



Cúram Sláinte Phobail, Iarthar
Community Healthcare West

Annual Report 2018



Community Healthcare West

(Galway, Mayo and Roscommon)

Building a Better Health Service

CARE COMPASSION TRUST LEARNING

Building a Better Health Service

CARE COMPASSION TRUST LEARNING

Vision

A healthier Ireland with a high quality health service valued by all

Mission

People in Ireland are supported by health and social care services to achieve their full potential

People in Ireland can access safe, compassionate and quality care when they need it

People in Ireland can be confident that we will deliver the best health outcomes and value through optimising our resources

Values

We will try to live our values every day and will continue to develop them

Care

Compassion

Trust

Learning

Our Corporate Goals

GOAL 1

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

GOAL 2

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

GOAL 3

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

GOAL 4

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

GOAL 5

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

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A Message from Tony Canavan, Chief Officer

The formality of producing an Annual Report is not one that is adopted by every Community Healthcare Organisation (CHO) across the country. Indeed, there is no formal requirement on Community Healthcare West to produce an Annual Report at all, but this is the third such report since 2015, and in the past I have commented on both its formal and perhaps less formal value.



The Annual Report facilitates, my accountability as Chief Officer to service users and staff working in the services, as well as our accountability to each other for the work that we do across an increasingly complex service. Being accountable for the decisions that we take and the services that we provide is important. The health services are not provided in a vacuum, and the role played by each individual has an impact on others, and how they do their job.

This Annual Report should be read in conjunction with our Delivery Plan for 2019, which emphasises the related themes of change and reform, particularly in relation to our Mental Health and Disability Services.

2018 saw significant strides forward in the implementation of the recommendations of the Roscommon Mental Health Review, as well as the commissioning of a new Mental Health in-patient Unit on the grounds of Galway University Hospital.

One of the key changes that occurred during 2018 in how our Mental Health Services are delivered was in the engagement of service users, and those with lived experience, in the planning and co-design of the Services that we provide. This perspective is vital to our aim of continuously improving services.

If 2017 saw the start of the move of residents from Aras Attracta to ordinary homes in the community, 2018 saw the momentum behind this move build to a very significant level. This is a very important step forward for the service previously provided at Aras Attracta, and hopefully will mark the start of enhanced and enriched lives for people who had previously spent many years in institutional care.

In 2018, we conducted a review of Home Supports provided by Older Persons' Services. Despite the increased spend in this area year on year, over the last number of years, a significant mismatch between demand and available resources continues to persist. We know and understand the value of Home Supports, both in assisting people to settle back into their homes after a period of hospitalisation, but also in respect of keeping people at home for as long as possible. This is why the review we conducted was so important. We must ensure that limited resources are put to best use in caring for those with greatest need.

Our Primary Care Services continued to develop during 2018 with the opening of Primary Care Centres in Tuam, Boyle, Westport, Claremorris and Ballinrobe. There is a growing focus on hospital avoidance measures, with the increase of community based Nursing and Therapy services, as well as services through the Community Intervention Team (CIT).

Primary Care will be the corner stone of primary care provision in to the future. This direction of travel is provided for in Sláintecare, which also emphasises an increasing emphasis on the provision of integrated care across the services.

One of the most important achievements of 2018 for Community Healthcare West was the launch of our Healthy Ireland Implementation Plan. This Plan outlines the steps that we will take across each of our care groups to contribute to measured improvements in the health of the people that we serve. It is a reminder to us that our role is not just about providing health care.

Working in the public health service can be challenging at times for staff. There are well documented and indeed acknowledged deficits within the service, but it is also widely acknowledged that staff, working within the health services, consistently go above and beyond the call of duty in providing the best possible care, to the people we serve. I would like to add my voice to those that have acknowledged the really good work of health services staff during 2018, and down through many years. I want to thank in particular all the staff directly employed in Community Healthcare West, the service providers that are funded in our CHO, our partners that we work with across the broader health service and the local authorities for their contribution to the delivery of care and to the health of the people living in counties Galway, Mayo and Roscommon.



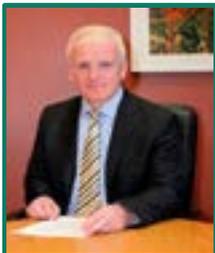
Antóin Ó Ceannabháin Tony Canavan
Príomhoifigeach Chief Officer



Cúram Sláinte Phobail, Iarthar
Community Healthcare West

Our Community Healthcare Organisation

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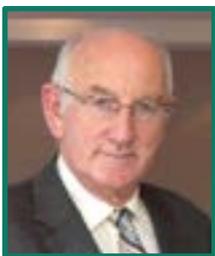
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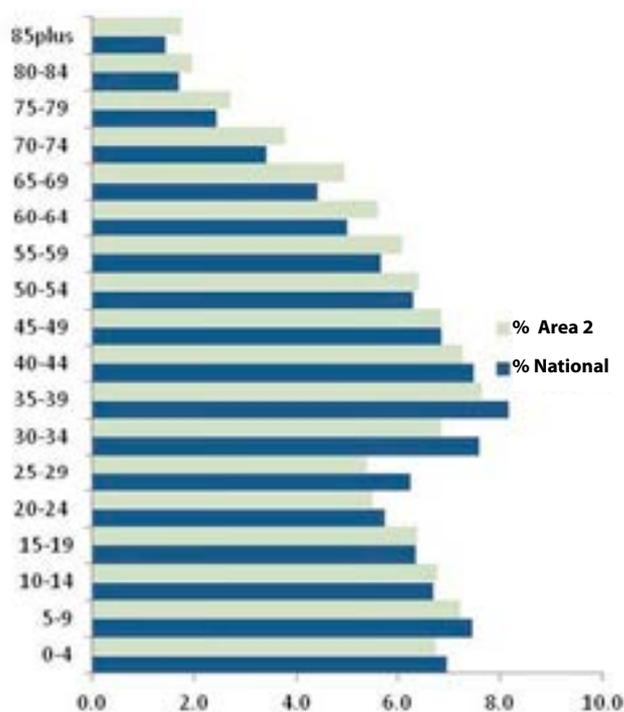
OUR POPULATION

The population of the Community Healthcare West area is expected to grow from 453,109 in 2016 to 467,326 in 2023 an increase of 14,217 or 3.1%. The projections at age group level will vary with a decrease of -1.2% in the 0-18 age group, a static 18-64 age group at 0.3%, and a 23.9% growth in the over 65 aged group (from 68,558 to 84,973) (Appendix 1).

Galway County is the 2nd most rural county nationally with 77.8% of people living in rural areas, followed by Roscommon the 3rd most rural (73.2%) and Mayo the 5th (71.4%).

The population age profile of the region in Fig 1. is broadly similar to that of the National population, however Community Healthcare West has a slightly higher proportion of those aged 55 and over. At a county level there are more marked differences where Galway City has a disproportionately higher level of those in the age 20-39 age groups.

Figure 1. Population Age Profile of Community Healthcare West. Source: (% Population by Age Group Census 2016)



Dependency ratio is the number of those aged 0-14 and aged 65 years and over as a proportion of those aged 15-64. The Community Healthcare West average Dependency Ratio is 55% (National Rate 52.7%), however there are regional variances. Mayo has the second highest national age dependency ratio of 61, Roscommon has the third highest at 60.8 and Galway County the fifth highest at 59.2, whereas Galway City has one of the lowest at 39%.

Deprivation

The 2016 Pobal Deprivation Index is a composite measure based on data from the 2016 Census of Ireland. The Index is based on indicators such as age dependency, lone parents, low education status, social class, unemployment and homes which are Local Authority rented. The index provides a score at County, Electoral Division and Small Area geographies which range from the extremely affluent to the extremely disadvantaged. The scores range is from greater than 30 which are extremely affluent to below – 30 which are extremely disadvantaged.

The Community Healthcare West Region deprivation score is -0.4 which is marginally below average levels of affluence. Galway City is the 3rd most affluent local authority area with a score of 4.9 (marginally above average); Galway County is ranked 10th (Score 0.4 marginally below average), Mayo 26th (score -3.8 marginally below average) and Roscommon 20th (score -2.4 marginally below average). When applied at Electoral Division level however (Fig 3.), there are some high levels of disadvantage particularly around the North Western Mayo areas of Erris/Belmullet and Achill, South Connemara and around the North West Roscommon border.

Life Expectancy and Health Status

In 2015, life expectancy at birth was 79.6 years for males (EU28 males 77.9) and 83.4 for females (EU28 females 83.4). Life expectancy is not available at regional level.

Births and Mortality

Birth Rates

There were 5,642 births in 2017 in Community Healthcare West with a decreasing birth rate per 1,000 of 12.5 (13.2 in 2015) and lower than the National Rate of 12.9. There are regional differences: - Galway City had 916 births (12.3 per 1,000), Galway County 2,412 (13.3 per 1,000) Mayo 1,542 (11.8 per 1,000) and Roscommon 772 (11.8 per 1,000). Galway City is ranked 22nd/34 for birth rates nationally, Galway County at 11th/34, Mayo is ranked 28th/34 and Roscommon 29th/34.

Teenage /Older Births

There were 64 births to mothers aged 20 and under in Community Healthcare West and 494 birth to mothers aged 40 and over.

Life Expectancy and Health Status

In 2018 according to WHO data, life expectancy in Ireland is 81.5 years (79.4 for Males and 83.4 for females) with a world ranking of 18th.

Fertility Rates

The total fertility rate (TPFR) gives the theoretical average number of children who would be born to a woman during her lifetime – it is generally taken to be the level at which a generation would replace itself which is given normally as a value of 2.1. In 2017 the Ireland rate was 1.8 below replacement level.

Vulnerable Populations

Travellers, homeless and migrant populations are the at risk groups suffering lower life expectancy, poorer health outcomes and with increased likelihood of chronic disease.

There are 13.41 Travellers per 1,000 in Community Healthcare West area (National Rate 6.5 per 1,000). Galway City has the second highest proportion of Travellers nationally (Longford is the highest) at 20.5 per 1,000 population, Galway County has the third highest rate per 1,000 nationally of 14.7, Mayo is ranked 7th at 10 per 1,000 and Roscommon ranked 11th with 8 per 1,000 (Table 2).

Poverty, unemployment, environment and lifestyle behaviours are established risk factors for chronic conditions. Travellers reported a disability rate of 19.2% in Census 2016¹ compared to the Community Healthcare West rate of 13.23% (National rate 13.51%).

Table 1. Traveller Population Census of Ireland 2011-2016. Source: www.cso.ie

	Traveller Population 2011	Traveller Population 2016	Actual Change 2011-2016	Rate per 1000 2016
State	4588252	4761865	173613	6.5
Galway City	1667	1610	-57	20.5
County Galway	2476	2644	168	14.7
Mayo	1385	1306	-79	10
Roscommon	397	516	119	8
Total Area 2	5925	6076	151	13.41

The Homelessness Report September 2018¹ shows that there were 262 homeless persons in Community Healthcare West (an increase of 53 on November 29²⁰¹⁷) area (149 males and 113 females), 150 of whom were in private emergency accommodation, 110 in supported temporary accommodation and 5 in other accommodation. The main proportion of whom were in Galway with 233 persons homeless, 23 in Mayo and 6 in Roscommon.

The state has committed to accepting an initial 4,000 people into Ireland under the Irish Refugee Protection programme. Community Healthcare West has been an active member of the resettlement and relocation programmes in Galway, Mayo and Roscommon. The Reception and Integration Agency Monthly Report July 2018 states that 588 refugees have been accommodated in The Community Health Care West Area (350 Galway and 245 in Mayo).

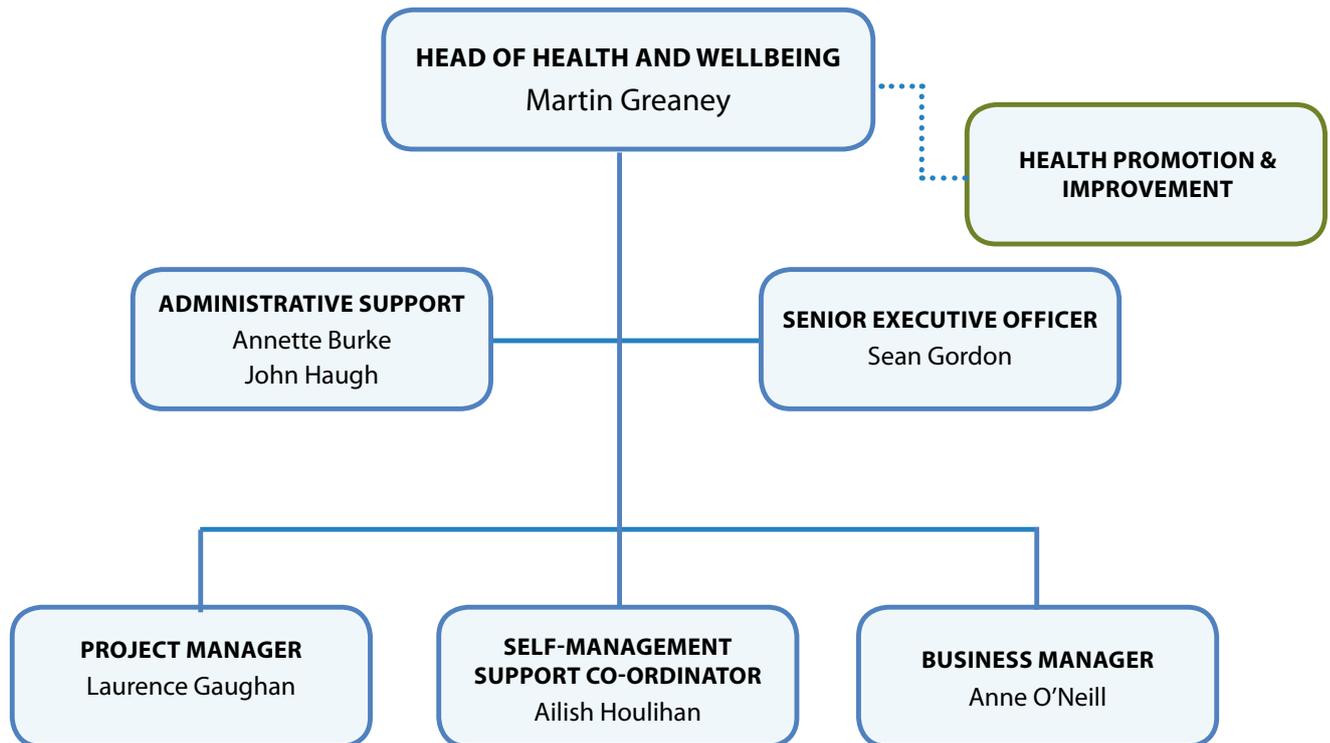


Cúram Sláinte Phobail, Iarthar
Community Healthcare West

Service Delivery



Organisational Structure



Introduction

Health and wellbeing is about helping people to stay healthy and well by focusing on prevention, health promotion and improvement, reducing health inequalities and protecting people from threats to their health and wellbeing. Health and Wellbeing priorities for 2018 were to:

- Support the implementation of Healthy Ireland in CHOs
- Improve the health and wellbeing of the population
- Protect the population from threats to their health and wellbeing

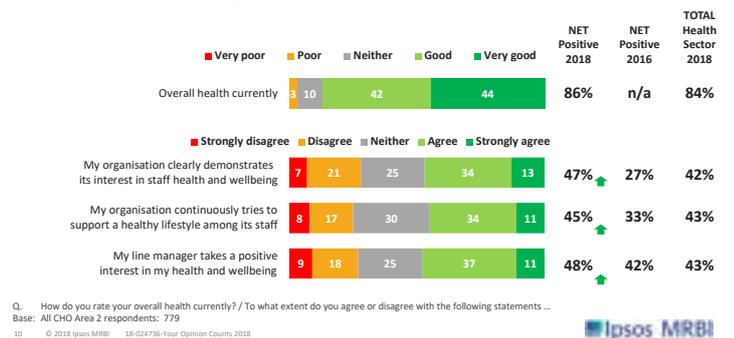
Regarding Actions delivered in 2018:



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

1. The Community Healthcare West Healthy Ireland Plan 2018-2022 was launched in November 2018. It contains agreed, specific Actions covering the key themes from the Healthy Ireland Framework 2013-2025. These themes are Alcohol, Healthy Childhood, Healthy Eating and Active Living, Making Every Contact Count, Mental Health and Wellbeing, Positive Ageing, Self- Management Support for Chronic Illness, Sexual Health, Staff health and Wellbeing, Tobacco Free Ireland and Sustainability. There are also a number of cross cutting Actions relating to Communication and Information, Embedding Healthy Ireland in the Role of Staff and Partnership Working. St. Louis Community School, Kiltimagh, which is supported by our Health Promotion and Improvement Dept. is one of the leading examples of a health promoting school and has been recognised by UNESCO when they received a national award for their efforts in promoting healthy eating in their school.
2. Through the Local Community Development Committees and Children's and Young People's Services Committees projects were approved for Healthy Ireland funding relating to Healthy Childhood, Physical Activity, Community Nutrition, Infant Feeding, Sexual Health, Theatre and The Arts for Older People, Health Promoting Environment, Cultural Competence, Tobacco Free Ireland and Social Farming.
3. A Self-management Support Co-ordinator was appointed during the year to lead on the implementation of the National Framework for Self-management Support for people living with chronic conditions.
4. The Self Care to Wellness programme is continuing to expand and develop, with the delivery of 7 programmes reaching 91 individuals in Mayo during 2018. This 6-week group-based generic self management education programme helps an individual, who is living with a long-term health condition, to develop essential skills so they can become a more successful self-manager, thereby improving their health outcomes.
5. Health and Wellbeing continued to work in partnership on a number of men's health projects including continued expansion of the Men on the Move Programme, delivery of Engage Men's Health Training and the commencement of a pilot Health and Wellbeing Programme with the Ballina Men's Shed.
6. The staff flu vaccination campaign was heavily promoted with increased uptake amongst staff as compared with the previous reporting period. The overall staff flu vaccination uptake for our Long Stay Residential Units increased from 20% to 37% with Tuam Community Nursing Unit winning first prize nationally for the highest number of staff vaccinated. The campaign was launched in partnership with UNICEF and featured "get a vaccine – give a vaccine" whereby, for every flu vaccine administered to staff, 10 Polio vaccines were donated to UNICEF.

Health & Wellbeing



Dr. Aine McNamara, Consultant in Public Health Medicine, HSE; Teresa Mannion and Tony Canavan, Chief Officer, Community Healthcare West, at the launch of the 2018/19 Staff Flu campaign.

GOAL 2**Provide fair, equitable and timely access to quality, safe health services that people need**

1. A Child Health Programme Development Lead was appointed in Q4 of 2018 who will play a key role in ensuring that Child Health is prioritised in Community Healthcare West
2. A Regional Breastfeeding Forum was established which co-ordinated the delivery of Staff Information Sessions on Breastfeeding in various Primary Care Centres in Galway, Mayo and Roscommon during National Breastfeeding Week in October. These were attended by 93 staff with very positive feedback.
3. Roscommon LCDC launched a Healthy Roscommon Plan during the year.
4. Health and Wellbeing is supporting the development of a new Galway Healthy Cities Plan 2020-2022.



Mairead McNulty, Flu Champion and Tony Canavan, Chief Officer, Community Healthcare West presenting Owen Buckley, UNICEF with a contribution from the 2017/2018 "get a vaccine - give a vaccine" staff flu vaccination campaign.

GOAL 3**Foster a culture that is honest, compassionate, transparent and accountable**

1. Through the LCDCs, Health and Wellbeing participated in the evaluation of project proposals for funding under the Communities Facilities Scheme and RAPID.
2. Health and Wellbeing provided the lead for Open Disclosure Briefings to staff with numbers briefed reaching 2,300, the highest among CHOs nationally.
3. Health and Wellbeing participated in the development of a Galway Healthy Cities Equality Strategy which was launched in October as a Tool to Support Implementation of the Public Sector Duty to have regard to the need to Eliminate Discrimination, Promote Equality of Opportunity and Protect Human Rights.

GOAL 4**Engage, develop and value our workforce to deliver the best possible care and services to the people who depend on them**

1. Staff health and wellbeing initiatives undertaken during the year included the Community Healthcare West Step Challenge "Walk Your Way To Health". A total of 1,159 staff with a total of 212 teams participated. The evaluation of the Challenge showed very significant benefits with 70% of staff stating that the Step Challenge had increased their physical activity levels during working hours.
2. Other staff-related initiatives included the Love Life Love Walking Day in February, Mindfulness Programmes, Staff Choirs in Castlebar and Merlin Park, promotion of the National HSE Staff Choirs event in Limerick, Pilates and Yoga Classes, piloting of Staff Art Classes in Ballina, Clifden and Roscommon, the Active at Work campaign and sustainability.
3. The Staff Engagement Project Team, (Human Resources, Health & Wellbeing, Project Management



Staff Step Challenge – Environmental Health Office Team, St. Mary's Castlebar

Office) promoted and worked on a number of initiatives including the introduction of Schwartz Rounds in Roscommon Mental Health Services, support to the delivery of the Staff Recognition Award Programme, the Staff Engagement Forum, roll-out of 1:1 Staff Meetings and got agreement to roll-out the Values in Action Project.

GOAL
5

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

1. The Self Management Support (SMS) Co-ordinator commenced the development of a Mayo Directory of Services for people living with long-term health conditions (Asthma, COPD, Diabetes and Cardiovascular disease). This directory will be sent to all healthcare professionals in the county to assist with sign-posting and referrals to self-management supports and services locally. Similar directories for Galway and Roscommon will be progressed in 2019.
2. Health and Wellbeing provided support to the National Screening Services Programme office to improve increased uptake of Bowelscreen, BreastCheck, CervicalScreen and RetinaScreen.
3. National Men's Health Week, organised by the Men's Shed Movement, was supported by Health and Wellbeing with 8 Health Awareness Workshops being delivered to 350 men across Galway, Mayo and Roscommon.
4. An additional Health Promotion Officer was appointed with a specific remit in Smoking Cessation support.



Official launch of Healthy Ireland Implementation Plan, Community Healthcare West



Tony Canavan, Chief Officer, Community Healthcare West with former team mates from Galway Gaelic Masters Football Team supporting Men's Health Week 2018

Mental Health Services



Organisational Structure



Introduction

Mental health services are increasingly operating in a more regulated environment. This enhanced regulation is welcomed as it contributes to patient safety and quality of care. Best practice guidance will be further expanded as one strand of a more proactive approach to patient safety. In 2018 Community Healthcare West Mental Health continued to support the population to achieve their optimal mental health through the delivery of the following specific local priorities.

Mental Health Service priorities for 2018 were to:

- Implement the suicide reduction policy Connecting for Life.
- Implement the 27 recommendations as documented in the report on Roscommon Mental Health Services.
- Increase the quality and safety of mental health services, including improved regulatory compliance and incident management by the implementation of the best practice guidance for mental health services.
- Implement the National Framework for Recovery in Mental Health across Community Healthcare West Mental Health.
- Promote the mental health of the population in collaboration with other services and agencies including reducing the loss of life by suicide.
- Design integrated, evidence-based and recovery-focused mental health services.
- Deliver timely, clinically effective and standardized safe mental health services in adherence to statutory requirements.
- Ensure that the views of service users, family members and carers are central to the design and delivery of mental health services.
- Enable the provision of mental health services by highly trained and engaged staff and fit for purpose infrastructure.

Regarding Actions delivered in 2018, Mental Health:



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

1. Successfully piloted the Solas Nua Dialectical Behaviour Therapy Programme (DBT). This programme provides standardized Dialectical Behavior Therapy to individuals attending Adult Mental Health Services. During the course of 2018 and indeed since its initial development there have been many challenges to the sustained provision of this programme to clients who are amongst the highest category of risk in terms of deliberate selfharm and suicidal behavior. It is hoped to further develop this initiative in 2019
2. Provided a Compassion Focused Therapy group for persons with Bipolar in 2018 and it is hoped to continue this initiative in 2019.
3. CAMHS psychologists and colleagues train in Family Based Eating Disorders and arranged for this new approach for individual families during 2018.



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

1. Convened a group of stakeholders to implement the recommendations of the Roscommon Review in order to improve the quality of Mental Health services in Roscommon.
2. Achieve the 1st phase of the delivery of 7/7 service in Galway city and Castlebar catchment areas with further expansion of the service planned for 2019.
3. Successfully implemented the Eolas Project during 2018. The Eolas project is a co-Produced and co-facilitated Mental Health information and support programme for



Cllr Padraig Conneely; Rosane Gallagher, Project Lead, Mental Health Services Galway; Yvonne Faherty, Mental Health Services Galway; Tony Canavan, Chief Officer, Community Healthcare West

families, close friends and service users with a diagnosis of Psychosis or Bipolar disorders. Eolas aims to provide service users and families with information on how to use the mental health services and other supports services to regain control over their lives and recover from their difficulties.

4. Established a Homeless service in Galway with plans to expand the service in 2019.
5. Commenced delivery of the Eden Suicide prevention programme in Galway, Mayo and Roscommon during 2018.



Launch of the Galway Eolas Project

GOAL 3

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

1. Developed a patient advocacy service for CAMHS allowing views of service users and their families to contribute to the design and delivery of services.
2. Established the four remaining service user forums in Galway and Mayo that will facilitate service user feedback on local Mental Health Services.
3. Piloted an Electronic Incident Monitoring System in Approved Centres in Galway Roscommon Mental Health services.
4. Upon it's opening in June 2018, the Acute Adult Mental Health Unit (AAMHU) in Galway, became the first such Tobacco Free facility in Ireland.

GOAL 4

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

1. Placed Peer Support Workers within Community Mental Health Teams thereby enhancing supports available.
2. The Galway recovery college was opened in late 2018 and is based at the National University of Ireland Galway.

GOAL 5

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

1. Implementation of the Mental Health Service Reform Fund (SRF) process saw the recruitment of a Housing Coordinator who works with mental health staff and service users to ensure service users have access to the most appropriate accommodation available based on their needs. Two IPS (Individual Placement and Support) workers were also recruited who will work with mental health service users to attain employment.
2. Welcomed the first psychologist for Rehab services who was appointed midyear and has commenced a psychological service for the Rehab team in Roscommon/Ballinasloe.
3. Introduced the Schwartz Rounds in Adult Mental Health - Roscommon. These rounds are a mechanism to provide staff support, thus indirectly enhancing services to our service users.



Roscommon Mental Health Local Forum coffee morning

- Opened the new 50 Acute Inpatient unit in Galway University Hospital in June 2018. Serving a population of approximately 220,000 people in the Galway area, the new AAMHU will have a capacity to treat 50 inpatients which is an increase of 5 acute inpatient beds for the Galway region. Offering modern en-suite rooms, this unit will allow for the provision of dedicated personal space and privacy. The unit also offers separate landscaped outdoor areas for both the general adult clients and the psychiatry of later life clients with dedicated areas for social, communal and therapeutic activities, promoting an enhanced therapeutic environment for patients.



Accessible Garden in the new Adult Mental Health Unit, Galway



Charlie Meehan, Head of Mental Health with staff from the Creagh Suite, St. Brigid's Hospital, Ballinasloe with their winning project 'Dementia care Life Story Book, caring for others in a person centred approach in practice' at the Staff Recognition Awards Ceremony

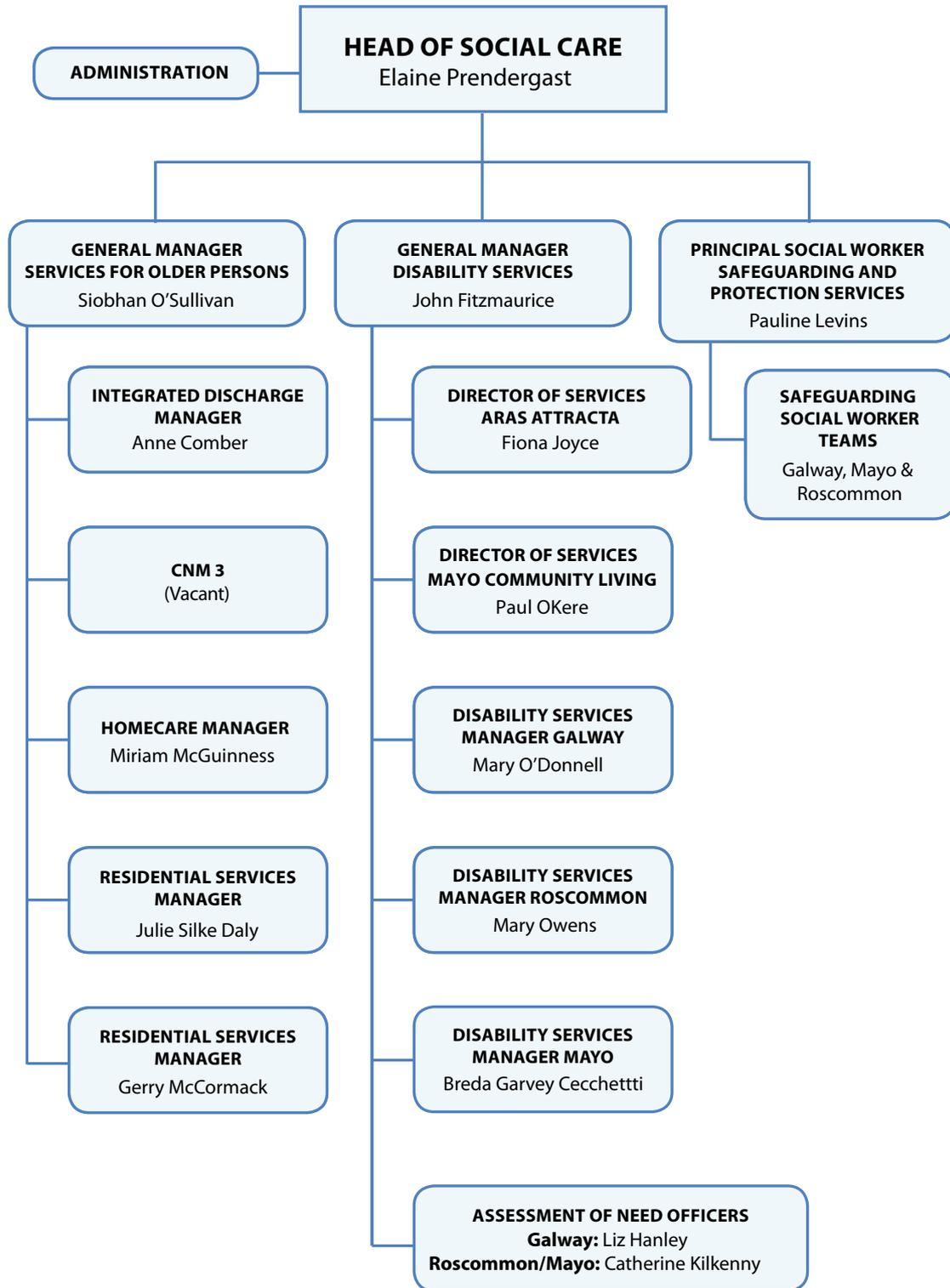


Charlie Meehan, Head of Mental Health with Galway Roscommon Mental Health Services staff with their winning project 'An evaluation of the operation and effects of the Mental Health Act 2001 from the viewpoints of service users and health professionals' at the Staff Recognition Awards Ceremony

Social Care

Disability Services & Older Persons' Services

Organisational Structure



Introduction

The Social Care Division is responsible for the delivery of Disability Services and Older Persons' Services across Community Healthcare West.

Social Care Service priorities for 2018 were to:

Disability Services:

- Continue to implement the recommendations of *Transforming Lives* the programme for implementing the Value for Money and policy Review of Disability Services in Ireland.
- Further implementation of a *Time to Move on from Congregated Settings* with a particular focus on Aras Attracta and John Paul Centre.
- Progress implementation of the recommendations of the *McCoy Review* in relation to Aras Attracta.
- Continue to reconfigure day services including school leavers and rehabilitative training in line with *New Directions*.
- Complete the *Progressing Disability Services and Young People (0-18)* Programmes with the establishment of Children's Disability Network Teams, aligned to the Community Health Networks across Community Healthcare West.
- Enhance governance for Service Arrangements with the voluntary sector.
- Open four (4) additional respite beds across Community Healthcare West.
- Support the implementation of the target outlined for Disability Services in the *Value Improvement Programme*.



Seamus Brennan and Fiona Mulligan (chaperone) with Bernard Dunne (former Irish professional Boxer) at the Special Olympic Ireland Games (Dublin).

Older Persons' Services:

- Progress the HSE Capital Plan 2016 – 2021 through continued collaboration with Estates in line with HIQA Inspectorate and guidelines.
- Open seventy four (74) new long stay residential beds in the Sacred Heart Hospital, Castlebar following construction.
- Work with the National Recruitment Service (NRS) and Human Resources (HR) in implementing a reduction on the continued reliance on Agency Staffing by providing a more sustainable workforce.
- Recruit Directors and Assistant Directors of Nursing to ensure appropriate governance across residential units.
- Implement and comply with the Tobacco Free Campus across all Residential Units.
- Continue to increase the uptake of Flu Vaccination among Healthcare Staff.
- Maximise the support for our Acute Hospitals by continuing to reduce the length of stay in our short stay facilities.
- Progress outstanding issues in relation to the *Quality and Patient Safety (QPS) Annual Review of Residential Units*.



Alan Bracken (Recreational Manager), Fintan Scriney, Kevin Jones, Mark Duffy, Jack Jones, and Tom Cresham celebrating their success at the Special Olympic Games.

- Open the full bed complement of fifty (50) beds at Ballinasloe CNU and fully operationalise the Physiotherapy and Occupational Therapy Services.
- Continue to progress the provision of therapy services for Residential Units and Short Stay Beds.
- Work in collaboration with Residential Councils in all Units to provide care services and supports being requested by service users.
- Review bed capacity within District Hospitals arising from the national HIQA review of non-designated Centres.
- Open the full short stay bed capacity following review of location, occupancy levels and regulatory requirements.
- Commence the phased development of the Integrated Specialist Geriatric Day Hospital Project in Community Healthcare West.
- Support physical activity initiatives in our Residential Units in line with *Healthy Ireland Plan*.
- Progress the recruitment of an Audit Team to roll out a *Home Support Audit Service* across Community Healthcare West. This will include audit of both service providers and HSE directly provided home support services.
- Work in collaboration with the National Office to implement the *Dementia Strategy*.
- The roll out of the *Single Assessment Tool (SAT)* will be progressed during 2018.

Regarding Actions delivered in 2018, Social Care:



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

Disability Services

1. Continued decongregation of the Áras Attracta campus with a further 15 people we support moving to their own homes in the community during 2018.
2. Provided safeguarding training to staff across Disability Services in Community Healthcare West.
3. Implemented the *Community Healthcare West Healthy Ireland Action Plan* with 6 residents from Áras Attracta/Mayo Community Living among the 1,800 athletes participating in the Special Olympic Ireland Games.
4. Progressed the partial reconfiguration of Roscommon's School Age Services into one School Age Team (SAT) in line with *Progressing Disability Services and Young People (0-18) Programmes*.
5. Delivered *National Access Criteria* training to Disability Services staff to facilitate the implementation of Access Criteria in line with national policy.



Tony Canavan, Chief Officer Community Healthcare West presenting national award of €5,000 to Áras Mhuire, Community Nursing Unit, Tuam, Co. Galway.

Older People's Services

1. Promoted the uptake of the Flu Vaccine amongst staff and Community Nursing Unit (CNU) residents. The Áras Mhuire Community Unit (CNU) Tuam received a national award in recognition that 93% of its staff received the flu vaccine in the 2017/2018 season - the highest uptake for any HSE facility in the country.
2. Opened Memory Resource Rooms across the region for people with dementia and their families. This initiative is intended to assist older people living at home to remain independent, safe and enhance their quality of life.
3. Complied with and implemented the Tobacco Free Campus policy across all residential units.
4. Implemented *Positive Aging* Action plans which supported increased physical activity initiatives in our residential units.
5. Provided *Safeguarding* training to staff working across Older Persons' Services.

GOAL 2

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

Disability Services

1. Achieved HIQA registration (for next 3 years) for Aras Attracta Residential Centres (Centre 1, Centre 2 and Centre 3).
2. Completed profiles of all the School Leaver / RT Graduates across the region with successful identification of any vacant places available and prioritised new locations required for the year ahead's intake.
3. Commenced *Model Me Social Skills Programme* to children on ASD Intervention Waiting List
4. Supported all young people leaving school or rehabilitative training in 2018 in line with the *New Directions* model of service.
5. Responded to emergency cases across Community Healthcare West through the provision of additional respite capacity.

Older People's Services

1. Opened the new and extended Sacred Heart Community Nursing Unit in Castlebar.
2. Extended the *Single Assessment Tool (SAT)* across Community Healthcare West's Home Support service.
3. Actively supported the discharge of patients from acute hospitals and the number of Delayed Discharges across the year reduced.
4. Commenced the Older People's Day Hospital service in Mayo as part of the phased development of an Integrated Specialist Geriatric Day Hospital Service across Community Healthcare West.
5. Progressed the development of a new Community Nursing Unit in Tuam with planning application expected in early 2019.

GOAL 3

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

Disability Services

1. Recruited the Director of *Mayo Community Living*.
2. Successfully tendered for two agencies to support the *ASD Diagnostic Assessment Waiting List*.
3. Commenced GDPR training for all Disability Services Staff.
4. *Lead Agency Model* policy document proposed. This policy will form the basis of all new future

agreements between agencies for the provision of Children's Disability Services across Community Healthcare West including clinical governance, accommodation, recruitment and retention.

Older People's Services

1. Reduced in Serious Reportable Events across the region.
2. Achieved successful HIQA registration of Community Healthcare West's Community Nursing Units.
3. Provided training and roll out of *Tender 2018* to all relevant staff in Home Support services.
4. Completed feasibility studies for new units in Ballina incorporating the District Hospital and St. Augustine's Community Nursing Unit and in Belmullet incorporating the District Hospital and the Aras Deirbhle Community Nursing Unit.
5. Delivery of the *Single Assessment Tool (SAT)* took place throughout the year with SAT Information Sessions, Read-Only and Decision Maker training taking place across Community Healthcare West.



Ability West service user Matus Golias (artist) presenting one of his pieces to Minister McGrath



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

Disability Services

1. Completed all Service Arrangements and Grant Aided Agreements.
2. Opened four additional respite beds across to the region.
3. Trained and resourced Persons in Charge (PICs) and Persons Participating in Management (PPIMs) to effectively carry out their roles across Disability Services.
4. Actively engaged with and supported the Family Forum in Aras Attracta.

Older People's Services

1. Successfully implemented *Hand Hygiene* training across all Community Nursing Units during 2018
2. Encouraged staff to participate in national and local training events, particularly HSE and HIQA organised learning events, to improve the quality of care in our residential services across Community Healthcare West.



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

Disability Services

1. Reconfigured Day Services, including school leavers and rehabilitative training, in line with New Directions policy.
2. Worked to achieve the savings outlined for Disability Services in the *National Value Improvement Programme*.
3. Completed Aras Attracta mapping of community homes (residents and staffing) and submitted costing for same.
4. Effectively used Service Reform Funding to re-configure seven (7) existing services across the region in line with government policy including community living, reform of Day Services to person-centered supports and alternative respite options.

5. Allocated over €120,000 in Lottery Grant funding to voluntary and community groups for the delivery of Disability Services.
6. Delivered *Middletown Training* for ASD Service Users in partnership with NUIG.
7. Reached agreement on the establishment of Children's Disability Network Managers posts in line with *Progressing Disability Services* policy.



Siobhan McHugh, Flu Champion and staff from Áras Mhuire, Community Nursing Unit; Tony Canavan, Chief Officer and Gerard McCormack, Temporary Manager Older Peoples Services Mayo Roscommon

Older Persons' Services

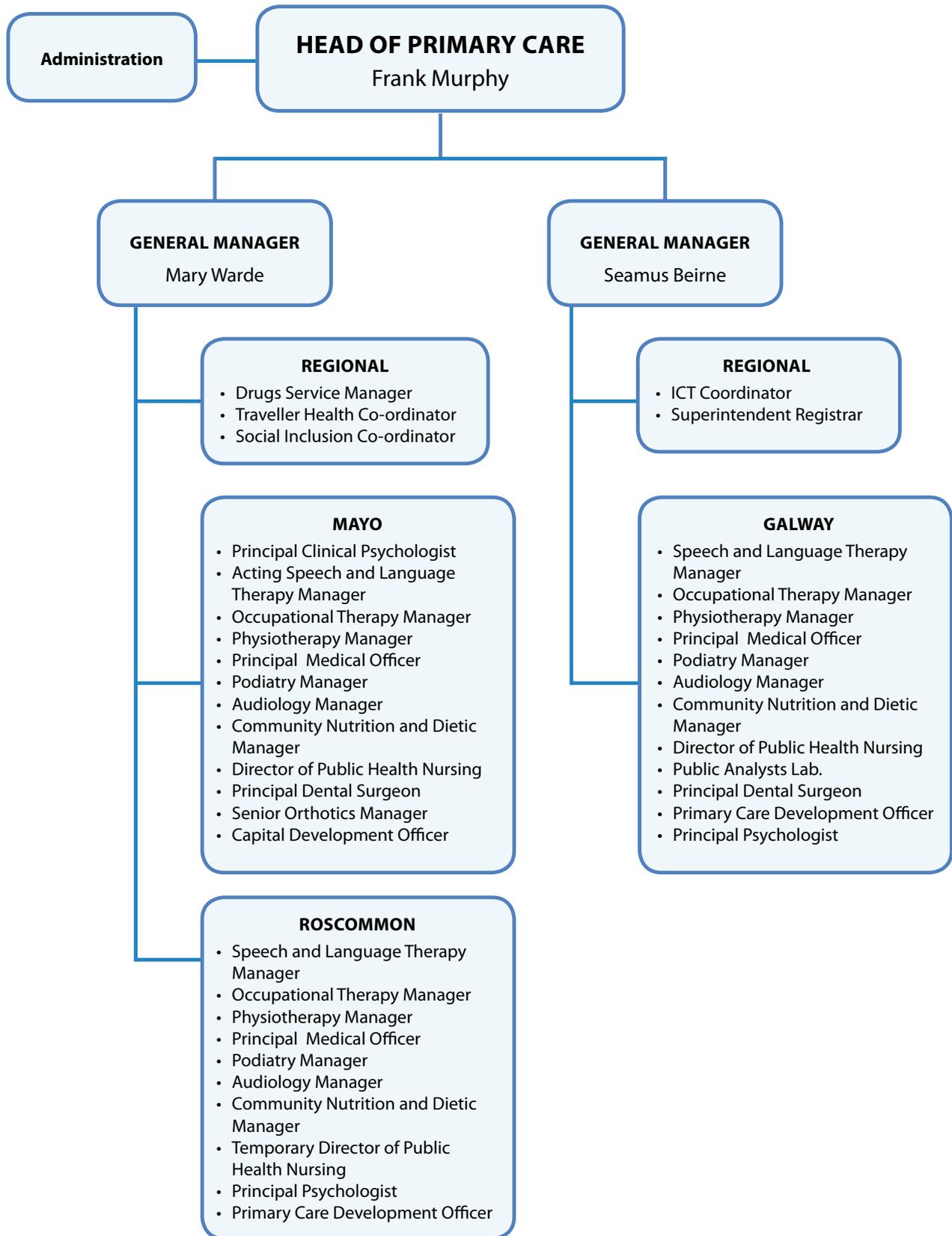
1. Completed the governance structure for Community Healthcare West's Older Peoples Services.
2. Delivered increased Home Support (25%) than the target set for the year.
3. Improved the average length of stay in short stay beds in Swinford and Ballina's District Hospitals.
4. Completed a Business Plan for an Older People's Day Hospital for Galway.
5. Validated Home Support Waiting Lists across the region.
6. Established an improved process regarding funding allocation to Service Providers and compliance of same.



Mary Noone, Director of Nursing; Tina Geraghty, Staff Nurse; Dolores Togher, Senior Staff Nurse and Maureen McGinty, Clinical Nurse Manager II, Belmullet Community Nursing Unit, Co. Mayo, pictured at the Staff Recognition Awards Ceremony with their winning project 'Influenza Vaccination Campaign'.

Primary Care

Organisational Structure



Introduction

Primary Care is generally the first point of contact that people have with health services. Primary Care is the appropriate setting to address most health and personal social service needs. The Department of Health Statement of Strategy 2016 – 2019 acknowledged that historically, 'health services in Ireland was overly focused on hospital-centric episodes of care and a shift towards Primary Care was needed in the delivery of health services in Ireland'.

Primary Care Service priorities for 2018 were:

- On-going implementation of Healthy Ireland, with special focus on Chronic Disease programmes particularly in the areas of respiratory and diabetes.
- Improve access to Palliative Care services in association with The Galway Hospice and Mayo/Roscommon Hospice.
- Commence services in 5 new Primary Care Centres (Boyle, Tuam, Claremorris, Westport and Ballinrobe). This will include the commissioning of dental surgeries in Roscommon, Tuam and Boyle PCC's and the development of an ultrasound/x-ray service in Tuam PCCC.
- Improve health outcomes in general with special focus on vulnerable groups in the Community Healthcare West area, by way of promoting closer working relationships with community groups and various regional and national associations.
- Facilitate continuous professional and organisational development, to ensure staff are providing a quality and safe service in line with best practice, and improve staff engagement in conjunction with Human Resources.
- Progress Value for Money (VFM) projects in aids and appliances, facilities management, respiratory, sleep and other areas as deemed appropriate.



Minister Simon Harris, some members of the Management Team Community Healthcare West and staff from Tuam Primary Care Centre celebrating the official opening of the Centre on one of the glorious days in Summer 2018

Regarding Actions delivered in 2018, Primary Care:

GOAL 1

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

1. Actively engaged in the Community Healthcare West Healthy Ireland Steering Group and sub groups to ensure implementation of relevant actions as outlined in the National *Healthy Ireland* Plan.
2. Staff from the Traveller Support groups in Mayo and Galway delivered a paper at the annual Health Promotion Conference in N.U.I.G. relating to health promotion within the Traveller community.
3. Established a sub group on Health and Wellbeing in line with the *Traveller Health Strategic Plan 2017 – 2020*
4. Public Health Nursing actively engaged in promoting child immunisation and breast feeding programmes in line with national guidelines.



Mary Moriarty, Donna Muldoon, Winnie Maughan, Ellen Collins, Kathleen McDonagh, Martina Collins, Mary McDonagh, Ellen McDonagh, Angela Collins and Lena Collins (front) at the launch of the Travellers' Journey in July 2018 at the National Museum of Ireland, Country Life, Turlough, Castlebar, Co. Mayo. The Wagon was made in Tuam.

GOAL 2

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

1. Commenced a one day a week Integrated Care Programme for older people at the Day Hospital located at Castlebar Primary Care Centre.
2. Enhanced the *Mayo Stroke Support Unit* by involving other specialists and Acute services.
3. Reviewed 'Did not Attend' (DNA) clinics in the Area Medical Officer Department.
4. HSE Health Liaison workers provided support to approx 300 refugees at the Emergency Reception and Orientation Centre (EROC), Ballaghaderreen in accessing healthcare services such as GP, Acute and Mental Health supports.
5. Officially opened new Primary Care Centres in Mountbellow, Tuam, Boyle, Claremorris, Westport and Ballinrobe.



Mary Horan, Dental Nurse representing staff of Boyle Primary Care Centre at the official opening



Minister Simon Harris, TD visiting Mountbellow Primary Care Centre with Tony Canavan, Chief Officer Community Healthcare West and staff from Mountbellow Primary Care Centre

GOAL 3**Foster a culture that is honest, compassionate, transparent and accountable**

1. Completed a multimedia resource in relation to antenatal education for Traveller groups.
2. Allocated funding, on a once off pilot basis for a *Community Detox* programme for homeless people.
3. Commenced GDPR training for all staff.
4. Social Inclusion assisted 19 refugee families (84 people) in accessing health services (including GP and PHN services), on their arrival in their new homes in Co. Roscommon.

GOAL 4**Engage, develop and value our workforce to deliver the best possible care and services to the people who depend on them**

1. Recruited two specialist Addiction Counsellors to work with under 18's presenting to the Drugs Service.
2. Recruited two Project Workers to the Drugs Service to work with service users, and support clients to access and engage with other services, including housing, education and training essential to their wellbeing and recovery.
3. *Social Inclusion* was successful in securing *Genio* funding for three years to operate a *Housing First* project for homeless people with complex mental health needs.
4. Developed and administered *Schwartz Rounds* in County Roscommon.
5. Delivered *Health and Safety Audit* training.
6. Provided *Open Disclosure* training to all staff.

GOAL 5**Manage resources in a way that delivers best health outcomes, improves people's experience of using the service and demonstrates value for money**

1. Completed cleaning contracts for all Primary Care facilities in Roscommon.
2. Established a group to develop standard processes around the sourcing of aids and appliances.
3. An Area Medical Officer database was established for management of patient information in relation to clinics.
4. Extended *Community Intervention Teams (CIT's)* from target of 22 visits per day to 29 visits per day in Galway and Roscommon Primary Care.
5. Established a GP Clinic (one day per week) in Galway for homeless people who may not generally engage with mainstream services.



Dr. Steven Edmundson, Dr. Rossa Horgan, Dr. Siobhan Horgan, Minister Michael Ring, T.D., Dr. Caroline Cowley, Dr. Hugh Ó'Faoláin at the Official Opening of Westport Primary Care Centre



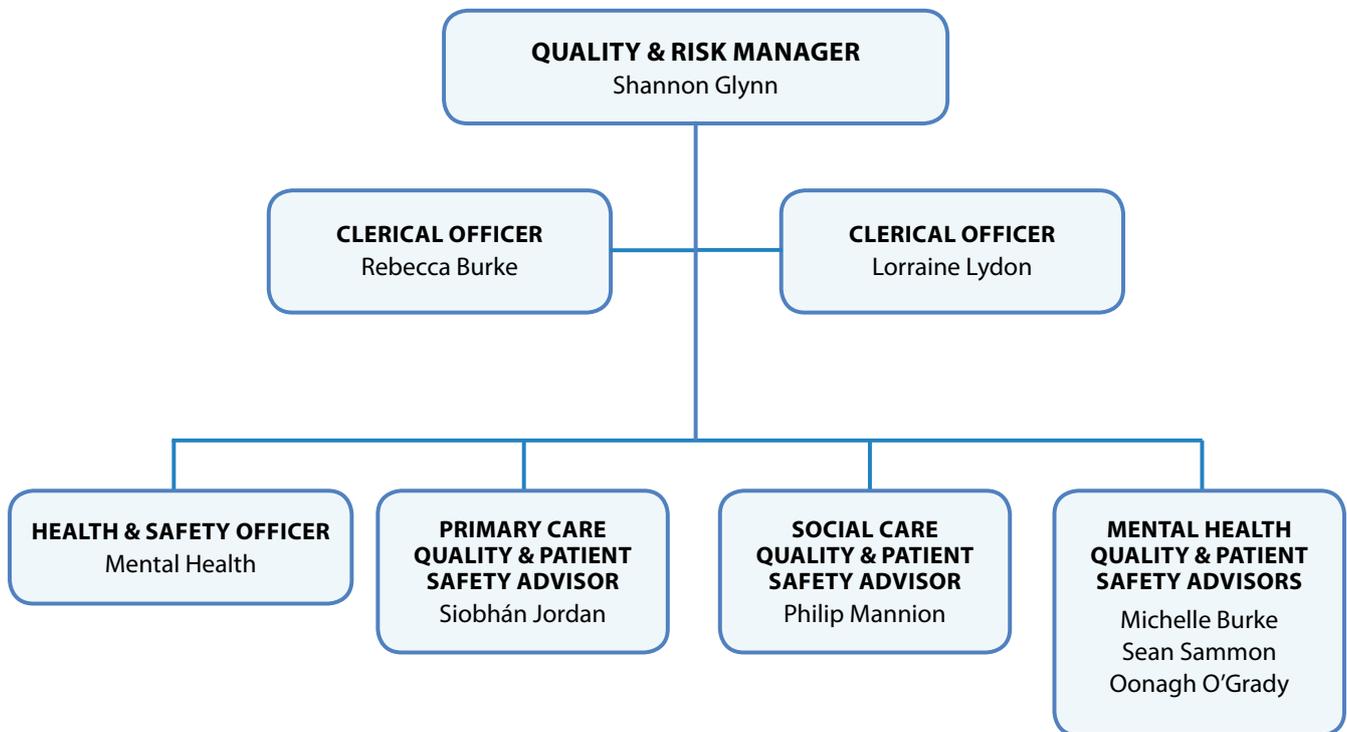
Hollymount Breastfeeding Group visiting Áras an Uachtaráin in October 2018



Brid Quinn, Assistant Director, Public Health Nursing Galway, Helen Brown, Director of Public Health Nursing Mayo and Kathleen Malee, Director of Public Health Nursing Galway, at the launch of the Primary Care Island Services Review Report.

Quality & Safety

Organisational Structure



Introduction

Community Healthcare West made a number of improvements to Quality and Safety in 2018 by strengthening governance through the establishment of Quality and Safety Committees, development of Risk Registers for each Division and facilitating Quality and Safety educational programs for all staff. The primary role of the Department is to ensure a proactive approach to Quality and Risk & Incident Management across the CHO with a consistent application of Health Service Executive (HSE) policies and procedures.

During 2018 Quality and Safety focused on promotion of:

- The National Patient Safety Programme
- Service User involvement
- Improving the Quality and Safety of Services
- Maintaining Standards and Minimising Risk

Regarding Actions delivered in 2018 the Quality and Safety Department:

GOAL 1

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

1. Developed key Health and Safety priorities for Community Healthcare West. e.g. Improved the health and Safety governance structure within the CHO, provided support and guidance to managers and staff on health and safety related matters and improved awareness of mandatory Health and Safety training requirements and statutory incident reporting.
2. Acknowledged the Health and Wellbeing of the Quality and Safety staff within Community Healthcare West and participated in events such as the Step Challenge.
3. Recruited a Health and Safety Officer resulting in valuable advice and assistance to Line Managers in fulfilling their responsibilities with regard to the Health and Safety policies, procedures and leg.

GOAL 2

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

1. Implemented the comprehensive Pressure Ulcer Guidance checklist in Social Care in an effort to establish learning and communicate this across the service in order to reduce Pressure Ulcers.
2. Responded to the public health emergency by tackling carbapenemase-producing Enterobacteriaceae (CPE). Community Healthcare West are particularly focused on controlling Healthcare Associated Infections and Antimicrobial Resistance and in 2018, established an Infection Control/Antimicrobial Committee to oversee the implementation of relevant policies, procedures and standards.
3. Supported implementation of Health Information and Quality Authority (HIQA). Better Safer Healthcare Standards in Primary Care by liaising with Line Managers in Primary Care in an effort to develop Quality Improvement Plans.
4. Participated in over 20 Committees and Working Groups throughout 2018 in an effort to improve the quality and safety of staff and patients in Community Healthcare West. Analysis of Staff related incidents and monthly Health and Safety overview given at Quality and Safety Committees.
5. Renewed focus on Community Healthcare West Risk Register focusing on accountability and controls of recognised risks which threaten the achievement of the Community Healthcare West objectives.
6. Applied the Incident Management Framework thus increasing the efficiency of serious incident management by reducing the length of time taken to conclude investigations. This allows actions and recommendations to be implemented in a timelier manner.
7. Improved quality assurance of statutory incident reporting requirements to the Health and Safety Authority.

GOAL 3

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

1. Increased the number of staff receiving Open Disclosure training. Over 2,000 staff have received Open Disclosure Briefings in Community Healthcare West which encouraged staff to communicate openly with service users when there is an adverse event.
2. Improved communication via Health and Safety Committees and Briefing Notes. Identification and communication of Mandatory Health and Safety Training Requirements.
3. Returned available Key Performance Indicator data to National Health and Safety Function.
4. Participated in State Claims Agency Audit and in the implementation of subsequent recommendations in order to improve Health and Safety Management.
5. Completed *After Action Review* Facilitator training and National Health and Safety Forum Workshops.

GOAL
4

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

1. Further improved the Quality and Safety committee structure ensuring clear terms of reference and accountability for each committee. These committees will develop, deliver, champion, implement and evaluate a quality and safety Programme for the service areas across Community Healthcare West. Strengthening of Quality and Safety governance through the Quality and Safety Committees and the development of monthly reports to the Service Quality and Safety Committees.
2. Encouraged participation of service users on Best Practice Self-Assessment Teams in Mental Health.
3. Built capacity and capability for leadership and improvement in quality through education and training. Throughout 2018, training programs were run on Incident Reporting, Risk Management, Clinical Audit, Open Disclosure, Health and Safety and the management of serious incidents. Over 600 staff from Community Healthcare West attending Quality and Safety training in 2018.
4. Provided Health and Safety Workshops for Managers. Developed Quality and Risk/Health and Safety Training plans for delivery in 2019. Provided support and guidance to managers and staff leading to improved engagement on Health and Safety topics.

GOAL
5

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

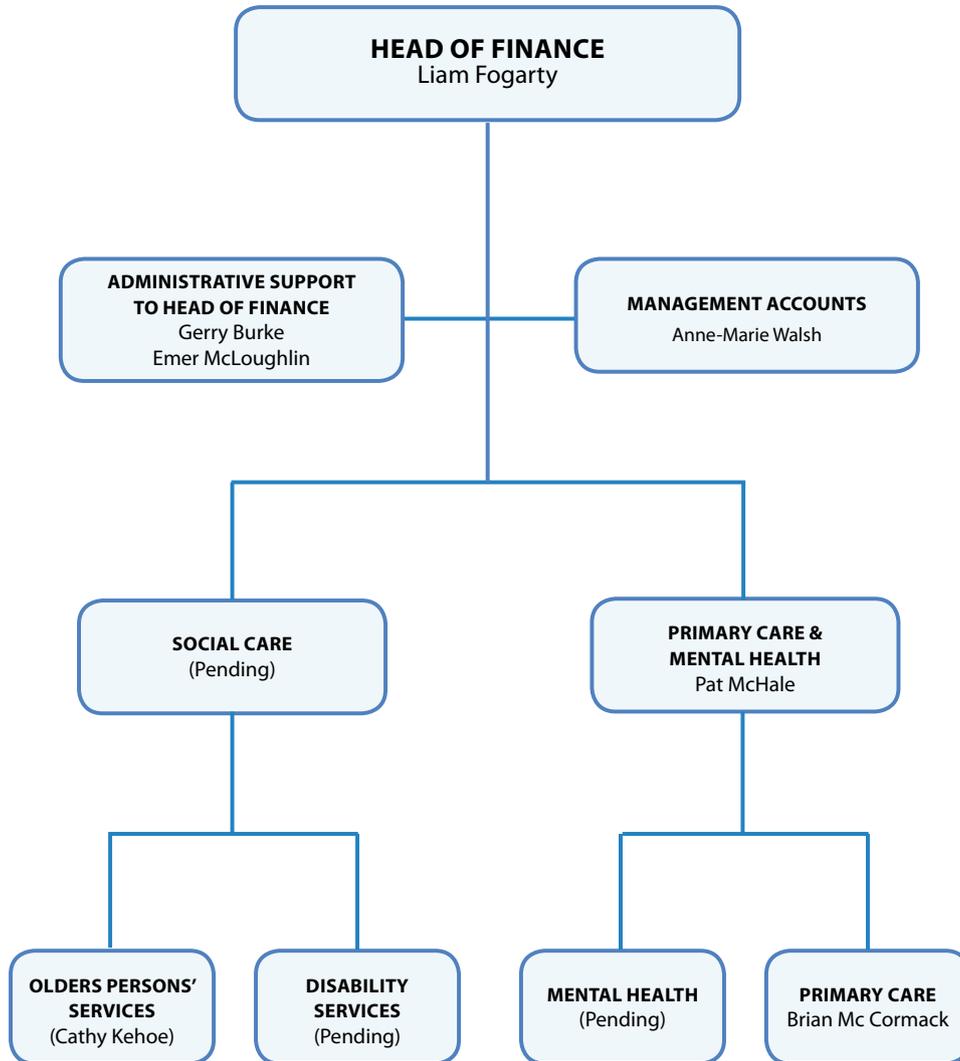
1. Contributed to the development of a hand hygiene training module for CHO delivery.
2. Appointed a new Quality and Safety Advisor to the Quality and Safety Department.



Members from Health Promotion & Improvement HSE, Galway City Council, Galway City Partnerships, Dáithí O Sé, Mayor of City of Galway and pupils from Merlin Woods Primary School (Galway) at the launch of the new Smoke-Free Signage for Galway City Play Grounds.

Financial Governance

Organisational Structure



Introduction

Community Healthcare West (Area 2) reports on its financial performance under the following Care groups:

1. Primary Care
2. Social Care – Disability Services
3. Social Care – Older Persons' Services
4. Mental Health
5. Community Healthcare Organisation HQ – Office of the Chief Officer

The final 2018 allocation & expenditure for Community Healthcare West was as follows:

Community Healthcare West	€'m allocation	€'m expenditure
Primary Care	102.451	111.402
Social Care – Disability	177.250	177.787
Social Care – Older Person Services	82.485	82.830
Mental Health	106.790	109.969
CHO HQ's & Community Services	0.222	0.222
Total excl Demand led Schemes	469.200	482.210
Local Demand led Schemes	21.706	21.952
Total incl Demand led Schemes	490.906	504.162

Primary Care expenditure in 2018 exceeded the funded allocation by €8.951m but was within the agreed target with the National Primary Care Directorate. Included in the overrun are costs (€2.421m) associated with corporate HQ where funding is held at the National Primary Care office. Non-pay costs driven by increased demands were €6.124m above profiled funding. Clinical non-pay costs were the main contributors to this over run. Costs associated with medical & surgical supplies, Paediatric Home Support packages and the Refugee Reception Centre contributed to the budget over-run. Other non-pay overruns were mainly associated with the opening of new Primary Care Centres. Pay costs were above allocation in 2018 due to the employment of non-HSE (Agency) staff in Allied Health Professionals grades. Income collected was within the expected 2018 outturn.

Social Care – Disability Services exceeded the allocated funding by €0.537m. This target was achieved as a result of receiving an additional €3.9m once off supplementary allocation from the National Division in December.

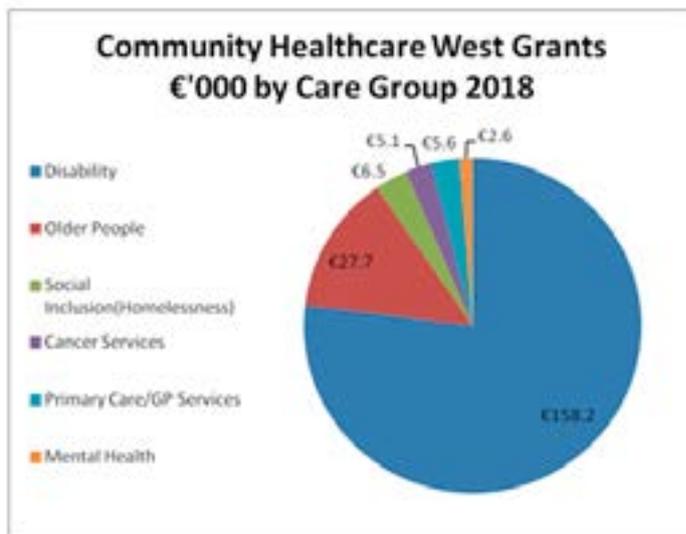
- a) Disability Services had two main cost drivers during 2016:
 - 1) Emergency Residential placements and support services for service users.
 - 2) Expenditure associated with the de-congregation of Aras Attracta in Mayo.
- b) Older Persons Services overspend can be attributed to the increased demand for Home Care Services and employment of non-HSE (Agency) staff in Residential units in 2018. An additional once off supplementary allocation for Older Person services in December €3.220m allowed the agreed outturn with the National Social Care Directorate to be achieved.

Mental Health exceeded the allocated funding. This was attributable to the employment of non-HSE (Agency) staff and overtime to fill vacant posts and to provide care to individual service users requiring special care. Difficulties filling posts in this area continues to contribute to cost overruns.

Grants allocated by Community Healthcare West during 2018

The HSE is legally entitled to enter into contractual arrangements for the provision of Health and Social Care with third parties. These are known as Section 38 and 39 Service Arrangements and Grant Aid Agreements. In this CHO these arrangements are a lynchpin of our overall service provision. We are fortunate in Galway, Mayo & Roscommon to have a long history and tradition of 'Voluntary' groups providing Residential, Day & Respite care to the most vulnerable in our Community. We seek to build on that base every year by providing funds to those who, in our view, have the necessary expertise to deliver the service. In 2018, we provided more than €205.7m to service providers i.e. 43% of our financial allocation for the year. This significant figure is on a par with the average proportion of overall financial commitments made to the Voluntary sector elsewhere in the HSE in 2018. The majority of Grants

allocated during 2018 were to the Disability Sector – this accounted for €158.241m or almost 76.9% of our total commitment to grants. The balance went to support services regarding Older People, Homelessness (Social Inclusion), Cancer care, GP Services and Mental Health.



Category	Amount Allocated
Disability	€158.2m
Older People	€27.7m
Social Inclusion (Homelessness)	€6.5m
Cancer Services	€5.1m
Primary Care/GP Services	€5.6m
Mental Health	€2.6m
Total	€205.7m
Section 38	€72.4m
Section 39	€132.9m
National Lottery 2017	€0.4m

Achievements in 2018

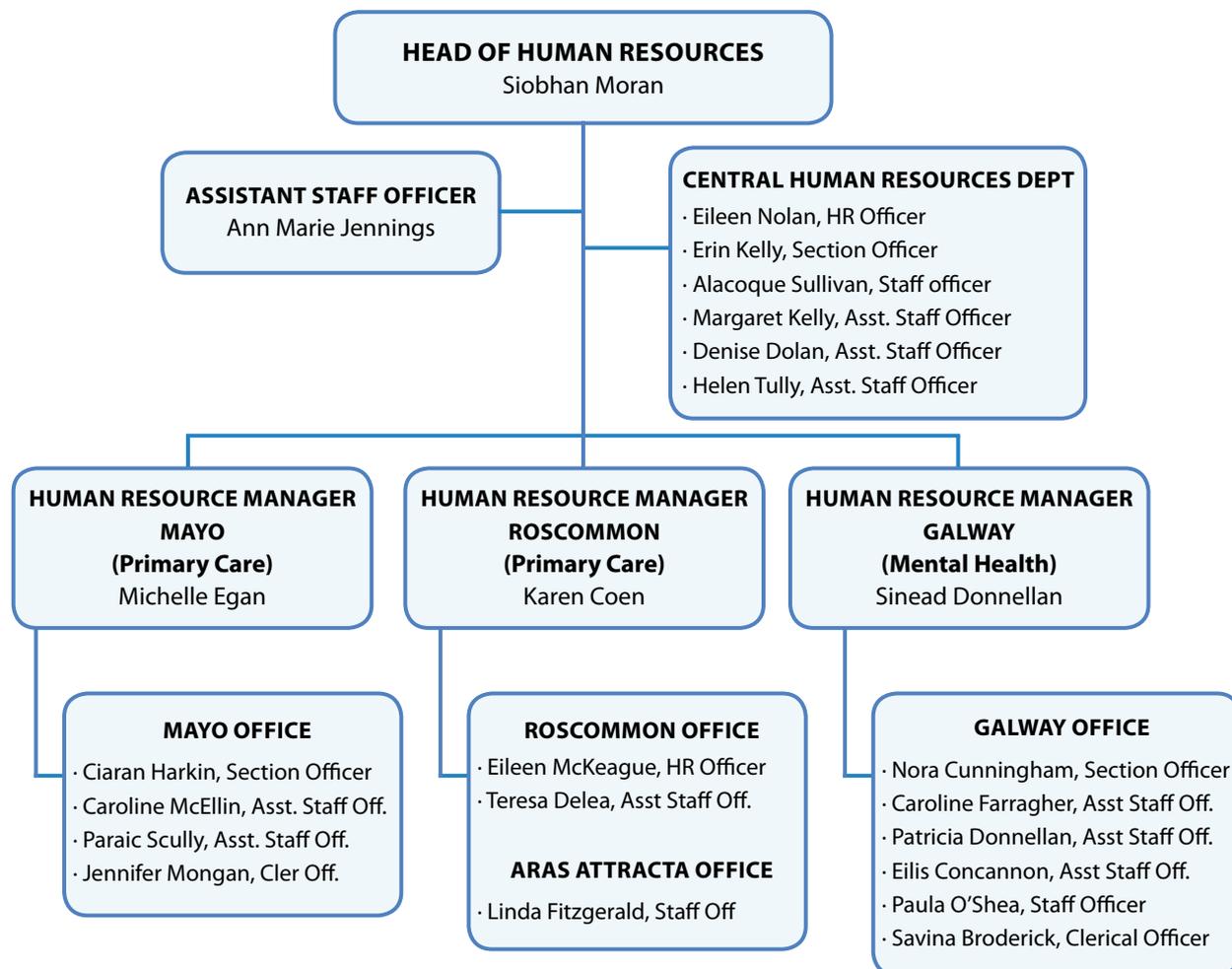
- Management Accountant recruited and due to take up post in May 2019.
- Incorporation of Payroll functions from CAMHS Mental Health Service into Finance Team in Galway.
- Continuation of active participation in the Finance Reform Programme via the rollout of the Consolidated Financial information (CFI) system and preparation for the introduction of the National Integrated Financial and procurement IT system



Lorna Sumner, Clerical Officer, Finance Department, Newcastle Road, Galway receiving an Exceptional Service Award at Community Healthcare West Staff Recognition Awards Steering Ceremony

Human Resources

Organisational Structure



Introduction

2018 was the final year of the People Strategy 2015 – 2018, which was developed in recognition of the vital role the workforce plays in delivering every day, to an increasing and changing population, across all care settings in communities, hospitals and healthcare offices. We continue to nurture, support and develop a workforce that is dedicated to excellence, welcomes change and innovation, embraces leadership and teamwork, fosters inclusiveness and diversity and maintains continuous professional development and learning.

Recruitment & Retention of motivated and skilled staff remains paramount for the delivery of health services. 2018 saw the establishment of the Recruitment function within Community Healthcare West, which will further strengthen our position in ensuring that we have the right people in the right position at the right time.

The Workforce Position Government policy on public service numbers and costs is focused on ensuring that the health workforce operates within the pay budgets available. Community Healthcare West manages a WTE of 5575 (December 2018 figure – Source – Health Service Personnel Census). A detailed breakdown is provided in Appendix 2.

Leadership and Culture & Learning and Development

In consultation and working in partnership with Corporate Leadership, Education, Talent and Development (LETD) Community Healthcare West continued to support staff development and to build capacity of staff to meet organisational requirements and to support front-line managers to undertake their people management role. This year, the following staff development took place:

Event	Attendees	Learning and Development Hours
Leaders in Management	12	550
Management Development Prog	15	225
Clerical Officer Dev. Prog	16	360
Coaching Skills	15	210
Managing Attendance for Managers	16	32
People Mgt Legal Framework	17	232
Dignity at Work	107	202
Corporate Induction	87	652

In addition to the above, 2018 saw the HR team in Community Healthcare West introduce a series of HR Clinics. Designed to complement the First Time Managers and People Management-the Legal Framework, the HR Clinics are structured to provide short 90-minute workshops focusing on the implementation of key HR Policies. The purpose of the Clinics is to provide best practice advice to managers when invoking policy, and the initial focus in on the Trust in Care Policy, Dignity at Work and Managing Attendance.

Clinics are held bi-monthly and locations alternate between the Galway, Mayo and Roscommon. Delivered by experienced HR Managers, it is a valuable opportunity to share learning and at the same time build a positive working relationship between people managers and HR support. The clinics have been welcomed by managers and have been oversubscribed on all dates delivered. Managers reported that:

The training was –*“Informative, broken down to simple terms, very good tips”*.

Applying what you have learned - *“I intend to be more proactive in expressing what is expected from staff as regards work standards”*.

72 of our Managers attended these clinics in 2018 and building on this success and requests of managers, HR have planned further clinics throughout 2019 to support further learning and knowledge towards best practice implementation of HSE policy.

A Line Managers Toolkit was developed and piloted in Primary Care, the shared folder provided managers with the most up to date and relevant Human Resources Policies, Procedures and guidelines to support them in their



Final Day of the Clerical Officer Development Programme Mayo on the 27th March 2018 facilitated by Ann Gardner

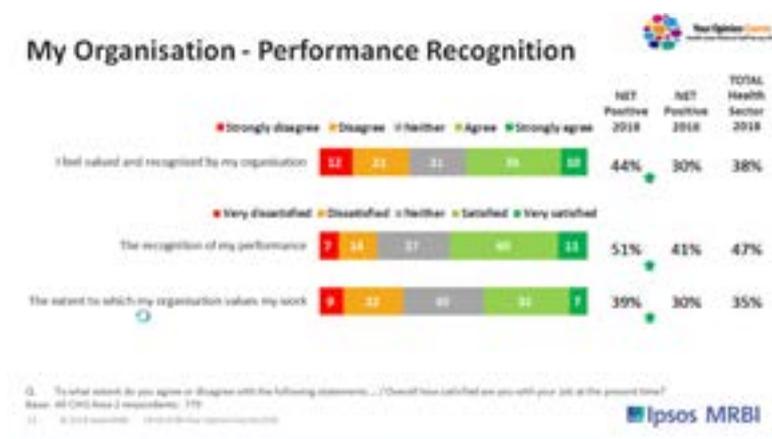
people management role. The tool kit, will be further developed, to include standard letters prior to introduction to all Community Healthcare West Services.

Staff Engagement

Your Opinion Counts Staff Survey, championed by the HR department, took place in September 2018. The aim of this survey was to access current staff opinions in order to identify opportunities for improvement, which will help build a better health service for all.

“Your Opinion Counts” Staff Survey 2018

Our 2018 staff survey “Your Opinion Counts” launched on 1st September. Expressions of Interest were invited from staff across Community Healthcare West and Staff Survey Champions were identified. The Staff Survey Champions worked with the Communications Department and the Human Resources Department to promote the Survey and to advise staff of the benefits of completing the Survey. The Survey results inform us of the positives and also where our deficits lie and are built into our staff engagement programmes throughout the year. Workshops and presentations relating to the key findings, specific to Community Healthcare West, will be rolled out in 2019.



Non-clinical team meetings

Following a Train the Trainer programme on Effective Communication through Team Meetings facilitated by Learning Education and Talent Development in early 2018, the roll out of regular team meetings for administration staff across all divisions took place based on the fundamentals of the training programme.

Non-clinical team meetings

Following a train the trainer programme on Effective Communication through Team Meetings facilitated by Learning, Education and Talent Development the HR team piloted team meetings for non-clinical staff across Primary Care. After a successful pilot with the benefits of regular peer-to-peer meetings identified by both staff and management, the meetings were rolled out across Mental Health Services (Mayo) and Older People Services.

Schwartz Rounds

While our Hospital colleagues are familiar with the concept of Schwartz Rounds, Community Healthcare West is the first Community Healthcare Organisation in the HSE to introduce Schwartz Rounds. Roscommon Community Healthcare was identified as the pilot site for the Rounds, which commenced in September 2018. Schwartz Rounds focus on the human dimension of care. The Rounds are tightly structured, monthly meetings for multi-professional groups of staff working in health care environments. The Rounds provide an opportunity for staff from **all disciplines** across Community Healthcare West to reflect on the emotional aspects of their work. Schwartz Rounds provide a framework, which helps to improve staff wellbeing, resilience and support which ultimately has an impact on improved patientcentred care. Schwartz Rounds continue to



Attendees at the information seminar on the role of the National HSCP Office

grow in popularity with the Round moving to Boyle Primary Care Centre for April.

Line Managers Toolkit

A Line Managers Toolkit was successfully piloted in Primary Care in 2018. The shared folder, similar to the toolkits on www.hse.ie, provides managers with the most up to date and relevant human resources Policies, Procedures Protocols and Guidelines to support and empower them in their people management role. The Toolkit will be further developed to include standard letters and rolled out to all managers across Community Healthcare West in 2019.

Pay and Staffing Strategy 2018 and Funded Workforce

Plans

Stringent monitoring takes place each month to ensure compliance with allocated pay expenditure budgets;

- Payroll Monitoring Control Group met on a monthly basis
- Analysis was carried each month to monitor movement within our allocated limits of employment
- Our compliance with public sector pay policy and public sector appointments is strictly monitored
- An integrated approach was implemented, with Service Managers, being supported by HR and Finance, to focus on reducing and / or controlling pay costs, including agency and overtime, and implementing cost containment plans, in addition to maximising the performance and productivity of the health workforce. A dedicated resource was put in place to analyse Agency Usage and put a plan in place to reduce/eliminate agency usage.



Attendees at the information seminar on the role of the National HSCP Office

Partnering

A Joint Union Management Forum was established in Community Healthcare West in Q4, 2017 with Trade Union partners and representatives for all the Divisions, Finance, Communications and the Chief Officer's Department. This forum met on 5 occasions during 2018 with other bi-monthly meetings held with subgroups established for all Divisions.

Public Service Stability Agreement 2018 - 2020

Community Healthcare West Human Resources have fully supported the Public Service Pay Commission in co-ordinating and providing information and statistics in a timely manner.

Health and Social Care Professions

Community Healthcare West Human Resources organized a briefing on the Health and Social Care Professionals Education and Development Strategy 2016-2019 for all Health and Social Care Professionals within the area. Sinead Fitzpatrick and Frances Connelly from the National HSCP office facilitated this presentation. The briefing was a valuable opportunity for the National Office to hear the observations and recommendations of our HSCPs, to gather information (for example, on best practice initiatives) and in turn for the National Office to share information with a view to supporting HSCPs to maximise their potential and achieve the greatest impact in designing, planning, management and delivery of personcentred integrated care.



Cúram Sláinte Phobail, Iarthar
Community Healthcare West

Supporting Service Delivery

Portfolio Management Office

The Programme for Health Service Improvement was established to provide a single overarching body to coordinate and drive the delivery of a range of service improvement programmes and transformational projects. These projects emanate from strategies, frameworks, policies, reviews, recommendations, research and need to assure strategic alignment with the HSE Corporate Plan.

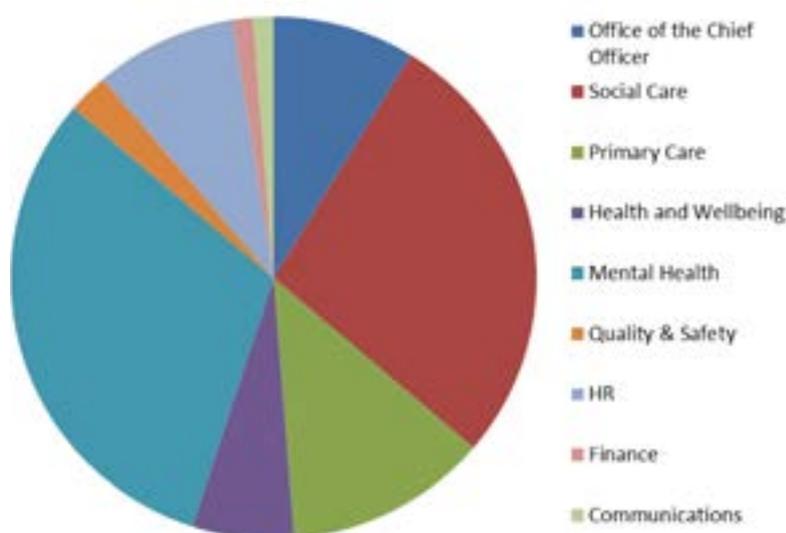
The primary role of the Portfolio Management Office (PMO) is to provide strategic planning, governance, advice and support to the any Community Healthcare West personnel looking to plan and implement service improvement and transformational activities. The PMO team is comprised of a Portfolio Lead, Project Manager and two Support Officers. To support the Organisation, the team has developed a set of local processes, tools and templates to assist in project initiation, delivery, status and a risk & issue reporting system. The PMO is currently supporting 34 projects across the region which are at different stages of implementation and design.

During the last 12 months we have continued to develop our team in terms of capability, capacity and efficiency. The PMO has developed a two-day training programme to support CHO staff to further improve their skill-set and introduce them to project management principles, techniques and tools to build and nurture our project delivery capacity across the CHO.

From a strategic perspective, the team is working closely with the Heads of Service and National Divisions to develop cross-functional integrated plans, assisting in the prioritisation of service improvement and transformational initiatives that are closely aligned to both local and national priorities.

Accommodation Review Committee

The purpose of the Committee and the emerging process in place is to provide oversight and governance to the allocation and efficient usage of all property on the Community Healthcare West Accommodation Register. Since the establishment of the Accommodation Review Committee (ARC) in 2017, all decisions relating to the use or change of use of existing Community Healthcare West managed/occupied property is centralised via the ARC. The efficacy of the ARC is evidenced by the 92 applications (see Fig.2) that were received and processed in 2018.



(Fig. 2)

The CHO ARC membership includes representatives from each of the Services along with representatives from the Maintenance Departments and HSE Estates.

Information Systems

The purpose of the Community Healthcare West Information Services Liaison Office is to work with our own business users, the Portfolio Management Office (for Project Management), local Information and Communication Technology (ICT) support, National Information Technology Team (OoCIO - Office of the Chief Information Officer) and Information and Communication Technology vendors on projects with an Information Systems element. Our goal is to try & ensure our services migrate to common solutions (based on common processes). All our business related projects are managed by the business teams themselves.

During 2018 the Information Services Liaison Office supported the following projects:

- Initiation of iPMS PAS project
- Pilot for Physiotherapy Referral Management System
- Development of database for AMOs (Area Medical Officers)
- Extensions to Clinical PAS functionality
- Q Pulse pilot
- Policy Management System
- Barcode Label printing

Communications

The Communications Office increased its focus on both the internal and external communication requirements of stakeholders during 2018. Led by the Community Healthcare West Management Team the Organisation is intent on maximizing and improving when, how and where we communicate with our stakeholders. During 2018 the Community Healthcare West brand was introduced to distinguish the Organisation and the demographic area it serves (Counties Galway, Mayo and Roscommon). The CHO Communication Strategy was initiated to ensure that all communication needs are captured and provided for.

Community Healthcare West Staff Recognition Awards

The inaugural Staff Recognition Awards Programme, Community Healthcare West opened for applications on Monday 16th April, 2018 and closed on Wednesday 11th July, 2018.

These awards were established to honour the achievements of those who have been involved in a project, or provided a service, that has made a real and lasting difference to our Health & Social Services. Our aim was to inspire people to develop better services that result in easier access and higher quality care for patients, and to encourage our staff to take pride in their achievements.

The response to the Programme was outstanding clearly demonstrating the need to recognise the achievements of those who have been involved in a service or project that has made a real difference to the broad range of health and social care services across Community Healthcare West. The response is also evident of the good work being done across Galway, Mayo and Roscommon by our staff in Community Healthcare West.



Of the applications, 19 applications were selected as winners across 3 categories: (1) Innovative Project (2) Service Improvement (3) Exceptional Service. The Recognition Event took place on Thursday 25th October, 2018 and the 19 Winners received a certificate. There were 3 overall winners, 1 from each category.



Staff Recognition Awards Steering Committee, Community Healthcare West with Tony Canavan, Chief Officer at the Awards Ceremony in October 2018



(Overall winner in Innovate Projects category) Heartsaver CPR AED Training for Family Carers, Social Care Services, Newcastle Road, Galway



(Overall winner in Service Improvements category) Access to Psychological Service Ireland, Primary Care Centre, Roscommon



(Overall winner in Exceptional Service category) Helen Byrne, Clinical Nurse Specialist Addiction, Mental Health Services Castlebar, Co. Mayo



Cúram Sláinte Phobail, Iarthar
Community Healthcare West

Appendices

Performance Indicator Suite

Sourced from: HSE, Healthcare Performance Data Tool. April 2019.

Health and Wellbeing Division

Metric	Freq	Target Full Year	Outturn Prev Yr	Reported Activity 2018
Immunisations & Vaccines				
% children aged 12 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%	93.2%	92.9%
% children at 12 months of age who have received two doses of the Pneumococcal Conjugate vaccine (PCV2)	Q-1Q	95%	93.6%	93.2%
% children at 12 months of age who have received one dose of the Meningococcal group C vaccine (MenC1)	Q-1Q	95%	95.3%	93.0%
% children at 12 months of age who have received two doses of the Meningococcal group B vaccine (MenB2)	Q-1Q	95%		95.2%
% children at 12 months of age who have received two doses of the Rotavirus vaccine (Rota2)	Q-1Q	95%		93.1%
% 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%	96.8%	96.0%
% children aged 24 months who have received two doses Meningococcal C (MenC2) vaccine (2 doses from Q3 2017)	Q-1Q	95%	93.5%	93.3%
% children aged 24 months who have received 1 dose Haemophilus influenza type B (Hib) vaccine	Q-1Q	95%	94.5%	93.6%
% children aged 24 months who have received 3 doses Pneumococcal Conjugate (PCV3) vaccine	Q-1Q	95%	97.4%	96.9%
% children aged 24 months who have received the Measles, Mumps, Rubella (MMR) vaccine	Q-1Q	95%	94.4%	94.2%
% of children aged 24 months who have received three doses of the Meningococcal group B vaccine (MenB3)	Q-1Q	95%		92.5%
% of children aged 24 months who have received two doses of the Rotavirus vaccine (Rota2)	Q-1Q	95%		95.7%
% of Healthcare workers who have received seasonal flu vaccine in the current influenza season (long term care facilities in the community)	A	65%	19.9%	37.6%
% uptake in Flu vaccine for those age 65 and older with medical or doctor only card	A	75%	50.6%	54.0%
HPI Physical Activity				
No. of unique runners completing a 5k parkrun	M	20,431	-	24,442
Dietetics				
No. of people who have completed a structured patient education programme for type 2 diabetes	M	647	208	345
No. of people attending a HSE funded structured community based healthy cooking programme	M	60	0	49

Mental Health Division

Metric	Freq	Target Full Year	Outturn Prev Yr	Reported Activity 2018
NSP Community Adult				
% of accepted referrals / re-referrals offered first appointment within 12 week by General Adult Community Mental Health Team	M	90%	99.2%	99.0%
% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks by General Adult Community Mental Health Team	M	75%	90.5%	88.5%
%. of new (including re-referred) General Adult Community Mental Health Team cases offered appointment and DNA in the current month	M	<20%	8.9%	10.8%
No. of new (including re-referred) General Adult Community Mental Health Team cases seen in the current month	M	5,134	4,812	4,270
No. of admissions to adult acute inpatient units	Q-1Q	1,391	1,252	1,133
NSP KPI Psychiatry of Old Age				
% of accepted referrals / re-referrals offered first appointment within 12 weeks by Psychiatry of Later Life Community Mental Health Teams	M	98%	100.0%	100.0%
% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks by Psychiatry of Later Life Community Mental Health Teams	M	95%	99.0%	98.8%
%. of new (including re-referred) Psychiatry of Later Life Community Mental Health Team cases offered appointment and DNA in the current month	M	<3%	1.0%	1.2%
No. of new (including re-referred) Psychiatry of Later Life Community Mental Health Team cases seen in the current month	M	1,568	1,455	1,460
NSP KPI CAMHS				
Admissions of children to Child and Adolescent Acute Inpatient Units as a % of the total number of admissions of children to mental health acute inpatient units.	M		95.2%	100.0%
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%	99.5%	100.0%
% of accepted referrals / re-referrals offered first appointment within 12 weeks by Child and Adolescent Community Mental Health Teams	M	78%	96.6%	98.3%
% of accepted referrals / re-referrals offered first appointment and seen within 12 week by Child and Adolescent Community Mental Health Teams	M	72%	91.5%	92.1%
%. of new (including re-referred) child/adolescent referrals offered appointment and DNA in the current month	M	<10%	5.4%	6.7%
% of accepted referrals / re-referrals offered first appointment and seen within 12 months by Child and Adolescent Community Mental Health Teams excluding DNAs	M	100%	99.6%	99.9%
% of urgent referrals to Child and Adolescent Mental Health Teams responded to within three working days	M			
No. of child / adolescent referrals (including re-referred) received by mental health services	M	1,692	1,740	1,821
No. of new (including re-referred) child/adolescent referrals seen in the current month	M	1,221	1,041	1,172
Adult Inpatient				
No. of admissions to adult acute inpatient units	Q-1Q	1,391	1,252	1,133
Median length of stay	Q-1Q	10		
Rate of admissions to adult acute inpatient units per 100,000 population in mental health catchment area	Q-1Q	77.5	67.1	59.4
First admission rates to adult acute units (that is, first ever admission), per 100,000 population in mental health catchment area	Q-1Q	30.5	23.4	20.5
Acute re-admissions as % of admissions	Q-1Q	60%	65.1%	65.4%
Inpatient re-admission rates to adult acute units per 100,000 population in mental health catchment area	Q-1Q	47.0	43.7	38.8
No. of adult acute inpatient beds per 100,000 population in the mental health catchment area	Q-1Q	25.6	21.8	23.0
No. of adult involuntary admissions	Q-1Q	208	204	206
Rate of adult involuntary admissions per 100,000 population in mental health catchment area	Q-1Q	11.6	10.2	11.0

Community Adult				
Number of General Adult Community Mental Health Teams	M	11		
Number of referrals (including re-referred) received by General Adult Community Mental Health Teams	M	6,984	6,647	6,468
Number of Referrals (including re-referred) accepted by General Adult Community Mental Health Teams	M	6,636	5,865	5,594
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	6,394	5,285	4,789
No. of new (including re-referred) General Adult Community Mental Health Team cases seen in the current month	M	5,134	4,812	4,270
No. of new (including re-referred) General Adult Community Mental Health Team cases offered appointment and DNA in the current month	M	1,260	473	519
% of new (including re-referred) General Adult Community Mental Health Team cases offered appointment and DNA in the current month	M	<20%	8.9%	10.8%
Number of cases closed/discharged by General Adult Community Mental Health Teams	M	5,304	2,656	2,385
POA Service				
Number of Psychiatry of Later Life Community Mental Health Teams	M	5		
Number of referrals (including re-referred) received by Psychiatry of Later Life Community Mental Health Teams	M	1,908	1,796	1,899
Number of Referrals (including re-referred) accepted by Psychiatry of Later Life Community Mental Health Teams	M	1,824	1,633	1,668
No. of new (including re-referred) Psychiatry of Later Life Community Mental Health Team cases offered first appointment for the current month (seen and DNA below)	M	1,640	1,469	1,478
No. of new (including re-referred) Psychiatry of Later Life Community Mental Health Team cases seen in the current month	M	1,568	1,455	1,460
No. of new (including re-referred) Psychiatry of Later Life Community Mental Health Team cases offered appointment and DNA in the current month	M	72	14	18
% of new (including re-referred) Psychiatry of Later Life Community Mental Health Team cases offered appointment and DNA in the current month	M	<3%	1.0%	1.2%
Number of cases closed/discharged by Psychiatry of Later Life Community Mental Health Teams	M	1,440	1,146	1,252
Child & Adolescent Mental Health				
No. of child / adolescent referrals (including re-referred) received by mental health services	M	1,692	1,740	1,821
No. of child / adolescent referrals (including re-referred) accepted by mental health services	M	1,092	1,109	1,247
No. of new (including re-referred) CAMHS Team cases offered first appointment for the current month (seen and DNA below)	M	1,341	1,101	1,256
No. of new (including re-referred) child/adolescent referrals seen in the current month	M	1,221	1,041	1,172
No. of new (including re-referred) child/adolescent referrals offered appointment and DNA in the current month	M	120	60	84
% of new (including re-referred) child/adolescent referrals offered appointment and DNA in the current month	M	<10%	5.4%	6.7%
No. of cases closed / discharged by CAMHS service	M	876	835	1,022
Total no. on waiting list for first appointment at end of each Month (reduce no. waiting by >5% annually)	M	36	36	29
> 3months (Greater than 3 months)	M	12	3	2
i). < 3 months (Less than 3 months)	M	24	33	27
CAMHS inpatient by Units				
Merlin Park, Galway	M	108	60	35

Social Care Division

Disability Services

Metric	Freq	Target Full Year	Outturn Prev Yr	Reported Activity 2018
Disability Act Compliance				
No. of requests for assessments of need received for children	Q	362	318	171
No. of child assessments commenced as provided for in the regulations	Q		318	160
No. of child assessments commenced within the timelines as provided for in the regulations	Q		314	160
% of child assessments commenced within the timelines as provided for in the regulations	Q	100%	98.7%	100%
No. of child assessments completed as provided for in the regulations	Q		249	178
No. of child assessments completed within the timelines as provided for in the regulations	Q		213	105
% of child assessments completed within the timelines as provided for in the regulations	Q	100%	85.5%	58.989%
No. of child service statements completed	Q		166	125
No. of child service statements completed within the timelines as provided for in the regulations	Q		158	107
% of child service statements completed within the timelines as provided for in the regulations	Q	100%	95.2%	85.60%
Safeguarding				
No. of Staff Trained in Safeguarding Policy	Q-1M	908	661	747
% 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.	Q-1M	100%	100.0%	100.0%
No. 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.	Q-1M		30	22
Total number of preliminary screenings for adults aged 65 years and over submitted within the specified time frame that had an outcome of reasonable grounds for concern	Q-1M		30	22
% 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.	Q-1M	100%	100.0%	100.0%
No. 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.	Q-1M		38	30
Total number of preliminary screenings for adults under 65 years submitted within the specified time frame that had an outcome of reasonable grounds for concern	Q-1M		38	30
Residential Services				
No. of people with ID and / or autism in receipt of residential services	Q-1M		807	734
No. of people with a physical and / or sensory disability in receipt of residential services	Q-1M		44	41
No. of people with a disability in receipt of residential Services (ID/Autism and Physical and Sensory Disability)	Q-1M	854	851	775
Respite Services (ID/Autism)				
No. of new referrals accepted for people with ID and / or autism for respite services	Q-1M		80	139
No. of new people with ID and / or autism who commenced respite services	Q-1M		72	95

No. of existing people with ID and / or autism in receipt of respite services	Q-1M		772	690
No. of people with ID and / or autism formally discharged from respite services	Q-1M		43	61
Total no. of people with ID and / or autism in receipt of respite services	Q-1M		779	715
No. of overnights (with or without day respite) accessed by people with ID and / or autism	Q-1M		36,379	34,902
No. of day only respite sessions accessed by people with ID and / or autism	Q-1M		6,898	5,963
No. of people with ID and / or autism who are in receipt of more than 30 overnights continuous respite	Q-1M		4	3
Respite Services (Physical/Sensory)				
No. of new referrals accepted for people with a physical and / or sensory disability for respite services	Q-1M		2	0
No. of new people with a physical and / or sensory disability who commenced respite services	Q-1M		16	18
No. of existing people with a physical and / or sensory disability in receipt of respite services	Q-1M		40	43
No. of people with a physical and / or sensory disability formally discharged from respite services	Q-1M		15	18
No. of people with a physical and / or sensory disability in receipt of respite services	Q-1M		40	49
No. of overnights (with or without day respite) accessed by people with a physical and / or sensory disability	Q-1M		2,169	2,241
No. of day only respite sessions accessed by people with a physical and / or sensory disability	Q-1M		0	0
No. of people with a physical and / or sensory disability who are in receipt of more than 30 overnights continuous respite	Q-1M		1	0
Personal Assistance (PA)				
No. of new referrals accepted for adults with a physical and / or sensory disability for a PA service	Q-1M	35	59	60
No. of new adults with a physical and / or sensory disability who commenced a PA service	Q-1M	64	78	98
No. of existing adults with a physical and / or sensory disability in receipt of a PA service	Q-1M	389	401	436
No. of adults with a physical and / or sensory disability formally discharged from a PA Services	Q-1M	35	52	76
No. of adults with a physical and / or sensory disability in receipt of a PA service	Q-1M	397	421	464
Number of PA Service hours delivered to adults with a physical and / or sensory disability	Q-1M	271,970	282,419	303,577
No. of adults with a physical and / or sensory disability in receipt of 1 - 5 PA hours per week	BA	127	141	157
No. of adults with a physical and / or sensory disability in receipt of 6 - 10 PA hours per week	BA	98	110	114
No. of adults with a physical and / or sensory disability in receipt of 11 - 20 PA hours per week	BA	97	109	117
No. of adults with a physical and / or sensory disability in receipt of 21 - 40 PA hours per week	BA	53	44	57
No. of adults with a physical and / or sensory disability in receipt of 41 - 60 PA hours per week	BA	7	6	6
No. of adults with a physical and / or sensory disability in receipt of 60 + PA hours per week	BA	15	12	11
Home Support (ID/Autism)				
No. of new referrals accepted for people with ID and / or autism for home support services	Q-1M		87	67
No. of new people with ID and / or autism who commenced a home support service	Q-1M		82	43
No. of existing people with ID and / or autism in receipt of home support services	Q-1M		514	522
No. of people with ID and / or autism formally discharged from home support services	Q-1M		23	21
Total no. of people with ID and / or autism in receipt of home support services	Q-1M		530	533
Total no. of Home Support Service Hours delivered to people with ID and / or autism	Q-1M		120,472	118,243

No. of people with ID and / or Autism in receipt of 1 - 5 Home Support hours per week	BA		305	342
No. of people with ID and / or Autism in receipt of 6 - 10 Home Support hours per week	BA		98	105
No. of people with ID and / or Autism in receipt of 11 - 20 Home Support hours per week	BA		34	27
No. of people with ID and / or Autism in receipt of 21 - 40 Home Support hours per week	BA		9	3
No. of people with ID and / or Autism in receipt of 41 - 60 Home Support hours per week	BA		1	1
No. of people with ID and / or Autism in receipt of 60+ Home Support hours per week	BA		1	4
Home Support Service Physical Sensory				
No. of new referrals accepted for people with a physical and / or sensory disability for home support services	Q-1M		32	54
No. of new people with a physical and / or sensory disability who commenced a home support service	Q-1M		292	302
No. of existing people with a physical and / or sensory disability in receipt of home support services	Q-1M		129	127
No. of people with a physical and / or sensory disability formally discharged from home support services	Q-1M		292	296
Total no. of people with a physical and / or sensory disability in receipt of home support services	Q-1M		187	179
No. of Home Support Service Hours delivered to people with a physical and / or sensory disability	Q-1M		71,426	73,270
No. of people with a physical and / or sensory disability in receipt of 1 - 5 Home Support hours per week	BA		99	84
No. of people with a physical and / or sensory disability in receipt of 6 - 10 Home Support hours per week	BA		11	13
No. of people with a physical and / or sensory disability in receipt of 11 - 20 Home Support hours per week	BA		11	15
No. of people with a physical and / or sensory disability in receipt of 21 - 40 Home Support hours per week	BA		7	3
No. of people with a physical and / or sensory disability in receipt of 41 - 60 Home Support hours per week	BA		3	0
No. of people with a physical and / or sensory disability in receipt of 60+ Home Support hours per week	BA		2	6
Congregated Settings				
Facilitate the movement of people from congregated to community settings	Q	35	8	11
Residential Places				
No. of residential places for people with a disability	M			9,243
Access Inclusion Model (AIM)				
Total number of requests received for health service support from a Better Start Early Years Specialist (EYS) under the Access and Inclusion Model (AIM) in the reporting month	M-1M			12
Total number of requests accepted for health supports received from a Better Start Early Years Specialist (EYS) under the Access and Inclusion Model (AIM) in the reporting month.	M-1M			4
Total number of children who have received health service supports following a request from a Better Start Early Years Specialist (EYS) under the Access and Inclusion Model (AIM) in the reporting month	M-1M			12

Older Persons Services

Metric	Freq	Target Full Year	Outturn Prev Yr	Reported Activity 2018
Home Support				
No. of Home Support hours provided (excluding provision of hours from Intensive Home Care Packages (IHCPs))	M	1,930,000		1,787,709
No. of people in receipt of Home Support (excluding provision from Intensive Home Care Packages(IHCPs)) - each person counted once only	M	4,528		5,983
Number of clients assessed and waiting for funding for the provision of Home Support	M			968
Intensive Homecare Packages				
Total No. of persons in receipt of an Intensive Home Care Package (IHCP)	M	235	31	30
No. of Home Support hours provided from Intensive Home Care Packages	M			40,179
% of clients in receipt of an IHCP with a Key Worker Assigned	M	100%	100.0%	100.0%
No. of clients in receipt of an IHCP with a Key Worker Assigned on the last day of the month	M		31	30
Total number of persons in receipt of a Dementia Specific Intensive Home Care Package (DS IHCP)	M			19
Nursing Home Support Scheme NHSS				
No. of persons funded under NHSS in long term residential care during the reporting month	M	0	2,556	2,559
% of clients with NHSS who are in receipt of Ancillary State Support	M		5.8%	6.3%
% of clients who have Common Summary Assessment Report (CSARs) processed within 6 weeks	M		92.2%	89.5%
% of population over 65 years in NHSS funded Beds (based on 2016 Census figures)	M			3.5%
Number of New Applications for NHSS	M		1,018	1,052
Number of People who have been determined eligible for financial support under NHSS and who are awaiting funding	M		71	49
Number of New Patients Entering NHSS (Private Units)	M		592	701
Number of Patients leaving NHSS (Private Units)	M		633	702
No. of New Patients entering NHSS (Public Unts)	M		196	204
No. of Patients leaving NHSS (Public Units)	M		196	194
Total Number of NHSS clients who are in payment of State Support (Excludes Subvention/Contract Beds/Section 39 Savers as these clients cannot apply for ASS)	M		2,464	2,491
Public Beds				
No. of NHSS Beds in Public Long Stay Units	M	598	555	563
No. of Short Stay Beds in Public Long Stay Units	M	253	246	246
Safeguarding				
No. of Staff Trained in Safeguarding Policy	Q-1M	908	2,072	2,406
% 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.	Q-1M	100%	100.0%	100.0%
No. 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.	Q-1M		30	22
Total number of preliminary screenings for adults aged 65 years and over submitted within the specified time frame that had an outcome of reasonable grounds for concern	Q-1M		30	22
% 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.	Q-1M	100%	100.0%	100.0%
No. 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.	Q-1M		38	30
Total number of preliminary screenings for adults under 65 years submitted within the specified time frame that had an outcome of reasonable grounds for concern.	Q-1M		38	30

Primary Care Division

Metric	Freq	Target Full Year	Outturn Prev Yr	Reported Activity 2018
Outpatient Parenteral Antimicrobial Therapy				
Outpatient parenteral Antimicrobial Therapy (OPAT) Re-admission rate %	M	<5%		6.6%
CIT Activity				
Community Intervention Teams (Referrals by referral category)	M	3,095	2856	4,460
Admission Avoidance (includes OPAT)	M	105	54	57
Hospital Avoidance	M	1,763	1633	3,331
Early Discharge (Includes OPAT)	M	1,075	1150	953
Unscheduled referrals from community sources	M	152	19	119
CIT by Referral Source				
Community Intervention Teams (Referrals by referral source)	M	3,095	2856	4,460
ED / Hospital wards / Units	M	1,547	1224	1,031
GP Referral	M	1,179	1438	3,110
Community Referral	M	292	176	289
OPAT Referral	M	77	18	30
Physiotherapy				
No. of Physiotherapy patient referrals	M	23233	22474	20965
No. of Physiotherapy patients seen for a first time assessment	M	16764	17316	15827
No. of Physiotherapy patients treated in the reporting month	M	3770	3518	3440
No. of Physiotherapy Service face to face contacts/visits	M	83725	84706	81271
Total no. of physiotherapy patients on the assessment waiting list at the end of the reporting period	M	5878	4573	4385
No of physiotherapy patients on the assessment waiting list at the end of the reporting period 0 - ≤ 12 weeks	M		1856	2130
No of physiotherapy patients on the assessment waiting list at the end of the reporting period > 12 weeks but < 26 weeks	M		972	1121
No of physiotherapy patients on the assessment waiting list at the end of the reporting period >26 weeks but < 39 weeks	M		636	605
No of physiotherapy patients on the assessment waiting list at the end of the reporting period >39 weeks < 52 weeks	M		351	213
No of physiotherapy patients on the assessment waiting list at the end of the reporting period > 52 weeks	M		758	316
No. of new Physiotherapy patients seen for assessment within 12 weeks	M		13600	12609
% of new physiotherapy patients seen for assessment within 12 weeks	M	80%	78.5%	79.7%
No of physiotherapy patients on waiting list for assessment ≤ 52 weeks	M		3815	4069
% of physiotherapy patients on waiting list for assessment ≤ 52 weeks	M	93%	83.4%	92.8%
No of physiotherapy patients on waiting list for assessment ≤ 39 weeks	M		3464	3856
% of physiotherapy patients on waiting list for assessment ≤ 39 weeks	M	89%	75.7%	87.9%
No of physiotherapy patients on waiting list for assessment ≤ 26 weeks	M		2828	3251
% of physiotherapy patients on waiting list for assessment ≤ 26 weeks	M	80%	61.8%	74.1%
Occupational Therapy				
No. of Occupational Therapy service user referrals	M	7,796	7,828	7,999
No. of new Occupational Therapy service users seen for a first assessment	M	7,203	7,525	7,430

No. of Occupational Therapy service users treated (direct and indirect) monthly target	M	2,188	2,246	2,479
Total no. of occupational therapy service users on the assessment waiting list at the end of the reporting period.	M	2,633	2,319	2,584
No. of occupational therapy service users on the assessment waiting list at the end of the reporting period 0 - ≤ 12 weeks	M		909	808
No. of occupational therapy service users on the assessment waiting list at the end of the reporting period >12 weeks but < 26 weeks	M		597	592
No. of occupational therapy service users on the assessment waiting list at the end of the reporting period >26 weeks but < 39 weeks	M		324	328
No. of occupational therapy service users on the assessment waiting list at the end of the reporting period >39 weeks but < 52 weeks	M		191	247
No. of occupational therapy service users on the assessment waiting list at the end of the reporting period > 52 weeks	M		298	609
No. of occupational therapy service users on waiting list for assessment ≤ 52 weeks	M		2,021	1,975
% of occupational therapy service users on waiting list for assessment ≤ to 52 weeks	M	85%	87.1%	76.4%
No. of occupational therapy service users on waiting list for assessment ≤ 39 weeks	M		1,830	1,728
% of occupational therapy service users on waiting list for assessment ≤ 39 weeks	M	67%	78.9%	66.9%
No. of occupational therapy service users on waiting list for assessment ≤ 26 weeks	M		1,506	1,400
% of occupational therapy service users on waiting list for assessment ≤ 26 weeks	M	54%	64.9%	54.2%
% of new occupational therapy service users seen for assessment within 12 weeks	M	68%	62.1%	67.4%
No. of new occupational therapy service users seen for assessment within 12 weeks	M		4,673	5,011
Oral Health				
No. of new Oral Health patients in target groups attending for scheduled assessment	M	6,032	7,160	12,455
No. of new Oral Health patients attending for unscheduled assessment	M	2,044	2,232	2,896
No. of new Oral Health patients who commenced treatment within three months of scheduled oral health assessment	M	2,548	3,029	5,687
% of new Oral Health patients who commenced treatment within three months of scheduled oral health assessment	M	92%	86.6%	88.1%
Psychology				
No. of Psychology patient referrals	M	1,172	1,171	1,134
Existing Psychology patients seen in the month	M	171	185	154
New Psychology Patients Seen	M	1,253	983	894
Total no. of psychology patients on the treatment waiting list at the end of the reporting period	M	703	830	660
No. of psychology patients on the treatment waiting list at the end of the reporting period 0 - < 12 weeks	M		172	145
No. of psychology patients on the treatment waiting list at the end of the reporting period >12 weeks but < 26 weeks	M		154	154
No. of psychology patients on the treatment waiting list at the end of the reporting period >26 weeks but < 39 weeks	M		153	116
No. of psychology patients on the treatment waiting list at the end of the reporting period >39 weeks but < 52 weeks	M		106	79
No. of psychology patients on the treatment waiting list at the end of the reporting period >52 weeks	M		245	166
No. of psychology patients on the waiting list for treatment ≤ to 52 weeks	M		585	494
No. of psychology patients on the waiting list for treatment ≤ to 52 weeks	M		585	494
% of psychology patients on the waiting list for treatment ≤ to 52 weeks	M	81%	70.5%	74.8%
No. of psychology patients on the waiting list for treatment ≤ to 39 weeks	M		479	415
% of psychology patients on waiting list for treatment ≤ 39 weeks	M	62%	57.7%	62.9%

No of psychology patients on waiting list for treatment ≤ to 26 weeks	M		326	299
% of psychology patients on waiting list for treatment ≤ to 26 weeks	M	48%	39.3%	45.3%
No. of psychology patients on waiting list for treatment ≤ to 12 weeks	M		172	145
% of psychology patients on waiting list for treatment ≤ to 12 weeks	M	36%	20.7%	22.0%
Podiatry				
No of Podiatry clients (patients) referrals	M	2,079	2,807	2,075
Existing Podiatry clients (patients) seen in the month	M	1,032	1,201	1,184
New Podiatry clients (patients) seen	M	1,427	2,536	3,382
Total no. of podiatry clients (patients) on the treatment waiting list at the end of the reporting period	M	1,715	1,412	196
No. of podiatry clients (patients) on the treatment waiting list at the end of the reporting period 0 - ≤ 12 weeks	M		994	165
No. of podiatry clients (patients) on the treatment waiting list at the end of the reporting period >12 weeks but <26 weeks	M		257	15
No. of podiatry clients (patients) on the treatment waiting list at the end of the reporting period >26 weeks but <39 weeks	M		12	16
No. of podiatry clients (patients) on the treatment waiting list at the end of the reporting period >39 weeks but <52 weeks	M		41	0
No. of podiatry patients on the treatment waiting list at the end of the reporting period >52 weeks	M		108	0
No. of podiatry clients (patients) on the treatment waiting list ≤ to 52 weeks	M		1,304	196
% of podiatry patients on waiting list for treatment ≤ to 52 weeks	M	77%	92.4%	100.0%
No. of podiatry clients (patients) on the treatment waiting list ≤ to 39 weeks	M		1,263	196
% of podiatry clients (patients) on waiting list for treatment ≤ to 39 weeks	M	61%	89.4%	100.0%
No. of podiatry clients (patients) on the treatment waiting list ≤ to 26 weeks	M		1,251	180
% of podiatry clients (patients) on waiting list for treatment ≤ to 26 weeks	M	43%	88.6%	91.8%
No. of podiatry clients (patients) on the treatment waiting list ≤ to 12 weeks	M		994	165
% of podiatry clients (patients) on waiting list for treatment ≤ to 12 weeks	M	26%	70.4%	84.2%
No of clients (patients) with Diabetic Active Foot Disease treated in the reporting month	M	984	70	83
No of treatment contacts for Diabetic Active Food Disease in the reporting month	M	3,096	246	326
Ophthalmology				
No of Ophthalmology patient referrals	M	3,529	3,546	4,056
Existing Ophthalmology patients seen in the month	M	836	907	986
New Ophthalmology patients seen	M	3,587	3,710	3,894
Total no. of ophthalmology patients on the treatment waiting list at the end of the reporting period	M	2,201	2,238	2,684
No. of ophthalmology patients on the treatment waiting list at the end of the reporting period 0 - ≤12 weeks	M		643	848
No. of ophthalmology patients on the treatment waiting list at the end of the reporting period >12 weeks but < 26 weeks	M		505	522
No. of ophthalmology patients on the treatment waiting list at the end of the reporting period >26 weeks but < 39 weeks	M		395	513
No. of ophthalmology patients on the treatment waiting list at the end of the reporting period >39 weeks but < 52 weeks	M		370	407
No. of ophthalmology patients on the treatment waiting list at the end of the reporting period > 52 weeks	M		325	394
No of Ophthalmology patients on the treatment waiting list ≤ to 52 weeks	M		1,913	2,290
% of Ophthalmology patients on waiting list for treatment ≤ to 52 weeks	M	66%	85.5%	85.3%
No of Ophthalmology patients on the treatment waiting list ≤ to 39 weeks	M		1,543	1,883
% of Ophthalmology patients on waiting list for treatment ≤ to 39 weeks	M	58%	68.9%	70.2%
No of Ophthalmology patients on the treatment waiting list ≤ to 26 weeks	M		1,148	1,370
% of Ophthalmology patients on waiting list for treatment ≤ to 26 weeks	M	46%	51.3%	51.0%
No of Ophthalmology patients on the treatment waiting list 0 - ≤ 12 weeks	M		643	848
% of Ophthalmology patients on waiting list for treatment ≤ to 12 weeks	M	26%	28.7%	31.6%

Audiology				
No of Audiology patient referrals	M	3,216	3,126	2,911
Existing Audiology patients seen in the month	M	560	342	296
New Audiology patients seen	M	2,311	2,296	1,674
Total no. of audiology patients on the treatment waiting list at the end of the reporting period	M	1,429	1,532	2,029
No. of audiology patients on the treatment waiting list at the end of the reporting period 0 - ≤ 12 weeks	M		666	724
No. of audiology patients on the treatment waiting list at the end of the reporting period > 12 weeks but < 26 weeks	M		476	656
No. of audiology patients on the treatment waiting list at the end of the reporting period > 26weeks but < 39 weeks	M		333	482
No. of audiology patients on the treatment waiting list at the end of the reporting period 39 weeks < 52 weeks	M		57	159
No. of audiology patients on the treatment waiting list at the end of the reporting period >52 weeks	M		0	8
No. of audiology patients on waiting list for treatment ≤ 52 weeks	M		1,532	2,021
% of audiology patients on waiting list for treatment ≤ to 52 weeks	M	88%	100.0%	99.6%
No of audiology patients on the treatment waiting list ≤ to 39 weeks	M		1,475	1,862
% of of audiology patients on the treatment waiting list ≤ to 39 weeks	M	78%	96.3%	91.8%
No of audiology patients on the treatment waiting list ≤ to 26 weeks	M		1,142	1,380
% of audiology patients on waiting list for treatment ≤ to 26 weeks	M	64%	74.5%	68.0%
No of audiology patients on the treatment waiting list ≤ to 12 weeks	M		666	724
% of audiology patients on waiting list for treatment ≤ to 12 weeks	M	41%	43.5%	35.7%
Dietetics				
No. of Dietetics patients seen	M		5,474	6,124
Nursing				
No of Nursing patient referrals	M	15,305	15,110	16,999
Existing Nursing patients seen in the month	M	6,214	8,032	5,364
New Nursing patients seen	M	14,732	14,751	16,855
% of new patients accepted onto the Nursing caseload and seen within 12 weeks	M-1M	96%	96.7%	117.5%
SLT				
No of Speech and Language Therapy patient referrals	M	4,675	4,910	4,857
Existing Speech and Language Therapy patients seen in the month	M	2,373	1,905	2,063
New Speech and Language Therapy patients seen for initial assessment	M	4,286	3,963	4,293
Total no. of speech and language therapy patients waiting initial assessment at end of the reporting period	M	960	1,208	1,043
Total no. of speech and language therapy patients waiting initial therapy at end of the reporting period	M	615	590	580
No. of speech and language therapy patients on waiting lists for assessment ≤ to 52 weeks	M		1,188	1,028
% of speech and language therapy patients on waiting list for assessment ≤ to 52 weeks	M	100%	98.3%	98.6%
No of speech and language Therapy patients on waiting list for assessment > 52 weeks	M		20	15
No. of speech and language Therapy patients on waiting list for treatment ≤ to 52 weeks	M		586	572
% of speech and language therapy patients on waiting list for treatment ≤ to 52 weeks	M	100%	99.3%	98.6%
Service Improvement Initiative - New speech and language Therapy patients seen for initial assessment	M	227	275	246
Service Improvement Initiative - No. of Speech and Language therapy initial therapy appointments	M	1,443	1,431	1,399
Service Improvement Initiative - No. of Speech and Language therapy further therapy appointments	M	1,945	1,980	1,989
Health Amendment				
No of Health Amendment Act 1996 cardholders who were reviewed	Q		48	48

Child Health				
% newborn babies visited by a PHN within 72 hours of hospital discharge	Q	99.0%	98%	99.1%
% of children reaching 10 months within the reporting period who have had their child development health screening on time before reaching 10 months of age	M-1M	94.2%	95%	92.0%
% of babies breastfed (exclusively and not exclusively) at first PHN visit	Q-1Q	54.9%	58%	57.5%
% of babies breastfed (exclusively and not exclusively) at 3 month PHN visit	Q-1Q	41.0%	40%	45.8%
% of babies breastfed exclusively at first PHN visit	Q-1Q	37.7%	48%	37.5%
% of babies breastfed exclusively at three PHN visit	Q-1Q	31.4%	30%	36.4%
Community Diagnostics				
No of ultrasound referrals accepted	M	4,752		5,199
No of ultrasound examinations undertaken	M	4,752		4,706
Child Health				
Total No. of eligible babies whose screening was complete by four weeks	Q-1Q	0		4,363
No. of eliglble babies who completed screening in the reporting period	Q-1Q	0		4,377
% of eligible babies whose screening was complete by four weeks	Q-1Q	95		1
No. of babies identified with permanent childhood hearing impairment referred to audiology services from the screening programme	Q-1Q	9		10
No. of babies from screening programme identified with a hearing loss by six months of age	Q-1Q	7		10
National Hep C Treatment Programme				
No of patients registered to the national hepatitis C registry with funding approved for hepatitis C treatment commencement	M	0		50
No of patients registered to the national hepatitis C registry with funding approved for hepatitis C treatment commencement for whom treatment has commenced	M	0		62
No. of patients registered to national hepatitis C registry with funding approved for hepatitis C treatment commencement for whom treatment has NOT YET commenced	M	0		82
Therapies – No. of persons seen				
No. of Therapies / Community Healthcare Network Services patients seen	M	0	178,122	181,810

Social Inclusion

Metric	Freq	Target Full Year	Outturn Prev Yr	Reported Activity 2018
Opioid Substitution				
Total no. of clients in receipt of opioid substitution treatment (outside prisons)	M-1M	143	143	167
No. of clients in opioid substitution treatment in clinics	M-1M	55	58	58
No. of clients in opioid substitution treatment with level 2 GP's	M-1M	11	13	28
No. of clients in opioid substitution treatment with level 1 GP's	M-1M	77	72	81
No. of clients transferred from clinics to level 1 GP's	M-1M	5	20	18
No. of clients transferred from clinics to level 2 GP's	M-1M	0	3	6
No. of clients transferred from level 2 to level 1 GP's	M-1M	0	2	1
Total no. of new clients in receipt of opioid substitution treatment (outside prisons)	M-1M	24	21	36
Total no. of new clients in receipt of opioid substitution treatment (clinics)	M-1M	12	18	24
Total no. of new clients in receipt of opioid substitution treatment (level 2 GP)	M-1M	0	2	11
Number of pharmacies providing opioid substitution treatment	M-1M	44	44	47
Number of people obtaining opioid substitution treatment from pharmacies	M-1M	153	153	174
Substance Misuse				
No. of substance misusers who present for treatment	Q-1Q	346	262	308
No. of substance misusers who present for treatment who receive an assessment within 2 weeks	Q-1Q	346	204	266
% of substance misusers who present for treatment who receive an assessment within 2 weeks	Q-1Q	100%	89%	85.9%
No. of substance misusers (over 18 years) for whom treatment has commenced following assessment	Q-1Q	277	199	241

No. of substance misusers (over 18) for whom treatment has commenced within one calendar month following assessment	Q-1Q	274	198	241
% of substance misusers (over 18 years) for whom treatment has commenced within one calendar month following assessment	Q-1Q	100%	100.0%	100.0%
No. of substance misusers (under 18 years) for whom treatment has commenced following assessment	Q-1Q	26	23	23
No. of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment	Q-1Q	26	21	23
% of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment	Q-1Q	100%	100.0%	100.0%
% of substance misusers (over 18 years) for whom treatment has commenced who have an assigned key worker	Q-1Q	100%	2%	4.6%
% of substance misusers (over 18 years) for whom treatment has commenced who have a written care plan	Q-1Q	100%	0%	0.0%
% of substance misusers (under 18 years) for whom treatment has commenced who have an assigned key worker	Q-1Q	100%	0%	0.0%
% of substance misusers (under 18 years) for whom treatment has commenced who have a written care plan	Q-1Q	100%	0%	0.0%
Homeless Services				
% of individual homeless service users admitted to homeless emergency accommodation hostels/ who have medical cards	Q	75%	51%	63%
No. of individual homeless service users admitted to homeless emergency accommodation hostels/ who have medical cards	Q	94	83	76
% of homeless 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.	Q	70%	30.4%	31.8%
No. of homeless 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.	Q	25	24	14
% of homeless service users admitted to homeless emergency accommodation hostels / facilities whose health needs have been assessed within two weeks of admission	Q	73%	100%	75%
No. of homeless service users admitted to homeless emergency accommodation hostels / facilities whose health needs have been assessed within two weeks of admission	Q	91	162	90
% of homeless 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	Q	86%	73%	74%
No. of homeless 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	Q	79	119	89
Alcohol Misuse				
No. of problem alcohol users who present for treatment	Q-1Q	22	31	44
No. of problem alcohol users who present for treatment who receive an assessment within 2 weeks	Q-1Q	22	29	41
% of problem alcohol users who present for treatment who receive an assessment within 2 weeks	Q-1Q	100%	77.8%	100.0%
No. of problem alcohol users (over 18 years) for whom treatment has commenced following assessment	Q-1Q	16	24	38
No. of problem alcohol users (over 18 years) for whom treatment has commenced within one calendar month following assessment	Q-1Q	16	24	38
% of problem alcohol users (over 18 years) for whom treatment has commenced within one calendar month following assessment	Q-1Q	100%	100.0%	100.0%
No. of problem alcohol users (under 18 years) for whom treatment has commenced following assessment	Q-1Q	0	0	2
No. of problem alcohol users (under 18 years) for whom treatment has commenced within one week following assessment	Q-1Q	0	0	2
% of problem alcohol users (over 18 years) for whom treatment has commenced who have an assigned key worker	Q-1Q	100%	0.0%	0.0%
% of problem alcohol users (over 18 years) for whom treatment has commenced who have a written care plan	Q-1Q	100%	0.0%	0.0%
No. of problem alcohol users who present for treatment	Q-1Q	22	31	44

Needle Exchange				
Number of pharmacies recruited to provide a Pharmacy Needle Exchange Programme	Q-1Q	13	13	13
No of unique individuals attending the Pharmacy Needle Exchange Programme	Q-1Q	111	71	101
No. of pharmacy needle exchange packs provided as per the Pharmacy Needle Exchange Programme	Q-1Q		112	184
Number of clean needles provided each month as per the Pharmacy Needle Exchange Programme	Q-1Q	1,153	595	1,189
Average no. of clean needles (and accompanying injecting paraphenilia per unique individual each month	Q-1Q	14	8	12
No. of needle / syringe packs returned as per the Pharmacy Needle Exchange Programme	Q-1Q	30	36	48
% of needle / syringe packs returned as per the Pharmacy Needle Exchange Programme	Q-1Q	41%	32.1%	26.1%
Traveller Health				
No. of people who received information on type 2 diabetes or participated in related initiatives	Q	725		20
No. of people who received information on or participated in positive mental health initiatives	Q	725		490

Palliative Care Services				
Metric	Freq	Target Full Year	Outturn Prev Yr	Reported Activity 2018
Inpatient Pall Care Services				
Access to specialist inpatient bed within seven days during the reporting year	M	98%	99.7%	99.4%
No. accessing specialist inpatient bed within seven days (during the reporting year)	M	296	307	348
Access to specialist palliative care inpatient bed from 8 to 14 days (during the reporting month)	M	2%	0.3%	0.3%
% of patients triaged within one working day of referral (Inpatient Unit)	M	95%	94.2%	100.0%
No. of patients in receipt of treatment in specialist palliative care inpatient units (during the reporting month)	M	41	37	48
No. of new patients seen or admitted to the specialist palliative care service (monthly cumulative)	M	201	206	224
No. of admissions to specialist palliative care inpatient units (monthly cumulative)	M	300	308	348
% of patients with a multidisciplinary care plan documented within five working days of initial assessment (Inpatient Unit)	M	90%	109.7%	106.3%
Community Pall Care Services				
Access to specialist palliative care services in the community provided within seven days (normal place of residence)	M	95%	94.9%	90.3%
Access to specialist palliative care services in the community provided to patients in their place of residence within 8 to 14 days (Normal place of residence) (during the reporting month)	M	3%		8.6%
Access to specialist palliative care services in the community provided to patients in their place of residence within 15+ days (Normal place of residence) (during the reporting month)	M	2%		1.1%
% of patients triaged within one working day of referral (Community)	M	94%	92.2%	91.6%
No. of patients who received specialist palliative care treatment in their normal place of residence in the month	M	409	415	380
No. of new patients seen by specialist palliative care services in their normal place of residence	M	1,155	1,201	1,200
Day Care				
No. of patients in receipt of specialist palliative day care services (during the reporting month)	M	39	34	36
No. of new patients who received specialist palliative day care services (monthly cumulative)	M	63	64	49

Intermediate Care				
No. of patients in receipt of care in designated palliative care support beds (during the month)	M	3		3
Children's Palliative Care				
No. of children in the care of the Clinical Nurse Co-ordinator for Children with Life Limiting Conditions (children's outreach nurse)	M	32	31	35
Bereavement				
Number of family units who received bereavement services	M	119	83	63

Employment Report

Employment by Grade Groupings				
Staff Category	Grade Code	Census WTE DEC 2018	WTE Change on Previous Dec	%WTE Change on Previous Dec
	Clerical & Supervisory (III to VII)	610.32	22.56	3.84 %
	Management (VIII+)	57.93	3.79	7.00 %
Management/Admin	Total	668.25	26.35	4.11 %
	Medical (other) & Dental	64.57	2.09	3.35 %
	NCHDs	112.04	6.37	6.03 %
	Consultants	40.50	1.76	4.54 %
Medical/Dental	Total	217.11	10.22	4.94 %
	Nursing Other	3.00	1.00	50.00 %
	Public Health Nurse	187.01	12.81	7.35 %
	Nursing Student	24.00	-5.14	-17.64 %
	Staff Nurse	922.91	-12.25	-1.31 %
	Nurse Specialist	84.29	3.18	3.92 %
	Nurse Manager	314.00	13.48	4.49 %
Nursing	Total	1,535.21	13.08	0.86 %
	Health Professionals (other)	499.54	37.07	8.02 %
	Therapists (OT, Physio, SLT)	310.84	17.97	6.14 %
Health & Social Care Professionals	Total	810.38	55.04	7.29 %
General Support	Support	242.33	-1.25	-0.51 %
Patient & Client Care	Care	2,101.90	80.32	3.97 %
Overall Result		5,575.18	183.76	3.41 %

Employment by Division & Staff Category

Division	Staff Category	Census WTE DEC 2018	WTE Change on Previous Dec	%WTE Change on Previous Dec
Primary Care	Management/Admin	329.38	15.65	4.99 %
	Medical/Dental	93.56	4.20	4.70 %
	Nursing	321.56	21.00	6.99 %
	Health & Social Care Professionals	321.96	19.31	6.38 %
	General Support	34.61	3.77	12.22 %
	Patient & Client Care	72.83	7.87	12.12 %
	Primary Care Totals		1,173.90	71.80
Mental Health	Management/Admin	140.73	4.74	3.49 %
	Medical/Dental	105.82	5.93	5.94 %
	Nursing	586.43	17.76	3.12 %
	Health & Social Care Professionals	146.23	7.82	5.65 %
	General Support	68.98	-3.67	-5.05 %
	Patient & Client Care	290.09	-0.83	-0.29 %
	Mental Health Totals		1,338.28	31.75
Social Care	Management/Admin	198.14	5.96	3.10 %
	Medical/Dental	17.73	0.09	0.51 %
	Nursing	627.22	-25.68	-3.93 %
	Health & Social Care Professionals	342.19	27.91	8.88 %
	General Support	138.74	-1.35	-0.96 %
	Patient & Client Care	1,738.98	73.28	4.40 %
	Social Care Totals		3,063.00	80.21
Overall Result		5,575.18	183.76	3.41 %

Your Service Your Say

Breakdown of Complaints by County

County	Complaints Recorded
Galway	162
Mayo	83
Roscommon	27
Total	272

Safeguarding and Protection Referrals in 2018

	Total	% of Total
Number of new referrals	742	
Physical	182	26%
Sexual	48	6%
Psychological	260	35%
Financial	144	19%
Alleged neglect	139	19%
Self neglect	86	12%
Community referrals	424	57%
Service setting referrals	318	43%
Galway	435	59%
Mayo	205	28%
Roscommon	103	14%
Aged 18-14	313	42%
Over 65	429	58%

Please Note: *More than one category of abuse is present and recorded in some cases (117 cases in 2018)

Capital Infrastructure

Facility	Project Details	Project Completion
Primary Care		
Westport PCC	Primary Care Centre by PPP	Q1 2018
Ballinrobe PCC	Primary Care Centre by PPP	Q1 2018
Social Care		
SHH Castlebar	New build – 74 long stay bed complement with 58 beds	Q3 2018
Aras Attracta	Decongregation plan for 12 residents who moved to homes in the community.	Q4 2018



Electronic copies of this document are freely available at www.hse.ie/

Electronic copies of the HSE National Service Plan 2019 are freely available at www.hse.ie/

Other publications which provide information on Primary Care; Social Care; Mental Health; and Health and Wellbeing can also be found on the HSE Website

<http://www.hse.ie/eng/services/publications/>

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