



Cúram Sláinte
Phobail, Iarthar
ag freastal ar Ghailimh,
Maighéo agus Ros Comáin

Community
Healthcare West
serving Galway, Mayo
and Roscommon

Ceannasaí na Seirbhísí Meabhairshláinte

Cúram Sláinte Phobail, Iarthar, Ceanncheathrú N. Muire,
Caisleán an Bharraigh, Co. Mhaigh Eo, F23 HP58.

T: 094 9049242 R: Mentalhealth.cho2@hse.ie

Head of Mental Health Services

Community Healthcare West, St. Mary's Headquarters,
Castlebar, Co. Mayo, F23 HP58.

Tel: 094 9049242 Email: Mentalhealth.cho2@hse.ie

katrina.cusack@hse.ie 094 9049242

aidan.sweeney@hse.ie 094 9049241

laura.costello@hse.ie 090 6637543

29th May 2019

Mr. Eugene Murphy, TD
Dail Eireann
Leinster House
Kildare St
Dublin 2

PQ ref 20494/19

* To ask the Minister for Health the number of the 27 key recommendations made by the external review into Roscommon Mental Health Services which signalled a service in crisis mode which have been implemented since the publication of the report in September 2017 to date; and if he will make a statement on the matter.*

Dear Deputy Murphy,

The Health Service Executive has been requested to reply directly to you in the context of the above Parliamentary Question which you submitted to the Minister for Health for response. I have examined the matter and the following outlines the position;

The following formal structures are in place to address the many issues raised in the Independent Report;

- A Steering Group which meets monthly has been set up. This Group is chaired by the Chief Officer and includes Management Reps of all Service Providers, including Staff Associations and Service User Representation.
- A Clinical Service Advisory Group, which meets monthly and is chaired by the Executive Clinical Director, focuses on dealing with any clinical risks identified in the Report or raised by Managers. Service users have two representatives on this Group.
- A Clerical Reconfiguration Group, which is chaired by the General Manager, was also set up, to ensure that the clerical processes were redefined to complement the revised clinical processes. In addition, dedicated resources were allocated to oversee the project management as well as dedicated Consultant and senior nursing input into the project.

The approach adopted by the Steering Group, to address the many issues raised in the Independent Review Report and issues identified by the staff engagement report, was to focus on enhancing the patient experience by redefining the referral process, in consultation with GPs, whereby there was a prompt assessment of the acuity of the referral, and all non addiction referrals would be seen within 7 to 10 days.



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This process is working very well, whereby GPs may request an urgent assessment from the Community Team, rather than referral to the Acute Unit. The Multi-Disciplinary Team has been restructured to include a defined Agenda, incorporating new referrals, reviews of the home based teams, discharges from the Acute Unit and patients referred by the Community Teams.

A care plan document is also implemented which incorporates a plan of care for all professionals working with a service user;

- All proposed discharges are referred to the Multi Disciplinary Team for approval.
- An online system facilitates the recording and management of caseloads by each profession.
- An automated system facilitates the scheduling of outpatient clinics, including provision for emergency referrals.
- Service Users are reminded by text of their forthcoming appointment.

The Mental Health Commission, who undertakes inspections of Mental Health facilities, expressed very positive feedback on the quality of service provision and the high standard of case notes in Roscommon Mental Health Services. Patient reps have expressed their satisfaction with the quality of care currently provided to service users. Accordingly, patients should continue to receive a quality service with the emphasis on a recovery ethos.

There were many legacy, cultural and systemic issues prevailing in Roscommon Mental Health Service and despite the fact that significant efforts have already been invested in addressing these issues, change management takes time. Roscommon Mental Health Service has great difficulty in recruiting Consultant Psychiatrists in a temporary or permanent capacity and this has caused delays the process of effecting change however, I can confirm that that all recommendations are reviewed quarterly and are in progress, or completed.

The following is the current status;

Recommendations 2 3 6 10 20 25 and 26 are completed.

Recommendations 14 16 17 18 21 22 and 23 - These recommendations refer to;

- Responsibility for Clinical Governance
- Standards of clinical recording by Consultants
- Formalising annual medical review
- Focus on recovery based practice
- Consultation with patients

The CSAG has considered and proposed a solution, whereby Clinical Directors will assume responsibility to supervise each Consultant by continuous review and auditing.



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Recommendations 1 7 8 15 19 and 24

Significant investment has occurred in mentoring and training for Senior Managers, including clarity on the roles of Senior Nursing Staff. A specific Senior Management Development Programme has been implemented, including undertaking a training needs analysis, and training on undertaking an Operational Plan and staff training on the value of complaints.

Recommendations 4 5 9 11 12 and 27

These Recommendations are in the early stages of analysis and implementation.

I trust this information is of assistance to you, but should you have any further queries, please contact me.

Yours sincerely,

Charlie Meehan
Head of Mental Health Services
Community Healthcare West



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