Cúram Sláinte Phobail, Iarthar
ag freastal ar Ghaillimh, Maigheo agus Ros Comáin

Community Healthcare West
serving Galway, Mayo and Roscommon

Community Healthcare West

Delivery Plan 2019

Building a Better Health Service

Seirbhís Sláinte Níos Fearr á Forbairt

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

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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FOREWORD FROM THE CHIEF OFFICER

I am very pleased to present to you the Community Healthcare West Delivery Plan for 2019. This document reflects our formal commitment to provide Primary Care, Social Care, Mental Health and Health & Wellbeing services to the people of Galway, Mayo and Roscommon for the coming twelve months in the context of the resources that have been made available to us.

Much of the work we will do during 2019 reflects a continuation of existing services and commitments from previous years.

Our priorities reflect the National priorities as described in the National Service Plan and indeed a range of various strategies that help to guide and co-ordinate the efforts of people who are working in the delivery system.

Over the past number of years we have focused very strongly on the integration of our services with those of the Saolta Hospital Group in an effort to improve access to services generally and to improve the quality of care provided.

This will continue to be a priority for us with a particular focus on key services such as Home Supports, Disability Services, access to diagnostics and chronic disease management. We will also be continuing to focus on the process of integration of our Primary Care, Social Care, Mental Health and Health & Wellbeing services.

We are mindful of the direction that the Health Services are taking as laid out in the Sláintecare Report published in May 2017. With this specifically in mind we are hoping to develop a Learning Site in our area through which we will establish a Health & Social Care Network in tandem with similar processes across the Country. This change in governance structures has been proposed for many years and will bring integrated decision making and management right to the point where people access our services; this is an exciting development for us. If these Learning Sites are successful, they will become the building blocks upon which much of Sláintecare will be developed.

Our Mental Health Services have over recent years developed very effective ways of involving service users in the planning and management of their services. We have learned a lot from this and during 2019 we will be seeking to expand the co-design model to all service areas.

Our commitment to service provision must be understood in the context of some risks, not least of which is the financial risk. As always every effort will be made through transparent processes to direct our limited resources to areas of greatest need. This process itself is often contentious. We are aware that there are many pressures on our budgets for the coming year and careful monitoring will be required in order to ensure that we do not exceed the limits that have been placed upon as we deliver on the commitments that we have made. In healthcare service delivery, there is always the risk of unplanned events and while experience helps us to balance these out, we find every year that our Delivery Plan is adversely impacted to some degree by circumstances outside of our control.

Cognisant of these risks, we are embarking on the year as we do every year; optimistic in our capacity to deliver on the Delivery Plan and fully committed to building a better health service for the people of Galway, Mayo and Roscommon in 2019.

Is mise, le meas

Antóin O Cheannabháin Tony Canavan
Príomhoifigeach Chief Officer

SECTION 1

OUR COMMUNITY HEALTHCARE ORGANISATION (CHO)

INTRODUCTION

The *Sláintecare Report* (2017) and *Sláintecare Implementation Strategy* (2018) signal a new direction for the delivery of health and social care services in Ireland. This Delivery Plan reflects and elaborates on both the HSE National Service Plan and HSE Community Operations Plan priorities. Keeping people well, reducing ill health and supporting people to live as independently as possible, will all be essential if we are to manage the demands on the finite capacity of our allocated budget. Prevention is the most cost-effective way to maintain the health of the population in a sustainable manner, creating healthy populations that benefit everyone. The services and resources available within our Community Healthcare Organisation (CHO) have the potential to prevent the development of conditions which might later require hospitalisation; they can also facilitate earlier hospital discharge.

Through service reform and integrated delivery pathways our organisation will be developed to ensure that quality and safe care will be readily available to all people regardless of who they are, where they live, or what health and social problems they may have. It is planned that integration between primary care and specialist services in the community will be strengthened and services brought closer to service users during 2019, for example:

- Development of both X-ray and ultrasound services in Tuam, Co Galway: this will enable easier access to X-Ray and Ultrasound services for those living in North and East Galway and also from South Mayo and South Roscommon areas.
- A new Mammography facility at Castlebar Primary Care Centre: this service enhancement involved the transfer of the Mammography service, which is clinically governed by the Saolta Hospital Group, to a community setting.
- Service improvement to the Mental Health Day Hospital, Roscommon: this will result in the Day Hospital being able to accept referrals directly from GP's between the hours of 9am to 4pm, rather than individuals having to present for assessment to the acute unit at Roscommon University Hospital. In addition to this initiative, the day hospital is currently developing a therapeutic programme with a range of Cognitive Behavioural Therapy (CBT) type interventions that service users can be referred to.
- The integrated Geriatric Day Hospital Service, Galway: this service will enable the progression of improved integrated care services for older persons in County Galway and is part of the phased development of an Integrated Specialist Geriatric Day Hospital service across Community Healthcare West.

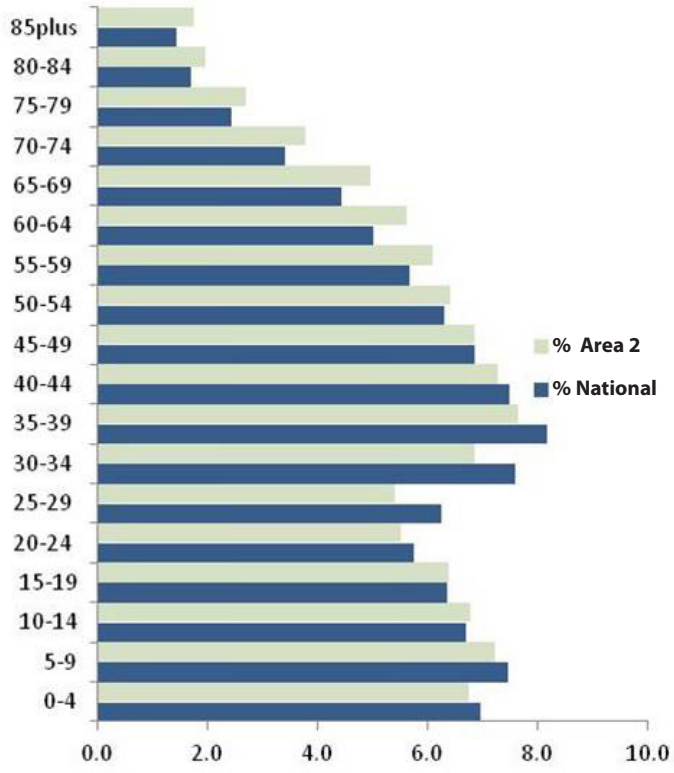
OUR POPULATION

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 disproportionally 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, 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 1542 (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 2016[1] 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
Galway County	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 2018[1] shows that there were 262 homeless persons in Community Healthcare West (an increase of 53 on November 29017) 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).

PERFORMANCE AND ACCOUNTABILITY

A key principle of Sláintecare is that 'governance and accountability in our health structures needs to be strengthened, enabling integrated care to develop which will create an efficient and cost effective health services which meet service users' needs in a timely manner'.

The enactment of the Health Service Executive (Governance) Bill 2018 will provide for the re-establishment of a HSE Board to strengthen independent oversight and performance of the HSE. The establishment of a HSE Board is an important step in strengthening governance arrangements and this is welcomed by Community Healthcare West. Community Healthcare West is fully committed to the implementation of Sláintecare not least due to its commitment to integrated care which requires both 'horizontal' co-ordination, spanning professional and departmental boundaries, such as interdisciplinary team working, as well as 'vertical' coordination between primary, secondary and tertiary care domains, such as the design of optimal care pathways. Community Healthcare West is committed to progressing integration initiatives as a means of improving access, quality, user satisfaction and efficiency of the health system.

REFORM AND TRANSFORMATION

Over the last five years, the HSE has had programmes of work focusing on the four pillars of healthcare reform. Significant work has been delivered under the *Health and Wellbeing* pillar, the *Financial Reform* pillar, the *Service Reform* pillar and Hospital Groups and CHOs were established under the *Structural Reform* pillar.

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

Community Healthcare West is committed to working with the National Sláintecare Programme Office to play our part in successfully bridging the gap between the vision for health service transformation and delivery of that change at the frontline.

SERVICE REDESIGN AND IMPROVEMENT

To address the needs of our increasing and aging population we will need to continue to review and redesign our services to meet demand and improve public satisfaction. All reviews and redesign will, where possible, include co-design. Service redesign challenges traditional assumptions and practices and involves thinking through the best process to achieve speedy and effective care, identifying delays, unnecessary steps, or potential for error.

In line with Sláintecare, the longer-term vision continues to be on providing improved access to services, the provision of an expanded range of primary care services, diagnostics and integrated community healthcare services appropriate to each life stage of our population. Integrated care will also facilitate more effective planning across the full range of services to respond to the defined needs of our population and ensure that Healthcare is delivered at the lowest appropriate level of complexity.

The Galway and South Roscommon Community Intervention Team (CIT) has achieved significant success in assisting discharges from the Saolta Hospital Group and supporting efficient return to home. This project features a team of appropriately qualified staff visiting and monitoring discharged patients on a daily basis, providing care, limiting the need for readmission.

To meet the forecasted needs of an ageing population, Community Healthcare West is supporting the phased development of an Integrated Specialist Geriatric Day Hospital Service which commenced in Mayo in 2018; a similar project is planned for Galway during 2019. The ultimate goal of the Integrated Hospital service is to promote hospital avoidance through provision of a comprehensive geriatric assessment in a dedicated Day Hospital and, for inpatients, provision of access to early support Discharge Teams. The initial phase involves the over 75 yr patient/service user cohort who have experienced a fall but not a fracture. All persons' will receive a review by the specialist geriatric team and the required multi- disciplinary supports.

MOVING TOWARDS CO-PRODUCTION IN COMMUNITY HEALTHCARE WEST

Community Healthcare West is committed to exploring co-production in the design, development and implementation of services.

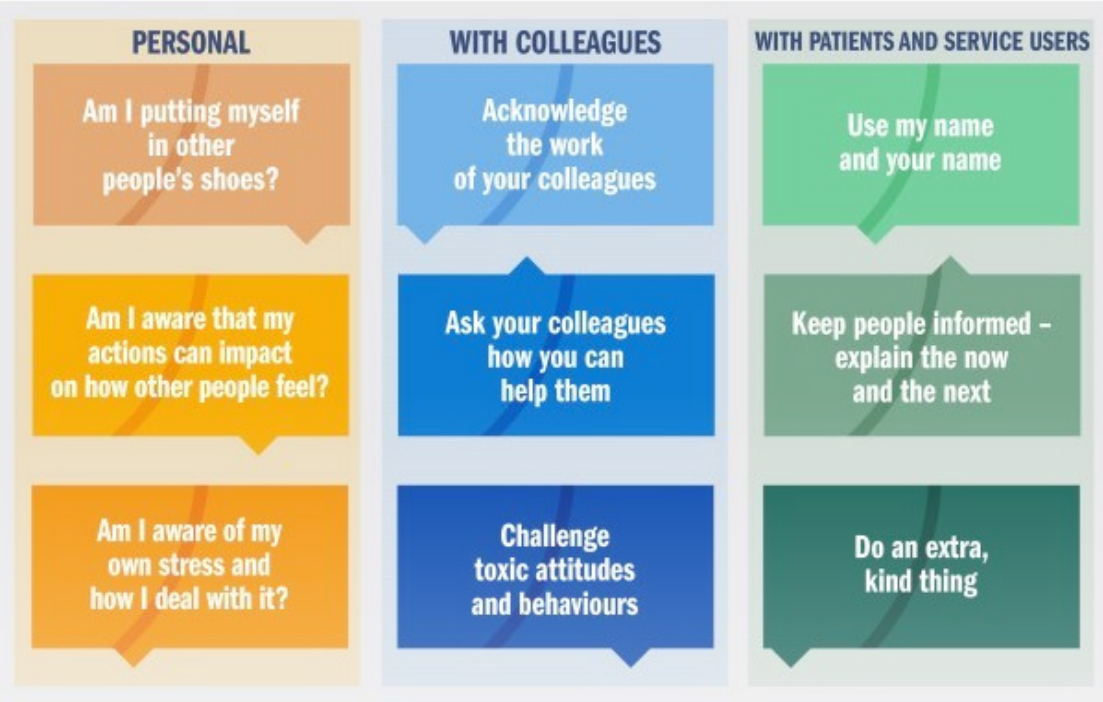
Co-production is a highly person centred approach which enables partnership working between people in order to achieve positive and agreed change in the design, delivery, and experience of health and social care. It is deeply rooted in connecting and empowering people and is predicated on valuing and utilising the contribution of all involved. It seeks to combine people's strengths, knowledge, expertise and resources in order to collaboratively improve personal, family and community health and wellbeing outcomes.

Co-production is not just a word, it is not just a concept, it is a genuine partnership approach which brings people together to find shared solutions. In practice co-production involves partnering with people from the start to the end of any change that affects them. It works best when people are empowered to influence decision making and care delivery processes.

There is no single formula for co-production but there are some key features that are present in co-production initiatives such as:

- *Define people who use services as assets with skills*
- *Break down the barriers between people who use services and professionals*
- *Build on people's existing capabilities*
- *Include reciprocity (where people get something back for having done something for others) and mutuality (people working together to achieve their shared interests)*
- *Work with peer and personal support networks alongside professional networks*
- *Facilitate services by helping organisations to become agents for change rather than just being service providers.*

VALUES IN ACTION - THE NINE BEHAVIORS



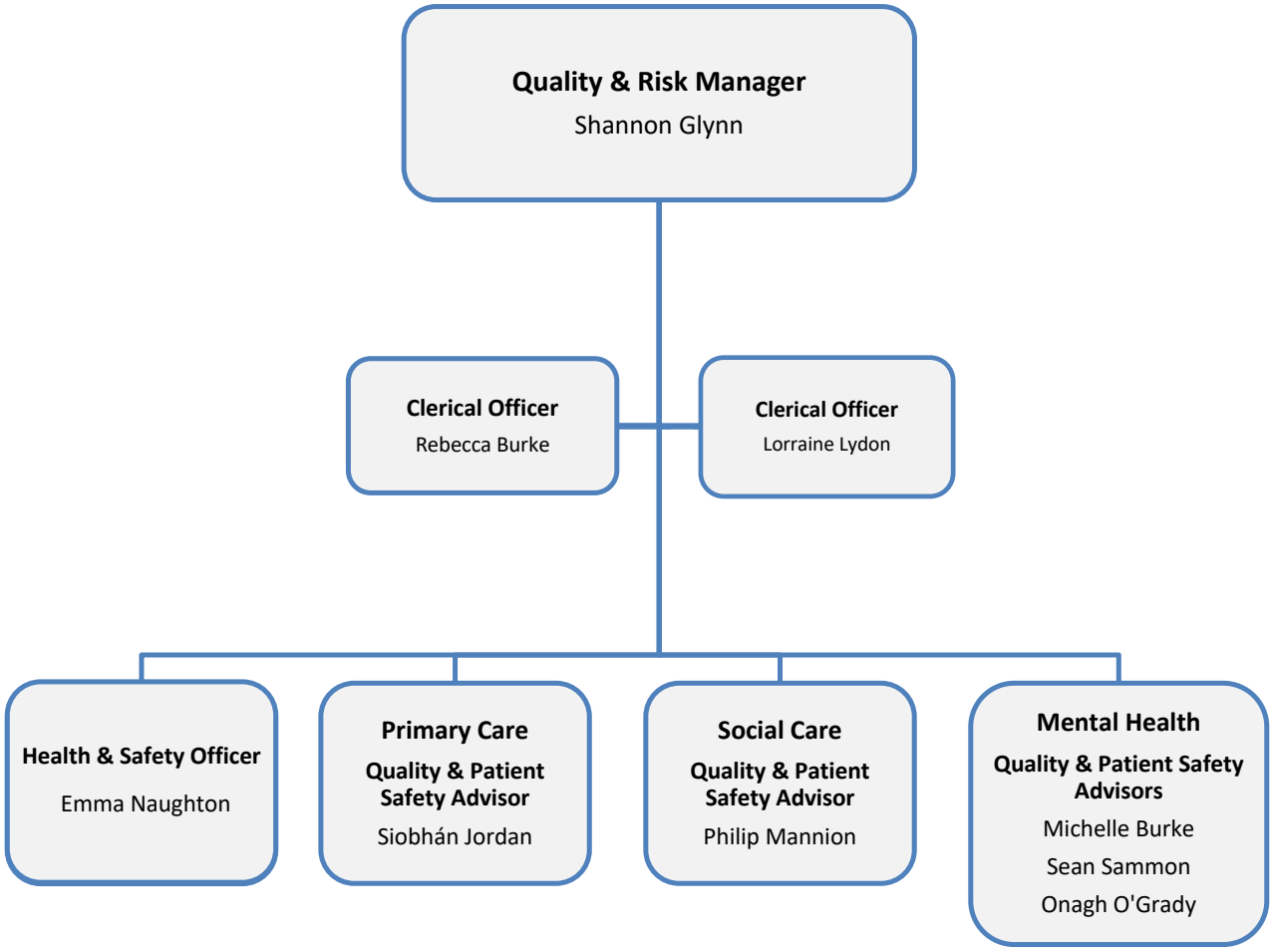
Values in Action aims to spread a culture in the Health Services that reflects our values of care, compassion, trust and learning. The goal is to make them second nature and a visible part of our everyday actions through the Health Services in Community Healthcare West. Values in Action will be led by staff from across the health service, from all grades and disciplines, who are working together to create a grassroots movement to spread the behaviours that reflect the HSE's Values. Values in Action aims to create better workplaces for staff and to deliver better experiences to those who use our services. It was put simply by Dr. Ursula Skerritt, ECD Mayo Mental Health Services when she said "it's about getting back to basics, treating each other with respect, being courteous and essentially going back to a time when this was the more common experience".

During 2019 the organisation will work with the national Values in Action team and engage with staff to identify colleagues or "Champions" that they respect, admire and turn to for support and guidance. "Champions" are our natural leaders, as nominated by their peers. Our Champions are drawn from all grades, disciplines and professions. They will use their peer-to-peer influence and natural leadership skills to spread the nine behaviours in their networks and work environments.

SECTION 2

SERVICE DELIVERY

QUALITY AND SAFETY



INTRODUCTION

The Community Healthcare West Quality and Safety Department was formed in 2016 to provide a specific focus on the quality and safety of patients/service users receiving a healthcare service in the community. In 2018, the remit of the department expanded and now incorporates Health and Safety which will focus on the occupational Health and Safety of Staff.

UNDERSTANDING QUALITY AND SAFETY IN COMMUNITY HEALTHCARE SERVICE DELIVERY

The care delivered in Community Healthcare West is of increasing complexity and there is a proliferation of new technology and medical devices in people's own homes, more accreditation for surgical procedures in Primary Care and more complex diagnostic and therapeutic interventions being delivered in residential settings. Enhance our surveillance and oversight of service user safety across Primary Care, Social Care and Mental Health services.

OVERSIGHT, LEARNING AND IMPROVEMENT

To enable the Chief Officer in Community Healthcare West to govern for Quality and Safety, the Quality and Safety Committee monitors compliance with the HSE incident Management Framework, Health and Safety legislation and examines trends in the types and severities of incidents reported via National Incident Management System (NIMS). In 2019, the Quality and Safety Department will issue a quarterly Quality and Safety Bulletin to all Divisions detailing the trends in patients/service user safety surveillance and sharing valuable learning from completed patients/service user safety reviews.

CAPACITY AND CAPABILITY

While quality and safety is the business of the Chief Officer and Heads of Service, it is vital that they are supported by the Community Healthcare West Quality & Safety Team with the expertise needed to tackle these complex multi-functional priorities. Investment in the development of capacity and capability in the Community Healthcare West Quality & Safety Team is a continued requirement. Community Healthcare West will work with the National Community Healthcare Quality & Safety Office and the Head of Function for Health and Safety in 2019 to identify and access the support needed.

In 2019, we will continue to acknowledge the Health and Wellbeing of the Quality & Safety staff within Community Healthcare West and participate in events during the year e.g. the Step Challenge. We also plan to improve the ability of the Quality & Safety Department to communicate through Irish when required.

REGULATORY COMPLIANCE

Year-on-year the compliance of our services with Health Information and Quality Authority (HIQA), Safer Better Healthcare and Mental Health Commission National Quality Standards for Mental Health Services, continues to improve. There are however significant non-compliance issues remaining across all settings, with a particular challenge in Disability Services. We also have new standards against Safer Better Healthcare. While large parts of our Mental Health Service are unregulated we welcome the learning received from the Mental Health Commission, for example Community Residences, and we continue to work on quality improvement using the Judgement Support Framework.

In 2019, the Quality & Safety Team will aim to improve reporting to Heads of Service on areas of non-compliance in an effort to focus Quality activities towards areas in need of improvement.

PATIENT AND SERVICE USER ENGAGEMENT

The service user's experience gives an important insight into the quality and safety of the health and social care services provided. The views, concerns and experiences of patients/service users will inform and shape services delivered. During 2019, we will:

- Encourage staff to communicate openly with service users by increasing the number of staff receiving *Open Disclosure* training.
- Use the learning from incident investigations, service user forums and service user surveys in 2019 to inform service delivery.
- Support the work being undertaken by the Area Lead for Mental Health Engagement.
- Promote service user involvement and decision making in line with the Assisted Decision Making (Capacity) Act 2015 (when enacted).

QUALITY AND PATIENT SAFETY PRIORITIES 2019

Evidence from surveillance data in 2018, together with the outputs from work to design the HSE Patient Safety Strategy point to recurring multi-annual priorities. These priorities are leading causes of avoidable harm not only in Ireland but across the world. In 2019 these will continue to be our priority areas and our approach to addressing them will change to a whole population approach e.g., our work on falls will not be limited to Older Person Services, our work on violence and aggression will not be limited to Mental Health Services etc.

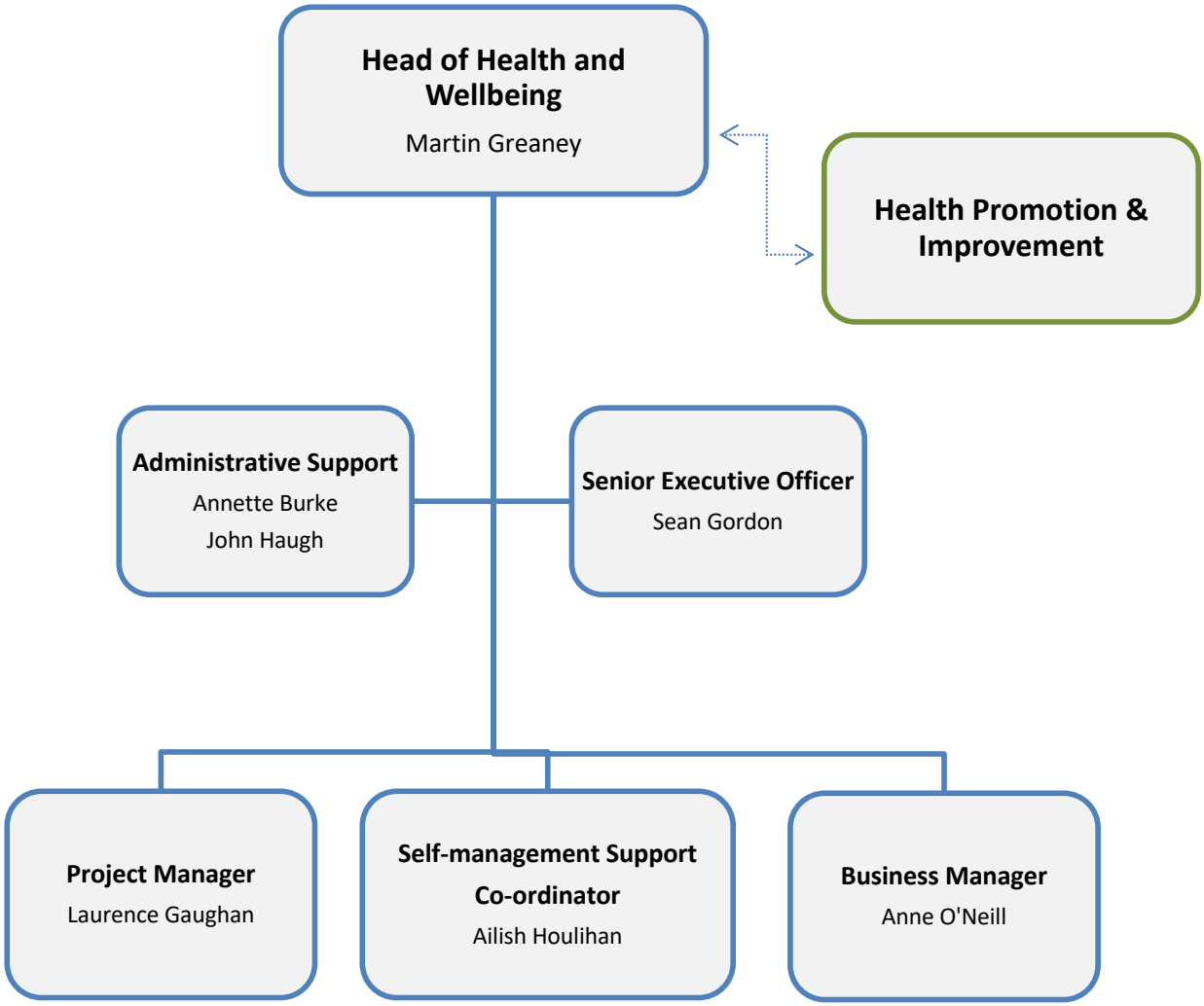
PRIORITIES 2019

1. Map and enhance the Infection Prevention and Control data and information across Community Healthcare West in collaboration with the National Healthcare Associated Infection (HCAI) Team.
2. Prioritise the roll out of Hand Hygiene training and monitor the number of staff receiving training in Community Healthcare West.
3. Assess the impact of falls prevention in Community Healthcare West and refocus our approach as needed in light of new models of care, changing acuity and dependency.
4. Improve the reporting and monitoring of serious incidents in Community Healthcare West in an effort to have access to more timely information and learning. Ensure accurate and timely reporting of incidents, and the management of those incidents, are in line with the relevant Health Information and Quality Authority (HIQA)/ Mental Health Commission Standards recommendations of the Scally review and the Incident Management Framework.
5. Roll out the Pressure Ulcer Review Guidance tool in Primary Care.
6. Improve the performance of Community Healthcare West in incident reporting and management via National Incident Management System (NIMS). Act in accordance with the Phase 3 expansion of the National Incident Management System (NIMS) in Community Healthcare Organisations.
7. Continue the implementation of the *Better Safer Health Care* Standards in Primary Care.
8. Deliver Quality and Safety education for front line staff and line managers across Community Healthcare West.

IMPLEMENTING PRIORITIES IN 2019

Key Result Area	Priority Actions	Timeline
Map and enhance the Infection Prevention and Control surveillance data and information across Community Healthcare West in collaboration with the National Health Care Associated Infection (HCAI) Team.	• Participate in pilot scheme data collection • Utilise data collection to plan service delivery	Q1-Q3
Prioritise the roll out of Hand Hygiene training and monitor the number of staff receiving training in Community Healthcare West.	• Establish data collection tool • Report to Infection Prevention Control Committee	Q1-Q3
Assess the impact of falls prevention in Community Healthcare West and refocus our approach as needed in light of new models of care, changing acuity and dependency.	Aggregate analysis 3 monthly	Q2-Q4
Improve the reporting and monitoring of serious incidents in Community Healthcare West in an effort to have access to more timely information and learning.	Report on required National Incident Management System (NIMS) fields to Chief Officer	Q1-Q3
Roll out of the Pressure Ulcer Review Guidance tool in Primary Care.	Implement Pilot guidance tool	Q1-Q3
Improve the performance of Community Healthcare West in incident reporting and management via NIMS	Agree with national Leads required fields for National Incident Management System (NIMS) Ensure data reported to Service Management Teams	Q1-Q3
Continue the implementation of the Better Safer Health Care Standards in Primary Care	Establish a Quality Improvement Plan for Primary Care and measure baseline compliance with standards	Q1-Q3
Roll out Quality and Safety education for front line staff and line managers across Community Healthcare West Focus on improving the Health and Safety of our employees and service users by continuing to deliver Health and Safety Workshops for Line Managers.	Provide and evaluate workshops	Q1-Q4

HEALTH AND WELLBEING



INTRODUCTION

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

There are many positive trends visible within our health service, life expectancy is increasing, mortality rates are declining and survival rates from conditions such as heart disease, stroke and cancer are improving. Despite these encouraging developments, we know changing lifestyles, chronic disease patterns and ageing population trends are altering our population's healthcare needs.

In Ireland, it is estimated that over 1.07m people over the age of 18 years currently have one or more chronic diseases. However, chronic disease increases with age, the highest prevalence observed in the population aged 50 years and over. During the year we will promote and progress all initiatives that empower service users to become active partners in their own health promotion and maintenance.

SERVICES PROVIDED

Population health is about helping our whole population to stay healthy and well by focusing on prevention, protection, and health promotion and improvement including the provision of:

- National Policy Priority Programmes for tobacco, alcohol, healthy eating, active living, sexual health and crisis pregnancy and child health provide expertise, strategic advice and direction to address known preventable lifestyle risk factors by designing and developing evidence based best practice policies, programmes and initiatives.
- Health Promotion and Improvement provides a range of education and training programmes focused primarily on building the capacity of staff across the health service and in key external bodies who are ideally placed to positively influence health behaviour. Health and wellbeing services work with people across a variety of settings in the community, in hospitals, in schools and in workplaces.
- Public health services which protect our population from threats to their health and wellbeing through the design and oversight of national immunisation and vaccination programmes and actions for the prevention and control of infectious diseases.
- National screening services which provide population-based screening programmes for BreastCheck, CervicalCheck, BowelScreen and Diabetic RetinaScreen.
- Environmental health services which take preventative actions and enforce legislation in areas such as food safety, tobacco control, cosmetic product safety, sunbed regulation, fluoridation of public water supplies, drinking and bathing water.

ISSUES AND OPPORTUNITIES

Unhealthy lifestyle choices such as those related to diet, exercise, smoking and alcohol use are resulting in increased levels of chronic disease amongst our population and are driving demand for health services.

Individual lifestyle choices are heavily influenced by social and economic circumstances. A whole-system approach involving cross-government and cross-societal actions are required to help our most vulnerable and deprived communities. Building upon *Sláintecare* and HSE structural reforms and enablers creates greater capacity within the organisation to lead and deliver upon the health and wellbeing reform agenda. The development and implementation of comprehensive *Healthy Ireland* plans in Community Healthcare Organisations (CHOs) and Hospital Groups will deliver upon the health and wellbeing reform agenda locally, improving the health and wellbeing of the local population by reducing the burden of chronic disease, improving staff health and wellbeing. The transition of Health Promotion and Improvement to CHOs will significantly augment existing health and wellbeing resources supporting accelerated embedding and integration of health and wellbeing across services locally.

A detailed national framework has been developed which outlines how to progress implementation of Self-Management Support for chronic diseases. Through the implementation of the Making Every Contact Count (MECC) Programme, and the Self-Management Support Framework, chronic disease prevention and management will be an integral and routine part of clinical care by all healthcare professionals enabling them to capitalise on the opportunities that occur every day to support individuals to make healthier lifestyle choices.

PRIORITIES 2019

1. Improve the health and wellbeing of the population by reducing the burden of chronic disease.
2. Build upon Sláintecare and HSE structural reforms and enablers to create greater capacity within the organisation to lead and deliver upon the health and wellbeing reform agenda.
3. Early Years Intervention including the National Healthy Childhood and Nurture Infant Health and Wellbeing

Programmes.

4. Protect our population from threats to health and wellbeing through infectious disease control, immunisation, and environmental health services.
5. Improve staff health and wellbeing.

IMPLEMENTING PRIORITIES IN 2019

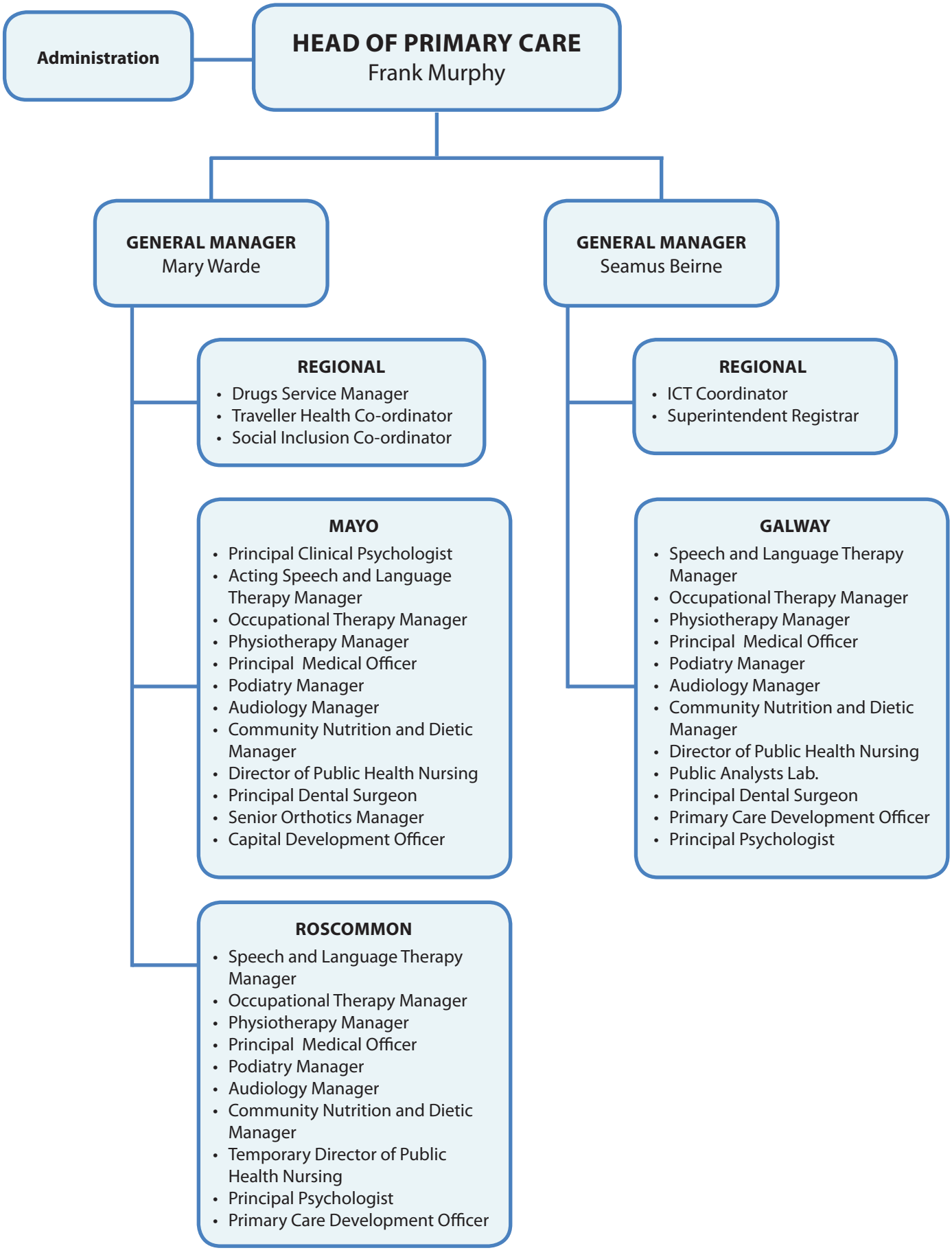
Key Result Area	Priority Actions	Timeline
Improve the health and wellbeing of the population by reducing the burden of chronic disease.	Implement the relevant 2019 Actions from the Community Healthcare West Healthy Ireland Implementation Plan 2018-2022 in conjunction with the Project Management Office, under the key themes of Alcohol, Healthy Childhood, Healthy Eating and Active Living, Making Every Contact Count, Mental Health and Wellbeing, Positive Ageing, Self-Management Support, Sexual Health, National Screening Programmes, Staff Health and Wellbeing, Tobacco Free Ireland and Sustainability. *(Full details available in the Healthy Ireland Plan for Community Healthcare West via the hyperlink.)*	Q1-Q4
	Support the local implementation of all national awareness campaigns and websites and ensure availability of Information leaflets and resources for these campaigns including: • Dementia Understand Together Services Directory • Every breastfeed makes a difference • Healthy Childhood • Healthy Eating and Active Living campaigns such as START • The Little Things Campaign • drugs.ie	Q1-Q4
	Promote *askaboutalcohol.ie* and screening and brief interventions through Making Every Contact Count (MECC) in all health and social care settings so that health professionals have the skills and confidence to recognise and address hazardous and harmful use of alcohol and drug use.	Q1-Q4
	Implement the Healthier Vending Policy where vending machines are in use.	Q1-Q4
	Implement the HSE's Calorie Posting policy.	Q1-Q4
	In conjunction with the Galway-based office of the National Screening Service Programmes, support local implementation of the Programmes through promotion of the website, ensuring availability of Information Leaflets and resources and provision of briefings to Primary Care Teams.	Q1-Q4
	Work with the Local Implementation Governance Group for Chronic Illness (LIGG) to establish clear structures and governance of the Self-management Support Programme in Community Healthcare West	Q1-Q4
	Complete the mapping of Self-management Supports across the region including community and hospital-based services	Q2
	Develop the content on community and hospital-based Self management Support services for directories (hard/soft copy) and for the HSE website	Q1-Q4

Key Result Area	Priority Actions	Timeline
	Develop an implementation plan for the initial Making Every Contact Count (MECC) sites, including a communications plan as follows: ***Primary Care Services*** Boyle Primary Care Team Castlebar Primary Care Team Selected Primary Care Network ***Mental Health Services*** The Adult Mental Health Unit, Galway Mental Health Sector 1, Castlebar ***Social Care Services*** Aras Mhuire CNU, Tuam Aras Attracta, Swinford	Q1-Q4
	Develop and commence implementation of the Making Every Contact Count Training Programme in the identified initial sites across Divisions.	Q1-Q4
	Identify champions to support Making Every Contact Count.	Q3
	Support implementation of the Connecting for Life Strategy.	Q1-Q4
	Promote the health of mental health service users in line with the recommendations from the National Working Group on improving the physical health of mental health service users.	Q1-Q4
	Continue existing healthy Ireland At Your Library partnerships with the 3 County Library services in Galway, Mayo and Roscommon.	Q1-Q4
	Support the ongoing development of the Eden Programme throughout Galway, Mayo and Roscommon.	Q1-Q4
	Incorporate Dementia Friendly Design in the Capital Projects for the Community Nursing Units NU's in Clifden, Merlin Park, Tuam, Boyle, Claremorris and the Sacred Heart Home, Roscommon.	Q1-Q4
	Implement pilot dementia specific Intensive Home Care Packages (IHCPs) as allocated nationally.	Q1-Q4
	Implement Assistive Technology Libraries in each county which will accept referrals from hospitals and community to support people to remain at home or to return home from hospital.	Q2
	Promote the uptake of the flu vaccine among over 65's, in particular for those in residential units.	Q1 and Q4
	Progress and support the implementation of the national *Tobacco Free Campus Policy* across all sites.	Q1-Q4
	All residential services in the CHO (mental health, disability and older persons services) should treat tobacco use as a care issue and provide support for service users and staff who wish to quit smoking. Smoking cessation service information and QUIT support resources will be displayed in all appropriate CHO sites.	Q1-Q4
	A smoking cessation service will be developed in Community Healthcare West to meet the needs of our population. This CHO will aim to treat at least 5% of its smoking population (NICE guideline recommendation). The service will be targeted to treat those in most need i.e. people with a chronic disease, people experiencing disadvantage e.g. smokers experiencing mental ill health and pregnant smokers.	Q1-Q4

Key Result Area	Priority Actions	Timeline
	All services in the identified initial Making Every Contact Count (MECC) sites will routinely record the smoking status of patients using its service, deliver brief interventions and refer to intensive services where appropriate.	Q1-Q4
	Continue to improve access and uptake of the structured education programme for patients with Type II diabetes in the community.	Q1-Q4
	Continue to promote HSE Sexual Health website at **www.sexualwellbeing.ie** and to promote safer sex advertising campaigns in line with the Sexual Health Strategy 2015-2020.	Q1-Q4
	Continue to implement the National Sexual Health Strategy in association with secondary schools, Public Health Nurses and Practice Nurses.	Q1-Q4
	Work in partnership with local Sports Partnerships in Galway, Mayo and Roscommon to promote increased participation in physical activity.	Q1-Q4
	Support the delivery of the HSE National Men's Health Action Plan 2017-2021 by supporting the establishment and sustainability of Men's Sheds, the Sheds for Life Health Programme and Engage - Men's Health Training.	Q1-Q4
	Support the further development and expansion of the *Men on the Move* and *Parkrun* programmes in conjunction with local sports partnerships.	Q1-Q4
Build upon *Sláintecare* and HSE structural reforms and enablers to create greater capacity within the organisation to lead and deliver upon the health and wellbeing reform agenda.	Establish a governance structure for the implementation of the Community Healthcare West Healthy Ireland Plan, in conjunction with the Portfolio Management Office.	Q1
	Facilitate the transition of Health Promotion and Improvement into the management structure of Community Healthcare West.	Q2
	Foster participation and engagement of staff at all levels of the organisation in creating cultural and organisational change towards sustainable systems.	Q1-Q4
	Continue to provide guidance to Local Community Development Committees and Children's and Young People's Services Committees and work collaboratively with these Committees.	Q1-Q4
	Further develop partnership working with local Healthy Cities and Counties programmes.	Q1-Q4
Early Years Intervention including the National Healthy Childhood and Nurture Infant health and Wellbeing Programmes	Establish a Child Health Governance Team to provide oversight for the implementation of the Healthy Childhood Priority programme.	Q2
	Map the child health initiatives that are in place to support the implementation of national plans, e.g. National Physical Activity Plan, Healthy Weight for Ireland, HEAL.	Q1-Q4
	Support the delivery of relevant actions from the HSE's national Breastfeeding Action Plan, particularly the rollout of the Breastfeeding Policy for Primary Care teams.	Q4
	Support the delivery of the national Breastfeeding Action Plan by communicating and supporting local Breastfeeding Support Groups.	Q1-Q4
	Establish Breastfeeding Committees in Galway, Mayo and Roscommon in conjunction with the SAOLTA Hospital Group.	Q1-Q3

Key Result Area	Priority Actions	Timeline
	Support the implementation of the Nurture Programme for 0-3 year olds.	Q1-Q4
	Promote the HSE **Mychild.ie** website as a source of evidence based information for parents.	Q1-Q4
	Support the provision of population based parenting programmes.	Q1-Q4
Protect our population from threats to health and wellbeing through infectious disease control, immunisation and environmental health services.	Implement the relevant 2019 Actions from the Community Healthcare West Healthy Ireland Implementation Plan in conjunction with the Portfolio Management Office.	Q1-Q4
	Support the implementation of the National Action Plan for Antimicrobial Resistance (AMR) 2017-2020.	Q1-Q4
	Continue to rollout of the Train The Trainer Hand Hygiene Programme and delivery of training sessions for staff in their local working environment.	Q1-Q4
	Improve influenza vaccination uptake levels amongst all staff particularly those working with vulnerable patients.	Q1 & Q4
	Promote increased influenza vaccination uptake levels amongst older people and vulnerable people in the community.	Q1-Q4
	Continue to support improved uptake levels of childhood immunisations across Galway, Mayo and Roscommon.	Q1-Q4
Improve staff health and wellbeing	Implement the relevant 2019 Actions from the Community Healthcare West Healthy Ireland Implementation Plan in conjunction with the Portfolio Management Office.	Q1-Q4
	Continue to lead on staff health and wellbeing initiatives through the regional Staff Health and Wellbeing Steering Committee.	Q1-Q4
	Lead out on implementation of the Staff Step Challenge.	Q1
	Continue to support the regional Staff Engagement Forum, the Staff Recognition Awards Programme and the Values in Action Project.	Q1-Q4
	Continue to support a range of staff health and wellbeing initiatives in partnership with Staff Social Clubs e.g. Staff Choirs, Staff Art Classes	Q1-Q4
	Finalise and implement the Community Healthcare West – developed programme on stress management/mindfulness entitled 'Small Daily Steps'.	Q1-Q4
	Promote sustainable initiatives including waste reduction, composting and recycling across selected sites in Galway, Mayo and Roscommon.	Q1-Q4

PRIMARY CARE SERVICES



INTRODUCTION

The development of Primary Care services and new Primary Care facilities are a key objective in order to achieve a more balanced health service by ensuring services are provided to the highest quality, in a safe environment while ensuring value for money. Primary Care will continue to focus on improving the quality, safety, access and responsiveness of services, to support the decisive shift of services to Primary Care.

SERVICES PROVIDED

The Department of Health Statement of Strategy 2016 – 2019 acknowledged that historically, health services in Ireland were overly Hospital centered, focusing on delivering episodes of care. It also stated that the programme for a partner government was committed "to a decisive shift towards Primary Care in the delivery of health services in Ireland".

Community Healthcare West Primary Care services include Primary Care Teams (PCTs), Community Network Services, General Practice, Community Schemes and Social Inclusion.

In 2019 our focus will be on the development of the Primary Care Network Learning Site in line with national guidelines and in consultation with staff representatives.

ISSUES AND OPPORTUNITIES

In 2019 Community Healthcare West will face many issues in the provision of Primary Care services including:

- Appropriate service provision in disadvantaged areas particularly West and North West Mayo and West Galway and the associated difficulties recruiting staff including GP's in those areas.
- The Homelessness Report for September 2018 states that 262 people are listed as Homeless in Community Healthcare West.

Opportunities now exist in key areas to address service provision imbalances including:

- The further enhancement of our Community Intervention Team (CIT) service via a local clinic initially in County Galway to facilitate earlier hospital discharges and also to allow people to receive care in their own homes.
- Progression of initiatives around GP out-of-hours services in Galway, Mayo and Roscommon.
- The development of integrated care programmes with the Saolta Hospital Group in the area of chronic diseases.
- Continued co-operation with Galway City Council in the provision of suitable housing programmes.

PRIORITIES 2019

1. Promote optimum health of the population in collaboration with other services.
2. Delivery timely, integrated and clinically effective services in adherence with statutory requirements.
3. Strengthen clinical and service quality within Primary Care Services.
4. Improve integration between community and acute services to promote a modernised and streamlined delivery model.
5. Ensure that the views of service users, family members and carers, are central to the design and delivery of Primary Care services.
6. Enable the provision of Primary Care services by highly trained and engaged staff via fit for purpose infrastructure.

IMPLEMENTING PRIORITIES IN 2019

Key Result Area	Priority Actions	Timeline
Promote optimum health of the population in collaboration with other services.	Establish a Clinic to support the Homecare Community Intervention Team (CIT) Team in Galway in association with University Hospital Galway.	Q2
	Work with our colleagues in WestDoc to develop new initiatives around GP out-of-hours services.	Q4
Delivery timely, integrated and clinically effective services in adherence with statutory requirements.	Ensure new tenders for Respiratory and Sleep products are completed in line with EU regulations and rolled out in the region.	Q4
	Implementation of the Community Healthcare West Audiology review 2018.	Q3
	Establish X-Ray and Ultrasound services in Tuam, Co Galway.	Q3
Strengthen clinical and service quality within Primary Care Services. Improve integration between community and acute services to promote a modernised and streamlined delivery model.	Establish a Chronic Disease programme in the region, the aim of which is to develop integrated care for patients managed by their general practitioners and the Acute Hospitals.	Q2
	Further develop the Community Network model with the introduction of a new pilot site in Community Healthcare West.	Q2
	Implement the Primary Care Review Group Report on Eye Services.	Q3
Ensure that the views of service users, family members and carers, are central to the design and delivery of Primary Care Services.	Launch of Community Healthcare West Primary Care Strategy 2019 – 2021.	Q4
Enable the provision of Primary Care Services by highly trained and engaged staff and fit for purpose infrastructure.	Commence building three new Primary Care Centres in the region.	Q1-Q4
	Ballyhaunis	Q1
	Ballaghaderreen	Q4
	Moycullen	Q2

SOCIAL INCLUSION

SERVICES PROVIDED

Social Inclusion services in Community Healthcare West focus on ensuring that we address health inequalities and improve access to health services for all socially disadvantaged service users.

ISSUES AND OPPORTUNITIES

Challenges continue to be presented regarding the health requirements of migrants at the Emergency Reception and Orientation Centres (EROC) in the region. Challenges also exist around the homeless issues particularly in Galway City. A concern also relates to access to services for children and families of Traveller groups.

PRIORITIES 2019

1. Improve health outcomes for those identified as vulnerable in the region including those with addiction issues, the homeless, refugees, asylum seekers and Traveller and Roma communities.
2. Continue to implement the health actions, identified as a priority in the *Rebuilding Ireland Action Plan for Housing and Homelessness, 2016* so that we provide the most appropriate Primary Care and specialist addiction / mental health services for homeless people.
3. Improve access to Primary Care services for refugees in Emergency Reception and Orientation Centres / resettlement phase, with a focus on chronic disease management, increasing access to mental health supports and addressing the oral health needs of children and adults.
4. Provide targeted interventions as a means of reducing health inequalities in the Traveller and Roma communities, with a focus on improving mental health and reducing the rate of suicide.
5. Implement agreed HSE assigned actions under the *Second National Strategy on Domestic, Sexual and Gender-based Violence 2016-2021* within existing resources.

IMPLEMENTING PRIORITIES IN 2019

Key Result Area	Priority Actions	Timeline
Improve health outcomes for the most vulnerable in society including those with addiction issues, the homeless, refugees, asylum seekers and Traveller and Roma communities.	Establish a dedicated under 18 addiction service in liaison with GP's and Acute Services.	Q1
	Establish a Homeless Action Team in Galway City in association with City Council and local Community groups.	Q1
Implement the health actions, identified as a priority in 2019, in *Rebuilding Ireland Action Plan for Housing and Homelessness, 2016*, in order to provide the most appropriate primary care and specialist addiction / mental health services for homeless people.	Housing First – Service Reform Fund (SRF) project to house 30 individuals with complex Mental Health needs will commence in Galway City and County.	Q2
	Continue to expand Homeless multidisciplinary team (includes Nursing, OT, Social Work) to respond to the needs of our homeless population.	Q3

IMPLEMENTING PRIORITIES IN 2019

Key Result Area	Priority Actions	Timeline
Provide targeted interventions as a means of reducing health inequalities in the Traveller and Roma communities, with a focus on improving mental health and reducing the rate of suicide.	Community Healthcare West will continue to provide Dental services for refugees located at the EROC Centre in Ballaghaderreen, Co Roscommon.	Q2
	Psychology services will continue to be delivered to refugees in EROC along with new settled refugees in the community and as required in Direct Provision accommodation.	
	A Primary Care subgroup will be established to improve access to Healthcare support in the region for members of the Travelling Community.	Q3
	A Multimedia Resource to address ante natal education needs of Travellers will be implemented in the region.	Q1

PALLIATIVE CARE

INTRODUCTION

The provision of Palliative Services in Community Healthcare West is provided in association with the Acute services, Galway Hospice and the Mayo-Roscommon Hospice. New infrastructure developments which are proposed or commenced in Galway, Mayo and Roscommon by both the Galway Hospice and the Mayo-Roscommon Hospice are fully supported by Community Healthcare West.

SERVICES PROVIDED

The scope of palliative care includes cancer-related diseases and non-malignant / chronic illness. Palliative care services support people wherever they are being cared for i.e. at Home, in Hospices and in Hospitals. This service In Community Healthcare West is provided by the Hospice Foundation and HSE staff.

ISSUES AND OPPORTUNITIES

We are continuing to work with local Hospice organisations to progress the Palliative Care Services Development Framework 2017 – 2019. We will continue to partner local voluntary organisations to improve access to quality care in the community. The heavy reliance on voluntary fundraising along with staff recruitment and retention remains a significant challenge within the sector.

PRIORITIES 2019

- Expand the provision of specialist palliative care inpatient beds in 2019.
- Commence the implementation of the Palliative Care Model of Care.
- Continue the implementation of the *Palliative Care Services – Three Year Development Framework 2017-2019*.
- Continue to partner local voluntary organisations to improve access to quality care in the community.

IMPLEMENTING PRIORITIES IN 2019

Key Result Area	Priority Actions	Timeline
Continue to work on the roll out of Hospice development plan 2017 – 2019	Community Healthcare West will work closely with Mayo – Roscommon Hospice on the development of a 14 bed in-patient facility in Castlebar.	Q3

MENTAL HEALTH SERVICES

Head of Mental Health Services
Charlie Meehan

Executive Clinical Director (Mayo)
Dr Ursula Skerritt

Executive Clinical Director (Galway/Roscommon)
Dr Amanda Burke

Area Director of Nursing (Mayo)
PJ Rainey

Area Director of Nursing (Galway/Roscommon)
Helen Early

General Manager
Steve Jackson

Business Manager (Galway/Roscommon 1-3)
John Canny

Business Manager (Galway/Roscommon 4-6)
Eamon Hannan

Business Manager (Mayo)
Rose Malone

Area Lead for Mental Health Engagement
Collette Tuohy

INTRODUCTION

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

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

SERVICES PROVIDED

In general terms, specialist mental health services are provided to serve a particular group within the population, based on their stage of life. Child and Adolescent Mental Health Services (CAMHs) serve young people aged up to 18 years, General Adult services for those aged 18 to 64 years and Psychiatry of Later Life provides services for those aged 65 years and over. Mental Health Services continue to work to develop and enhance community-based services and reduce, where appropriate, those treated in more acute services. The Mental Health Service is required to manage within the available resources and will prioritise services to those in greatest need. This primarily applies to the requirement to provide placements for those with severe mental illness and challenging behaviour, whose needs cannot be met within the current statutory system.

PRIORITIES 2019

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

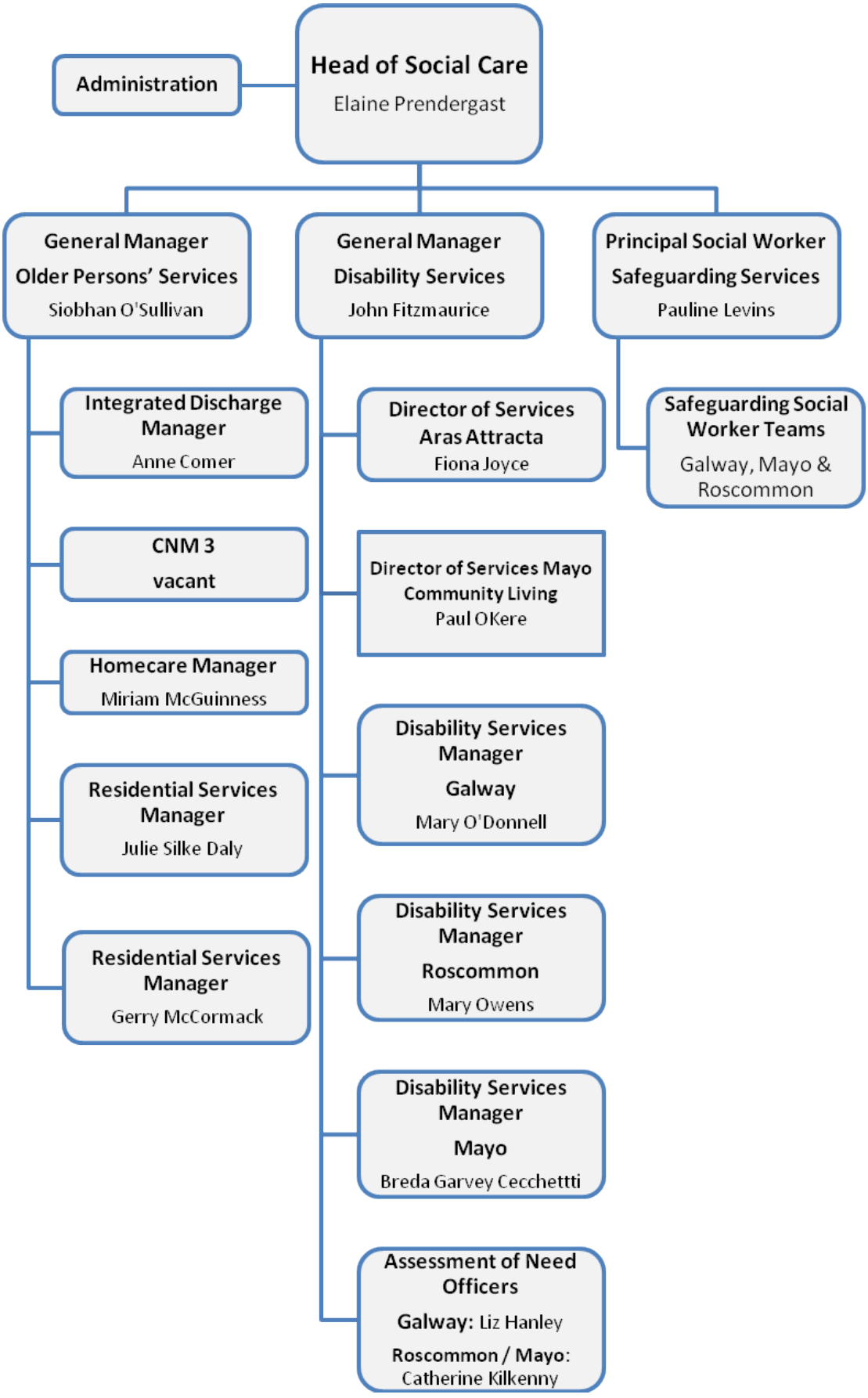
IMPLEMENTING PRIORITIES IN 2019

Key Result Area	Priority Actions	Timeline
Promote the mental health of the population in collaboration with other services and agencies including reducing the loss of life by suicide.	Develop a plan for the further establish the *Littlethings* campaign across the region.	Q4
	Work with Traveller organisations to build a better relationships between mental health services and Travellers and to enhance their service access and engagement.	Q4
	In line with the *Eden Suicide Prevention Programme*, set up a counselling service for people who are attending the Psycho-educational programme.	Q2

Key Result Area	Priority Actions	Timeline
Design integrated, evidence-based and recovery-focused mental health services.	Progress the 'Family Talk' initiative across the Social Work service in Community Healthcare West Mental Health.	Q4
	Progress the implementation of the National Housing Strategy for People with a Disability (2011-2016 extended to 2020) as it pertains to Mental Health in line with the National Framework for Recovery in Mental Health	Q4
	Create a knowledge based educational tool for people "who have experienced childhood abuse".	Q4
	Update *yourmentalhealth.ie* and provide contact information with regard to the National Counselling Service (NCS), for the region.	Q4
	Implementation of 7/7 Services pilot project.	Q3
	Establish a Perinatal Mental Health Service in the region.	Q4
	Continue the development and implementation of Behavioural Family Therapy (BFT) across the region.	Q4
	Participate in phased implementation of national best practice guidance for mental health services.	Q4
	Extend the availability of Relative Peer Support across the region.	Q4
	Progress the introduction of Peer Support workers to enable Adult Services better support families and enhance teams.	Q4
	Further develop Recovery Colleges in the region.	Q4
	Extend the Individual Placement Support (IPMS) service to Galway.	Q4
Deliver timely, clinically effective and standardised safe mental health services in adherence to statutory requirements.	Map resources within Mental Health Services in the region and link with the Recovery Model.	Q4
	Ensure all frontline mental health staff have access to *Children First* mandatory training.	Q2
	Develop a Project Team to oversee the full implementation of the *Roscommon Report*.	Q4
	National Clinical Programmes in Mental Health Assessment and Management of Self Harm Presentations in Emergency Department: • Continue implementation of this clinical programme in line with standard operating procedure (SOP). • Continue to report monthly data to national office. • Continue development of Mental Health Intellectual Disability (MHID) services in line with Mental Health Divisions model of care with particular emphasis on the reconfiguration of East Galway MHID service.	Q4
	Further implement the HSE National Standardised Process for Incident Reporting, Management and Investigation.	Q4

Key Result Area	Priority Actions	Timeline
	Implement the Tobacco Free Campus Policy in all approved Centres and Community Residences.	Q4
	Develop a database of Housing Needs across Mental Health services in the region.	Q4
	Develop clear Housing Pathways in Mental Health through a partnership approach with Local Authorities and approved Housing Bodies in line with the National Housing Strategy for People with a Disability (2011-2016 extended to 2020) and the National Framework for Recovery in Mental Health.	Q4
	Implement a waiting list initiative pilot for people waiting for a CIPC (Counselling in Primary Care) counselling service.	Q2
	Integrate the CIPC and the NCS (National Counselling Service) into a more streamlined service.	Q3
Ensure that the views of service users, family members and carers are central to the design and delivery of mental health services.	Embed co-design at every level of planning, design, implementation and review.	Q4
	Continue with improvement of Mental Health Services through the Service Reform Fund (SRF) in line with feedback from Stakeholders.	Q4
	Conduct a needs assessment with members of the Travelling community to identify key priority services (including service improvement) which could aid Travellers with their mental health needs.	Q3
Enable the provision of mental health services by highly trained and engaged staff and fit for purpose infrastructure.	Deliver appropriate Community Mental Health Team Accommodation with particular emphasis on Galway City Team bases.	Q4

SOCIAL CARE SERVICES



DISABILITY SERVICES

INTRODUCTION

Community Healthcare West provides and funds a range of services for people with disabilities through models of care that support and maintain people to live in their own home or in their own community and promote their independence and lifestyle choices in as far as possible. Services provided across Community Healthcare West include assessment, rehabilitation, community care and residential care, respite, home support and day care. These services support people with disabilities to achieve their full potential, to live their lives as independently as possible while ensuring that the voice of service users and their families are heard and that they are fully involved in co-designing services to meet their individual needs.

SERVICES PROVIDED

Disability services are delivered through a mix of HSE provision as well as through nonstatutory Section 38 and 39 service providers, and private providers.

It is important to recognise that the needs of people with a disability extend well beyond health service provision. Community Healthcare West will participate fully with other government departments and services in the development of cross-sectoral strategies to maximise access to services and supports for people with disabilities.

Within the budget allocation to the HSE for Disability Services:

- 8,529 people with a disability are supported by a range of residential supports (65% of budget).
- 20,772 people with disabilities access the 19,672 day places and supports in over 800 locations throughout the country (20% of budget).
- Each quarter (15% of budget):
  - 6,500 people with disabilities avail of respite.
  - 9,800 people with disabilities avail of 4.15m hours of personal assistant / home support hours.
  - 1,424 multi-disciplinary clinicians provide therapeutic services.

ISSUES AND OPPORTUNITIES

About 15% of people with Intellectual disability aged over 60 years live with family members. To meet the challenges arising in 2019 from the increase in the number of people living with a disability, the increase in age and life expectancy and the changing needs of people with a disability, collaborative working is required across the wider health and social care setting with the aim of improving access to services for all people with a disability. Future service need will include providing for demographic change and addressing the current backlog of service need.

Disability services have a significant programme of reform underway which is informing a new model of service provision. *Transforming Lives* sets out the recommendations of the *Value for Money and Policy Review of Disability Services in Ireland, 2012*. It provides the framework for the implementation of:

- *Time to Move on from Congregated Settings* – A Strategy for Community Inclusion in respect of residential centres to support the transition of people from institutional settings to community-based living.
- *New Directions* Programme is improving day services and supports and aims to meet the needs of school leavers and those graduating from Rehabilitative Training.
- The National Disability Inclusion Strategy 2017-2021 is a coordinated and planned approach, across Government Departments, to promote greater inclusion by people with disabilities in Irish society.

Taken together, the implementation of these programmes via the development of social role valorisation and supporting Self Directed Living perspectives will enable us to maximise the use of existing resources and develop sustainable models of service provision with positive outcomes for service users, delivering best value for money and moving towards an inclusive model of community-based services and supports.

As we move through our programme of reform and consolidation of the Disability sector, an increasing challenge has been striking the appropriate balance in relation to the competing need for resources across the national policy objectives.

Time to Move on from Congregated Settings – A Strategy for Community Inclusion identified over 4,000 people in congregated settings which has been reduced to below 2,300. The transition from institutional settings to community living is being supported by the Service Reform Fund, a partnership arrangement between Atlantic Philanthropies, the Department of Health, Genio and the HSE. Significant additional resources will be required to fully implement the reform programme.

A significant underlying challenge relates to *the changing needs of individuals resulting in* the latent unmet need for residential and respite care, which exists in our services as a result of the absence of investment during the economic downturn. At the same time, our national database figures indicate an annual requirement of 400 residential places per year to meet identified needs. As a result of this we are now experiencing a high annual demand for unplanned residential places to respond to the most urgent cases on our waiting list. These service responses are of major concern as they account for a significant portion of the Disability overspend.

At the same time, the Disability Sector is working hard to comply with the national standards for Residential Care as regulated by HIQA and to maintain registration for all the residential centres who achieved registration in 2018 and who, in 2019, will face a new three year cycle of registration.

While recognising the challenge in relation to complying with the *Disability Act 2005,* we will improve access to therapy services for children by implementing *Progressing Disability Services for Children and Young People*.

As is the case in many areas of healthcare service provision, at the moment key risks fordisability services are ensuring a supply of suitably qualified staff and control over pay and staff numbers. In tandem with managing the specific safety, regulatory, demand and practice driven pressures existing, there is a need to further monitor the cost and reliance on Agency staff. The use of Agency staffing and/or overtime will be strictly controlled.

PRIORITIES 2019

1. Continue to implement the Disability Act 2005 – including Assessment of Need
2. Progress implementation of Time to Move on from Congregated Settings – A Strategy for Community Inclusion and continue to focus on the development of supported selfdirected living and social role valorisation.
3. Provide high quality respite care to persons with disabilities and their families.
4. Continue to provide day services and supports to persons with disabilities including young people due to leave school to Rehabilitative Training.
5. Continue to deliver high quality Personal Assistance (PA) and Home Support
6. Implement the recommendation arising from the *Report of the Review of the Irish Health Services for Individuals with Autism Spectrum Disorders*, carried out in 2017.
7. Advance the Personal Budgets demonstration projects outlined in the Task Force Report on Personalised Budgets 2018.
8. Strengthen and enhance the governance and accountability of service providers/statutory Section 38 and 39 service providers and private providers.
9. Implement the revised HSE Safeguarding Policy. Continue to implement the National Disability eHealth National Case Management System.

IMPLEMENTING PRIORITIES IN 2019

Key Result Area	Priority Actions	Timeline
Continue to implement the Disability Act 2005 – including assessment of need	Support the implementation of the Disability Act 2005 by the reduction of the waiting times for assessment of need through the provision of 11 additional posts across Community Healthcare West.	Q2-Q4
	Continue to support the implementation of the National Disability eHealth Case Management System.	Q1-Q4
Progress implementation of Time to Move on from Congregated Settings – A Strategy for Community Inclusion	• Support people to live healthy lifestyles as they move to homes in the community during 2019. This includes 17 individuals currently living on the Aras Attracta Campus and a further 4 individuals living in the John Paul Centre, Brothers of Charity Services, Galway.	Q1-Q4
	• Work with approved Housing Bodies, the Local Authority Housing Departments and HSE Estates to progress plans for meet the housing requirements for residents prioritised to transition from congregated settings from 2020 onwards.	Q1-Q4
	• Progress training and education opportunities at all levels across Community Healthcare West in the area of supported self-directed living and social role valorisation.	Q1-Q4
Provide high quality respite care to persons with disabilities and their families	• Support the provision of respite services across the region including the relocation of an existing respite service off the Aras Attracta campus.	Q1-Q4
	• Continue to support the provision of alternative innovative models of day respite across the region throughout 2019.	Q1-Q4
Continue to provide day services and supports to persons with disabilities including young people due to leave school to rehabilitative training.	• Support all young people with disabilities leaving school or Rehabilitative training in line with the New Directions model of service. All School Leavers will be profiled and the analysis of the profiling data will be used to inform funding requirement.	Q1
	• Progress the relocation of the Day Service on the Aras Attracta campus to Ballina to be delivered by a new service provider.	Q1-Q3
	• Continue to progress the reconfiguration of all Day Services in line with the New Directions models of service.	Q1-Q3
Continue to deliver high quality personal assistance (PA) and home support	Continue to enhance the allocation process for Personal Assistant (PA) service.	Q1-Q4
Implement the recommendation arising from the *Report of the Review of the Irish Health Services for Individuals with Autism Spectrum Disorders,* carried out in 2017.	Progress the Autism Spectrum Disorder (ASD) Waiting List Initiative and reconfigure services to the Children Disability Network structures.	Q1-Q3

Key Result Area	Priority Actions	Timeline
	Appoint Children Disability Network Managers including 5 in Galway, 3 in Mayo and 1 in Roscommon. Reconfigure the School Age and Early Intervention Teams into Children Disability Networks.	Q4 Note: this is subject to ongoing WRC processes.
Advance the personal budgets demonstration projects in line with the timelines set out in the Task Force Report on Personalised Budgets 2018.	• Work in partnership with the National Lead on the Personal Budgets demonstration project to assess individual cases for inclusion in the project.	Q1-Q4
	• Empower individuals and provide them with increased choice, independence and control over their everyday lives in line with the Personalised Budgets Policy.	Q1-Q4
Strengthen and enhance the governance and accountability of CHOs, service providers /statutory Section 38 and 39 service providers and private providers.	Complete all Service Arrangements and Grant Aid Agreements within established timelines.	Q1
Progress the roll-out of the revised HSE safeguarding policy in line with Department of Health (DoH) national policy.	Continue to support the implementation of *Safeguarding Vulnerable Persons at Risk of Abuse – National Policy and Procedures* (2014) across all services.	Q1-Q4

OLDER PERSONS' SERVICES

INTRODUCTION

Older Persons' Services maximises the supports provided to people to assist them to reside independently, in their own home, for as long as possible while also delivering high quality residential care and support when required. These services are provided in addition to the transitional care funding allocated to facilitate delayed discharges from acute hospitals for both convalescence care and for individuals finalising their NHSS applications.

SERVICES PROVIDED

Older persons' services are delivered through a community-based approach, supporting older people to live in their own homes and communities and, when needed, they can also avail of high quality residential care. A wide range of services are provided including home supports, short stay and long stay residential care, transitional care and day care, through HSE direct provision and through voluntary and private providers.

ISSUES AND OPPORTUNITIES

In 2019, home support services will continue to be delivered through a single funding model and we will examine options towards unifying appropriate home supports services for both older persons and those with a disability. Community and acute hospital services will continue to develop integrated working arrangements across the health and social care settings to ensure the successful delivery of a range of options to support older persons to return or remain at home for as long as possible within the resources available.

Support to Carers is vital in their work of supporting older persons in their own homes and communities. Identifying Carers as early as possible is of critical importance if they are to be supported to maintain their caring role. The introduction of the Carer's Needs Assessment Tool will be a key step in helping to identify carers at all stages and will also play a role in identifying their support requirements.

We will continue to review and improve service delivery in residential care centres with emphasis on a person-centred care approach. We will review the use of our current short stay bed stock to maximize supports for acute hospital discharge and facilitate hospital avoidance.

Maintaining the required workforce and skill set is a challenge across all services and has led to a reliance on Agency staffing particularly in residential care services. With the support of the Department of Health, agreeing a model of residential care staffing and skill mix is a priority for 2019 to assist in developing a sustainable recruitment and retention process. The Department of Health led Value for Money (VFM) study outcome, will help inform this process.

Similarly, Home Support providers have experienced issues with recruitment leading to some delays in the delivery of Home Support services. We will continue to work with providers in the context of the outcome of 2018 Tender 2018. The process of establishing rosters and team-based approaches for directly provided Home Support services, delivered by healthcare support assistants (HCSAs), will be implemented across the region, leading to more sustainable work patterns, and aiding staff retention.

The implementation of The Irish National Dementia Strategy will be progressed with a focus on developing care pathways across all care settings, implementing flexible and personalised approaches to care and improving access to diagnostic services and early intervention.

The support of communities and voluntary agencies is hugely valued in both social and healthcare service provision. Integration of services including, local and community based activity, is a key fundamental to maintaining older persons in their homes.

PRIORITIES 2019

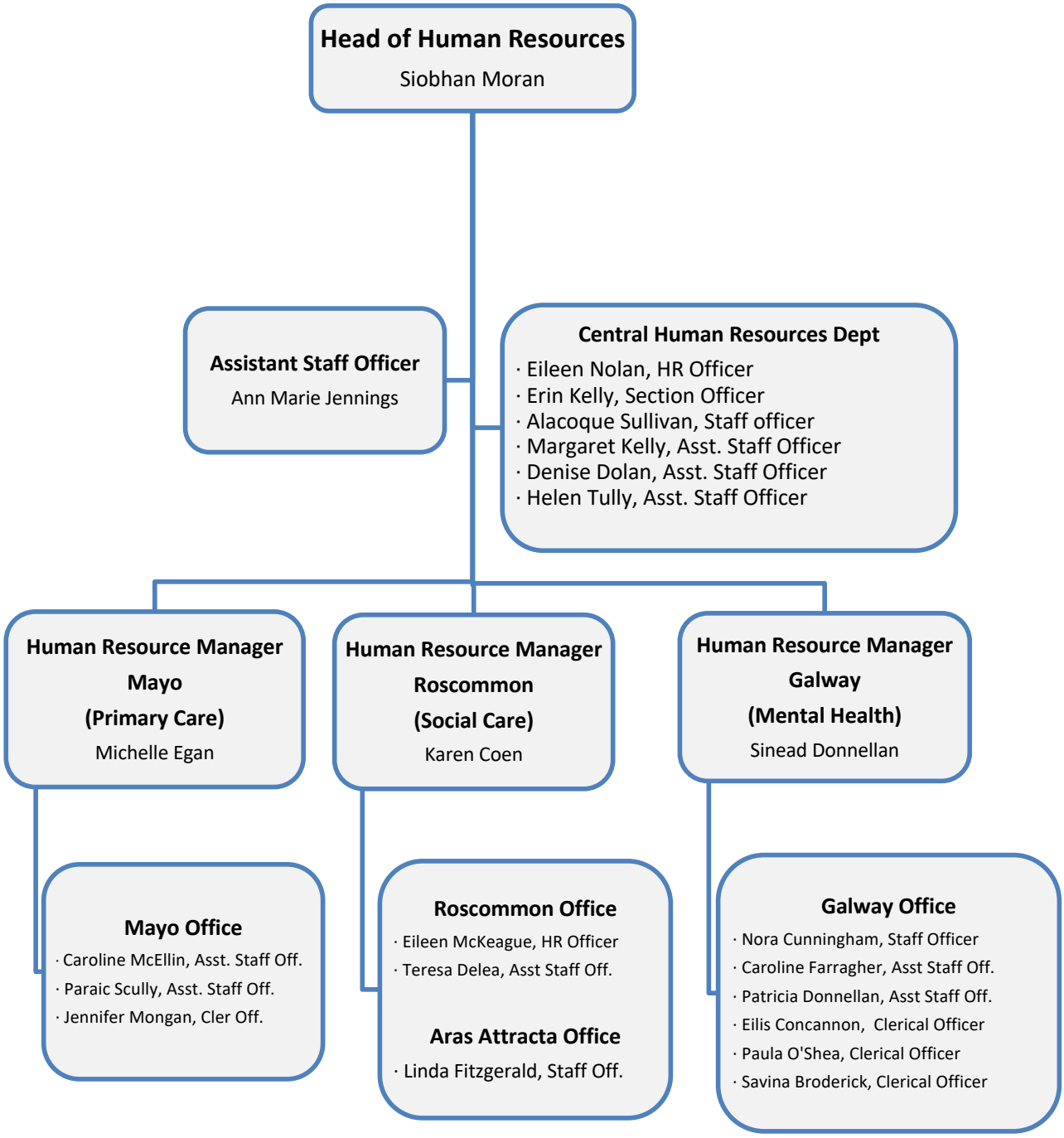
1. Continue to provide older persons with home support
2. Provide quality and safe residential and transitional care to meet the needs of older persons
3. Continue to administer the Nursing Homes Support Scheme (NHSS) within available resource
4. Implement *The Irish National Dementia Strategy* through the National Dementia Office Continue to provide day care and other community supports either directly or in partnership with other providers
5. Progress the roll-out of the revised HSE Safeguarding policy in line with Department of Health policy
6. Continue the Falls prevention and Bone health programme
7. Continue the implementation of the Single Assessment Tool across the region
8. National Carers Strategy – recognised, supported, empowered
9. Continue implementation of the Integrated Care Programme for Older Persons

IMPLEMENTING PRIORITIES IN 2019

Key Result Area	Priority Actions	Timeline
Continue to provide older persons' with home support	Introduce a blended costs Home Support rate per hour through new procurement arrangements in the delivery of 1.8 million hours of Home Support to an average of over 6000 people, at any one time.	Q1-Q4
	Work with the Portfolio Management Office to support and enhance Home Support services improvement initiatives for Community Healthcare West service users.	Q1-Q4
Provide quality and safe residential and transitional care to meet the needs of older persons	Continue to provide a wide range of short stay beds in the community with some additional capacity that will see the provision of an average of 370 short stay beds available.	Q1-Q4
	Facilitate delayed discharges from acute hospitals through Transitional Care Funding including 34 people per week for both convalescence care and patients finalising their NHSS applications.	Q1-Q4
	Progress and support the Capital Plan with particular focus on advancing the building of new Community Nursing Units (CNUs) for Clifden, Tuam, Merlin Park and Sacred Heart Hospital Roscommon in 2019.	Q1-Q4
	Open the 16 remaining newly commissioned beds in the Sacred Heart Hospital Castlebar.	Q1
Continue to administer the Nursing Homes Support Scheme within available resource	Support the reconfiguration of the Nursing Home Support offices to improve services to the public through centralisation of the NHSS service nationally.	Q4
	Progress the development of the Roscommon Nursing Home Support Office as a point of contact for service users.	Q1-Q4
Implement The Irish National Dementia Strategy through the National Dementia Office	Support and embed the current provision of the memory technology resource rooms in the region providing a network of resource for people with dementia and their families/carers.	Q1-Q4
	Implement the actions in the Community Healthcare West Healthy Ireland Plan in respect of Dementia Care.	Q1-Q4

Key Result Area	Priority Actions	Timeline
Continue to provide day care and other community supports either directly or in partnership with other providers	Through an enhanced process for allocation of Section 39 Grants, stream funding into the services that will best support older persons' to remain in their own homes and communities including in the provision of day care, meals on wheels, exercises programmes, social contact and dementia care initiatives.	Q1-Q4
Progress the roll-out of the revised HSE safeguarding policy in line with DoH national policy	Progress the roll out, on a phased basis, of revised HSE Safeguarding Policy through on-going training and an awareness programme with staff and service providers.	Q1-Q4
Continue the falls prevention and bone health programme	Support the use of the new preliminary assessment tools across Community Nursing Units for falls related serious reportable events and continue to support the positive ageing actions developed for Community Healthcare West's Healthy Ireland Plan.	Q1-Q4
Continue the implementation of the Single Assessment Tool (SAT) across the CHO	Continue to roll out SAT to assess levels of dependencies for long term care and Home Support applications in preparation for the introduction of the statutory Home Care system.	Q1-Q4
National Carers Strategy – recognised, supported, empowered	Commence the roll-out of the Carer's needs assessment tool in conjunction with SAT through funding received from the Dormant accounts.	Q1-Q4
Continue implementation of the integrated care programme for older persons	Open a Geriatric Day Hospital service in Galway facilitating the reduction in ED attendances and unnecessary hospital admissions.	Q1-Q4
	Continue to work in partnership with the Saolta Hospitals Group in maintaining low levels of delayed discharges while enhancing patient flow through the hospitals to community services including day care and home support.	Q1-Q4
	Support the reduction in the average length of stay in short stay beds to maximise support to the Acute Hospital's Discharge process.	Q1-Q4

HUMAN RESOURCES / WORKFORCE



1. PEOPLE STRATEGY 2019 – 2024

Building on progress to date and following a robust review process the revised People Strategy 2019 - 2024 will guide all organisational people services & HR activity in 2019 with an emphasis on Leadership, Talent and Capability enabling people and culture change. The People Strategy is positioned to "build a resilient workforce that is supported and enabled to deliver the Sláintecare vision." This will include dedicated focus on workforce planning, enhancing leadership and accountability and building organisational capacity.

Priorities 2019

1. Work with HBS Recruit to establish a Community Healthcare West recruitment function to compliment HBS Recruit Recruitment Service. To support the attraction, acquisition and retention of the right people, ensuring their integration and development into a workplace that cares about their wellbeing, motivation and opportunities at work.
2. Recognising the need for a continuum of development interventions that meets individual and team requirements and supports staff to deal with real service issues at local level will continue to be a priority with a renewed focus on succession planning.
3. Empower and work alongside our managers to support their work and improve change capacity through integrating People's Needs Defining Change - Health Services Change Guide into all development interventions and by aligning change efforts at all levels.
4. We will also ensure easy access to professional HR services in a way that meets the needs of those delivering services.
5. Our focus will continue to be on connecting people services in a more integrated way to create the people and culture change platform for meaningful and healthy work environments.
6. Implementation of Working Together for Health – A National Strategic Framework for Health and Social Care Workforce Planning.
7. Implementation of the Strategic Review of Medical Training and Career Structure (MacCraith Report).
8. Implementation of workforce agreements.
    - Continued commitment to Public Service Stability Agreement (2018-2020) including support for the work of the Public Service Pay Commission and implementation of recommendations where relevant.
    - Implementation of Consultant Contract (2008) Settlement Agreement and consultant contract compliance arrangements.
9. Building a sustainable, resilient workforce that is supported and enabled to deliver the Sláintecare vision.
10. Complete review and risk assessment of Consultants not on the specialist register.
11. Expand community-based care to bring care closer to home.

2. PEOPLE'S NEEDS DEFINING CHANGE - HEALTH SERVICES CHANGE GUIDE

People's Needs Framework is the policy framework and agreed approach to change signed off by HSE Leadership and the Joint Information and Consultation Forum (JICF) representing the Trade Unions. It presents the overarching change framework that connects and enables a whole system approach to delivering change across the system and is a key foundation for delivering the people and culture change required to implement Sláintecare and Public Sector Reform. The Change Guide complements all of the other service, quality and culture change programmes that are currently making progress towards the delivery of person-centred care underpinned by our values of Care, Compassion, Trust and Learning. The Change Framework prioritises people's needs defining change and the Change Guide is a resource that can be applied at all levels to support managers and staff to mobilise and implement change. Fully utilising and resourcing the implementation of

the Change Guide is an organisational priority – building change capacity will enable and support staff to work with and embrace change as an enabler of better outcomes for service users, families, citizens and local communities: *www.hse.ie/changeguide*.

Priorities 2019

1. Increase awareness through a networked approach that targets teams across the system.
2. Work at a strategic level to develop increased connectivity to link existing initiatives.
3. Target capacity building through learning and skills development
4. Develop change resources through use of digital and online platforms
5. Target practice support through local development networks/hubs.

3. LEADERSHIP AND CULTURE

In consultation with Corporate Leadership, Education, Talent and Development (LETD); Community Healthcare West will continue to support staff development. Community Healthcare West Human Resource (HR) Department in consultation with LETD will agree 2019 priorities to build capacity of staff to meet organisational requirements and to support front-line managers to undertake their people management role. This will be supplemented by delivering the Leaders in Management Programme in conjunction with the SAOLTA Hospitals Group.

a) Co-facilitate the People Management Legal Framework Programme with LETD facilitators.

b) Participate in the presentation of Corporate Induction, First Time Managers and Leaders in Management LETD facilitated programmes.

c) Design a development programme for first-time Managers and Leaders in Management in conjunction with CHO Area 1.

d) Continue the Community of Practice initiative with our HR colleagues from CHO Area 1.

e) Facilitate HR Training Clinics in the current format and develop further programmes based on service need.

f) Develop and curate best practice and thought leadership materials on leadership topics that will support the reforms underway within Irish healthcare. These include leadership resources, tools and materials.

4. WELLBEING AND STAFF ENGAGEMENT

Active promotion of health and wellbeing in the workplace continues to be a priority. The Workplace Health and Wellbeing Unit provides support for all staff and assists in preventing staff becoming ill or injured at work. The unit maximises access to, and retention of, work through timely rehabilitation services via occupational health services, rehabilitation / case management services, and organisational health.

Our staff bring a range of skills, talents, diverse thinking and experience to the organisation. We are committed to creating a positive working environment whereby all employees inclusive of race, religion, ethnicity, gender, sexual orientation, responsibility for dependents, age, physical or mental disability, civil status, membership of the Traveller community, and geographic location are respected, valued and can reach their full potential. We aim to develop our workforce reflecting the diversity of HSE service users, and which is strengthened through accommodating and valuing different perspectives, ultimately resulting in improved service user experience. This is achieved by increasing awareness of diverse needs, and through supporting the disability bridging programme and other initiatives.

Our staff survey seeks employees' views on a range of themes concerning them directly such as culture

and values, working environment, career progression and development, equality, diversity and inclusion, leadership direction and communications, staff engagements, managing change, terms and conditions and job satisfaction. National HR undertakes this staff survey every two years, the latest of which was in 2018. We will work with services to take actions based on the findings from this survey. In addition, staff engagement forums are on-going and provide valuable information and feedback from those working in frontline services, creating a space for conversations about what matters to staff, giving a sense of ownership and personal responsibility for engagement, promoting staff engagement.

Priorities 2019

1. Continue to support the roll out of Staff Health and Wellbeing initiatives. Continue to monitor data at operational level.
2. Establish a Staff Engagement Forum.
3. Communicate feedback from the 2018 Staff Survey using focus groups. Once collated draft an action plan to address issues raised in the feedback.
4. Engage with the Workplace Health and Wellbeing Unit to develop supports for staff and managers in dealing with complex health issues.

5. CAPABILITY AND LEARNING

Our commitment is to engage, develop and value our workforce to deliver the best possible care and services to the people who depend on them. Staff who are valued, supported in their development and treated well, improve patient care and overall performance. Improved people management is the responsibility of all leaders, managers and staff. Leadership is the most influential factor in shaping organisation culture and so ensuring the necessary leadership behaviours, strategies and qualities are developed in fundamental. In 2019 Community Healthcare West HR will further develop the established working relationships with LETD on the access and delivery of Development Programmes to meet the needs of local services and succession planning.

6. WORKFORCE PLANNING

Government policy on public service numbers and costs is focused on ensuring that the health workforce operates within the pay budgets available. The number of WTE's in post at the end of 2018 is 4368 WTEs. Effective control over workforce numbers and associated pay expenditure will be essential to ensuring that we deliver services within the available financial resources for 2019. Further details in this regard are set out in the following paragraphs.

Particular attention will be directed to the further development of measures to support the sourcing, recruitment, and retention of nursing staff in light of identified shortages. The development of a workforce plan for Community Healthcare West will be progressed as a priority.

7. PAY AND STAFFING STRATEGY 2019

Based upon key learning from previous Pay and Staffing Strategies, the approach being taken in 2019 begins with a central 'top down' high level affordability assessment of the level of staff, on an average cost per WTE basis, that the indicative pay budget for 2019 can support. This approach is designed to enable more realistic and affordable forecasting and follows on from the WTE limits process implemented in late 2018. WTE limit monitoring is an integral component of the overriding principle of compliance to allocated pay expenditure budgets. The monitoring of both WTE limits and pay expenditure at all service levels will further support and enhance performance and governance of same, with key actions and interventions on deviation in place, in line with the Performance and Accountability Framework.

Priorities 2019

1. Continuation of the Payroll Monitoring Control Process for vacancy management.
2. Continuation of the Agency elimination/reduction control process.
3. The assignment of WTE affordability limits at main cost centre level. Striking the balance between safe, effective, efficient service delivery and affordability.
4. Realising opportunities to reinvest in the workforce through Agency conversion, for example, as allowable growth factors within the WTE limits, enabling constructive WTE limits review at key intervals throughout the year, underpinned by evidence, notwithstanding that all services need to closely monitor agency and overtime spend and implementation of measures to reduce same.

8. PERFORMANCE AND PARTNERING:

HR will lead on implementation and rollout of a revised and redesigned Performance Achievement System once agreed, with a greater developmental emphasis. The key focus of this initiative is to facilitate meaningful engagement, on a two way basis between managers and staff in relation to all aspects of performance achievement.

The process will provide the fullest possible opportunity for staff and managers to work together and engage productively on all issues that arise in the work place in relation to performance. It also provides the opportunity to give and receive feedback which increases connectivity to service targets and improves overall performance and job satisfaction.

A Joint Union Management Forum comprising Trade Union partners and representatives for all the Divisions, Finance, Communications and the Chief Officer's Office will meet four times during 2019 with subgroups established for all Divisions.

Priorities 2019

1. Continue to provide support on Employee / Industrial Relations matters with a particular emphasis on getting best value for available resources.
2. Manage on-going recruitment challenges in respect of particular groups and develop a recruitment strategy for 2019 pending conclusion of the discussions on the future recruitment model.
3. Manage the significant challenges arising in the context of dealing with increasing expectations from staff and their representatives in light of the improved economic circumstances now obtaining.
4. Take a central role in the rollout of Network Learning Sites in this region.
5. Progress matters which will arise from the imminent Report on Skill Mix.

To build on our own internal experience and expertise within the Human Resources, Community Healthcare West the following priorities have been identified:

a) Commence a Personal Development Planning process for staff working in HR to standardise work processes and build on the suite of professional development opportunities that have been introduced over the past two years, in order to expand the availability of resources to the wider HR system.

b) Promote and access any new programmes of webinars based on hot topics and in response to development of legislation that relates to the organisation as a whole, allowing consistent and up-to-date information to be delivered to the system in a timely, practical manner.

c) Continue to access professional development workshops to HR senior staff, to empower staff with

knowledge that is consistent across the organisation, improving streamlining of resources and continuity of care for staff and service users.

d) Build on the established HR Networks as a means of connecting HR staff around the country.

9. EUROPEAN WORKING TIME DIRECTIVE

The HSE is committed to maintaining and progressing compliance with the requirements of the European Working Time Directive (EWTD) for both non-consultant hospital doctors (NCHDs) and staff in the social care sector.

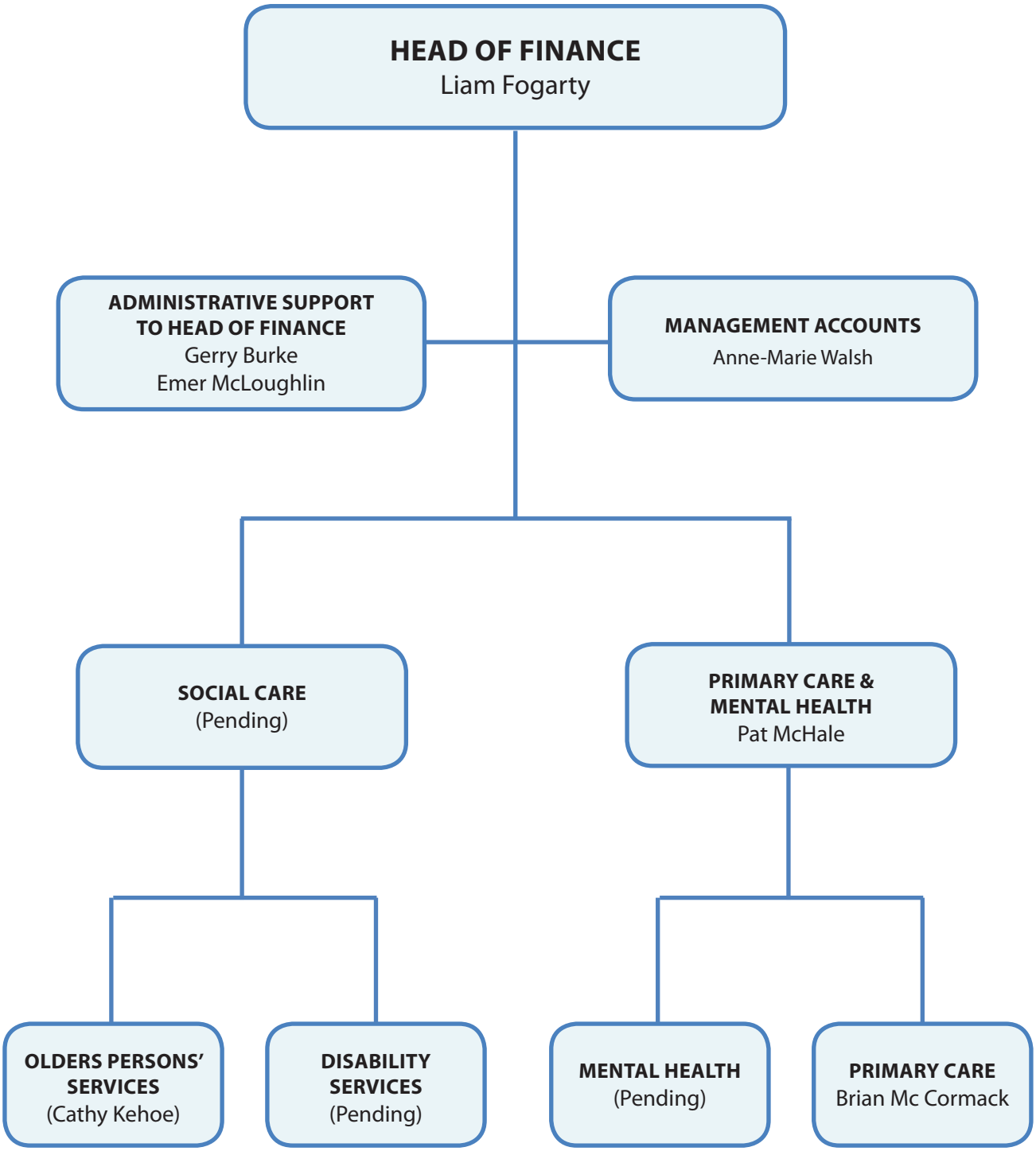
Key indicators of performance agreed with the European Commission include a maximum 24 hour shift, maximum average 48 hour week; 30 minute breaks every six hours, 11 hour daily rest / equivalent compensatory rest and 35 hour weekly / 59 hour fortnightly / equivalent compensatory rest.

Priorities 2019

Continue to monitor the following PIs on a monthly basis:

- <24 hour shift (Mental Health Services – NCHDs)
- <24 hour shift (Disability Services – Social Care Workers)
- <48 hour working week (Mental Health Services – NCHDs)
- <48 hour working week (Disability Services – Social Care Workers)

FINANCE


HEAD OF FINANCE
Liam Fogarty
ADMINISTRATIVE SUPPORT TO HEAD OF FINANCE
Gerry Burke
Emer McLoughlin
MANAGEMENT ACCOUNTS
Anne-Marie Walsh
SOCIAL CARE
(Pending)
PRIMARY CARE & MENTAL HEALTH
Pat McHale
OLDERS PERSONS' SERVICES
(Cathy Kehoe)
DISABILITY SERVICES
(Pending)
MENTAL HEALTH
(Pending)
PRIMARY CARE
Brian Mc Cormack

CONTEXT

The Health Service Executive (HSE) Budget for 2019 is €16,050 million. This represents an increase of €848m (5.6%) on the 2018 allocation.

This funding set out for new service developments by the Department of Health is €198m. €20m relates to the full year effect of 2018 developments, the remaining €178m relates to new 2019 development funding.

Community Healthcare West (Area 2) is notified of its 2019 budget by individual care group (Primary Care; Social Care; and Mental Health Services) and services are accountable on this basis. The 2019 allocation for Community Healthcare West is €483.02m and this represents an increase of €34.67m over 2018 Operational Plan budget of €448.35m (Appendix 1). €9.25m of the Budget increase relates to Pay restoration under the Haddington Road and Lansdowne Road agreements.

PRIMARY CARE – BUDGET €123.07M (€101.36M + €21.71M)

The 2019 allocation for Primary Care excluding demand led schemes is €101.36m. This is an increase of €2.31m over the 2018 opening budget of €99.05m. Included in the Budget is €1.206m towards Pay restoration under National agreements. The 2019 allocation for demand led schemes is €21.71m which remains constant and in line with our current expenditure. Cost pressures in Primary Care include Medical & Surgical supplies, incontinence wear, Aids & Appliances and costs associated with National Refugee reception centre in Ballaghdereen. Pay cost pressures associated with agency expenditure on GP replacements in rural areas and offshore island cover have emerged in recent months. Based on current expenditure trends and with the implementation of cost saving initiatives there remains a projected €4.5m challenge in 2019. Continuing emphasis will be placed on delivery of Value improvement initiatives to address this challenge.

SOCIAL CARE – BUDGET €259.726M

a) Older Persons' Services – Budget €80.293m

b) Disability Services – Budget €179.434m

The total 2019 allocation for Social Care is €259.729m and this total represents a 4.9% increase over the 2018 base budget rolled forward into 2019.

An additional €3.392m development funding for older persons is included in the allocation for Community Health Care West in 2019. This funding is targeted at the development of the Home Support service. The challenge in Home Support Services in 2019 will be to fund the increased costs associated with the revised Home Support worker contract. There is additional funding in the plan to deliver an estimated 26k additional home support hours in 2019 over the 2018 outturn.

There will be a challenge in Older Persons long stay residential services in the order of €2.3m based on the current occupancy levels and cost of care. Factors that influence our current cost of care are current agency levels due to recruitment issues filling vacant posts and occupancy rates in some individual units in remote locations.

The Disability Services allocation will maintain current services at their existing levels for 2019 with an expected challenge in the region of €5.4m.The ongoing challenge facing Disability Services is the provision of emergency residential placements within available funding. Additional Development funding of €1.667m is included in the 2019 plan towards the provision of emergency residential placements. Aras Attracta de-congregation will continue in 2019. Budgets will be devolved to Mayo community living throughout 2019 as new residences are occupied.

The indicated actions and priorities for Disability services in our CHO, including provision of the agreed level of service as set out in this plan, are at minimum predicated on delivery of committed non-service impacting cost management measures across the CHO. However, it is agreed nationally, that delivery of full financial breakeven for

Disability in the CHO, without other interventions nationally, may necessitate implementation of indicated service impacting measures but which, at this stage, are not included in this CHO's delivery plan. This will require further review and national direction as the year progresses as part of the service and financial control and management requirements.

MENTAL HEALTH SERVICES – BUDGET €100.23M

The budget of €100.23m for CHO2 in 2019 will present a financial challenge of €12.9m to deliver existing levels of service in 2019 whilst also enhancing services through agreed development funding and posts. Part of this challenge will be delivered through additional funding secured to be transferred during 2019 plus value improvement initiatives to be delivered in 2019.

The budget includes the following:

- a recurring budget of €100.012m representing a €8.873m or 9.74% increase compared to the equivalent in 2018
- a further once-off allocation of €0.218m towards Training programmes
- €0.200m towards development funding

The financial challenge in Mental Health will be addressed by the following measures:

- Procurement – Reduction in prices and costs via contracting using National contracts.
- Overhead and Non Pay efficiencies
- Agency/Overtime conversion
- Vacancy control: Prioritisation of frontline staff
- Cost control Voluntary organisations

The key challenge in Mental Health will be around managing the level of agency and emergency residential placements beyond funded levels while also managing service risk.

2019 DEVELOPMENT FUNDING/NEW INITIATIVES

Primary Care Services: No new additional funding was notified.

Social Care Services: The total Older Persons development funding identified for Home Support Services is €3.392m.

In Disability Services, an additional €1.667m development funding has been allocated to this CHO to deliver emergency residential places and to endeavor to achieve national targets in the Transforming Lives programme.

Mental Health Services: The portion of the 2019 Development funding to be devolved to Community Healthcare West on the recruitment of the posts associated with this funding is expected to be €0.9m in 2019.

SERVICE PRESSURES / ELS (EXISTING LEVELS OF SERVICE)

Primary Care Services: In 2019 there is an initial shortfall of €4m in non-pay due to existing levels of services; cost pressures in aids and appliances, logistics and repair costs, medical & surgical supplies and non-pay costs associated with Primary Care Centres.

Social Care – Older Persons' Services: The main financial challenge facing the services is the year on year growth

in demand arising from demographic and other pressures for community based services such as home care and transitional care. Additional funding of €3.392m is included in the older person's budget to address these issues.

The Nursing Homes Support Scheme (NHSS) supports 549 registered beds (by the end of 2019) which must have 95% occupancy to attract the full allocation from the NHSS Scheme. The challenges faced in this area are occupancy rates in certain Nursing Homes due to geographical circumstances and the recruitment of replacement (as opposed to agency) staff. An additional challenge to the service is occupancy of our Short Stay Beds in certain locations.

Social Care – Disability Services: In 2019, the CHO will deliver social care supports and services to people with a disability across the spectrum of day, residential and home support provision. The financial resources made available to the Community Healthcare West as part of the National HSE Service Plan are focussed on specific and targeted provision. Specifically, Community Healthcare West will maintain existing levels of services in line with financial resources available whilst noting developments relating to emergency and home respite support services as well as day/rehabilitative training interventions. Community Healthcare West is cognisant that the demand for disability supports and services is growing in a significant way. We will continue to ensure effective monitoring of the impact in this area as part of ongoing planning processes with the National Social Care Division in respect of the 2020 estimates process.

Mental Health Services: The financial challenge facing the services is the difficulty recruiting suitably qualified medical and nursing staff to fill existing vacancies. Because of this there are high levels of overtime and agency expenditure. These costs come at a premium in comparison to directly employed staff and inflate the cost of services.

Another cost driver is the level of special care arrangements for a number of service users who are inappropriately placed in services. Their care requirements are in addition to the normal levels of service being delivered at the locations where they are cared for.

SAVINGS AND EFFICIENCY MEASURES

Primary Care Services: In 2016 a project team was established to address expenditure on aids and appliances and continues to review expenditure. During 2018 there was an expenditure trend which was below the increase in the level of activity. This group will continue to pursue more efficient practices in the procurement/repair and distribution of aids and appliances during 2019. Currently a review of all our contracts for services such as cleaning is being undertaken by the Primary Care Division. We expect efficiencies to be delivered with the implementation of the recommendations in the review.

Social Care – Older Persons' Services: Agency and Cost Reduction Measures: – In respect of agency reduction targets key focus are on areas slippage was experienced in delivering targets in 2018. Detailed financial and service work plans, including the WTE Limits, identifying the specific milestones and actions to deliver on these cost reduction measures will be finalised at service delivery unit level to support the implementation of these initiatives. There is a formal structure to monitor the delivery of homecare services and there is a continuing effort to review service user needs with a view to using existing resources in a more efficient manner.

Social Care – Disability Services: There is a structure in place to review emergency placements in line with national guidelines. A Residential Care – Executive Management Committee is established in Community Health Care West, led by the Head of Social Care to provide robust and effective management of the existing residential base and in respect of the management of emergency places.

Mental Health Services: The target for Mental Health service will be Agency conversion; more efficient replacement of vacant posts, a programme targeting inappropriate placements and reviewing the process on special care arrangements.

SUMMARY

Community Healthcare West will plan within the available resource to maximise the delivery of safe service activity levels subject to service and financial risks being managed within the overall National Community Services plan. Each of the care groups have significant financial challenges to be addressed throughout 2019.

The Key Financial Risks are as follows:

- Reliance on once off funding in each of the Care Groups to address recurring costs in this plan.
- Many of the Value improvement initiatives are dependent on the delivery of National Value improvement initiatives on procurement etc.
- Community Healthcare West does not hold a contingency against delivery or other financial risks contained in this plan. In any organisation there would be an expectation of a contingency Budget of 1% to 2% to address once off issues as they occur.
- Given that the HSE is the statutory provider of the last resort and the realities around the fixed nature of certain costs there is often pressure to respond to need even if this exceeds the available funding level.
- Demographic Changes: In 2018 there was an increase in demand for Home Care as well as Medical & Surgical Supplies (including incontinence wear). This increasing demand is expected to continue into 2019.

SECTION 3

SUPPORTING SERVICE DELIVERY

PORTFOLIO MANAGEMENT OFFICE (PMO) – SERVICE IMPROVEMENT

The National Programme for Health Service Improvement (PHSI) was established to support the development of a better health service for all the people of Ireland and is intrinsic with Sláintecare implementation. The PHSI is working together with the people who deliver and receive health and social care across the country with the intention of designing a better, more joined-up, health service at the lowest level of complexity. It is supported by a network of Programme Management Offices at national and local level.

A robust Portfolio Management Office (PMO) has been established in Community Healthcare West consisting of a dedicated team to drive and enable service improvements at a local level and to support the delivery of national projects. The Portfolio Management Office was established to provide a single overarching body to coordinate and drive the delivery of a range of service improvement programmes and projects arising from strategies, frameworks, policies, reviews and recommendations reports.

In 2019 the team will support the delivery of a portfolio of projects, working with teams across all divisions of Community Healthcare West to ensure consistent and integrated project execution.

Over the next twelve months our key priorities will include:

- Leading out on the development of co-design.
- Leading out on the Service Improvement and Transformation agendas.
- To support the implementation of national priorities and lead on the implementation of local priorities.
- To enable the integration between Hospital and Community.
- To develop mechanisms to support the seamless integration between service areas.

COMMUNICATIONS

The *Community Healthcare West* Communications Office contributes to the management and processing of both internal and external communication requirements. An essential function of the Communications Office is to engage with stakeholders in the provision of and access to information about our services. 2019 will see the development of the first Communications Strategy for the organisation. The strategy promotes inclusion and accessibility and will focus on consultation and improvements that can be made to how, where, when and what we communicate. Developing a robust strategy provides an opportunity to reflect on how our organisation communicates and to better meet internal and external communication needs using appropriate language and mediums.

COMPLAINTS AND FEEDBACK MANAGEMENT

It is the right of service users to comment, compliment or complain about any of the services provided by Community Healthcare West. Responding effectively to comments, compliments and complaints received and learning from them is key to providing high quality customer focused healthcare services. Best practice identifies what Service Users want when they provide feedback and the HSE has used this information to build on and enable a system which will meet these requirements – this system is called 'Your Service Your Say' (YSYS).
2019 will see an increased emphasis to encourage feedback from our service users. We will do this by:

- Provision of further guidance and information for internal and external stakeholders on the Your Service your Say (YSYS) process within Community Healthcare West.
- Encourage a proactive response to complaints received by local services/at source, to ensure that as far as possible, they are resolved at the point of contact.
- Implement the HSE Complaints Management System (CMS) to facilitate the automated process for the HSE's feedback policy, Your Service your Say.

- Providing training to staff in each Division on the roles of Complaints Officers and Review Officers.
- Providing an overview and update information on the management of service user feedback to Senior Management Teams.
- Ensure that the lessons learned from feedback, including complaints, are used to improve services and are implemented.

INFORMATION SERVICES (IS)

The purpose of the Community Healthcare West Information Services Liaison Office is to work with our business users e.g. the Portfolio Management Office, local Information and Communication Technology (ICT) support, OoCIO (Office of the Chief Information Officer) and ICT vendors on projects with an IS element. Our goal is to try to ensure that our services migrate to common solutions (based on common processes).

All our business related projects will be managed by the business teams themselves to ensure we design the correct process to meet their needs and ensure we have appropriate ownership of the process, solution and the data going forward. Looking ahead to 2019, we will continue expanding several of the projects deployed during 2018 e.g.

- iPMS (Integrated Patient Management System) – a joint project between Saolta & Community Healthcare West to replace our existing Clinicom PAS (Patient Administration System) with the new national PAS; iPMS. This project will have a significant positive impact on our Mental Health & Social Care services as we move to using common patient identifiers & build a more complete picture of our patient interactions.
- ONE (also known as UUID – Unique User ID) Project which will move the windows account of every staff member in Community Healthcare West to "HEALTHIRL" (the HSE national domain).

These projects are focused on service improvement, collaboration and standardisation of our existing processes.

ACCOMMODATION REVIEW COMMITTEE (ARC)

In the interest of achieving Community Healthcare West and broader strategic objectives to enable delivery of quality and safe healthcare services, all decisions relating to the use or change of use of existing Community Healthcare Organisation (CHO) managed/occupied property is centralised via the ARC. All Divisions, Functions and allied Services that are seeking new Accommodation or changes to existing accommodation within this CHO should request an Application form from the designated email address - accommodation.cho2@hse.ie

In addition, any staff movement within the CHO that may have an impact on accommodation usage/availability should also be notified to the ARC; 2019 will see the bedding down of procedures to assist the organisation to further meet this requirement.

Mapping of our managed/occupied property has already commenced. By establishing what capacity exists within the three counties, we will be better placed to plan for and ensure that those who require accommodation to facilitate service delivery, can access it.

SECTION 4

APPENDICES

APPENDIX 1:
FINANCIAL TABLES

BUDGET SUMMARY TABLE 2019 NET EXPENDITURE ALLOCATIONS 2019

Primary Care Services	Pay	Non Pay	Gross Budget	Income	Net Budget
	€m	€m	€m	€m	€m
Primary Care	63.45	26.09	89.53	(2.07)	87.46
Social Inclusion	0.71	6.19	6.90	0.00	6.90
Palliative Care	1.76	5.24	7.00	0.00	7.00
Core Services	65.92	37.51	103.43	(2.07)	101.36
Local DLS	0.00	21.71	21.71	0.00	21.71
Total	65.92	59.22	125.14	(2.07)	123.07

Social Care Services	Pay	Non Pay	Gross Budget	Income	Net Budget
	€m	€m	€m	€m	€m
Older Persons Services	80.74	44.53	125.26	(44.97)	80.29
Disability Services	15.66	164.48	180.14	(0.71)	179.43
Total	96.39	209.01	305.40	(45.68)	259.73

Mental Health Services	Pay	Non Pay	Gross Budget	Income	Net Budget
	€m	€m	€m	€m	€m
Mental Health	86.67	15.53	102.20	(1.97)	100.23
Total	86.67	15.53	102.20	(1.97)	100.23

TOTAL	Pay	Non Pay	Gross Budget	Income	Net Budget
	€m	€m	€m	€m	€m
Primary Care	65.92	59.22	125.14	(2.07)	123.07
Social Care					
Older Persons Services	80.74	44.53	125.26	(44.97)	80.29
Disability Services	15.66	164.48	180.14	(0.71)	179.43
Mental Health	86.67	15.53	102.20	(1.97)	100.23
Total	248.99	283.76	532.75	(49.72)	483.02

BUDGET SUMMARY 2019

PRIMARY CARE

2018 Budget Brought Forward To 2019	85.841	6.953	6.504	99.298	21.706	121.004
Non-pay and demographic related costs						
Budget Transfer : Paedriaic Home Care Packages transferred to National Budget	-0.568			-0.568		-0.568
Budget Transfer : Pay Nursing Agreement Posts 2019	0.108			0.108		0.108
Non-Pay. CIT Balance of funding for 2019 full year impact	0.200			0.200		0.200
Pay. Inco wear Clerical officer support (Jan-July 19) (ONCE OFF)	0.033			0.033		0.033
Assistant Psychology posts	0.332			0.332		0.332
Non Pay Dental Board	0.042			0.042		0.042
2018 Pay rate adjustments (supports existing staffing levels)						
HRA / LRA – Pay rate cost in 2018	1.167	0.034	0.004	1.206		1.206
VIP - Increments Unfunded	0.280			0.280		0.280
VIP - PCP 18 Decisions unfunded	0.029	0.009		0.038		0.038
Pay Adjustment (ONCE OFF)				0.000		0.000
Funding Available to Maintain existing levels of service (supports existing staffing levels)	**87.465**	**6.996**	**6.508**	**100.969**	**21.706**	**122.675**
Funding available to expand existing / develop new services in 2019						
CSP Program -ICP - Chronic Disease				0.000		0.000
CSP Program -ICP - Chronic Disease (ONCE OFF FUNDIND)				0.000		0.000
Drugs Strategy			0.132	0.132		0.132
Tier 4 -Special Projects			0.055	0.055		0.055
Homeless Services (ONCE OFF)			0.204	0.204		0.204
Total funding available to expand existing / develop new services in 2019	**0.000**	**0.000**	**0.391**	**0.391**	**0.000**	**0.391**

SOCIAL CARE

2018 Budget Brought Forward To 2019	77.905	169.729	247.634
Non-pay and demographic related costs			
Social Care Safeguarding	0.033		0.033
Social Care - Short Stay Beds (ONCE OFF)	-0.472		-0.472
Subvention & Contract Beds 2018 Allocation	0.275		0.275
Cost Containment 2019 OPS (Excluding Home Support)	-1.857		-1.857
2019 Supplementary Funding		1.810	1.810
VIP-NSP 17 very stretched targets - high delivery		1.100	1.100
School Leaver Funding FYE 2018 Places		2.637	2.637
Demographic Related Costs			

Full Year Effect of 2017 Developments			
Rostered Year for Pre Reg Nursing Degree Students (ONCE OFF)			
Sponsorship for Nursing		0.153	0.153
2019 Pay rate adjustments (supports existing staffing levels)			
HRA / LRA – Pay rate cost in 2019	0.693	1.497	2.189
PCP - Sleepovers Extension			
VIP - Increments	0.087	0.179	0.266
VIP - PCP 19 Decisions	0.238	0.662	0.900
Funding Available to Maintain existing levels of service (supports existing staffing levels)	**76.901**	**177.767**	**254.668**
Funding available to expand existing / develop new services in 2019			
New Developments	3.392	1.667	5.059
Total funding available to expand existing / develop new services in 2019	**3.392**	**1.667**	**5.059**

MENTAL HEALTH

2018 Budget Brought Forward To 2019	97.917
Non-pay and demographic related costs	
Time Related Savings (2015 Posts)	
DOH - Release of Funds	
17 Funding to expand current services	
17 Funding to expand current services (ONCE OFF)	
Time Related Savings	
Sponsor Public Health Service Employees to Nurse	0.068
Roster Year for Pre Reg Students	0.125
Post Graduate Medical & Dental Board	0.025
2019 Pay rate adjustments (supports existing staffing levels)	
HRA / LRA – Pay rate cost in 2018	1.895
Funding Available to Maintain existing levels of service (supports existing staffing levels)	**100.030**
Funding available to expand existing / develop new services in 2019	***0.200***
Total funding available to expand existing / develop new services in 2019	***0.200***

SERVICE ARRANGEMENT FUNDING*

DISABILITY SERVICES

Summary	Care Group	Community Healthcare West €
S38 – SA	Disability	€75.47m
S39 – SA	Disability	€48.52m
S39 – GA	Disability	€0.31m
Total S39	Disability	€48.83m
Total Voluntary	Disability	**€124.30m**
For Profit – SA	Disability	**€4.21m**
Total All	**Disability**	**€128.51m**

SECTION 38 SERVICE ARRANGEMENTS

Summary	Care Group	Community Healthcare West €
Brothers of Charity (Galway)	Disability	€56.03
Brothers of Charity (Roscommon)	Disability	€19.44
Total All	**Disability**	**€75.47m**

SECTION 39 SERVICE ARRANGEMENTS – AGENCIES IN RECEIPT OF FUNDING IN EXCESS OF €5M (2 AGENCIES)

Parent Agency	Community Healthcare West €
Western Care Association	€35.22m
Ability West	€26.82m
Rehab Group	€6.99m

AGENCIES IN RECEIPT OF FUNDING

Parent Agency	Community Healthcare West €
Rehabcare	€6.99m
Enable Ireland	€2.79m
W.A. Limited	€4.56m
Western Care Association	€35.22m
The Cheshire Foundation in Ireland	€2.55m
Ability West	€26.82m
NUA Healthcare	€1.16m
Galway Centre for Independent Living	€1.04m
Section 39 Service Arrangements Funding over €1m	**€81.13m**

*Initial 2019 Allocations all subject to final sign off

SERVICES FOR OLDER PERSONS'

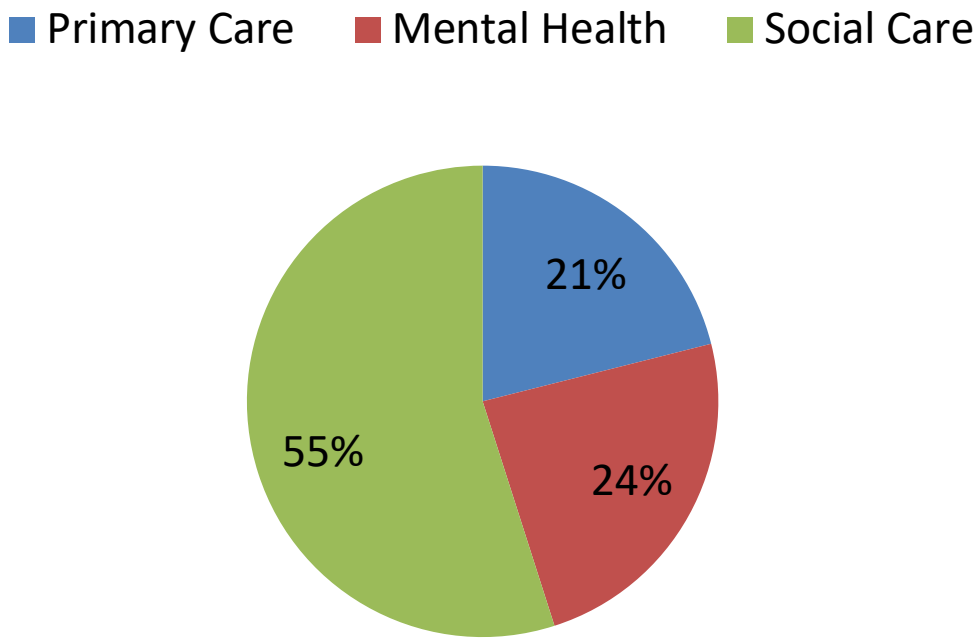
Older Persons' Services – Total Funding	Community Healthcare West €
S39 – SA	€6.02
S39 – GA	€.1.37m
Total S39	€7.39m
Total Voluntary	€7.39m
For Profit – SA	€10.68m
Total Commercial	€10.68m
Total All	**€18.07m**

APPENDIX 2:
WORKFORCE POSITION

STAFF CATEGORY INFORMATION AS AT DECEMBER 2018

Discipline	Medical/ Dental	Nursing	Health & Social Care Professionals	Management/ Admin	General Support	Patient & Client Care	WTE as at Dec 2018
Mental Health	**106**	**586**	**146**	**141**	**69**	**290**	**1338**
Primary Care	**94**	**322**	**322**	**329**	**35**	**73**	**1175**
Older People Services	12	375	36	92	81	1046	1642
Disability Services	2	55	37	26	8	86	214
Section 38	4	197	269	80	49	608	1207
Social Care	**18**	**627**	**342**	**198**	**138**	**1740**	**3063**
Grand Total	**218**	**1535**	**810**	**668**	**242**	**2103**	**5576**

STAFF CATEGORY INFORMATION BREAKDOWN:



APPENDIX 3:
BALANCED SCORECARD AND PERFORMANCE INDICATOR SUITE

Primary Care			
Key Performance Indicators Service Planning 2019	**Reporting Frequency**	**2019 National Target / Expected Activity**	**Area 2 2019 Expected Activity/Target**
Community Diagnostics (Privately Provided Service)			
No. of ultrasound referrals accepted	M	25,480	7,020
No. of ultrasound examinations undertaken	M	25,480	7,020
Community Intervention Teams, Referrals by referral category		**45,432**	**4,428**
Admission Avoidance (includes OPAT)	M	1,380	120
Hospital Avoidance	M	33,180	2,796
Early discharge (includes OPAT)	M	7,068	1,284
Unscheduled referrals from community sources	M	3,804	228
Outpatient Parenteral Antimicrobial Therapy (OPAT) Re-admission rate %	M	≤5%	≤5%
Community Intervention Teams Referrals by referral source		**45,432**	**4,428**
ED / Hospital wards / Units	M	29,736	1,404
GP Referral	M	11,148	2,724
Community Referral	M	2,760	192
OPAT Referral	M	1,788	108
GP Out of Hours			
No. of contacts with GP Out of Hours Service	M	1,147,496	Old RDO2 290,132
Physiotherapy			
No. of physiotherapy patient referrals	M	199,236	20,976
No. of physiotherapy patients seen for a first time assessment	M	162,549	16,764
No. of physiotherapy patients treated in the reporting month (monthly target)	M	34,926	3,770
No. of physiotherapy service face to face contacts/visits	M	709,764	79,968
Total no. of physiotherapy patients on the assessment waiting list at the end of the reporting period	M	34,023	4,054
% of new physiotherapy patients seen for assessment within 12 weeks	M	81%	81%
% of physiotherapy patients on waiting list for assessment ≤ 26 weeks	M	84%	84%
% of physiotherapy patients on waiting list for assessment ≤ 39 weeks	M	91%	91%

Primary Care			
Key Performance Indicators Service Planning 2019	**Reporting Frequency**	**2019 National Target / Expected Activity**	**Area 2 2019 Expected Activity/Target**
% of physiotherapy patients on waiting list for assessment ≤ to 52 weeks	M	95%	95%
Occupational Therapy			
No. of occupational therapy service user referrals	M	94,800	8,028
No. of new occupational therapy service users seen for a first assessment	M	94,678	7,452
No. of occupational therapy service users treated (direct and indirect) monthly target	M	21,803	2,452
Total no. of occupational therapy service users on the assessment waiting list at the end of the reporting period	M	31,220	2,212
% of new occupational therapy service users seen for assessment within 12 weeks	M	68%	68%
% of occupational therapy service users on waiting list for assessment ≤ 26 weeks	M	54%	54%
% of occupational therapy service users on waiting list for assessment ≤ 39 weeks	M	67%	67%
% of occupational therapy service users on waiting list for assessment ≤ to 52 weeks	M	85%	85%
Speech and Language Therapy			
No. of speech and language therapy patient referrals	M	50,892	4,812
Existing speech and language therapy patients seen in the month	M	19,514	2,372
New speech and language therapy patients seen for initial assessment	M	45,635	4,287
Total no. of speech and language therapy patients waiting initial assessment at end of the reporting period	M	14,236	1,075
Total no. of speech and language therapy patients waiting initial therapy at end of the reporting period	M	7,939	646
% of speech and language therapy patients on waiting list for assessment ≤ to 52 weeks	M	100%	100%
% of speech and language therapy patients on waiting list for treatment ≤ to 52 weeks	M	100%	100%
Primary Care – Speech and Language Therapy Service Improvement Initiative			
New speech and language therapy patients seen for initial assessment	M	3,882	251
No. of speech and language therapy initial therapy appointments	M	16,956	1,453
No. of speech and language therapy further therapy appointments	M	20,062	2,055
Podiatry			
No. of podiatry patient referrals	M	11,184	2,184
Existing podiatry patients seen in the month	M	6,187	1,230
New podiatry patients seen	M	8,856	3,492
Total no. of podiatry patients on the treatment waiting list at the end of the reporting period	M	3,654	237

Primary Care			
Key Performance Indicators Service Planning 2019	**Reporting Frequency**	**2019 National Target / Expected Activity**	**Area 2 2019 Expected Activity/Target**
% of podiatry patients on waiting list for treatment ≤ 12 weeks	M	32%	32%
% of podiatry patients on waiting list for treatment ≤ 26 weeks	M	52%	52%
% of podiatry patients on waiting list for treatment ≤ 39 weeks	M	65%	65%
% of podiatry patients on waiting list for treatment ≤ to 52 weeks	M	77%	77%
No. of patients with diabetic active foot disease treated in the reporting month	M	566	76
No. of treatment contacts for diabetic active foot disease in the reporting month	M	1,113	291
Ophthalmology			
No. of ophthalmology patient referrals	M	24,888	3,924
Existing ophthalmology patients seen in the month	M	6,080	1,110
New ophthalmology patients seen	M	26,232	4,008
Total no. of ophthalmology patients on the treatment waiting list at the end of the reporting period	M	20,203	2,699
% of ophthalmology patients on waiting list for treatment ≤ 12 weeks	M	26%	26%
% of ophthalmology patients on waiting list for treatment ≤ 26 weeks	M	46%	46%
% of ophthalmology patients on waiting list for treatment ≤ 39 weeks	M	58%	58%
% of ophthalmology patients on waiting list for treatment ≤ 52 weeks	M	66%	66%
Audiology			
No. of audiology patient referrals	M	20,256	3,048
Existing audiology patients seen in the month	M	2,899	560
New audiology patients seen	M	17,760	2,310
Total no. of audiology patients on the treatment waiting list at the end of the reporting period	M	15,088	1,978
% of audiology patients on waiting list for treatment ≤ 12 weeks	M	41%	41%
% of audiology patients on waiting list for treatment ≤ 26 weeks	M	64%	64%
% of audiology patients on waiting list for treatment ≤ 39 weeks	M	78%	78%
% of audiology patients on waiting list for treatment ≤ to 52 weeks	M	88%	88%

Primary Care			
Key Performance Indicators Service Planning 2019	**Reporting Frequency**	**2019 National Target / Expected Activity**	**Area 2 2019 Expected Activity/Target**
Dietetics			
No. of dietetic patient referrals	M	34,788	3,828
Existing dietetic patients seen in the month	M	3,459	332
New dietetic patients seen	M	21,874	1,369
Total no. of dietetic patients on the treatment waiting list at the end of the reporting period	M	16,085	3,399
% of dietetic patients on waiting list for treatment ≤ 12 weeks	M	37%	37%
% of dietetic patients on waiting list for treatment ≤ 26 weeks	M	59%	59%
% of dietetic patients on waiting list for treatment ≤ 39 weeks	M	71%	71%
% of dietetic patients on waiting list for treatment ≤ to 52 weeks	M	79%	79%
Psychology			
No. of psychology patient referrals	M	12,948	1,080
Existing psychology patients seen in the month	M	2,550	200
New psychology patients seen	M	10,884	948
Total no. of psychology patients on the treatment waiting list at the end of the reporting period	M	7,919	734
% of psychology patients on waiting list for treatment ≤ 12 weeks	M	36%	36%
% of psychology patients on waiting list for treatment ≤ 26 weeks	M	49%	49%
% of psychology patients on waiting list for treatment ≤ 39 weeks	M	64%	64%
% of psychology patients on waiting list for treatment ≤ to 52 weeks	M	81%	81%
Nursing			
No. of nursing patient referrals	M	140,832	16,608
Existing nursing patients seen in the month	M I Mth in Arrears	52,063	6,214
New nursing patients seen	M I Mth in Arrears	118,849	14,732
% of new patients accepted onto the nursing caseload and seen within 12 weeks	M I Mth in Arrears	100%	100%
Child Health			
% of children reaching 10 months within the reporting period who have had child development health screening on time or before reaching 10 months of age	M I Mth in Arrears	95%	95%
% of newborn babies visited by a PHN within 72 hours of discharge from maternity services	Q	98%	98%
% of babies breastfed (exclusively and not exclusively) at first PHN visit	Q 1 Qtr in Arrears	58%	58%

Primary Care			
Key Performance Indicators Service Planning 2019	**Reporting Frequency**	**2019 National Target / Expected Activity**	**Area 2 2019 Expected Activity/Target**
% of babies breastfed exclusively at first PHN visit	Q 1 Qtr in Arrears	48%	48%
% of babies breastfed (exclusively and not exclusively) at three month PHN visit	Q 1 Qtr in Arrears	40%	40%
% of babies breastfed exclusively at three month PHN visit	Q 1 Qtr in Arrears	30%	30%
Oral Health Primary Dental Care			
No. of new oral health patients in target groups attending for scheduled assessment	M	139,152	13,440
No. of new oral health patients attending for unscheduled assessment	M	64,812	2,952
% of new oral health patients who commenced treatment within three months of scheduled oral health assessment	M	90%	90%
Orthodontics			
No. of orthodontic patients receiving active treatment at the end of the reporting period	Q	18,000	DNE 3,681
No. and % of orthodontic patients seen for assessment within 6 months	Q	2,406 46%	522 46%
% of orthodontic patients on the waiting list for assessment ≤ 12 months	Q	100%	100%
% of orthodontic patients on the treatment waiting list ≤ two years	Q	75%	75%
% of orthodontic patients (grades 4 and 5) on treatment waiting list less than four years	Q	99%	99%
No. of orthodontic patients on the assessment waiting list at the end of the reporting period	Q	8,722	DNE 832
No. of orthodontic patients (grade 4) on the treatment waiting list at the end of the reporting period	Q	9,432	1776
No. of orthodontic patients (grade 5) on the treatment waiting list at the end of the reporting period	Q	8,426	1261
% of orthodontic patients (grades 4 and 5) on the treatment waiting list longer than four years	Q	<6%	<6%
Services to persons with Hepatitis C			
No. of Health Amendment Act 1996 cardholders who were reviewed	Q	340	30

Social Inclusion		
Performance Activity / KPI	**2019 National Target / Expected Activity**	**Area 2 2019 Expected Activity/Target**
Number of pharmacies recruited to provide a Pharmacy Needle Exchange Programme	95	13
No of unique individuals attending the Pharmacy Needle Exchange Programme	1,650	113
Number of clean needles provided each month as per the Pharmacy Needle Exchange Programme	22,559	1,153
Average no. of clean needles (and accompanying injecting paraphernalia per unique individual each month	14	14
No. of needle / syringe packs returned as per the Pharmacy Needle Exchange Programme	643	30
% of needle / syringe packs returned as per the Pharmacy Needle Exchange Programme	41%	41%

Palliative Care		
Performance Activity / KPI	**2019 National Target / Expected Activity**	**Area 2 2019 Expected Activity/Target**
Access to specialist inpatient bed within seven days during the reporting year	98%	98%
No. accessing specialist inpatient bed within seven days (during the reporting year)	3,809	352
% of patients triaged within one working day of referral (Inpatient Unit)	90%	90%
Access to specialist palliative care services in the community provided within seven days (normal place of residence)	90%	90%
% of patients triaged within one working day of referral (Community)	95%	95%
No. of patients who received specialist palliative care treatment in their normal place of residence in the month	3,405	418
No. of children in the care of the Clinical Nurse Co-ordinator for Children with Life Limiting Conditions (children's outreach nurse)	280	32
No. of children in the care of the acute specialist paediatric palliative care team (during the reporting month)	97	

Mental Health			
Key Performance Indicators Service Planning 2019	**Reporting Frequency**	**2019 National Target / Expected Activity**	**Area 2 2019 Expected Activity/Target**
% of accepted referrals / re-referrals offered first appointment within 12 weeks by General Adult Community Mental Health Team	M	90%	90%
% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks by General Adult Community Mental Health Team	M	75%	75%
%. of new (including re-referred) General Adult Community Mental Health Team cases offered appointment and DNA in the current month	M	< 22%	< 22%
% of accepted referrals / re-referrals offered first appointment within 12 weeks by Psychiatry of Later Life Community Mental Health Teams	M	98%	98%
% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks by Psychiatry of Later Life Community Mental Health Teams	M	95%	95%
%. of new (including re-referred) Later Life Psychiatry Team cases offered appointment and DNA in the current month	M	< 3%	< 3%
Admissions of children to Child and Adolescent Acute Inpatient Units as a % of the total number of admissions of children to mental health acute inpatient units.	M	75%	N/A
Percentage of Bed days used in HSE Child and Adolescent Acute Inpatient Units as a total of Bed days used by children in mental health acute inpatient units	M	95%	95%
% of accepted referrals / re-referrals offered first appointment within 12 weeks by Child and Adolescent Community Mental Health Teams	M	78%	78%
% of accepted referrals / re-referrals offered first appointment within 12 weeks by Child and Adolescent Community Mental Health Teams	M	78%	78%
% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks by Child and Adolescent Community Mental Health Teams	M	72%	72%
%. of new (including re-referred) child/adolescent referrals offered appointment and DNA in the current month	M	< 10%	< 10%
% of accepted referrals / re-referrals offered first appointment and seen within 12 months by Child and Adolescent Community Mental Health Teams excluding DNAs	M	95%	95%
% of urgent referrals to Child and Adolescent Mental Health Teams responded to within three working days	M	New KPI 2019	New KPI 2019
No. of adult referrals seen by mental health services	M	28,716	4,424
No. of admissions to adult acute inpatient units	Q in arrears	12,148	1,144
No. of Psychiatry of Later Life referrals seen by mental health services	M	8,896	1,550
No. of CAMHs referrals received by mental health services	M	18,128	1,691
No. of CAMHs referrals seen by mental health services	M	10,833	1,125
Total No. to be seen for a first appointment at the end of each month.	M	2,498	22
Total No. to be seen 0-3 months	M	1,142	21
Total No. on waiting list for a first appointment waiting > 3 months	M	1,356	1
Total No. on waiting list for a first appointment waiting > 12 months	M	0	0
No. of admissions to adult acute inpatient units	Q in arrears	12,148	1,144
Median length of stay	Q in arrears	11	11
Rate of admissions to adult acute inpatient units per 100,000 population in mental health catchment area	Q in arrears	62.9	63.2
First admission rates to adult acute units (that is, first ever admission), per 100,000 population in mental health catchment area	Q in arrears	23.0	24.0
Acute re-admissions as % of admissions	Q in arrears	63%	62%

Mental Health			
Key Performance Indicators Service Planning 2019	**Reporting Frequency**	**2019 National Target / Expected Activity**	**Area 2 2019 Expected Activity/Target**
Inpatient re-admission rates to adult acute units per 100,000 population in mental health catchment area	Q in arrears	39.9	39.1
No. of adult acute inpatient beds per 100,000 population in the mental health catchment area	Q in arrears	21.3	22.1
No. of adult involuntary admissions	Q in arrears	1,918	177
Rate of adult involuntary admissions per 100,000 population in mental health catchment area	Q in arrears	9.9	9.8
Number of General Adult Community Mental Health Teams	M	114 (119 returns)	11
Number of referrals (including re-referred)received by General Adult Community Mental Health Teams	M	43,819	6,409
Number of Referrals (including re-referred) accepted by General Adult Community Mental Health Teams	M	39,437	5,768
No. of new (including re-referred) General Adult Community Mental Health Team cases offered first appointment for the current month (seen and DNA below)	M	35,035	5,398
No. of new (including re-referred) General Adult Community Mental Health Team cases seen in the current month	M	28,716	4,424
No. of new (including re-referred) General Adult Community Mental Health Team cases offered appointment and DNA in the current month	M	6,319	974
%. of new (including re-referred) General Adult Community Mental Health Team cases offered appointment and DNA in the current month	M	< 22%	< 22%
Number of cases closed/discharged by General Adult Community Mental Health Teams	M	27,606	4,038
Number of Psychiatry of Later Life Community Mental Health Teams	M	31	5
Number of referrals (including re-referred)received by Psychiatry of Later Life Mental Health Teams	M	12,455	1,962
Number of Referrals (including re-referred) accepted by Psychiatry of Later Life Community Mental Health Teams	M	11,211	1,765
No. of new (including re-referred) Later Life Psychiatry Team cases offered first appointment for the current month (seen and DNA below)	M	9,163	1,597
No. of new (including re-referred) Later Life Psychiatry Team cases seen in the current month	M	8,896	1,550
No. of new (including re-referred) Later Life Psychiatry cases offered appointment and DNA in the current month	M	267	47
Number of cases closed/discharged by Later Life Psychiatry Community Mental Health Teams	M	8,969	1,412
No. of child and adolescent Community Mental Health Teams	M	70	6
No. of child and adolescent Day Hospital Teams	M	4	1
No. of Paediatric Liaison Teams	M	3	0
No. of child / adolescent admissions to HSE child and adolescent mental health inpatient units	M	296	80
No. of children / adolescents admitted to adult HSE mental health inpatient units	M	30	N/A
i). <16 years	M	0	N/A
ii). <17 years	M	0	N/A
iii). <18 years	M	30	N/A

Mental Health			
Key Performance Indicators Service Planning 2019	**Reporting Frequency**	**2019 National Target / Expected Activity**	**Area 2 2019 Expected Activity/Target**
No. of child / adolescent referrals (including re-referred) received by mental health services	M	18,128	1,691
No. of child / adolescent referrals (including re-referred) accepted by mental health services	M	13,069	1,217
No. of new (including re-referred) CAMHs Team cases offered first appointment for the current month (seen and DNA below)	M	11,919	1,237
No. of new (including re-referred) child/adolescent referrals seen in the current month	M	10,833	1,125
No. of new (including re-referred) child/adolescent referrals offered appointment and DNA in the current month	M	1,086	112
No. of cases closed / discharged by CAMHS service	M	10,454	974
Total No. to be seen for a first appointment by expected wait time at the end of each month.	M	2,498	22
i) 0-3 months	M	1,142	21
ii). 3-6 months	M	550	1
iii). 6-9 months	M	454	0
iv). 9-12 months	M	352	0

Social Care		
Disability Services		
Key Performance Indicators Service Planning 2019	**2019 National Target / Expected Activity**	**Area 2 2019 Expected Activity/Target**
Safeguarding: (combined KPI's with Older Persons Service) % of Preliminary Screenings for adults aged 65 years and over with an outcome of reasonable grounds for concern that are submitted to the Safeguarding and Protection Teams accompanied by an interim Safeguarding Plan.	100%	100%
Safeguarding: (combined KPI's with Older Persons Service) % of Preliminary Screenings for adults under 65 years with an outcome of reasonable grounds for concern that are submitted to the Safeguarding and Protection Teams accompanied by an interim Safeguarding Plan.	100%	100%
% compliance with regulations following HIQA inspection of Disability Residential Services	80%	
No. of requests for assessments of need received for children	5,065	181
% of child assessments completed within the timelines as provided for in the regulations	100%	100%
% of school leavers and Rehabilitation Training (RT) graduates who have been provided with a placement	100%	100%
No. of residential places for people with a disability	8,568	845
No. of new emergency places provided to people with a Disability	90	
Facilitate the movement of people from congregated to community settings	160	17
No of people with a disability in receipt of work/work-like activity services (ID/Autism and Physical and sensory disability)	2,513	0
No. of people (all disabilities) in receipt of Rehabilitative Training (RT)	2,282	218

No. of people with a disability in receipt of other day services (excl. RT and work/ Work-like activities (adult) (ID / Autism and Physical and sensory disability)	22,272	2,403
No of day only respite sessions accessed by people with a disability(ID/Autism and Physical and Sensory Disability)	32622	6,121
No of people with a disability in receipt of respite services (ID/Autism and Physical and Sensory Disability)	6,559	1,408
No. of overnights (with or without day respite) accessed by people with a disability(ID/ Autism and Physical and Sensory Disability)	182,506	40,062
Number of PA Service hours delivered to adults with a physical and / or sensory disability	1,630,000	294,713
No. of adults with a physical and / or sensory disability in receipt of a PA service	2,535	431
No. of Home Support Service Hours delivered to people with a disability (ID/Autism and Physical and Sensory Disability)	3,080,000	192,182
No of people with a disability in receipt of Home Support Services (ID/Autism and Physical and Sensory Disability)	8,094	725

Older Persons Services		
Key Performance Indicators Service Planning 2019	**2019 National Target / Expected Activity**	**Area 2 2019 Expected Activity/Target**
Quality		
% of compliance with Regulations following HIQA inspection of HSE direct-provided Older Persons Residential Services	80%	N/A
Safeguarding		
% of Preliminary Screenings for adults aged 65 years and over with an outcome of reasonable grounds for concern that are submitted to the Safeguarding and Protection Teams accompanied by an interim Safeguarding Plan.	100%	100%
% of Preliminary Screenings for adults under 65 years with an outcome of reasonable grounds for concern that are submitted to the Safeguarding and Protection Teams accompanied by an interim Safeguarding Plan.	100%	100%
Home Support		
No. of Home Support hours provided (excluding provision of hours from Intensive Home Care Packages (IHCPs))	17,900,000	1,982,000
No. of people in receipt of Home Support (excluding provision from Intensive Home Care Packages(IHCPs)) - each person counted once only	53,182	6,030
Total No. of persons in receipt of an Intensive Home Care Package (IHCP)	235	N/A
% of clients in receipt of an IHCP with a Key Worker Assigned	100%	100%
No. of Home Support hours provided from Intensive Home Care Packages	360,000	N/A
NHSS		
No. of persons funded under NHSS in long term residential care during the reporting month	23,042	N/A
% of clients with NHSS who are in receipt of Ancillary State Support	13.5%	N/A
% of clients who have Common Summary Assessment Report (CSARs) processed within 6 weeks	90%	N/A
No. of NHSS Beds in Public Long Stay Units	4,900	556
No. of Short Stay Beds in Public Long Stay Units	1,850	230
% Occupancy of Short Stay Beds to commence Q3 2019	90%	90%
% of population over 65 years in NHSS funded Beds (based on 2016 Census figures)	≤3.5%	N/A

Older Persons Services		
Key Performance Indicators Service Planning 2019	**2019 National Target / Expected Activity**	**Area 2 2019 Expected Activity/Target**
Transitional Care Beds		
No. of Persons at any given time being supported through transitional care in alternative care settings	1,160	N/A
No. of Persons in acute hospitals approved for transitional care to move to alternative care settings	10,980	N/A
Single Assessment Tool (SAT)		
No. of People seeking service who have been assessed using the Single Assessment Tool(SAT)(commencing Q4)	300	N/A

Health and Wellbeing			
Key Performance Indicators Service Planning 2019	**Reporting Frequency**	**2019 National Target / Expected Activity**	**Area 2 2019 Expected Activity/Target**
No. of smokers who received face to face or telephone intensive cessation support from a cessation counsellor	Q-1Q	11,500	
% of smokers on cessation programmes who were quit at four weeks	Q-1Q	45%	
No. of unique runners completing a 5k parkrun	M	220,946	
No. of people attending a HSE funded structured community based healthy cooking programme	Q	4,400	
No. of people who have completed a structured patient education programme for type 2 diabetes	M	4,190	647
% children aged 12 months who have received 3 doses Diphtheria (D3), Pertussis (P3), Tetanus (T3) vaccine Haemophilus influenzae type b (Hib3) Polio (Polio3) hepatitis B (HepB3) (6 in 1)	Q-1Q	95%	95%
% children at 12 months of age who have received two doses of the Pneumococcal Conjugate vaccine (PCV2)	Q-1Q	95%	95%
% children at 12 months of age who have received 1 dose of the Meningococcal group C vaccine (MenC1)	Q-1Q	95%	95%
% children at 12 months of age who have received two doses of the Meningococcal group B vaccine (MenB2)	Q-1Q	95%	95%
% children at 12 months of age who have received two doses of Rotavirus vaccine (Rota2)	Q-1Q	95%	95%
% children aged 24 months who have received 3 doses Diphtheria (D3), Pertussis (P3), Tetanus (T3) vaccine, Haemophilus influenzae type b (Hib3), Polio (Polio3), hepatitis B (HepB3) (6 in 1)	Q-1Q	95%	95%
% children aged 24 months who have received 2 doses Meningococcal C (MenC2) vaccine	Q-1Q	95%	95%
% children aged 24 months who have received 1 dose Haemophilus influenzae type B (Hib) vaccine	Q-1Q	95%	95%
% children aged 24 months who have received 3 doses Pneumococcal Conjugate (PCV3) vaccine	Q-1Q	95%	95%
% children aged 24 months who have received the Measles, Mumps, Rubella (MMR) vaccine	Q-1Q	95%	95%
% of children aged 24 months who have received three doses of the Meningococcal group B vaccine (MenB3)	Q-1Q	95%	95%
% of children aged 24 months who have received two doses of the Rotavirus vaccine (Rota2)	Q-1Q	95%	95%
% children in junior infants who have received 1 dose 4-in-1 vaccine (Diphtheria, Tetanus, Polio, Pertussis)	A	95%	95%

Health and Wellbeing			
Key Performance Indicators Service Planning 2019	**Reporting Frequency**	**2019 National Target / Expected Activity**	**Area 2 2019 Expected Activity/Target**
% children in junior infants who have received 1 dose Measles, Mumps, Rubella (MMR) vaccine	A	95%	95%
% first year students who have received 1 dose Tetanus, low dose Diphtheria, Acellular Pertussis (Tdap) vaccine	A	95%	95%
% of first year girls who have received two doses of HPV Vaccine	A	85%	85%
% of first year students who have received one dose meningococcal C (MenC) vaccine	A	95%	95%
% of health care workers who have received seasonal Flu vaccine in the 2018-2019 influenza season (acute hospitals)	A	60%	60%
% of health care workers who have received seasonal Flu vaccine in the 2018-2019 influenza season (long term care facilities in the community)	A	60%	60%
% uptake in Flu vaccine for those aged 65 and older with a medical card or GP visit card	A	75%	75%

APPENDIX 4:
CAPITAL INFRASTRUCTURE

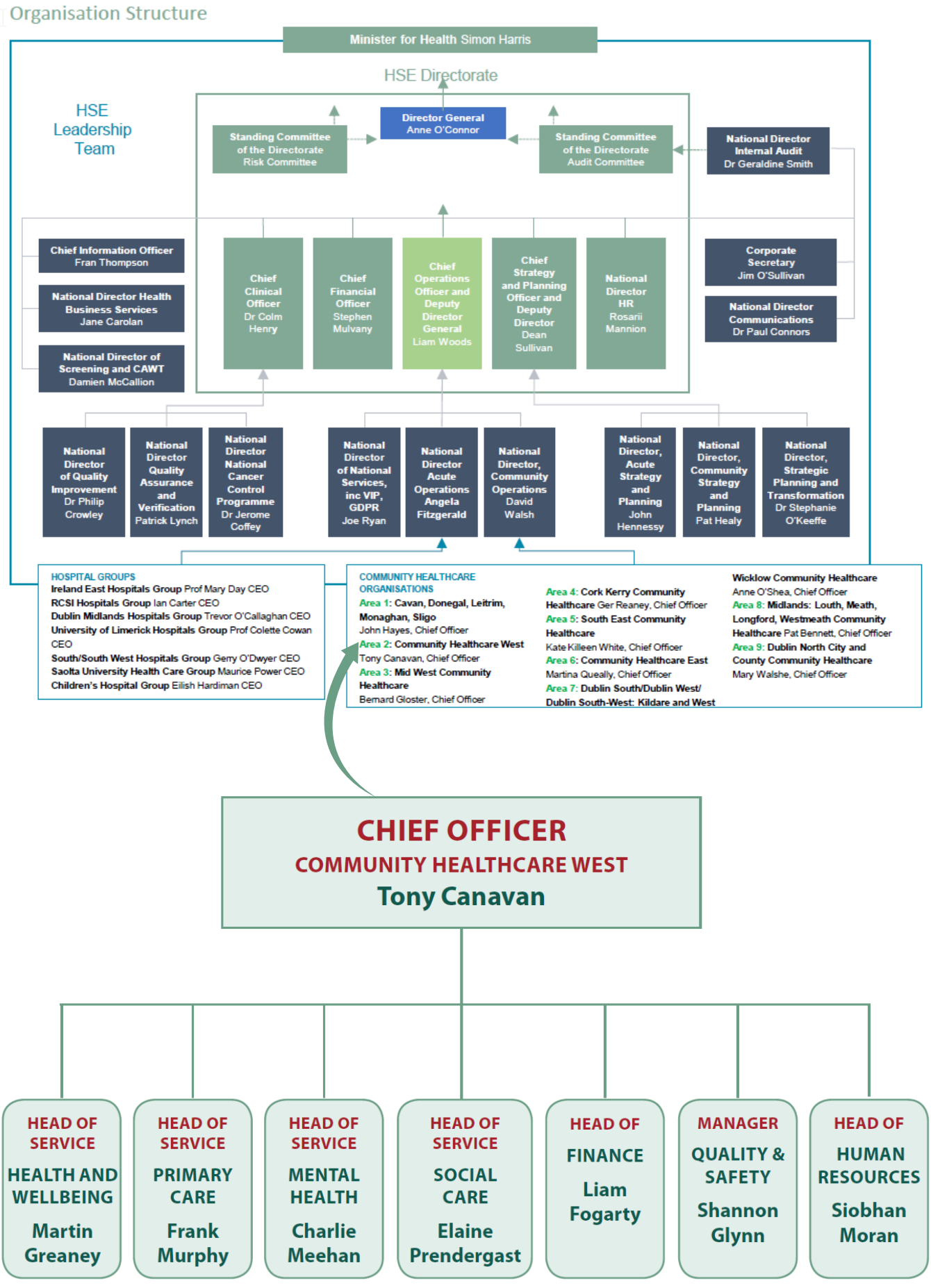
The projects set out here should align with those set out in NSP2019 and in the Community Healthcare Plan 2019 as appropriate to your CHO. Please see NSP2019 for the criteria to be followed in the inclusion of any projects.

Facility	Project Details	Project Completion	Fully Operational	Additional Beds	Replacement Beds	Capital Cost €m		2019 Implications	
						2019	Total	WTE	Rev Costs €m
Service Area									
Social Care Division									
Aras Attracta Swinford, Co.Mayo	5 Units at varying stages of purchase/ new build refurbishment to meet housing requirements	Phased 2019	Phased 2019	0	15	2.68	6.50		
Primary Care Division									
Primary Care Centre Ballyhaunis	Planning approved	Q2 2020	Q2 2020	0	0				
Primary Care Centre Ballaghaderreen	Design Team appointed.	Q4 2020	Q4 2020	0	0				
Primary Care Centre Moycullen	Design Team appointed.	Q2 2020	Q2 2020	0	0				

APPENDIX 5:
PORTFOLIO MANAGEMENT

Cross Division
PAS
Compliance Management
Toghermore Future Usage
File and Record Management/Storage
Integrated Care – Acute/Community
Development of an Integrated Community Based Older Persons' Hub Phase 1
Finance
Travel Project
Health and Wellbeing
Healthy Ireland Implementation Plan
HR Staff Engagement
Staff Recognition
Schwartz Rounds
Staff Engagement Forum
Staff Meetings
Mental Health
Community Residents
Connecting for Life
Cross Links
SU Engagement
Restructuring East Galway Mental Health/Disability Services
Social Care
Aras Attracta - Future Use
Child Disability Waiting List
Implementation Case Management
Review Day Services Aras Attracta
Topping Trust
Transition ASD
Home Support Service Improvement
Primary Care
AMO Database
Flexible Working Time
IMP KPI Generated
Radiology Diagnostics
Osteoarthritis Knee Pain Pathway
Boyle Cardiac Investigation Investment
Quality and Risk
Aras Attracta Group Mapping
IMP Committee Member Stats

APPENDIX 6:
ORGANISATIONAL STRUCTURE



(Divisional Structures can be found within the main body of this document)

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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