Brothers of Charity (BOC) Saturday Clubs in CoAction Saturday Clubs in COPE Horse Riding Saturday Club in St. Josephs Foundation (SJF) Children's respite in Kerry 	Q1	Q4	GM
		<ul style="list-style-type: none"> Alternative respite service to be provided for families through SJF in Trabolgan for one weekend in May 2019. 	Q2	Q2	GM
		<ul style="list-style-type: none"> Review options around development respite for clients with physical and sensory disability. 	Q1	Q2	GM
National Access Policy for children or young people with a disability or developmental delay	1,3	<ul style="list-style-type: none"> Implement Access Policy for children with disability and developmental delay in conjunction with primary care 	Q1	Q4	GM
Progressing Disabilities	1	<ul style="list-style-type: none"> Identify the numbers of children per team 	Q1	Q2	PM
		<ul style="list-style-type: none"> Recruit children's disability network managers 	Q1	Q2	GM
		<ul style="list-style-type: none"> Recruit therapy posts to reduce waiting times for disability Assessment of Need 	Q2	Q2	GM
		<ul style="list-style-type: none"> Continue to work with local implementation group leads around accommodation requirements for teams in Cork 	Q1	Q2	PM
		<ul style="list-style-type: none"> Agree Lead Agency for each PDS Team aligned to community healthcare network's for Cork 	Q1	Q1	HoS
		<ul style="list-style-type: none"> Complete assignment of staff from current structures into Childrens Disability Network Teams 	Q2	Q2	PM
		<ul style="list-style-type: none"> Finalise regional governance structure for CKCH children's disability network teams per Progressing Disability Services National Policy 	Q1	Q1	HOS/GM
<ul style="list-style-type: none"> Finalise PPPG's for CKCH children's disability network teams 	Q1	Q2	PM		

Disability Services Priority Actions					
Priority Area	SP	Priority Actions	Timeline		Lead
			Q Start	Q End	
		<ul style="list-style-type: none"> Roll out progressing disabilities communication plan for all stakeholders 	Q1	Q3	HOS/GM/PM
Residential Services	1	<ul style="list-style-type: none"> Launch the video of Cluain Fhionnain service to demonstrate and highlight the positive outcome for decongregation 	Q1	Q1	GM
		<ul style="list-style-type: none"> Complete the transfer of the Cheshire St Laurence service to Enable Ireland 	Q2	Q4	HOS/GM
Residential: Decongregation	1	<ul style="list-style-type: none"> Continue with implementation of national policy on "Transforming Lives: A time to move on from congregated settings in HSE Services: <ul style="list-style-type: none"> Cluain Fhionnain: 2 residents to move in March 2019 which will lead to the closure of Cluain Fhionnain. St Raphaels Centre: 13 residents for phase 3 which is the closure of Bayview and Seaview hostels. 	Q2	Q2	GM
		<ul style="list-style-type: none"> St. Vincent's Centre: <ul style="list-style-type: none"> Complete transfer of service to Cope Foundation Identify appropriate alternative living arrangements to commence the transition of residents to community living 	Q1	Q2	CO/HOS/GM
		<ul style="list-style-type: none"> Implementation of Social Reform Fund to recruit Community Transition CoOrdinator which will assist the community transition planning for residents at Cope Foundation. Work with Cope Foundation to identify opportunities to progress community living for residents at Ashville 	Q1	Q4	GM
		<ul style="list-style-type: none"> Implementation of Social Reform Fund to recruit Community Transition CoOrdinator which will assist the community transition planning for residents at Cope Foundation. Work with Cope Foundation to identify opportunities to progress community living for residents at Ashville 	Q2	Q4	DM
		<ul style="list-style-type: none"> SJOGs: Utilisation of Social Reform Funding received to assist with the following in 2019. <ul style="list-style-type: none"> Community living plan to be prepared which should detail the resources available for debundling and what additional resources are required. 2 Clients to move to Tullig community house in 2019. 	Q1	Q2	GM
		<ul style="list-style-type: none"> Re-engage with County and City Council in Cork in order to identify appropriate houses for decongregation. 	Q1	Q4	DM
		<ul style="list-style-type: none"> Procurement of Cork Association for Autism services, residential, respite, day service and Aspect. <ul style="list-style-type: none"> Complete the associated tender process via advertisement and evaluation process Agree a contract with the successful tenderer Agree a start date with successful tender 	Q1	Q2	GM
Residential: Procurement	4	<ul style="list-style-type: none"> Complete the associated tender process via advertisement and evaluation process 	Q2	Q3	GM
		<ul style="list-style-type: none"> Agree a contract with the successful tenderer 	Q3	Q3	GM
		<ul style="list-style-type: none"> Agree a start date with successful tender 	Q3	Q3	GM
Residential HIQA Compliance	3,6	<ul style="list-style-type: none"> Work with the voluntary providers to identify and address any challenges to compliance with residential standards. 	Q1	Q4	GM
		<ul style="list-style-type: none"> Identify compliance risks 			

Disability Services

Disability Services Priority Actions					
Priority Area	SP	Priority Actions	Timeline		Lead
			Q Start	Q End	
		<ul style="list-style-type: none"> Agree action plans which require time bound plans for improvements. 			
Residential High Cost Cases	1, 3	<ul style="list-style-type: none"> Continue to work with service providers around creating a children's service in which will see three children return closer to home and also provide some cost savings (need to identify). 	Q1	Q2	GM/DM
		<ul style="list-style-type: none"> Commence Implementation 	Q2	Q4	GM/DM
		<ul style="list-style-type: none"> Continue to work with voluntary providers around developing services to respond to cases which are outside county and will potentially provide options for capacity. 	Q1	Q2	GM/DM
		<ul style="list-style-type: none"> Continue to roll out residential review quality template in respect of clients placed in private providers. This will assist an annual quality assured review of each placement. 	Q1	Q4	GM/DM
Residential Emergency Cases	1	<ul style="list-style-type: none"> Continue within available resources to respond to emergency/crisis needs for residential, respite and home support services. Current wait list 140 cases on the DSMAT system to the value of €12M 	Q1	Q4	GM
Residential: DSMAT	3	<ul style="list-style-type: none"> Continue to work through Residential Services Placement Forum to identify full list within each voluntary provider that should be recorded on the CKCH DSMAT. 	Q1	Q2	GM
		<ul style="list-style-type: none"> Continue to participate on the national review of the Residential Service Framework version 13. 	Q1	Q1	GM
NASS	3	<ul style="list-style-type: none"> Facilitate the national roll out of the National Disability eHealth National Case Management System within available staff 	Q1	Q4	GM
Assisted Decision Making -Capacity Act	3	<ul style="list-style-type: none"> Participate on working group to be established to prepare for roll out of Assisted Decision Making (Capacity Act) in CKCH 	Q1	Q1	GM/DM
National Safeguarding Policy	3	<ul style="list-style-type: none"> Develop a local plan to implement the revised Safeguarding of Vulnerable Adults at Risk of Abuse policy. 	Q1	Q4	GM
Residential; MDT Service	3	<ul style="list-style-type: none"> Work with managers in Primary Care to establish appropriate clinical governance requirements for MDT team (SLT, OT and Physiotherapy) in St. Raphaels Service. 	Q1	Q2	HOS/GM
MDT	4	<ul style="list-style-type: none"> Identify options to provide access for adults with a disability to dietetic services. 	Q1	Q2	HOS/GM
Social Care Model of Service	3	<ul style="list-style-type: none"> Roll out of disability standard operating procedure and communication around what disability services provides for. 	Q1	Q2	HOS/GM
Complex Children	1	<ul style="list-style-type: none"> Continue to work with DPHNs in relation to children with complex medical needs that have a disability. 	Q1	Q2	HOS/GM
GDPR	4	<ul style="list-style-type: none"> Implement the plan to incrementally achieve compliance with the GDPR. Complete the Data Inventory. Ensure arrangements are in place for subject access requests (SAR) within the new timeline of one 	Q1	Q4	HOS

Disability Services Priority Actions					
Priority Area	SP	Priority Actions	Timeline		Lead
			Q Start	Q End	
		month.			
Health & Safety	3, 6	<ul style="list-style-type: none"> Continue to engage with the Health & Safety Officer & the National Health and Safety Function in relation to site visits and inspections across HSE Disability Sites in 2019. 	Q1	Q3	GM
		<ul style="list-style-type: none"> Continue to engage with the Voluntary Service Providers for Disability Services to identify the Health and Safety and HIQA regulations and standards which are impacting their services. 	Q1	Q3	GM

5.5 Older Persons' Services

Services provided

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

- Home support including home care support assistance (HSE and private tendered providers), nursing care, therapy services, aids and appliances and integrated care services (including falls prevention, integrated care team support, CR&ST etc. as required);
- Day care centres and access to the services of the Assessment and Treatment Centre (St. Finbarr's Hospital);
- Residential care (long term care when required in community hospitals and community nursing units); and
- Transitional care, respite and convalescent care.

Issues and Opportunities

There are currently good examples of integrated work with the acute sector - unscheduled care processes / in-reach by community nurses / planning / community transitional beds / algorithms and egress processes but there are other opportunities to improve this integration and this will be through quality improvement plans associated with the 5 Fundamentals Project. The Five Fundamentals of Unscheduled Care pilot recognises the complexity of unscheduled care and defines the essential standards and key result areas needed to deliver sustainable improvement at each stage of the patient journey. This project is a pilot for 3 acute hospitals in the region and Cork Kerry Community Healthcare and there are detailed implementation quality improvement plan associated with it. There is also an opportunity to input into the community healthcare network learning site to improve linkages between Services for Older People and Primary Care.

Through engagement with the Cork and Kerry Age Friendly Forum alliances and developments such as service user representation on the Integrated Care Team Project Group we will work in 2019 in accordance with the priorities identified by the Engagement Strategic Priorities Workstream.

Implementation of the new Health Care Support Assistant Contract has commenced and will be a priority for quarter one 2019. This will prove challenging due to the numbers of HSE home help staff in Cork Kerry Community Healthcare (CKCH) (2000+). A project plan is in place of which the first step is mapping clients and staff locations in order to rationalise travel being undertaken in regard to both time & mileage in 2019. This process has commenced in Kerry, however as there are 28 sectors which have a rural / urban mix it is likely to be the third quarter before any reduction in travel cost can be achieved. In addition we need to identify mechanisms to communicate effectively on an ongoing basis with the approximately 1,900 HCSA staff and to further develop training plans that address the challenges in providing training to this cohort of staff whose workplace is people's homes.

CKCH currently provides 20% of the entire public bed capacity in the country, and this presents challenges in ensuring compliance with standards and maintenance of registration of current bed

numbers in some sites. The costs arising from work required to achieve HIQA compliance are not core funded. There are challenges in understanding and controlling the rising cost of care in a number of units. The priorities identified by the Quality Strategic Workstream will also inform our approach to this analysis. The HSE continues to rely on private providers (nursing homes and home care) to deliver a significant continuum of services both on behalf of the HSE and in a private capacity. There is a shortage of long term care beds for older persons in need of long term care generally, and in particular for people at a certain stages of Alzheimers Disease in Cork city; and as the current infrastructure struggles to meet these demands, it is often a challenge to find a suitable placement for these groups. Therefore we intend to look at options to increase access to dementia care beds, reviewing at both public and private providers across CKCH. This is being undertaken in conjunction with our overall review of pathways for older person services and the bed capacity review forms part of this overall work.

In 2019 we intend to progress the implementation of the single assessment tool (SAT) in 2 sites in community services in CKCH.

Working with our colleagues in Health and Wellbeing, and in line with priorities identified by the Health and Wellbeing Strategic Priorities Workstream, Services for Older People will strive to improve the overall health and wellbeing of both service users and staff throughout 2019.

There are currently 2 separate Nursing Home Support Scheme (NHSS) offices in CKCH and CHO 5. In 2019 we will address this as part of the national project through the Nursing Home Support Office (NHSO) amalgamation process to improve consistency in processes and streamlining of access to residential care for older people.

It is an on-going challenge to recruit and retain nurses in community hospitals and nursing units, which results in the use of agency services to fill gaps. This results in additional cost which we are working to reduce through targeted and on-going recruitment processes across all of our hospitals. There are further challenges in recruiting and retaining other grades of staff. In some locations there are delays in the provision of home support as neither the HSE, nor private tendered providers are able to source enough suitably qualified staff. The unavailability of such staff can lead to delayed discharges, hospital admission or in the worst case scenario, lead to older people going to long term care prematurely. There are on-going measures to recruit and maintain a suitably skilled and qualified workforce which will continue in 2019, through workforce planning group to optimise recruitment within budget of recruit HCSAs in CKCH, especially areas where there are deficits, including attendance at jobs expo Cork and use of recruitment video. The focus on resource maximisation and efficiency in the delivery of Older Persons services in Cork and Kerry will continue throughout 2019 in line with the priorities identified by the Resources Strategic Priority Workstream

Priorities and Actions

- Provide maximum direct client care within funded hours allocated in 2019 i.e. 2,760,000.
- Progress home support governance work through subgroups to achieve compliance with CKCH key strategic priorities including access, quality, people, dementia.

Older Persons Services

- Support the acute hospital system by delivery of rehabilitation and through step down capacity in 30 community based transitional beds.
- Continue to deliver home support through the Winter measures to target hospital discharges.
- Participate in the 5 Fundamentals Project to improve acute and community integration and outcomes for clients.
- Progress the implementation of SAT.
- Progress the Day Centre review work to next stage by completion of the interim Day Centre Review report, review the TOR and operation of the subgroups to achieve significant progress in defining the service and governance structures for a 10 year period.
- Implement the Dementia Strategy by establishing an overall steering group to integrate our approach across all service areas in line with the goals of the strategy and in close consultation with the national dementia office.
- Commence engagement with Service users to inform responsive and person centred services.
- Continue to prioritise nursing and other staff recruitment.
- Progress the Community Hospitals Capital Development Plan.
- Develop a comprehensive safeguarding training strategy to deliver the appropriate levels of safeguarding training in a co-ordinated, targeted and quality assured way ensuring compliance with the National Safeguarding Policy .
- Implement the revised National Safeguarding Policy in accordance with national timeframe.

Implementing Services for Older People priorities 2019 in line with Cork Kerry Strategic Priorities:

Older Persons Services Priority Actions					
Priority Area	SP	Priority Actions	Timeline		Lead
			Q Start	Q End	
Healthy Ireland	5	<ul style="list-style-type: none"> Devise a Healthy Ireland implementation plan for SOP. 	Q1	Q2	HI Lead
Compass Plan	2, 5	<ul style="list-style-type: none"> Support the Healthy Ireland care group lead. Target an annual increase of 10% in flu vaccine uptake rates (over 2018 rates) among Health Care Workers to achieve national target of 60% e.g. peer vaccinators / flu champions / local campaign Expand bespoke influenza programme for home helps including increased number of Peer vaccinators (30 currently in place). Ensure vending machines 100% stocked with better choice healthy snacks and drinks. Implement framework for calorie posting in 20% of catering facilities Continue to support, monitor and implement local Tobacco Free Campus Policies across all sites and services. Arrange self-audits in a number of services to validate their tobacco free campus status. Implement National HSE Protection from Second-hand Smoke in Domestic Settings Policy at Cork Kerry Community Healthcare Level. 	Q1	Q4	HI Lead and SOP Service Managers
Older Persons' Services – Making Every Contact Count (H&W)	5	<ul style="list-style-type: none"> Deliver MECC implementation Plan in 4 sites in Services for Older People Identify and implement MECC in further 6 sites and continue to enable and facilitate roll-out of MECC training in consultation with MECC Lead. 	Q1	Q4	GMs, site managers
Service User Involvement	6	<ul style="list-style-type: none"> Work with Service Feedback Manager and Service User Forum to increase meaningful service user involvement in governance and working groups 	Q1	Q4	SCMT
Children First Act 2015	3	<ul style="list-style-type: none"> Continue to deliver Children First training to home helps through Children First Development Officer. Ensure Child Safeguarding Statement 2019 is in place and on display in all areas Q1-Q4 Ensure Child Protection and Welfare Risk Assessments are completed and included in risk registers as required Identify and inform new starters fulfilling Mandated Persons roles of their responsibilities under the Act Implement the HSE Child Protection and Welfare Policy 	Q1	Q4	CFDO GMs

Older Persons Services

Older Persons Services Priority Actions					
Priority Area	SP	Priority Actions	Timeline		Lead
			Q Start	Q End	
		<ul style="list-style-type: none"> All new staff and volunteers to complete the HSE e-Learning Module "An Introduction to Children First" or alternative to the e-learning module. Administer the HSE Children First Compliance Self-Assessment Checklist to all funded agencies 			
Health & Safety	3	<ul style="list-style-type: none"> Continue to engage with the Health & Safety Officer & the National Health and Safety Function in relation to site visits and inspections across all sites in 2019. Prioritise those sites who were not inspected in 2018 and work on actions in relation to the findings as they arise. 	Q1	Q2	GMs, HSO
	3	<ul style="list-style-type: none"> Implement a health and safety governance structure in Older Person services at GM level with linkages to service managers 			
GDPR	4a	<ul style="list-style-type: none"> Implement the plan to incrementally achieve compliance with the GDPR. Complete the Data Inventory. Ensure arrangements are in place for subject access requests (SAR) within the new timeline of one month. 	Q1	Q4	HOS
Assisted Decision Making (Capacity Act)	1, 6	<ul style="list-style-type: none"> Establish a working group to roll out the Assisted Decision Making Act (ADMA) in CKCH to prepare for the roll-out of ADMA in CKCH. 	Q1	Q2	HOS
Unscheduled Care/Winter Plan/5 Fundamentals	1, 4	<ul style="list-style-type: none"> Establish joint Unscheduled Care Governance and Egress Groups with S/SWHG in UHK, MUH and CUH as per the Five Fundamentals Plans. 	Q1	Q1	CO, HoS, GMs and nominees
	1	<ul style="list-style-type: none"> Establish pathways for admission avoidance within ED that integrate with community teams and focus on ambulatory care for >75year 	Q1	Q3	5 Fundamentals Implementation Team
Unscheduled Care/Winter Plan/5 Fundamentals Mercy University Hospital (MUH)	1	<ul style="list-style-type: none"> Establish an integrated approach to improve post admission flow pathways within in MUH to minimise delayed discharges and maximise early discharge to the Integrated Care Team (ICT) 	Q1	Q2	5 Fundamentals Implementation Team
	1	<ul style="list-style-type: none"> Improve clinical communication regarding discharge between MUH and CKCH, and ensure patients can access diagnostics and therapies to prevent delayed discharges, to ensure patient flow. 	Q1	Q3	5 Fundamentals Implementation Team
Unscheduled Care/Winter Plan/5 Fundamentals Cork University Hospital (CUH)	1	<ul style="list-style-type: none"> As part of SAFER Bundle review any blocks to patient flow into and out of CUH, agree and implement solutions. 	Q1	Q4	5 Fundamentals Implementation Team
	1	<ul style="list-style-type: none"> Improve clinical communication (PHNs, DOMs, Placement Co-ordinator's, Home Helps) regarding discharge between CKCH and CUH, by way of improved receipt of discharge 	Q1	Q2	5 Fundamentals Implementation Team

Older Persons Services Priority Actions					
Priority Area	SP	Priority Actions	Timeline		Lead
			Q Start	Q End	
		letters, electronically or by post.			
	1	<ul style="list-style-type: none"> Ensure patients can access diagnostics and therapies to prevent delayed discharges, to ensure patient flow between CUH and CKCH. 	Q1	Q3	5 Fundamentals Implementation Team
	1	<ul style="list-style-type: none"> Review current patient flow pathways in CUH. Link and align the pathways with the citywide SOP Project. 	Q1	Q4	5 Fundamentals Implementation Team
	1	<ul style="list-style-type: none"> Establish a FIT Team in CUH and establish linkages with ICT. 	Q1	Q2	5 Fundamentals Implementation Team
Unscheduled Care/Winter Plan/5 Fundamentals University Hospital Kerry (UHK)	1	<ul style="list-style-type: none"> Develop an ambulatory care and discharge to assess model where appropriate to ensure the right pathway, right patient and right time is achieved by preventing and enabling discharges in CKCH and UHK. 	Q1	Q3	5 Fundamentals Kerry Implementation Team
	1	<ul style="list-style-type: none"> Establish pathways to support discharges in UHK including red green days, enabling hospital access to diagnostics and therapies and to ensure patients are home by 11am. 	Q1	Q4	5 Fundamentals Kerry Implementation Team
	1	<ul style="list-style-type: none"> Establish a real time bed bureau, a single point of contact to access community beds and streamline access to private beds in Kerry. 	Q1	Q2	5 Fundamentals Kerry Implementation Team
Unscheduled Care/Winter Plan/5 Fundamentals Bed	1	<ul style="list-style-type: none"> Establish clear bed designations and access criteria for residential beds in Kerry and Cork community hospitals to support admission to beds and flow from the acute sites Establish the real time use of iPMS systems in Cork and Kerry community hospitals that links to the bed bureau system to demonstrate vacancies in beds across the system 	Q1	Q1	5 Fundamentals Kerry Implementation Team
Older Persons' Services– Winter Plan	1	<ul style="list-style-type: none"> Establish Governance Groups for the 5 Fundamentals Project in conjunction with primary care, mental health and acute sites. 	Q1	Q4	CO, HOS
Winter Plan; Interim Home support; and complex discharges	1	<ul style="list-style-type: none"> Facilitate 2 complex discharges home from acute sites through home care package at a cost of €100 per week each under the winter initiative 	Q1	Q1	GM
National Safeguarding Policy		<ul style="list-style-type: none"> Develop a local plan to implement the revised Safeguarding of Vulnerable Adults at Risk of Abuse policy. Review existing levels of training available within services and quantify current training need. Develop strategy within services to deliver training to meet the identified need. 	Q3	Q4	GMS
Infection Control to community hospitals	3	<ul style="list-style-type: none"> Audit existing facilities in relation to CPE and roll-out CPE control measures across CKCH residential units for Older People 	Q1	Q4	HOH&W

Older Persons Services

Older Persons Services Priority Actions					
Priority Area	SP	Priority Actions	Timeline		Lead
			Q Start	Q End	
Infection Control	3	<ul style="list-style-type: none"> Identify the learning from the Killarney audit in relation to infection control screening of patients referred from acute sites. Implement relevant measures to maximise acute & community hospital infection control compliance Ensure full rollout of the national guidelines in relation to infection control measures which will be localised and tailored by each community hospital's capacity i.e. guidelines, rooms, audit. Review the usage of single rooms in regard to infection control measures (bed capacity review) 	Q1	Q2	GMs/DONs

Non-Residential Services Priority Actions					
Priority Area	SP	Priority Actions	Timeline		Lead
			Q Start	Q End	
Dementia Strategy	4	<ul style="list-style-type: none"> Establish a CKCH Dementia Strategy Implementation Group. 	Q1	Q2	HOS, GM
	1	<ul style="list-style-type: none"> Review and agree pathways to access to specialist services for people with dementia including roles of Psychologists In Later Life (POLL) and Geriatricians 	Q2	Q3	HoSSC, HoS MH
Day Care Services	1	<ul style="list-style-type: none"> Progress Day Care Centre (DCC) building project in Macroom. Design briefs have been received, estates job number has been allocated and a file opened for building project. 	Q1	Q4	Estates, GM
	1	<ul style="list-style-type: none"> Progress the development of Youghal DCC with the Estates Department, revise the briefing documentation and capital and costs from 2014 and submit for Capital Funding (documentation already completed). 	Q1	Q4	Estates, GM
	1	<ul style="list-style-type: none"> Progress the extension of Midleton DCC. Design briefs have been received, estates job number has been allocated and a file opened for building project. 	Q1	Q4	Estates, GM
Day Centre Review	1	<ul style="list-style-type: none"> Complete the DCC review which will, identify the deficits and which will identify target occupancy levels and patient profile 	2018	Q3	GM and sub groups
	1	<ul style="list-style-type: none"> Maximise the occupancy of each DCC, and measure against the optimum occupancy set-out by the Day Care Centre (DCC) Review recommendations. 	Q1	Q4	GM
	1	<ul style="list-style-type: none"> Prepare programme to implement policies, procedures, practices and guidelines across CKCH DCC. 	Q1	Q4	GM and

Non-Residential Services Priority Actions					
Priority Area	SP	Priority Actions	Timeline		Lead
			Q Start	Q End	
					DPHNs
Home Support Provision	1	<ul style="list-style-type: none"> Provide maximum direct client care within funded hours allocated in 2019 i.e. 2,760,000 	Q1	Q4	GM
Home Support Waiting Lists	1, 4	<ul style="list-style-type: none"> Complete a waiting list validation exercise to establish the current waiting list. 	Q1	Q2	HSM
Home Support PPPG's	3	<ul style="list-style-type: none"> Evaluate and implement collated PPPG's across CKCH. 	Q1	Q4	GM, HSM
Integration, access and wait list	1	<ul style="list-style-type: none"> Devise supporting algorithms for access to home support for service users with mental health and disabilities in an integrated manner. 			Disability, Older Person, MH
Home Support Training	3	<ul style="list-style-type: none"> Agree a training programme and roll-out to HHCO to include training for: 150 HCSA – Roll-out national Dementia Awareness Programme, titled Understanding Dementia, to Health Care Support Assistants (HCSA) and Home Help Coordinators (HHCO), commencing January 2019. 150 HCSA – General Training in St. Luke's Home 75 HCSA – Skills training Identification of and up skilling of training facilitators to facilitate safeguarding awareness training for HCSAs. On-going training to continue for HCSAs on a phased basis 	Q1 Q1	Q4 Q4	GM, HSMs HSMs
Home Support H&W	5	<ul style="list-style-type: none"> Provide 8 Health & Wellbeing sessions for 640 HCSAs including self-care, nutrition, mindfulness, positive mental health, physical activity etc as well as a health screen covering BP, Diabetes etc. 	Q1	Q2	HOH&W
Home Support – Audit of Services v's Population	1	<ul style="list-style-type: none"> Following completion of service audit, map services to the community healthcare networks, taking account of the population profile, other demographics and budget. 	Q1	Q2	HHG sub group
Home Care Support Assistant Contract	2	<ul style="list-style-type: none"> Implementation of the HCSA contract – Project to include: Complete roll out of new contracts to staff. Map clients and staff locations in order to rationalise travel being undertaken in regard to both time & mileage in 2019. Process has commenced in Kerry, work is underway to progress throughout the other 28 sectors on a phased basis 	Q1	Q3	GM and HSMs
	2, 4	<ul style="list-style-type: none"> Identify current accommodation and future requirements for HCSAs and outline all available options in respect of the new HCSA contract. 	Q1	Q4	GM
Rostering Resource and access to	4	<ul style="list-style-type: none"> Continue the implementation of rosters in Home Support Services in Kerry and commence in Cork 	Q2 Q1	Q4 Q4	GM

Older Persons Services

Non-Residential Services Priority Actions					
Priority Area	SP	Priority Actions	Timeline		Lead
			Q Start	Q End	
a rostering system dependent		<ul style="list-style-type: none"> Develop a plan for introduction of rostering prior to introduction of IT system Review current deployment of staff to rationalise travel time using geo-mapping Amend payroll system as necessary to support new contract 	Q1	Q1	
Empowering the public to manage their own health needs and to access and use our services effectively	2a	<ul style="list-style-type: none"> Roll out Schedule of Care held by the Service User for Home Support Services 	Q2	Q4	HoSC
Information Leaflet for Service Users	1, 6	<ul style="list-style-type: none"> Finalise user and staff information leaflet in relation to access to home support and disseminate same. 	Q1	Q2	GM
Single Assessment Tool (SAT)	1	<ul style="list-style-type: none"> Progress the appointment of a SAT Assessor in order to commence the introduction of SAT 	Q1	Q4	GM
Assessment and Treatment – Quality initiative	3	<ul style="list-style-type: none"> Implement digital dictation (T-Pro) commenced in the Assessment and Treatment Centre clinics in Q4, 2018 	Q1	Q4	GM
National Safeguarding Policy	3	<ul style="list-style-type: none"> Safeguarding Training Coordinator to facilitate or provide training for priority staff e.g. HC managers, HH coordinators and specialist community based teams such as Integrated Care Team, Specialist Integrated Falls Team, Frailty Team, Assessment and Treatment Centre, CR&ST, Dementia Co-ordinator Kinsale/Bandon 	Q3	Q3	GM, HSMs, PSW

Residential Services for Older People Priority Actions					
Priority Area	SP	Priority Actions	Timeline		Lead
			Q Start	Q End	
Transitional Care Beds (TCB)	1	<ul style="list-style-type: none"> Monitor and maximise the usage of transitional care beds (TCB). 	Q1	Q4	HOS, GMs
Dementia Care	1, 4	<ul style="list-style-type: none"> Review plan to reconfigure bed designation in Skibbereen Community Hospital and St. Finbarr's Hospital (SFH) to address current challenges in providing for people with Dementia Review Dementia bed availability with a view to reconfiguration of beds in some areas 	Q1	Q4	GM

Residential Services for Older People Priority Actions					
Priority Area	SP	Priority Actions	Timeline		Lead
			Q Start	Q End	
Residential Care Beds	1	<ul style="list-style-type: none"> Open a further 8 residential care beds in West Kerry Community Hospital subject to recruitment of staff 	Q1	Q4	GM
	1	<ul style="list-style-type: none"> Open 8 residential care beds in Kenmare Community Hospital (Phase 1). 	Q1	Q4	GM
	1	<ul style="list-style-type: none"> Compare the current access with demand and identify actions based on the findings to meet identified need 	Q3 Q4	Q4 Q4	GMs GMs
Estates	3, 4	<ul style="list-style-type: none"> Work with Estates to progress the plan to improve infrastructure in community hospitals to achieve compliance with regulatory standards, as set out in the Capital Plan. 	Q1	Q4	HOS, GMs
Task Transfer	4	<ul style="list-style-type: none"> Review implementation of tasks transferred and identify areas for further progress 	Q1	Q4	GMs and DONs
HR	4, 6	<ul style="list-style-type: none"> Continue to engage with Unions in relation to staff ratios, retention and recruitment. 	Q1	Q4	GMs
Clinical Governance	3, 4	<ul style="list-style-type: none"> Complete recruitment campaign to fill DON positions on permanent basis where vacant. 	Q1	Q4	HR and GMs
Nursing Home Support Scheme (NHSS) Office Amalgamation	4	<ul style="list-style-type: none"> Complete consolidation of nursing home support office across Cork Kerry CH and South East CH 	Q1	Q4	GM and NHS Office
Service Improvement	3	<ul style="list-style-type: none"> Fill the clinical support manager posts for each hospital group. 	Q1	Q1	GMs
National Safeguarding Policy	4, 6	<ul style="list-style-type: none"> Provide safeguarding training to staff Review existing level of safeguarding training provision. With national team on arrangements for provision of medical services Enhance capacity to deliver training where required with support of safeguarding training co-ordinator. 	Q3	Q4	GMs, DONs, PSW
Availability of and Access to allied health professional input	1	<ul style="list-style-type: none"> Review availability of and access to physiotherapy, occupational therapy, dietetics, speech and language therapy and podiatry services in community services to ensure quality of care and develop plan to continue care 	Q1	Q2	GMs and DONs
Training	3, 4	<ul style="list-style-type: none"> Implement the National Frailty Programme (developed by the National Clinical Programme for Older People) in the Rehabilitation Unit and Assessment and Treatment Centre in St. Finbarr's Hospital and other Community Hospitals. Starting with the short stay units as the training is aligned with and being delivered by the FITT teams in the acute hospitals. Run bespoke communications training for the Directors of Nursing of Community Hospitals to include advice on incorporation branding in signage; media statements; interaction with local media. 	Q1	Q4	GMs and HOS

Older Persons Services

Residential Services for Older People Priority Actions					
Priority Area	SP	Priority Actions	Timeline		Lead
			Q Start	Q End	
Medical Officer Cover	1, 3	<ul style="list-style-type: none"> Work to retain medical services in all community hospitals (CH) and community nursing units (CNU) and work to ensure that the national contract is rolled out when available. 	Q1	Q4	GMs
Bed Capacity	1	<ul style="list-style-type: none"> Work with the national team to continue to review the options to provide additional capacity per the local and national bed plan within available resources. 	Q1	Q4	GMs
Service Improvement	3	<ul style="list-style-type: none"> Provide improved practice development support in Cork community hospitals through appointment of a Practice Development Nurse in conjunction with NMPDU who will work with colleagues in CKCH. 	Q1	Q3	GM
Audit		<ul style="list-style-type: none"> Improve consistency and volume of audit across Cork Kerry community hospitals and community nursing units using Viclarity system. Finalise plan for additional capacity for residential <ul style="list-style-type: none"> Dementia General 	Q3	Q4	GMs

6. Finance

The total funding available to Cork Kerry Community Healthcare (CKCH) in 2019 is €648.4m which represents a €2.36m (0.3%) increase on Budget 2018 (prior to application of once off supplementary funding). In addition to the funding detailed in this plan, CKCH will have access to time related savings, 2018 and 2019 development funding and Paediatric Home Care funding held at National HSE level.

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

Given these challenges and recognising the necessity to secure improved value, Cork Kerry Community Healthcare will continue to undertake a systematic review of its existing activities to drive value and efficiency in the use of its resources.

Through the Value Improvement Programme, we will continue to target improvement opportunities to address the overall community services financial challenge while maintaining levels of activity. The Programme, will seek to improve services while also seeking to mitigate the operational financial challenge in community services for 2019 via realistic and achievable measures that do not adversely impact services.

2019 Funding Allocation

The budgets outlined are inclusive of the funding provided as outlined in the 2019 community operational plan. The budget also includes once-off funding provided by other HSE functions for the provision of services in 2018.

Description	2019 Budget	2018 Expenditure	2018 Budget	2018 Outturn	2018 Variance
	€'M	€'M	€'M	€'M	%
Primary Care Core (including Dental Hospital)	106.19	110.14	108.48	1.65	1.52%
Social Inclusion	17.73	18.63	18.40	0.22	1.21%
Palliative Care	11.48	11.90	11.75	0.14	1.19%
Demand Led Scheme	29.44	30.15	29.44	0.70	2.39%
Primary Care Division	164.84	170.82	168.07	2.71	1.61%
Mental Health Division	116.68	121.19	119.31	1.88	1.57%
Older Persons Services	126.70	127.23	127.28	-0.05	-0.04%
Disability Services	240.66	241.13	240.09	1.05	0.44%
Social Care (Total)	367.36	368	367	1	0.27%
CHO HQ's & Community Services	0.00	0.15	0.37	-0.22	-58.80%
Total	648.88	660.16	654.75	5.37	0.82%

Description	2019 Budget	2018 Expenditure	2019 Approved Expenditure	Comment
	€'M	€'M	€'M	
Primary Care Core (including Dental Hospital)	106.19	110.14	106.68	approved €0.5m overrun
Social Inclusion	17.73	18.63	17.73	
Palliative Care	11.48	11.9	11.52	
Demand Led Scheme	29.44	30.15	31.57	
Primary Care Division	164.84	170.82	167.51	
Mental Health Division	116.68	121.19	127.59	€9.1m TRS held nationally
Older Persons Services	126.7	127.23	128.77	€2m approved overrun
Disability Services	240.66	241.13	252.95	€12.2m unavoidable expend unfunded
Social Care (Total)	367.36	368	381.72	
CHO HQ's & Community Services	0	0.15	0.15	
Total	648.88	660.16	676.97	

- Once off Supplementary Funding was provided in December 2018 - €9m reducing the overall deficit at year end to €5.38m
- The cost of providing the existing services at the 2018 level will grow in 2019 due to a variety of factors including quality and safety requirements, new pay contracts, drug and other clinical non-pay costs, price rises, etc.
- Financial Measures including value improvement programmes are being put in place to address financial challenges arising in 2019.

2019 Funding for New Initiatives and Service Pressures

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

- National Pay Agreements; funding has been provided to deal with the increased cost of agreements across all care groups.
- Primary Care: Funding for Paediatric Home Care Packages has been retracted and held at national level in 2019.
- Disability: Additional funding for Residential Services provided on an emergency basis in 2019
- Older Persons: Additional funding for Home Support Services Contract

Savings and Efficiency Measures

Given the underlying base funding pressures, the 2019 budgetary environment will be challenging. A range of initiatives and target savings have been identified to address financial challenges for 2019 in areas such as:

Finance

- Rationalisation of Services, procurement, private placement costs, transport costs in disability and mental health
- Continued efforts to eliminate or reduce agency through increased occupancy spend and overtime
- Standardised and where possible improved levels of income generation achieved in 2019
- Rigorous focus on activity levels to examine efficiency, effectiveness and value as part of the performance management process
- Continued encouragement and support for service improvement initiatives that maximise throughput in a safe and effective manner
- Strong governance with an intense focus on budgetary management through enhanced accountability framework

Financial Risks

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

These financial risks largely resulting from increased demand for services, ageing population, new drug and medical technologies, increased regulatory requirements and (Home Support) pay contracts, staff recruitment and retention issues.

Specific Finance Function Issues & Challenges in 2019

- Lack of Integrated HR, Finance and Procurement Systems within Cork Kerry Community Healthcare
- Full Implementation of Finance Model to support development of Cork Kerry Community Healthcare management structures.
- Engagement with National Finance Division on the roll out of national Finance led projects.

Finance Tables by Division

Primary Care Budget 2019

The allocation for Cork & Kerry Primary Care Services (including Dental Hospital) in 2019 is €164.8m as set out below:

Primary Care Budget 2019	Primary Care (including Cork Dental Hospital)	Social Inclusion	Palliative Care	DLS	Total
	€'m	€'m	€'m	€'m	€'m
Closing Recurring Budget 2018	104.39	16.74	11.42	29.44	161.99
PRSI 2018	0.05	0.00			0.05
Reinstatement of 2018 PCP Funding	0.35	0.01	0.00	0.00	0.37
Reinstatement of Psychology Service Funding	0.88				0.88
Reinstatement of 2018 Special Project Funding		0.53			0.53
Opening 2019 Budget	105.67	17.28	11.43	29.44	163.82
Homeless Services		0.25			0.25
Drug Strategy and Social Inclusion Funding		0.14			0.14
Retraction of Paediatric Home Care Package Funding*	-2.15				-2.15
Self Management Programme	0.07				0.07
CIT Services	0.60				0.60
PCP 2019	1.47	0.07	0.05		1.58
Nursing Agreement and Salary costs	0.42				0.42
National Strategy Programmes	0.12				0.12
2019 Budget	106.19	17.73	11.48	29.44	164.85

Disability Services 2019

The allocation for Cork & Kerry Disability Services in 2019 is €240.3m. The details of budget breakdown are set out below:

Disability Services Budget 2019	€'m
Closing Recurring Budget 2018	225.83
PRSI 2018	0.10
Reinstatement of 2018 Funding	5.10
Opening 2019 Budget	231.03
2019 funding for New EP	1.67
Supplementary Funding 2019	1.75
2018 School-leaver funding	3.35
PCP 2019	2.56
Student Nurse Programme	0.30
2019 Budget	240.66

- The ongoing demands relating to residential, respite and emergency placement along with responding to unfunded regulatory requirements notified by HIQA and the legal system will continue to present challenges in meeting needs within existing resources.
- Funding for full year effect of 2018 Emergency Placements has not been provided in 2019

Finance

presenting a challenge to the area in maintaining and meeting the existing needs of clients.

- Ongoing monitoring and strong controls are in place within management of placements to ensure most efficient use of existing resources to meet the needs of the service

Services for Older People Budget 2019

The allocation for Cork & Kerry Older Person Services in 2019 is €126.30m as set out below:

Older Persons Services Budget 2019	€'m
Closing Recurring Budget 2018	121.86
PRSI 2018	0.10
Reinstatement of 2018 PCP Funding	0.33
Reinstatement of CSP Programme Funding	0.42
Contract and Subvention Beds	1.64
Opening 2019 Budget	124.35
Fair Deal Commissioning	59.16
Fair Deal Income Target	-59.16
Home Care Package Funding	3.16
Safeguarding Programme	0.04
PCP 2019	1.05
Student Nurse Programme	0.10
VIP Cut	-2.00
2019 Budget	126.70

Budget allocation takes account of value improvement programme to be put in place at local level to achieve efficiencies and rationalization of services - €2m.

- Home Support Services – a further €0.655m has been held by the Department of Health for allocation within 2019.
- Home Support Contract costs will present a particular challenge to the area within remaining within allocation.

Mental Health Service Budget 2018

The budget for Mental Health Services in 2019 is €116.67m for mental health services in 2019 comprising of:

Mental Health Services Budget 2019	€'m
Closing Recurring Budget 2018	111.70
2018 PRSI Funding	0.07
PFG 2013 - PFG 2017 Posts filled	2.38
Opening 2019 Recurring Budget	114.15
PCP Funding 2019	2.24
Student Nurse Programme	0.29
2019 Budget	116.68

- In 2018, once off funding for Time Related Savings was allocated to the CHO, however in 2019 this will be held on at national level and will be available towards a break-even position for 2019 for Cork Kerry Community Healthcare (€3.6m).

- In addition, partial funding will also be made available in 2019 towards unfunded placement costs for prior years.

It should be clearly noted that this budget 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.

In finalising the above agreed breakeven position for Mental Health in 2019, there is also the requirement to begin immediately in 2019 to identify how the current unsustainable funding model in Mental Health can be addressed to minimise the continued reliance on once-off funding held at national level which will not be available in future years. 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.

Implementing Finance priorities 2019 in line with Cork Kerry Strategic Priorities:

Finance Priority Actions					
Priority Area	SP	Priority Actions	Timeline		Lead
			Q Start	Q End	
Development of finance structure		• Implement interim finance structure subject to available resources	Q1	Q4	HoF
		• Implement revised working model for finance function within CKCH	Q1	Q2	
Integrated Finance Management System (IFMS)		<ul style="list-style-type: none"> • Engagement with business partners and IFMS team on development of enterprise structure and chart of accounts for new finance system • Engagement with IFMS process councils and process teams via regional process operators on design process of IFMS 	Q1	Q4	HoF
Development of Workforce plan with supporting finance model		• Engagement with National HR and Finance Reform Programmes Teams to align care group service listings with local and national reporting requirements	Q1	Q3	HoF
		• Work in conjunction with Care Groups and HR to re-alignment of revenue expenditure to appropriate national care group service listings	Q2	Q4	HoF
Improving procurement compliance review		• Develop Working Team to engage with HBS on improving procurement compliance within the CHO.	Q1	Q3	HoF

7. Workforce

People Strategy 2019 – 2024

The NSP 2019 outlines that 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.

Training Plan

Cork Kerry Community Healthcare is committed to developing a co-ordinated training plan across all aspects of the service. An annual programme will be developed around all types of training including legislative, mandatory and professional development. This will ensure that all statutory responsibilities are met, while scheduling training to maximise use of resources and factor in release time required from the workplace. Key training required will be prioritised across the Care Groups.

The People strategic workstream has identified key leadership skills which will be prioritised at all levels across the organisation. These include:

- Plan for regular 1:1 meetings for all frontline managers
- Roll out of People Management Legal Framework training
- Plan for PDP Process for Line Managers
- Coaching Skills process for Line Managers

Workforce Planning/Pay and Numbers

Cork Kerry Community Healthcare will initially formulate a Recruitment Plan for the area. This will include an analysis of potential retirements of staff coupled with an examination of the profile of staff who have left the organisation in the last number of years.

Conduct an analysis of the profile of staff required to fill potential vacant posts. Assess what panels are in existence and identify areas where campaigns will need to be organised. A decision will need to be made whether they should be national or local competitions.

Other priority areas will include:

- Commence a workforce planning process across CKCH
- Review current and future workforce needs, based on the needs of the population, demographics, and skill mix.
- Engage with the National Workforce Planning Office

HR across Cork Kerry Community Healthcare

Examine and develop HR process across the main Care Groups to ensure consistency and benefit from shared learning.

New Technology

Plan for the introduction of the SAP HR system in Cork Kerry Community Healthcare in conjunction with the South / South West Hospital Group.

Initial work will focus on carrying out a gap analysis on the existing payroll system and information contained therein. A plan will need to be put in place to allow the necessary analysis of work rosters, and the appropriate changes required to accommodate the new system.

Staff Engagement

Staff with a strong sense of connection to our service take personal responsibility for achieving better outcomes and support team colleagues to deliver results. To this end National HR undertake a Staff survey every two years, the latest of which was in 2018 and will work with the system to take actions based on the findings. Staff engagement forums are ongoing and provide valuable information and feedback from those in the frontline, and allow Cork Kerry Community Healthcare to respond appropriately.

The 2018 Staff survey results will be used to inform the work programme under the Engagement strategic workstream. These include:

- Support the roll out of Dignity at Work awareness sessions
- Support of leadership initiatives as referenced above under the Training Plan
- Link with Health & Well Being around staff initiatives

Leadership, Education & Talent Development (LETD)

The first cohorts of both Leading Care I and Leading Care II commenced in October 2017, and the second cohorts of both programmes commenced in April 2018 and the third cohort of both programmes have commenced in October 2018. There are approximately 50 participants in each cohort, meaning there are currently approximately 300 health service staff nationally undertaking a Leading Care Programme. The first cohort of Leading Care III commenced in January 2019.

Workforce

Implementing HR priorities 2019 in line with Cork Kerry Strategic Priorities:

HR Priority Actions					
Priority Area	SP	Priority Actions	Timeline		Lead
			Q Start	Q End	
LETD Plan	2b 2c 3c	<ul style="list-style-type: none"> Assess full list of training courses to cover legislative, mandatory, and professional development in terms of an annual programme for each area in Cork Kerry Community Healthcare (CKCH) Prioritise 3/4 specific projects for staff training for 2019 in each area Encourage and support staff where appropriate to avail of leadership training and developmental opportunities including the National Leadership Academy Nursing Midwifery Professional Development Unit Implement plan for regular 1:1 meetings for all frontline managers with their respective line manager Roll out People Management Legal Framework training Plan for implementation of Training Programme for Managers on PDP Process Include training on Health & Wellbeing initiatives in CKCH training plan 2019 	Q1	Q2	Head of HR
			Q2	Q3	
			Q1	Q4	
			Q1	Q4	
			Q1	Q4	
			Q1	Q4	
			Q2	Q4	
Workforce Plan	2b 4d	<ul style="list-style-type: none"> Carry out a review of staff to include an assessment of likely retirements in the next 1 to 3 years Analyse profile of staff who have left the organisation in the last number of years Commence a workforce planning process across CKCH Verify that all staff are correctly coded/assigned across each service area Cross reference staff lists with Pay & Numbers Strategy figures Liaise with National Workforce Planning Office to ensure consistency by CKCH with the national approach 	Q1	Q2	Head of HR
			Q1	Q2	
			Q1	Q4	
			Q1	Q4	
			Q1	Q4	
			Q2	Q3	
HR processes	2b	<ul style="list-style-type: none"> Identify HR roles and responsibilities for HR Leads and general HR processes in each service area Identify synergies, consistencies and shared learning's Assessment of HR structure for each service area 	Q1	Q3	Head of HR
			Q1	Q3	
			Q1	Q3	
Technology	1e 2b 4a 4c	<ul style="list-style-type: none"> Investigate a timeline for the introduction of SAP HR Identify actions required to facilitate the introduction of SAP HR Liaise with Hospital Group around project Campaign to recruit project staff 	Q1	Q1	Head of HR
			Q1	Q2	
			Q2	Q3	
			Q2	Q3	
Staff Engagement	6b	<ul style="list-style-type: none"> Assess 2018 Survey summary findings Agree Action Plan around the findings Review Engagement plan in 2019/ 2020 using feedback from Staff Survey 2018 	Q1	Q2	Head of HR
			Q2	Q3	

8. Communication & Engagement

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

Key Priorities for 2019

We have identified a number of long term priorities which we will continue to progress in 2019. These include:

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

Key Challenges

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

- The limited dedicated communication resources available within Cork Kerry Community Healthcare.
- The current lack of guaranteed platforms or audiences for the many positive stories about service developments and improvements.
- Ensuring that all staff receive information of use and interest to them.
- Providing clear, accessible messages about complex issues.
- Ensuring that our message is received by the general public.

Implementing Communication & Engagement priorities 2019 in line with Cork Kerry Strategic Priorities:

Communication & Engagement Priority Actions					
Priority Area	SP	Priority Actions	Timeline		Lead
			Start	End	
Engaging with staff.	6b	<ul style="list-style-type: none"> Produce a quarterly CKCH staff newsletter, with the establishment of an editorial committee in Q1. 	Q1	Q4	CM
Providing reliable, trusted information <i>and</i> Engaging with staff.	6b, 6c	<ul style="list-style-type: none"> Create a dedicated presence on hse.ie for CKCH by working with the national digital team. 	Q1	Q4	CM
Providing reliable, trusted information <i>and</i> Engaging with staff.	6b, 6c	<ul style="list-style-type: none"> Establish a social media presence for CKCH. 	Q2	Q2	CM
Providing reliable, trusted information.	6c	<ul style="list-style-type: none"> Ensure consistency between information issued through media responses and PQs by establishing a data base of key issues raised. 	Q2	Q2	tbc
Providing staff with the enabling systems, tools, and relevant expertise to achieve excellence	2b	<ul style="list-style-type: none"> Continue to deliver annual Staff Information Sessions in various locations across Cork and Kerry to reach largest number of staff. In 2019, these information sessions will feature an increased number of local presentations. 			
Providing reliable, trusted information.	6b, 6c	<ul style="list-style-type: none"> Establish a link with the national service directory project to facilitate a CKCH service directory. 	Q1	Q4	CM & National Team
Engaging with staff.	6b, 6c	<ul style="list-style-type: none"> Create increased awareness of and engagement with the CKCH strategic planning process through the drafting of an internal communications plan. This plan will include guidance on how to include the MVVP in correspondence. 	Q1	Q1	CM
Fostering a culture of pride, confidence and trust.	2a, 2b, 4a, 5a, 6b, 6c	<ul style="list-style-type: none"> Provide working guidance for all staff on how to facilitate video projects. The Communications Manager will assist in the production of at least one video project per care group to showcase best practice. 	Q1	Q4	CM
Engaging with staff.	1a,	<ul style="list-style-type: none"> Develop CHO-wide staff email distribution lists. 	Q1	Q2	CM/HOS
Positioning CKCH as a trusted source.	2a, 2b, 4a, 5a, 6b, 6c	<ul style="list-style-type: none"> Train at least 10 additional spokespeople, and run three training workshops focused on specific topics. 	Q1	Q4	CM

Communication & Engagement Priority Actions					
Priority Area	SP	Priority Actions	Timeline		Lead
			Start	End	
Engaging with staff.	1a, 2b	<ul style="list-style-type: none"> Explore development of HSE Live app. 	Q2	Q3	Access Workstream
Engaging with staff <i>and</i> Providing reliable, trusted information	1a, 2b, 6a, 6c.	<ul style="list-style-type: none"> Encourage the use of 'Plain English' by facilitating a workshop for frontline staff with the National Adult Literacy Association. This workshop will also assist staff to include the MVVP into communications 	Q1	Q2	CM

Appendices

Appendix 1: Financial Tables

2019 Funding Allocation

Description	2019 Budget	2018 Expenditure	2018 Budget	2018 Outturn	2018 Variance
	€'M	€'M	€'M	€'M	%
Primary Care Core (including Dental Hospital)	106.19	110.14	108.48	1.65	1.52%
Social Inclusion	17.73	18.63	18.40	0.22	1.21%
Palliative Care	11.48	11.90	11.75	0.14	1.19%
Demand Led Scheme	29.44	30.15	29.44	0.70	2.39%
Primary Care Division	164.84	170.82	168.07	2.71	1.61%
Mental Health Division	116.68	121.19	119.31	1.88	1.57%
Older Persons Services	126.70	127.23	127.28	-0.05	-0.04%
Disability Services	240.66	241.13	240.09	1.05	0.44%
Social Care (Total)	367.36	368	367	1	0.27%
CHO HQ's & Community Services	0.00	0.15	0.37	-0.22	-58.80%
Total	648.88	660.16	654.75	5.37	0.82%

Primary Care Budget 2019

Primary Care Budget 2019	Primary Care (including Cork Dental Hospital)	Social Inclusion	Palliative Care	DLS	Total
	€'m	€'m	€'m	€'m	€'m
Closing Recurring Budget 2018	104.39	16.74	11.42	29.44	161.99
PRSI 2018	0.05	0.00			0.05
Reinstatement of 2018 PCP Funding	0.35	0.01	0.00	0.00	0.37
Reinstatement of Psychology Service Funding	0.88				0.88
Reinstatement of 2018 Special Project Funding		0.53			0.53
Opening 2019 Budget	105.67	17.28	11.43	29.44	163.82
Homeless Services		0.25			0.25
Drug Strategy and Social Inclusion Funding		0.14			0.14
Retraction of Paediatric Home Care Package Funding*	-2.15				-2.15
Self Management Programme	0.07				0.07
CIT Services	0.60				0.60
PCP 2019	1.47	0.07	0.05		1.58
Nursing Agreement and Salary costs	0.42				0.42
National Strategy Programmes	0.12				0.12
2019 Budget	106.19	17.73	11.48	29.44	164.85

Disability Services 2019

Disability Services Budget 2019	€m
Closing Recurring Budget 2018	225.83
PRSI 2018	0.10
Reinstatement of 2018 Funding	5.10
Opening 2019 Budget	231.03
2019 funding for New EP	1.67
Supplementary Funding 2019	1.75
2018 School-leaver funding	3.35
PCP 2019	2.56
Student Nurse Programme	0.30
2019 Budget	240.66

Services for Older People Budget 2019

The allocation for Cork & Kerry Older Person Services in 2019 is €126.30m as set out below:

Older Persons Services Budget 2019	€m
Closing Recurring Budget 2018	121.86
PRSI 2018	0.10
Reinstatement of 2018 PCP Funding	0.33
Reinstatement of CSP Programme Funding	0.42
Contract and Subvention Beds	1.64
Opening 2019 Budget	124.35
Fair Deal Commissioning	59.16
Fair Deal Income Target	-59.16
Home Care Package Funding	3.16
Safeguarding Programme	0.04
PCP 2019	1.05
Student Nurse Programme	0.10
VIP Cut	-2.00
2019 Budget	126.70

Mental Health Service Budget 2018

Mental Health Services Budget 2019	€m
Closing Recurring Budget 2018	111.70
2018 PRSI Funding	0.07
PFG 2013 - PFG 2017 Posts filled	2.38
Opening 2019 Recurring Budget	114.15
PCP Funding 2019	2.24
Student Nurse Programme	0.29
2019 Budget	116.68

Appendix 2: HR Information

Cork Kerry Community Healthcare	Medical/Dental	Nursing	Health & Social Care Professional	Management/Admin	General Support Staff	Patient & Client Care	WTE Dec 18
<i>Section 38</i>	22.29	8.41	3.00	25.42	11.72	28.19	99.03
<i>HSE Incl. Public Analyst & Public Health Microbiology Labs</i>	132.3	387.88	356.76	283.6	5.44	100.52	1,266.5
Primary Care Total As stated in NSP Excl. Public Analyst & Public Health Microbiology Labs	154.59	396.29	359.76	309.02	17.16	128.71	1,365.53
HSE	128.86	765.93	226.97	102.25	94.94	164.49	1,483.44
Section 38							
Mental Health Total	128.86	765.93	226.97	102.25	94.94	164.49	1,483.44
HSE	27.73	710.35	109.13	187.16	141.19	2,024.05	3,199.61
Section 38	0.00	378.06	342.57	117.82	123.12	1,148.97	2,110.54
Social Care Total	27.73	1,088.41	451.70	304.98	264.31	3,173.02	5,310.15
Total WTE Dec 2018	311.18	2,250.63	1,038.43	716.25	376.41	3,466.22	8,159.12

WTE Census	Actual WTE Dec 17	Actual WTE Dec 18
Primary Care	1113.86	1146.38
Social Inclusion	65.06	69.28
Palliative Care	35.95	50.84
Section 38	100.21	99.03
Primary Care Total	1315.08	1365.53
Disabilities	2,299.23	2395
Older People	1777.84	2915*
Social Care	4077.07	5310*
Mental Health	1,477.26	1483.44
Cork & Kerry CHO Total	6,869.41	8,159*
*Note: Figure includes Home Care Support Workers i.e. 1,908wte in Dec '18		

Appendix 3: Balance Scorecard and Performance Indicator Suite

Primary Care			
Key Performance Indicators Service Planning 2019	Reporting Period	2019 National Target / Expected Activity	2019 CKCH Target / Expected Activity
Community Diagnostics (Privately Provided Service)			
No. of ultrasound referrals accepted	M	25,480	6,760
No. of ultrasound examinations undertaken	M	25,480	6,760
Community Intervention Teams			
Referrals by referral category		45,432	6,024
Admission Avoidance (includes OPAT)	M	1,380	264
Hospital Avoidance	M	33,180	3,168
Early discharge (includes OPAT)	M	7,068	1,284
Unscheduled referrals from community sources	M	3,804	1,308
Outpatient Parenteral Antimicrobial Therapy (OPAT) Re-admission rate %	M	≤5%	≤5%
Community Intervention Teams Referrals by referral source		45,432	6,024
ED / Hospital wards / Units	M	29,736	3,384
GP Referral	M	11,148	1,056
Community Referral	M	2,760	1,284
OPAT Referral	M	1,788	300
GP Out of Hours			
No. of contacts with GP Out of Hours Service	M	1,147,496	Old HSE South 242,943
Physiotherapy			
No. of physiotherapy patient referrals	M	199,236	28,944
No. of physiotherapy patients seen for a first time assessment	M	162,549	24,584
No. of physiotherapy patients treated in the reporting month (monthly target)	M	34,926	5,044
No. of physiotherapy service face to face contacts/visits	M	709,764	97,668
Total no. of physiotherapy patients on the assessment waiting list at the end of the reporting period	M	34,023	2,843
% of new physiotherapy patients seen for assessment within 12 weeks	M	81%	81%
% 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%
Occupational Therapy			
No. of occupational therapy service user referrals	M	94,800	9,708
No. of new occupational therapy service users seen for a first assessment	M	94,678	10,776
No. of occupational therapy service users treated (direct and indirect) monthly target	M	21,803	2,358
Total no. of occupational therapy service users on the assessment waiting list at the end of the reporting period	M	31,220	5,190
% 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%
Primary Care – Speech and Language Therapy			
No. of speech and language therapy patient referrals	M	50,892	6,996
Existing speech and language therapy patients seen in the month	M	19,514	3,270
New speech and language therapy patients seen for initial assessment	M	45,635	6,768

Appendix 3: Scorecard and Performance Indicator Suite

Primary Care			
Key Performance Indicators Service Planning 2019	Reporting Period	2019 National Target / Expected Activity	2019 CKCH Target / Expected Activity
Total no. of speech and language therapy patients waiting initial assessment at end of the reporting period	M	14,236	1,858
Total no. of speech and language therapy patients waiting initial therapy at end of the reporting period	M	7,939	1,460
% 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%
Primary Care – Speech and Language Therapy Service Improvement Initiative			
New speech and language therapy patients seen for initial assessment	M	3,882	283
No. of speech and language therapy initial therapy appointments	M	16,956	1,393
No. of speech and language therapy further therapy appointments	M	20,062	3,237
Primary Care - Podiatry			
No. of podiatry patient referrals	M	11,184	1,152
Existing podiatry patients seen in the month	M	6,187	1,596
New podiatry patients seen	M	8,856	888
Total no. of podiatry patients on the treatment waiting list at the end of the reporting period	M	3,654	804
% 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	566	136
No. of treatment contacts for diabetic active foot disease in the reporting month	M	1,113	225
Primary Care – Ophthalmology			
No. of ophthalmology patient referrals	M	24,888	3,288
Existing ophthalmology patients seen in the month	M	6,080	660
New ophthalmology patients seen	M	26,232	2,376
Total no. of ophthalmology patients on the treatment waiting list at the end of the reporting period	M	20,203	4,684
% 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%
Primary Care – Audiology			
No. of audiology patient referrals	M	20,256	3,300
Existing audiology patients seen in the month	M	2,899	339
New audiology patients seen	M	17,760	2,680
Total no. of audiology patients on the treatment waiting list at the end of the reporting period	M	15,088	3,104
% 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%
% 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%
Primary Care – Dietetics			
No. of dietetic patient referrals	M	34,788	8,148
Existing dietetic patients seen in the month	M	3,459	988
New dietetic patients seen	M	21,874	5,552
Total no. of dietetic patients on the treatment waiting list at the end of the reporting period	M	16,085	2,092
% 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%

Appendix 3: Scorecard and Performance Indicator Suite

Primary Care			
Key Performance Indicators Service Planning 2019	Reporting Period	2019 National Target / Expected Activity	2019 CKCH Target / Expected Activity
% 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%
Primary Care – Psychology			
No. of psychology patient referrals	M	12,948	1,092
Existing psychology patients seen in the month	M	2,550	247
New psychology patients seen	M	10,884	696
Total no. of psychology patients on the treatment waiting list at the end of the reporting period	M	7,919	1,315
% 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%
Primary Care – Nursing			
No. of nursing patient referrals	M	140,832	21,336
Existing nursing patients seen in the month	Mth in Arrears	52,063	23,347
New nursing patients seen	Mth in Arrears	118,849	47,828
% of new patients accepted onto the nursing caseload and seen within 12 weeks	Mth in Arrears	100%	100%
Child Health			
% of children reaching 10 months within the reporting period who have had child development health screening on time or before reaching 10 months of age	Mth in Arrears	95%	95%
% of new-born 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	Qtr. in Arrears	58%	58%
% of babies breastfed exclusively at first PHN visit	Qtr. in Arrears	48%	48%
% of babies breastfed (exclusively and not exclusively) at three month PHN visit	Qtr. in Arrears	40%	40%
% of babies breastfed exclusively at three month PHN visit	Qtr. in Arrears	30%	30%
Oral Health Primary Dental Care			
No. of new oral health patients in target groups attending for scheduled assessment	M	162,336	23,184
No. of new oral health patients attending for unscheduled assessment	M	64,812	8,388
% of new oral health patients who commenced treatment within three months of scheduled oral health assessment	M	90%	90%
Orthodontics			
No. of orthodontic patients receiving active treatment at the end of the reporting period	Q	18,000	1,200
No. and % of orthodontic patients seen for assessment within 6 months	Q	2,406 46%	123 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	1,276
No. of orthodontic patients (grade 4) on the treatment waiting list at the end of the reporting period	Q	9,432	1,296
No. of orthodontic patients (grade 5) on the treatment waiting list at the end of the	Q	8,426	1,634

Appendix 3: Scorecard and Performance Indicator Suite

Primary Care			
Key Performance Indicators Service Planning 2019	Reporting Period	2019 National Target / Expected Activity	2019 CKCH Target / Expected Activity
reporting period			
% of orthodontic patients (grades 4 and 5) on the treatment waiting list longer than four years	Q	<6%	<6%
Services to persons with Hepatitis C			
No. of Health Amendment Act 1996 cardholders who were reviewed	Q	340	40

Palliative Care		
Performance Activity / KPI (Wording as per NSP/OP)	2019 National Target / Expected Activity	2019 CKCH Target / Expected Activity
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	973
% 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	591
No. of children in the care of the Clinical Nurse Co-ordinator for Children with Life Limiting Conditions (children's outreach nurse)	280	47
No. of children in the care of the acute specialist paediatric palliative care team (during the reporting month)	97	

Social Inclusion		
Performance Activity / KPI (Wording as per NSP/OP)	2019 National Target / Expected Activity	2019 CKCH Target / Expected Activity
Substance Misuse		
No. of substance misusers who present for treatment	6,188	590
No. of substance misusers who present for treatment who receive an assessment within two weeks	6,188	590
% of substance misusers who present for treatment who receive an assessment within two weeks	100%	100%
No. of substance misusers (over 18 years) for whom treatment has commenced following assessment	5,188	535
No. of substance misusers (over 18) for whom treatment has commenced within one calendar month following assessment	4,884	530
% of substance misusers (over 18 years) for whom treatment has commenced within one calendar month following assessment	100%	100%
No. of substance misusers (under 18 years) for whom treatment has commenced following assessment	340	12
No. of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment	340	12
% of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment	100%	100%
% of substance misusers (over 18 years) for whom treatment has commenced who have an assigned key worker	100%	100%

Appendix 3: Scorecard and Performance Indicator Suite

Social Inclusion		
Performance Activity / KPI (Wording as per NSP/OP)	2019 National Target / Expected Activity	2019 CKCH Target / Expected Activity
% of substance misusers (over 18 years) for whom treatment has commenced who have a written care plan	100%	100%
% of substance misusers (under 18 years) for whom treatment has commenced who have an assigned key worker	100%	100%
% of substance misusers (under 18 years) for whom treatment has commenced who have a written care plan	100%	100%
Opioid Substitution		
Total no. of clients in receipt of opioid substitution treatment (outside prisons)	10,063	513
No. of clients in opioid substitution treatment in clinics	5,339	339
No. of clients in opioid substitution treatment with level 2 GP's	2,240	37
No. of clients in opioid substitution treatment with level 1 GP's	2,487	137
No. of clients transferred from clinics to level 1 GP's	300	18
No. of clients transferred from clinics to level 2 GP's	140	8
No. of clients transferred from level 2 to level 1 GPs	150	10
Total no. of new clients in receipt of opioid substitution treatment (outside prisons)	880	72
Total no. of new clients in receipt of opioid substitution treatment (clinics)	772	72
Total no. of new clients in receipt of opioid substitution treatment (level 2 GP)	108	0
Average waiting time from referral to assessment for opioid substitution treatment	4 days	4 days
Average waiting time from opioid substitution assessment to exit from waiting list or treatment commenced	28 days	28 days
No. of pharmacies providing opioid substitution treatment	711	70
No. of people obtaining opioid substitution treatment from pharmacies	7,007	509
Alcohol Misuse		
No. of problem alcohol users who present for treatment	4,380	564
No. of problem alcohol users who present for treatment who receive an assessment within two weeks	4,380	564
% of problem alcohol users who present for treatment who receive an assessment within two weeks	100%	100%
No. of problem alcohol users (over 18 years) for whom treatment has commenced following assessment	4,052	524
No. of problem alcohol users (over 18 years) for whom treatment has commenced within one calendar month following assessment	4,052	524
% of problem alcohol users (over 18 years) for whom treatment has commenced within one calendar month following assessment	100%	100%
No. of problem alcohol users (under 18 years) for whom treatment has commenced following assessment	44	4
No. of problem alcohol users (under 18 years) for whom treatment has commenced within one week following assessment	44	4
% of problem alcohol users (under 18 years) for whom treatment has commenced within one week following assessment	100%	100%
% of problem alcohol users (over 18 years) for whom treatment has commenced who have an assigned key worker	100%	100%
% of problem alcohol users (over 18 years) for whom treatment has commenced who have a written care plan	100%	100%
% of problem alcohol users (under 18 years) for whom treatment has commenced who have an assigned key worker	100%	100%
% of problem alcohol users (under 18 years) for whom treatment has commenced who have a written care plan	100%	100%
No. of staff trained in SAOR Screening and Brief Intervention for problem alcohol and substance use	880	180
Needle Exchange		
No. of pharmacies recruited to provide Needle Exchange Programme	95	15

Appendix 3: Scorecard and Performance Indicator Suite

Social Inclusion		
Performance Activity / KPI (Wording as per NSP/OP)	2019 National Target / Expected Activity	2019 CKCH Target / Expected Activity
No. of unique individuals attending pharmacy needle exchange	1,650	435
Total no. of clean needles provided each month	22,559	6,137
Average no. of clean needles (and accompanying injecting paraphernalia) per unique individual each month	14	14
No. and % of needle / syringe packs returned	643 (41%)	170 (41%)
Homeless Services		
No. and % of individual service users admitted to homeless emergency accommodation hostels who have medical cards	968 (75%)	290 (75%)
No. and % of service users admitted during the quarter who did not have a valid medical card on admission and who were assisted by hostel staff to acquire a medical card during the quarter	262 (70%)	54 (70%)
No. and % of service users admitted to homeless emergency accommodation hostels / facilities whose health needs have been assessed within two weeks of admission	1,126 (87%)	337 (87%)
No. and % of service users admitted to homeless emergency accommodation hostels / facilities whose health needs have been assessed and are being supported to manage their physical / general health, mental health and addiction issues as part of their care / support plan	1,111 (86%)	333 (86%)
Traveller Health		
No. of people who received information on type 2 diabetes or participated in related initiatives	3,735	381
No. of people who received information on cardiovascular health or participated in related initiatives	3,735	381
No. of people who received information on or participated in positive mental health initiatives	3,735	381

Mental Health			
Key Performance Indicators Service Planning 2019	Report Frequency	2019 National Target / Expected Activity	2019 CKCH Target / Expected Activity
Community Mental Health General Adult			
% 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 <i>and seen</i> 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%
No. of General Adult Community Mental Health Teams	M	114 (119 returns)	19
No. of referrals (including re-referred) received by General Adult Community Mental Health Teams	M	43,819	6,553
No. of Referrals (including re-referred) accepted by General Adult Community Mental Health Teams	M	39,437	5,899
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	5,047
No. of new (including re-referred) General Adult Community Mental Health Team cases seen in the current month	M	28,716	4,138
No. of new (including re-referred) General Adult Community Mental Health Team cases offered appointment and DNA in the current month	M	6,319	909

Appendix 3: Scorecard and Performance Indicator Suite

Mental Health			
Key Performance Indicators Service Planning 2019	Report Frequency	2019 National Target / Expected Activity	2019 CKCH Target / Expected Activity
No. of cases closed/discharged by General Adult Community Mental Health Teams	M	27,606	4,129
Psychiatry of Later Life Mental Health			
% 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%
No. of Psychiatry of Later Life Community Mental Health Teams	M	31	4
No. of referrals (including re-referred) received by Psychiatry of Later Life Mental Health Teams	M	12,455	770
No. of Referrals (including re-referred) accepted by Psychiatry of Later Life Community Mental Health Teams	M	11,211	694
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	320
No. of new (including re-referred) Later Life Psychiatry Team cases seen in the current month	M	8,896	311
No. of new (including re-referred) Later Life Psychiatry cases offered appointment and DNA in the current month	M	267	9
No. of cases closed/discharged by Later Life Psychiatry Community Mental Health Teams	M	8,969	555
Child & Adolescent Community Mental Health			
Admissions of children to Child and Adolescent Inpatient Units as a % of the total No. of admissions to children in 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 child and adolescent Community Mental Health Teams	M	70	10
No. of child and adolescent Day Hospital Teams	M	4	0
No. of Paediatric Liaison Teams	M	3	0
No. of child / adolescent admissions to HSE child and adolescent mental health inpatient units	M	296	80
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	2,204
No. of child / adolescent referrals (including re-referred) accepted by mental health services	M	13,069	1,608
No. of new (including re-referred) CAMHs Team cases offered first appointment	M	11,919	1,673

Appendix 3: Scorecard and Performance Indicator Suite

Mental Health			
Key Performance Indicators Service Planning 2019	Report Frequency	2019 National Target / Expected Activity	2019 CKCH Target / Expected Activity
for the current month (seen and DNA below)			
No. of new (including re-referred) child/adolescent referrals seen in the current month	M	10,833	1,519
No. of cases closed / discharged by CAMHS service	M	10,454	1,286
No. of new (including re-referred) child/adolescent referrals offered appointment and DNA in the current month	M	1,086	154
Total No. to be seen for a first appointment by expected wait time at the end of each month.	M	2,498	700
0-3 months	M	1,142	179
3-6 months	M	550	135
6-9 months	M	454	209
9-12 months	M	352	177
> 12 months	M	0	0
Adult Acute Inpatient			
No. of admissions to adult acute inpatient units	Q in arrears	12,148	2,088
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	75.6
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	26.0
Acute re-admissions as % of admissions	Q in arrears	63%	66%
Inpatient re-admission rates to adult acute units per 100,000 population in mental health catchment area	Q in arrears	39.9	49.7
No. of adult acute inpatient beds per 100,000 population in the mental health catchment area	Q in arrears	21.3	24.7
No. of adult involuntary admissions	Q in arrears	1,918	276
Rate of adult involuntary admissions per 100,000 population in mental health catchment area	Q in arrears	9.9	10.0

Disability Services		
Performance Activity / KPI (Wording as per NSP/OP)	2019 National Target / Expected Activity	2019 CKCH Target / Expected Activity
Safeguarding: (combined KPI's with Older Persons Service) % 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) % 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	1161
% 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%

Appendix 3: Scorecard and Performance Indicator Suite

Disability Services		
Performance Activity / KPI (Wording as per NSP/OP)	2019 National Target / Expected Activity	2019 CKCH Target / Expected Activity
% of Children's Disability Network Teams established	100%	100%
No. of residential places for people with a disability	8,568	1,145
No. of new emergency places provided to people with a Disability	90	
Facilitate the movement of people from congregated to community settings	160	26
No of people with a disability in receipt of work/work-like activity services (ID/Autism and Physical and sensory disability)	2,513	857
No. of people (all disabilities) in receipt of Rehabilitative Training (RT)	2,282	388
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	3,203
No of day only respite sessions accessed by people with a disability(ID/Autism and Physical and Sensory Disability)	32622	2,179
No of people with a disability in receipt of respite services (ID/Autism and Physical and Sensory Disability)	6,559	849
No. of overnights (with or without day respite) accessed by people with a disability(ID/Autism and Physical and Sensory Disability)	182,506	25,662
No. of PA Service hours delivered to adults with a physical and / or sensory disability	1,630,000	127,254
No. of adults with a physical and / or sensory disability in receipt of a PA service	2,535	449
No. of Home Support Service Hours delivered to people with a disability (ID/Autism and Physical and Sensory Disability)	3,080,000	216,563
No of people with a disability in receipt of Home Support Services (ID/Autism and Physical and Sensory Disability)	8,094	629

Services for Older People		
Performance Activity / KPI (Wording as per NSP/OP)	2019 National Target / Expected Activity	2019 CKCH Target / Expected Activity
Quality		
% 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		
Safeguarding		
% of Preliminary Screenings for adults aged 65 years and over with an outcome of reasonable grounds for concern that are submitted to the Safeguarding and Protection Teams accompanied by an interim Safeguarding Plan.	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%
Deliver on Service Improvement Priorities		
% of Service improvement priorities implemented		
Home Support		
No. of Home Support hours provided (excluding provision of hours from Intensive Home Care Packages (IHCPs))	17,900,000	2,760,000
No. of people in receipt of Home Support (excluding provision from Intensive Home Care Packages(IHCPs)) - each person counted once only	53,182	9,006
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%

Appendix 3: Scorecard and Performance Indicator Suite

Services for Older People		
Performance Activity / KPI (Wording as per NSP/OP)	2019 National Target / Expected Activity	2019 CKCH Target / Expected Activity
No. of Home Support hours provided from Intensive Home Care Packages	360,000	N/A
NHSS		
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
Public Beds		
No. of NHSS Beds in Public Long Stay Units	4,900	1,006
No. of Short Stay Beds in Public Long Stay Units	1,850	285
% Occupancy of Short Stay Beds to commence Q3 2019	90%	90%
% of population over 65 years in NHSS funded Beds (based on 2016 Census figures)	≤3.5%	N/A
Transitional Care Beds		
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
Single Assessment Tool (SAT)		
No. of People seeking service who have been assessed using the Single Assessment Tool(SAT)(commencing Q4)	300	N/A

Health & Wellbeing			
Key Performance Indicators Service Planning 2019	Report Frequency	2019 National Target / Expected Activity	2019 CKCH Target / Expected Activity
No. of smokers who received face to face or telephone intensive cessation support from a cessation counsellor	Q-1Q	11,500	
No. of smokers who are receiving online cessation support services	Q		
% of smokers on cessation programmes who were quit at four weeks	Q-1Q	45%	
No. of unique runners completing a 5k park run	M	220,946	
No. of people attending a HSE funded structured community based healthy cooking programme	Q	4,400	
No. of people who have completed a structured patient education programme for type 2 diabetes	M	4,190	392
% 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	95%	95%
% children at 12 months of age who have received two doses of the Pneumococcal Conjugate vaccine (PCV2)	Q-1Q	95%	95%
% children at 12 months of age who have received 1 dose of the Meningococcal group C vaccine (MenC1)	Q-1Q	95%	95%
% children at 12 months of age who have received two doses of the Meningococcal group B vaccine (MenB2)	Q-1Q	95%	95%
% children at 12 months of age who have received two doses of Rotavirus vaccine (Rota2)	Q-1Q	95%	95%
% children aged 24 months who have received 3 doses Diphtheria (D3), Pertussis (P3), Tetanus (T3) vaccine, Haemophilus influenza type b (Hib3), Polio (Polio3), hepatitis B (HepB3) (6 in 1)	Q-1Q	95%	95%
% children aged 24 months who have received 2 doses Meningococcal C (MenC2) vaccine	Q-1Q	95%	95%
% children aged 24 months who have received 1 dose Haemophilus influenza	Q-1Q	95%	95%

Appendix 3: Scorecard and Performance Indicator Suite

Health & Wellbeing			
Key Performance Indicators Service Planning 2019	Report Frequency	2019 National Target / Expected Activity	2019 CKCH Target / Expected Activity
type B (Hib) vaccine			
% children aged 24 months who have received 3 doses Pneumococcal Conjugate (PCV3) vaccine	Q-1Q	95%	95%
% children aged 24 months who have received the Measles, Mumps, Rubella (MMR) vaccine	Q-1Q	95%	95%
% of children aged 24 months who have received three doses of the Meningococcal group B vaccine (MenB3)	Q-1Q	95%	95%
% of children aged 24 months who have received two doses of the Rotavirus vaccine (Rota2)	Q-1Q	95%	95%
% children in junior infants who have received 1 dose 4-in-1 vaccine (Diphtheria, Tetanus, Polio, Pertussis)	A	95%	95%
% children in junior infants who have received 1 dose Measles, Mumps, Rubella (MMR) vaccine	A	95%	95%
% first year students who have received 1 dose Tetanus, low dose Diphtheria, Acellular Pertussis (Tdap) vaccine	A	95%	95%
% of first year girls who have received two doses of HPV Vaccine	A	85%	85%
% of first year students who have received one dose meningococcal C (MenC) vaccine	A	95%	95%
% of health care workers who have received seasonal Flu vaccine in the 2018-2019 influenza season (acute hospitals)	A	60%	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	60%	60%
% uptake in Flu vaccine for those aged 65 and older with a medical card or GP visit card	A	75%	75%
No. of infectious disease (ID) outbreaks notified under the national ID reporting schedule	Q	500	
No. of individual outbreak associated cases of infectious disease (ID) notified under the national ID reporting schedule	Q	5090	
% of identified TB contacts, for whom screening was indicated, who were screened.	Q-1Q	>/=80%	
No. of frontline Staff to complete the eLearning Making Every Contact Count Training in brief intervention	Q	1,425	
No. of frontline Staff to complete the Face to Face Module of the Making Every Contact Count Training in brief intervention	Q	284	

Appendix 4: Capital Infrastructure

Facility	Project details	Project Completion	Fully Operational	Additional Beds	Replacement Beds	Indicative Capital Cost €m	
						2019	Total
Community Healthcare							
Primary Care							
St. Mary's Primary Care Centre, Gurrabraher, Cork	New Primary Care Centre	Q2 2018	Phased from Q3 2018	0	0	0.95	18.35
Carrigtowhill, Co Cork	Primary Care Centre, by lease agreement	Q2 2019	Q2 2020	0	0	0.15	0.15
Tralee, Co Kerry	Primary Care Centre, by lease agreement	Q2 2019	Q3 2020	0	0	0.15	0.15
Newmarket, Co Cork	Primary Care Centre, by lease agreement	Q3 2019	Q3 2020	0	0	0.10	0.10
Bantry, Co Cork	Primary Care Centre, by lease agreement	Q4 2019	Q4 2020	0	0	0.15	0.15
Castleisland, Co Kerry	Primary Care Centre, by lease agreement	Q3 2020	Q3 2021	0	0	0.10	0.10
Disability Services							
Enable Ireland, Cork City	Provision of a Children's Outreach Centre. Co-funded by HSE	Q3 2019	Q4 2019	0	0	1.00	6.50
Cluain Fhionnain, Co. Kerry St Raphael's, Youghal, Co Cork	6 units of purchase/refurbishment to meet housing requirements for 24 people transitioning from congregated settings	Phased delivery 2019	Phased delivery 2019	0	24	2.0	3.2
Services for Older People							
Caherciveen Community Hospital	Upgrade & Refurbishment to achieve HIQA compliance	Q4 2020	Q1 2021	TBC	TBC	2.00	2.50
Listowel Community Hospital	Upgrade & Refurbishment to achieve HIQA compliance	Q4 2020	Q1 2021	TBC	TBC	2.00	2.68
Dunmanway Community Hospital	Upgrade & Refurbishment to achieve HIQA compliance	Q3 2019	Q4 2019	TBC	TBC	1.00	1.10
Castletownbere Community Hospital	Upgrade & Refurbishment to achieve HIQA compliance	Q3 2020	Q4 2020	TBC	TBC	1.04	1.04
Skibbereen Community Hospital	Upgrade & Refurbishment to achieve HIQA compliance	Q3 2020	Q4 2020	TBC	TBC	2.59	2.59
Mental Health							
Kerry University Hospital	Refurbishment and upgrade of the acute Mental Health Unit, Phase 2.	Q1 2019	Q1 2019	0	15	0.49	1.90

Appendix 5: Primary Care Centres

Area		SQm	No of GP's	Earliest Anticipated Opening	New /Existing Build
Cork North	St Mary's, Gurrabraher	6,220	4 practices (5 GPs)	Q3 2018 - Open	New
	Carrigtwohill	1,034	2	Q3 2019	Existing
	Newmarket	938	3	Q4 2019	New
	Cobh	1,475	3	Q2 2020	New
	Fermoy	2,278	4	Q4 2020	New
	Blarney	1,304	3	Q4 2021	New
	Kanturk	1,473	1	Q4 2020	New
	Mayfield/Ballyvolane/Glanmire				
	Midleton			Options being explored	
	Youghal			Options being explored	
	Bantry	1,801	3	Q1 2020	New
Clonakilty	1,178	3	Q2 2020	New	
	Millstreet			To be advertised Q2 2019	
	Mallow			Additional space has been acquired	
	Mitchelstown			Additional space has been acquired	
Cork South	Castletownbere	770	2	Q3 2020	New
	Bandon	2,143	2	Q4 2021	Existing
	Ballincollig	3,411	4	Q2 2022	New
	Togher	3,652	4	Q4 2021	New
	Bishopstown			To be advertised Q2 2019	
	Douglas			To be advertised Q2 2019	
Kerry	Listowel	1488	3	Q3 2020	New
	Rathmore	211	1	Q4 2020	New
	Killarney	3262	4	Options being explored	New
	Tralee	3403	4	Q4 2019	New
	Castleisland	1268	2	Q4 2020	Existing
	Caherciveen	860	2	Q1 2020	Existing

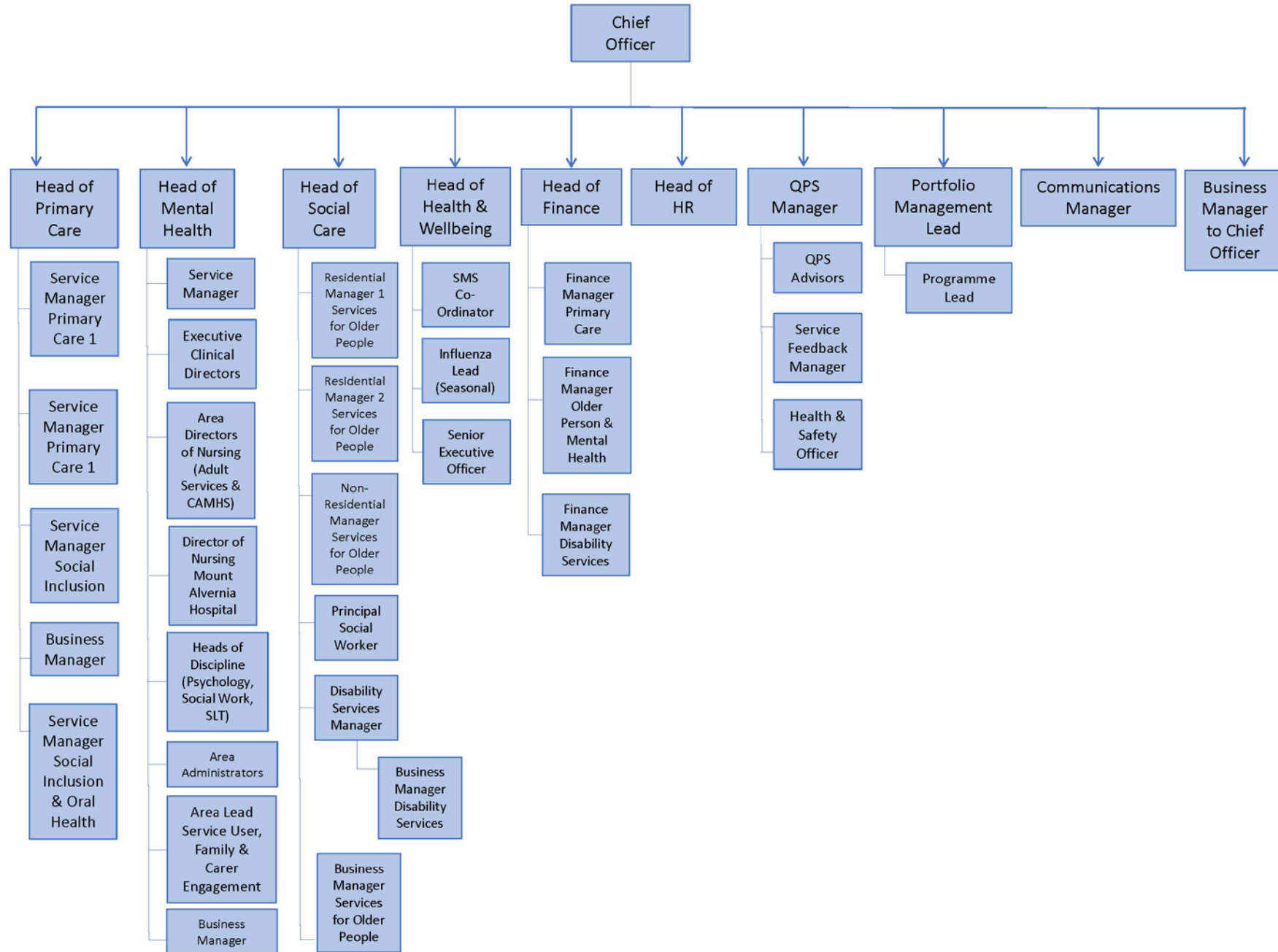
Appendix 6: Residential Centres Capital Plan

Cork Kerry Community Healthcare Residential Centres Capital Plan			
Version: 16			
Location	Current Status	Actions in 2019	Timelines 2019
Clonakilty CH	Planning submitted November 2018	Progress to tender stage once planning granted	Q3/Q4
Skibbereen CH	Planning granted July 2018	Tendering and construction	Q2/Q3
Dunmanway CH	Planning granted 2018	Commence construction	Q1
Castletownbere CH	Planning granted 2018	Tendering and construction	Q1/Q3
Kinsale CH (Phase 2)	Planning due to be submitted by Q3	Progress to tender stage once planning granted	Q3/Q4
Cork City South CNU (St. Finbarr's) (PPP Project)	Planning due to be submitted by Q3	National PPP Processes for tendering and construction	Q1/Q4
Midleton CH (PPP Project)	Planning due to be submitted by Q3	National PPP Processes for tendering and construction	Q1/Q4
Killarney CNU (PPP Project)	Planning due to be submitted by Q3	National PPP Processes for tendering and construction	Q1/Q4
Youghal CH	Planning to be submitted in 2019 further to cost benefit analysis of options under review	Progress tender stage once planning granted	Q3/Q4
Macroom CH	Planning due to be submitted by Q3	Progress to tender stage once planning granted	Q3/Q4
Listowel CH	Planning granted in October 2018	Progress to tender stage and construction	Q1/Q4
Cahirciveen CH	Planning granted in August 2018	Progress tendering and construction	Q3
Kanturk CH	Planning due to be submitted by Q3	Progress to tender stage once planning granted	Q2/Q4
Millstreet CH	Planning to be submitted by Q3	Progress to tender stage once planning granted	Q2/Q4
Fermoy CH	Planning to be submitted by Q3	Progress to tender stage once planning granted	Q2/Q4

Appendix 7: Older Persons Residential Beds

County	Name of Unit	No of Beds at 28th March 2019		
		Daycare %	Long Stay Beds	Short Stay
Cork	Kanturk Community Hospital	0.0%	30	3
	St Joseph's Community Hospital, Millstreet	0.0%	19	3
	St Patrick's Community Hospital, Fermoy	0.0%	54	17
	Cois Abhainn	0.0%	19	11
	Youghal Community Hospital	0.0%	30	8
	Macroom Community Hospital	0.0%	33	5
	Midleton Community Hospital	0.0%	44	2
	Heather House	0.0%	50	0
	Bandon Community Hospital	1.4%	21	4
	Kinsale Community Hospital	0.3%	30	8
	St Finbarrs Hospital	4.8%	89	76
	Ballincollig CNU	0.0%	80	20
	Farranlea CNU	0.0%	85	0
	Bantry General Hospital		18	6
	Clonakilty Community Hospital	0.7%	97	25
	Skibbereen Community Hospital	0.9%	27	13
	Dunmanway Community Hospital	1.1%	19	4
	Schull Community Hospital	1.7%	16	5
Castletownbere Community Hospital	1.4%	20	11	
Kerry	Caherciveen Community Hospital	10.1%	28	5
	Kenmare Community Hospital	0.9%	12	7
	Listowel Community Hospital	2.4%	24	16
	Killarney Community Hospital	1.1%	92	41
	West Kerry Community Hospital	0.6%	34	12
	Tralee Community Nursing Unit	0.0%	43	0
Cork Kerry Total			1014	302

Appendix 8: Organisational Structure



Appendix 9: Abbreviations

Abbreviations			
ADON	Assistant Director of Nursing	ID	Intellectual Disability
ADHD	Attention Deficit Hyperactivity Disorder	ID	Infectious Disease
ADMA	Assisted Decision Making Act	IFMS	Integrated Finance Management System
AMR	Antimicrobial Resistance	IHCPs	Intensive Home Care Packages
ANP	Advanced Nurse Practitioners	IPS	Individual Placement Support
AON	Assessment of Need	IT	Information Technology
ARI	Advancing Recovery in Ireland Project	IV	Intravenous
ASD	Autism Spectrum Disorder	KPFA	Kerry Parents & Friends
ASIST	Applied Suicide Intervention Skills Team	KPIs	Key Performance Indicator
BFT	Behavioural Family Therapy	LCDC	Local Community Development Committee
CAMHS	Child and Adolescent Mental Health Services	LETD	Learning, Education & Talent Development
CAPA	Choice and Partnership Approach	LGBT	Lesbian, Gay, Bi-Sexual, Transgender
CBT	Cognitive Behavioural Therapy	LIGG	Local Implementation Governance Group
CD	Clinical Director	MDT	Multi-Disciplinary Team
CEO	Chief Executive Officer	MECC	Making Every Contact Count
CFDO	Children First Development Officer	MHC	Mental Health Commission
CHN	Community Healthcare Networks	MHC	Mental Health Committee
CHO	Community Healthcare Organisation	MHID	Mental Health Intellectual Disability
CHOMT	Community Healthcare Organisation Management Team	MHS	Mental Health Service
CiPC	Counselling in Primary Care	MUH	Mercy University Hospital
CIT	Community Intervention Team	MVVP	Mission Vision Values Programme
CKCH	Cork Kerry Community Healthcare	NAS	National Ambulance Service
CMHN	Community Mental Health Nurse	NCHD	Non-Consultant Hospital Doctor
CMS	Complaints Management System	NCS	National Counselling Service
CNDS	Community Nutrition & Dietetic Service	NHSO	Nursing Home Support Office
CNM2	Clinical Nurse Manager 2	NHSS	National Home Support Scheme
CNS	Clinical Nurse Specialist	NIMS	National Incident Management System
CNU	Community Nursing Unit	NiSRP	National Integrated Staff Records and Pay Programme
COPD	Chronic Obstructive Pulmonary Disease	NMPDU	Nursing & Midwifery Planning & Development Unit
CPE	Carbapenem Resistant Enterobacteriaceae	NSP	National Service Plan
CR&ST	Community Rehabilitation & Support Team	OD	Open Dialogue
CSAR	Common Summary Assessment Report	OOH	Out of Hours
CSO	Central Statistics Office	OPAT	Outpatient Parenteral Antimicrobial Therapy
CUH	Cork University Hospital	OT	Occupational Therapy
CYPSC	Children and Young People's Services Committees	PA	Personal Assistant
DBT	Dialectical Behavioural Therapy	PCC	Primary Care Centre
DCC	Day Care Centre	PCP	Pay Cost Pressures
DLS	Demand Led Schemes	PCRS	Primary Care Reimbursement Scheme
DNA	Did Not Attend	PCT	Primary Care Team
DOH	Department of Health	PFG	Programme for Government
DON	Director of Nursing	PHN	Public Health Nurse
DSMAT	Disability Services Management Assessment Tool	PHP	Paediatric Homecare Package
ECD	Executive Clinical Director	PHSI	Programme for Health Service Improvement
ED	Emergency Department	PI	Performance Indicator
EDCC	Eating Disorder Centre Cork	PIC	Person in Charge
EHR	Electronic Health record	PM	Project Manager
EIP	Early Intervention Psychosis	PMAV	Prevention and Management of Violence
ELS	Existing Level of Service	PMO	Project Management Office
EM	Emergency Management	POA	Psychology of Old Age
EU	European Union	POLL	Psychiatry of Later Life
EWTD	European Working Time Directive	PPPGs	Policies, Procedures, Protocols and Guidelines
FEDS	Feeding/ Eating/ Drinking & Swallowing	PRSI	Pay Related Social Insurance
FEP	First Episode Psychosis	QPS	Quality & Patient Safety
FITT	Falls Intervention Therapy Team	RICOS	Regional Integrated Care Organisations

Abbreviations			
FRA	Falls Risk Assessment	RPPW	Recovery Principles and Practice Workshops
GDPR	General Data Protection Regulation	RT	Rehabilitative Training
GM	General Manager	SAOR	Support Ask Offer Refer
GP	General Practitioner	SAP	Systems, Applications and Products in data processing
H&S	Health & Safety	SAR	Subject Access Requests
H&WB	Health & Well Being	SAT	Single Assessment Tool
HAZ	Health Action Zone	SCMT	Social Care Management Team
HBS	Health Business Services	SFH	St Finbarr's Hospital
HBTT	Home Based Treatment Team	SILC	Survey in Income & Living Conditions
HCA	Health Care Assistant	SIT	Service Improvement Team
HCAI	Health Care Acquired Infection	SJOG	St. John of God
HCP	Home Care Package	SLA	Service Level Agreement
HCSA	Health Care Support Assistants	SLT	Speech and Language Therapy
HCW	Health Care Workers	SMS	Self-Management Support
HEAL	Healthy Eating and Active Living	SOP	Standard Operating Procedure
HH	Home Help	SPO	Suicide Prevention Officer
HHCO	Home Help Co-Ordinator	SRC	St Raphael's Centre
HI	Healthy Ireland	SRE	Serious Reportable Event
HIQA	Health Information and Quality Authority	SRF	Service Reform Fund
HoF	Head of Finance	SRO	Suicide Resource Officers
HoS	Head of Service	SSWHG	South/South West Hospital Group
HoS HWB	Head of Service Health & Wellbeing	STORM	Skills-based Training on Risk Management
HoS MHS	Head of Service Mental Health	TCB	Transitional Care Beds
HoS PC	Head of Service Primary Care	THU	Traveller Health Unit
HoS SC	Head of Service Social Care	TILDA	The Irish Longitudinal Study on Ageing
HP&I	Health Promotion & Information	TOR	Terms of Reference
HPI	Health Promotion Improvement	UCC	University College Cork
HPSC	Health Protection Surveillance Centre	UHK	University Hospital Kerry
HPV	Human Papilloma Virus	UN	United Nations
HR	Human Resources	VIP	Value Improvement programme
HSE	Health Service Executive	VRDD	Voice Recognition Digital Dictation
HSH	High Support Hostel	WRC	Workplace Relations Committee
ICT	Information Communication Technology	WTE	Whole Time Equivalent
ICT	Integrated Care Team	YSYS	Your Service Your Say

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