



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

Community  
Healthcare West  
serving Galway, Mayo  
and Roscommon



# Annual Report 2019

Building a Better Health Service

CARE COMPASSION TRUST LEARNING

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## A Message from Breda Crehan Roche, Chief Officer



As I write this Introduction I am acutely aware of the time that we are in and the distress, loss and sickness being experienced by some; the tireless work being carried out, and challenges yet to come. I take this opportunity to express my sincere condolences to those of you that may have

lost a Family member, a colleague or a friend as a result of this Corona Virus.

I came into Office in January 2020, and since that time I have been honoured to work with the dedicated staff of Community Healthcare West. Requirements over the last number of months have resulted in new ways of working, new partnerships and alliances that have enabled us to provide the varied and new services that were necessary to fight COVID-19. I fully intend to support and ensure that these new ways of working, these relationships and partnerships are nurtured and fostered to ensure that our health and social care services continue to develop, grow and respond to the needs of service users.

This 2019 Annual Report is an acknowledgement and celebration of the work achieved in that year. Each year our Organisation produces an Operational Plan which we strive to deliver amidst the many service challenges we face. This Report supports our obligation to be accountable to our many stakeholders as we implement recommendations and goals laid out in the Sláintecare Implementation Report.

With a budget in excess of €500m, the Senior Management Team of 2019 oversaw the delivery of a complex and extensive range of services as outlined by our Performance Indicators (Appendix 1). Our Organisation also ensured that our intention to reform services and service delivery was supported via an application to the Sláintecare Integration Fund, with an allocation of €2million for nine pilot projects. Significant progress regarding the assurance of Quality and Safety of our services was achieved. This was done by improvements to incident reporting, mapping of Infection Prevention and Control data, oversight and governance. The Community Healthcare West Healthy Ireland Plan (2018-2022) continued to support interagency collaboration for health promotion and improvement.

To ensure services are delivered at the right time and place and by the right people, we established our first Primary Care Community Healthcare Network Learning Site in East Galway. Community Intervention Clinics were established to facilitate faster hospital discharges, and a range of

Homecare supports and 1.8m Home Support hours were provided to reduce the need for Hospital Admissions and assist our older service users to live and stay well in their homes.

By implementing several national Strategies and Initiatives, Community Healthcare West supported ongoing decongregation to houses in the Community and progressed the establishment of the Children's Disability Networks. A range of support services were provided to people with disabilities including Respite, Personal Assistance and Home Support.

Notwithstanding the challenges Mental Health Services have faced in terms of resources and increased regulatory compliance, we successfully achieved a number of new initiatives during the year. Of particular importance was the successful Implementation of the 7/7 Services pilot Project in Galway City, the further realisation of Peer Support workers to Adult Community Teams, and the enhancement of our service provision in the area of Recovery Colleges with more modules delivered to Service Users.

Socially disadvantaged members of our population were supported by services such as our under 18 Addiction Service, a variety of health services to homeless persons, supports for children and families from the Traveller and Roma community.

We value the services that are provided by our funded partners, voluntary and statutory S38/S39, small and large, who provide a range of services for the population of Galway, Mayo and Roscommon. I wish to thank these providers for their commitment to a high standard of person centered service delivery, and look forward to ongoing partnership with them in the years ahead.

At the outset I mentioned our Workforce who give of themselves as we endeavour to deliver safer, better and person centered Health and Social Care. I wish to conclude this message by extending a sincere thank you to all Community Healthcare West staff for the work they do and continue to do. Together we will face the challenges of the future with courage, determination and energy.

**Breda Crehan Roche**  
Chief Officer

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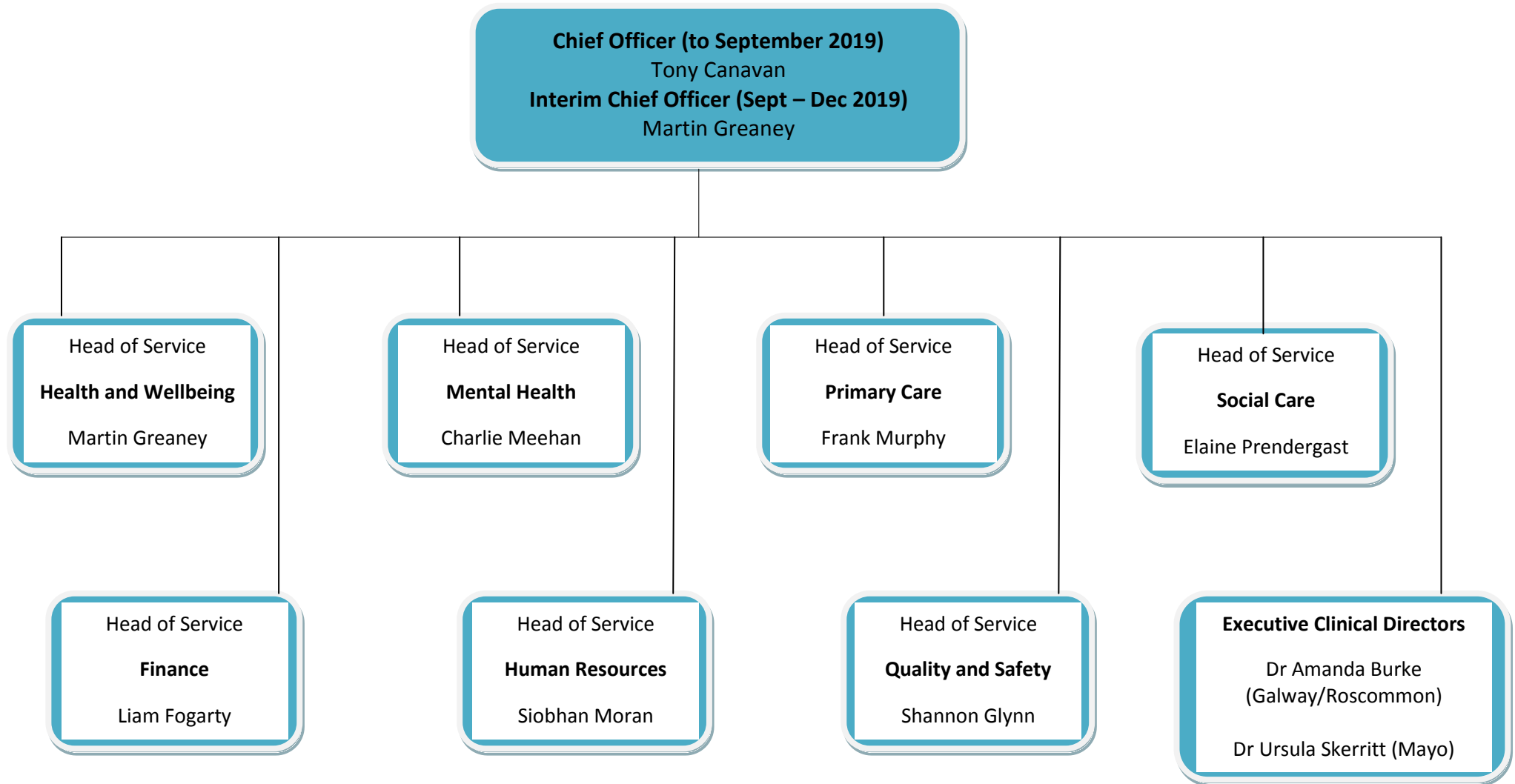


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**Níos Fearr** | **Better Health**  
**á Forbairt** | **Service**



## Community Healthcare West Management Team (2019)



# Our Population

## Introduction

The population of our CHO, based on Census of Ireland 2016 is 453,109 or 9.52% of the national population. Galway City accounts for 17.4% of the region’s population, Galway County 39.6%, Mayo 28.8% and Roscommon 14.2%. The population of the region grew by 7,753 a 1.7% increase on the 2011 Census of Ireland. Galway City and County recorded increases in population of 7,405 from 2011-2016, whereas Roscommon had a small increase of 479 and Mayo recorded a slight decrease of 131.<sup>i</sup> (footnotes pg. 9)

Table 1. Population Community Healthcare West Census of Ireland 2016.

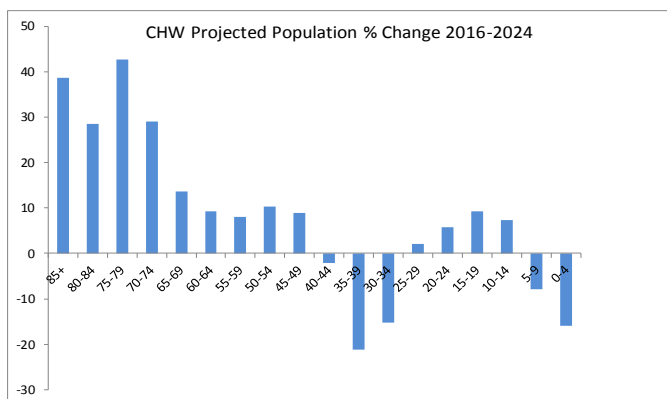
Area	Population 2016	Change 2011-2016	% Change 2011-2016	Projected Population 2024	Projected Change 2016-2024	% Change 2016-2024
CHO West	453,109	7,753	2	468,976	15,867	4
Galway City	78,668	3,139	4	85,948	7,280	9
Galway Co.	179,390	4,266	2	184,990	5,600	3
Mayo	130,507	-131	0	132,448	1,941	2
Roscommon	64,544	479	1	65,590	1,046	2

Source: Census of Ireland 2016 [www.cso.ie](http://www.cso.ie)

## Population Projections to 2024

The population of our three counties is expected to grow from 453,109 in 2016 to 468,978 in 2024 an increase of 15,867 or 3.5%. The projections at age group level show a decrease of 5,199 in the 0-14 age group, and an increase of 18,809 in the 65 years and over age group. Figure 2 below sets out the % projected population change for the 5 year age groups.

Figure 1. CHO Projected Population Change % 2016-2024.



Source: Health Finder <https://finder.healthatlasireland.ie/>

## Population Age 2016

The 2016 population of the region has a similar profile to that of the National population however, our CHO has a slightly higher proportion of those aged 65 and over with 15.2% in this age group compared to the 13.3% nationally. At a county level there are more marked differences. Galway City has a disproportionately higher level of those in the 20-39 age groups, whereas Roscommon and Mayo have higher than National proportions of those aged 55 and over<sup>ii</sup>.

## Dependency

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 CHO average Dependency Ratio in 2016 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%.<sup>iii</sup>

## Ethnicity

The population in Ireland has become culturally diverse since 2001. In 2016 Galway, Mayo and Roscommon had a population that consists of 14.3% non-national (National rate 15.2%). Galway City is the most diverse area nationally with 24.2% of its population being non-national, whereas Galway County has 11.5%, Mayo 12.9% and Roscommon 13.1%.<sup>iv</sup>

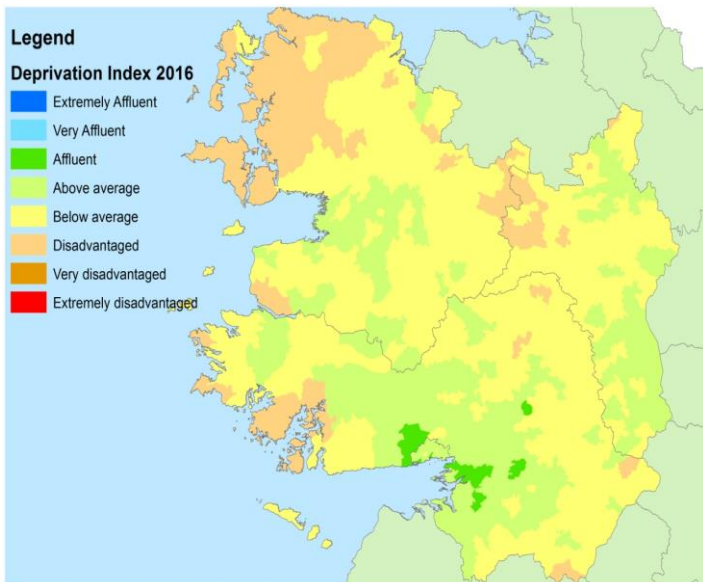
## Deprivation

The 2016 Pobal Deprivation Index<sup>v</sup> 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 owned. The Index provides a score at County, ED and Small Area geographies, which range from the extremely affluent to the extremely disadvantaged. The scores range from 30 which are extremely affluent, to minus 30 which are extremely disadvantaged.

The Regions deprivation score is -0.4 which is marginally below average levels of affluence. Galway City is the 3rd most affluent local authority area with a score of 4.9 (marginally above average); Galway County is ranked 10th (Score 0.4 marginally below average), Mayo 26th (score - 3.8 marginally below average) and Roscommon 20th (score -2.4 marginally below average).

When applied at Electoral Division level however (Fig 2.), there are some high levels of disadvantage particularly around the north-western Mayo areas of Erris/Belmullet and Achill, South Connemara and around North West Roscommon border.

Figure 2. Pobal Deprivation Index 2016 by Electoral Division



Source: [www.pobal.ie](http://www.pobal.ie)

### 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 6,076 Travellers in the Region, a rate per 1,000 population of 13.4 (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 seventh at ten per 1,000 and Roscommon ranked eleventh with eight per 1,000 (Table 2).vi.

Travellers reported a disability rate of 19.2% in Census 2016vii compared to the Community Healthcare West rate of 13.23% (National rate 13.51%)viii.



Launch of Information Booklet for Clients & Carers, Monksland Primary Care Centre

Table 2. Traveller Population Census of Ireland 2011-2016

	Traveller Population 2011	Traveller Population 2016	Increase 2011-2016	Travellers per 1,000 total population (Rate)
State	29573	31075	1502	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
CHW	5925	6076	151	13.41

Source: Census of Ireland 2016 [www.cso.ie](http://www.cso.ie)

The Homelessness Report August 2019 ix shows that there were 351 homeless persons in Community Healthcare West, an increase of 89 on September 2018 of whom 55% were in the 25-44 age-group. Males accounted for 201 and females 141, 229 were in private emergency accommodation and 122 in supported temporary accommodation. The main proportion were in Galway with 311 (88.6%) persons homeless, 33 in Mayo (9.4%) and 7 in Roscommon (1.9%).

Community Healthcare West has been an active member of the resettlement and relocation programmes for refugees in Galway, Mayo and Roscommon. The Reception and Integration Agency Monthly Report November 2018 states that 587 refugees have been accommodated within the Region (353 Galway and 234 in Mayo).x

### Disability

Table 3 below, shows the level of self-reported disability from Census 2016 by type of disability.xi Levels of population disability for Community Healthcare West at 13.23% are similar to the National rate of 13.51%. Regionally there is little difference however, Roscommon is higher than the national rate at 14.43% and Galway City is lower at 12.88% which is a reflection of the age profile of the region.



Compliance Engagement Event, Merlin Park – September 2019

Table 3. Disability by type of Disability 2016.

	State	Galway City	Galway County	Mayo	Roscommon	CHO2
Total persons	4761865	78668	179390	130507	64544	453109
Total persons with a disability	643131	10133	22523	17977	9313	59946
% Persons with disability	13.51	12.88	12.56	13.77	14.43	13.23
Blindness or a serious vision impairment	54810	825	1917	1571	787	5490
Deafness or a serious hearing impairment	103676	1382	3859	3124	1687	10906
A condition that substantially limits one or more basic physical activities	262818	3591	9702	8360	4239	27825
An intellectual disability	66611	993	2346	1858	950	6524
Difficulty in learning, remembering or concentrating	156968	2296	5676	4409	2188	15619
Psychological or emotional condition	123515	2350	4004	3055	1569	11751
Other disability, including chronic illness	296783	4603	10372	8379	4195	29558
Difficulty in dressing, bathing or getting around inside the home	140366	1907	5628	4631	2426	15610
Difficulty in going outside home alone	184945	2528	7140	5936	3025	19943
Difficulty in working or attending school/college	210639	3085	8003	6469	3250	22341
Difficulty in participating in other activities	229397	3232	8745	7104	3583	24309
Total disabilities	1830528	26792	67392	54896	27899	189876

Source: Census of Ireland 2016 [www.cso.ie](http://www.cso.ie)

### Further Census 2016 Information

Further information on Census 2016 population data is available on the HSE Health Atlas Finder Area Profile tool. <https://finder.healthatlasireland.ie/> Note: the Health Finder tool provides % of population which may not reflect how the Central Statistics calculated the indicators. All Census of Ireland 2016 data and additional indicators are available at the Central Statistics Office database tool Statbank <http://www.cso.ie/en/databases/>. xi

## Births & Mortality

### Birth Rates

There were 5,461 births in 2018 in Community Healthcare West which has a decreasing birth rate per 1,000 of 11.8 and is lower than the National Rate of 12.6. There are regional differences: - Galway City had 949 births (12.7 per 1,000), Galway County 2,350 (12.8 per 1,000) Mayo 1441 (10.8 per 1,000) and Roscommon 721 (10.9 per 1,000). Of the 5,461 births, 69 (1.2%) births were to mothers under 20 years of age and 468 (8.5%) were to mothers over the age of 40. The average age of mothers for all births was 33. xii

### 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 2018 the Ireland rate was 1.8 which is below the population replacement level. xiii

### Life Expectancy and Health Status

In 2018, life expectancy in Ireland was 81.1 years (79.4 for Males and 83.4 for females) with a world ranking of 18th. xiv

### Mortality

The following maps and charts show the 5 year Age Standardised Mortality Rate (ASR) per 100,000 for all causes and main causes of death (Malignant Neoplasms, Circulatory Disease, Respiratory Disease and Suicide and Intentional Self Harm). The maps show comparison with other counties for the 5 year ASR in 2017. Age standardisation adjusts rates to take into account how many old or young people are in the population, this allows for differences in the rates over time (in this case 5 years) between geographical areas and population compositions to allow for comparison.

In 2017, Roscommon and Galway had the second and third lowest ASR mortality rates per 100,000 nationally for all causes of death for all ages at 931 and 946 respectively (National rate is 1002), Mayo is close to the national rate at 1000.

In 2017, Galway and Roscommon have the fourth and seventh lowest ASR mortality rates nationally per 100,000 for circulatory diseases at 299 and 309 respectively (National 322). Mayo is above average with 333 per 100,000.

In 2017, Roscommon, Galway and Mayo have the second and fourth and eighth lowest mortality rates for malignant neoplasms nationally at 253, 268 and 271 per 100,000 respectively (National rate 281).

In 2017, Galway has the fourth lowest ASR mortality rate nationally per 100,000 for respiratory disease at 125, Roscommon has an average rate at 137 (National rate 138) and Mayo is above average at 148 per 100,000. In 2017, Galway and Roscommon have above average ASR mortality rates per 100,000 for suicide and intentional self-harm at 12 and 13 respectively, and Mayo is just above average at 11 per 100,000 (National rate 10 per 100,000).



- i. Population of Ireland <http://www.cso.ie/en/databases/www.cso.ie>
- ii. Health Finder, CHO2 population 2016 by Local Authority <https://finder.healthatlasireland.ie/>
- iii. Age dependency ratio 2011 and 2016. <http://www.cso.ie/en/databases/>
- iv. Ethnicity Census of Ireland 2016. <http://www.cso.ie/en/databases/>
- v. Trutz Hasse, Pratschke J, The 2016 Pobal HP Deprivation Index for Small Areas September 2017. [www.pobal.ie](http://www.pobal.ie). <https://www.pobal.ie/Publications/Documents/The%202016%20Pobal%20HP%20Deprivation%20Index%20-%20Introduction%2007.pdf>
- vi. Irish Travellers Usually Resident and Present in the State 2011 to 2016. <http://www.cso.ie/en/databases/>
- viii. Irish Travellers with a Disability and Percentage of those Disabled in relevant age group 2016. <http://www.cso.ie/en/databases/>
- ix. Population 2011 to 2016 (Number) by Sex, County and City, Census Year and Disability <http://www.cso.ie/en/databases/>
- x. The Department of Housing, Planning & Local Government Homelessness Report September 2017. Source: [http://www.housing.gov.ie/sites/default/files/publications/files/homeless\\_report\\_-\\_november\\_2017.pdf](http://www.housing.gov.ie/sites/default/files/publications/files/homeless_report_-_november_2017.pdf)
- xi. Population 2011 to 2016 (Number) by Sex, County and City, Census Year by type of Disability. <http://www.cso.ie/en/databases/>
- xii. Birth Rates. Vital Statistics Yearly Summary 2018 <https://www.cso.ie/en/releasesandpublications/ep/p-vs/vitalstatisticsyearlysummary2018/>
- xiii. Fertility Rate. Vital Statistics Yearly Summary 2018 <https://www.cso.ie/en/releasesandpublications/ep/p-vs/vitalstatisticsyearlysummary2018/>
- xiv. <https://www.worldlifeexpectancy.com/ireland-life-expectancy>



Laurence Gaughan and John Haugh, Health & Wellbeing Community Healthcare West; Siobhan McHugh, Flu Champion with Peer Vaccinators for Community Healthcare West

## Quality and Safety

### Improving Quality and Delivering Safe Services

#### Introduction

#### Quality and Patient Safety - Improving Quality and Delivering Safe Services

Community Healthcare West made a number of improvements to Quality and Safety in 2019 based on the goals outlined in the 2019 Delivery Plan. Some of the improvements are outlined below:

#### Quality and Safety in Community was enhanced by:

- Improved accuracy and timeliness of reporting incidents and the management of those incidents in line with the relevant Health Information and Quality Authority (HIQA)/Mental Health Commission (MHC) standards and Scally Review. This was done through standardising the process in protocols and procedures and increasing awareness of Open Disclosure through staff briefings.
- Improved trending and analysis of reporting through liaison with the National QPS (Quality and Patient Safety) office and standardising the format of reports across the Community Healthcare West.
- Assessment of the impact of falls prevention in Community Healthcare West and refocused our approach as needed in light of new models of care, changing acuity and dependency and supported the implementation of the Falls Reduction Collaboration initiative in the Adult Acute Mental Health Unit (AAMHU) in Galway.
- Enhanced the mapping of Infection Prevention and Control data and information across Community Healthcare West in collaboration with the National Healthcare Associate Infection (HCAI) Team.
- Quality and Safety Oversight, Learning and improved surveillance and oversight of patient safety across Primary Care, Social Care and Mental Health by utilising the enhanced features of the Phase 3 roll out of the National Incident Management System.
- Continued engagement and oversight of agencies through the Quality and Safety Monitoring Report and service level agreement meetings.
- Improved the reporting and monitoring of serious incidents in Community Healthcare West in an effort to have access to more timely information and learning.
- Issued a quarterly Quality and Safety Bulletin to all Divisions detailing the trends in patient safety surveillance and sharing valuable learning from completed patient safety reviews.
- Further developed the Quality and Safety education program for front line staff and line managers and

moved towards a workshop based approach facilitating discussion and using practical examples.

- Rolled out of the Pressure Ulcer Review Guidance tool in Primary Care.

#### Quality and Safety capacity and capability within Community Healthcare West

- Prioritised the roll out of Hand Hygiene training and monitored the number of staff receiving training in Community Healthcare West.
- Focused on improving the Health and Safety of our employees and service users by Implementing Health and Safety Workshops for Line Managers.
- Further enhanced the CHW risk register to ensure each service has a comprehensive, action focused, risk register in place.
- Improved regulatory compliance within the service
- Through the Implementation of HIQA Safer, Better Healthcare Standards, developed a comprehensive quality improvement plan for Primary care.
- Embedded the quality and patient safety governance structures, and associated health & safety and Infection Prevention & Control structures, providing oversight and assurance of a systematic approach to learning and service improvement.
- Implemented the revised Incident Management Framework through revision of procedures and education of staff.
- Contributed to the development of a system to gather data on areas of compliance and non-compliance related to MHC inspections and approved center audits to inform service needs.



*Self-Assessment Workshop for the National Standards for Safer Better Healthcare from Primary Care Staff and Managers from varied Disciplines*

### Patient and service user engagement

- Encouraged staff to communicate openly to service users by increasing the number of staff receiving Open Disclosure training.
- Used the learning from incident investigations in 2019 to inform service delivery.
- Supported the work being undertaken by the Area Lead for Mental Health Engagement through the Area Engagement Forum and Crisis Café Working Group.
- Supported the newly appointed Complaints Manager in implementing the recommendations from the Ombudsman's report "Learning to get better".

### Occupational Health and Safety

- Developed and implemented Key Health and Safety Priorities for Community Healthcare West.

- Completed level 2 gap analysis and quality improvement plan with General Managers from each division.
- Provided Health and Safety Workshops for Managers and other staff.
- Provided support and guidance to managers and staff leading to improved engagement on Health and Safety topics.
- Carried out analysis of Staff related incidents with monthly overview given at Quality and Safety Committee and quarterly overview given at divisional Health and Safety Committees.
- Improved quality assurance of statutory incident reporting requirements to the Health and Safety Authority.
- Rolled out a program of Dangerous Goods Safety Audits in Primary Care, Social Care and Mental Health.



Paul Reid, CEO HSE visits CAMHS, Merlin Park April 2019



Some photos from the Staff Photography Exhibition run by the Merlin Park Social Club as one of the staff health and wellbeing initiatives funded by the Staff Health and Wellbeing Committee

## Health and Wellbeing

### Introduction

Health and Wellbeing is about helping people to stay healthy and well by focusing on prevention, health promotion and improvement, reducing health inequalities and protecting people from threats to their health and wellbeing. A staff Health and Wellbeing interactive document contains information on workplace Health and Wellbeing, Healthy Ireland priority programmes, campaigns, health screening, learning and development, staff engagement and local and national initiatives for staff.

**Regarding the following priorities and implementation of these in 2019:**

#### 1 Improve the health and wellbeing of the population by reducing the burden of chronic disease. This priority was delivered via:

- ht** The Community Healthcare West Healthy Ireland Plan 2018-2022 which contains agreed, specific Actions covering the key themes from the national Healthy Ireland Framework 2013-2025. These themes are Alcohol, Healthy Childhood, Healthy Eating and Active Living, Making Every Contact Count, Mental Health and Wellbeing, Positive Ageing, Self- Management Support for Chronic Illness, Sexual Health, Staff health and Wellbeing, Tobacco Free Ireland and Sustainability. There are also a number of cross cutting Actions in our Plan relating to Communication and Information, Embedding Healthy Ireland in the Role of Staff and Partnership Working. Sub Groups for implementation of the Actions within each Healthy Ireland theme were fully established during the year with responsibility for providing direction and oversight. Overall, implementation of the Healthy Ireland Plan has been on track during 2019.
- ht** Through the Local Community Development Committees and Children's and Young People's Services Committees, 37 projects were approved for Healthy Ireland funding relating to Healthy Childhood, Physical Activity, Community Nutrition, Infant Feeding, Sexual Health, Theatre and The Arts for Older People, Health Promoting Environment, Cultural Competence, Tobacco Free Ireland and Social Farming. All of these projects were brought to successful outcomes during the year.
- ht** Through the Local Community Development Committees (LCDCs), Health and Wellbeing supported the development and launch of a new Healthy Galway City Strategy 2019-2021. It features seven key themes reflecting national

priorities – Collaboration, Mental Health and Wellbeing, Tobacco Free Galway City, Prevention and Reduction of Alcohol Related Harm, Sexual Health, Healthy Eating and Physical Activity. Health and Wellbeing also supported the development of an Age3 Friendly Strategy for the town of Boyle.



*Healthy Galway City Strategy 2019-2021, an initiative of Galway City Local Community Development Committee (LCDC), launched by Minister Catherine Byrne TD – June 2019*

- ht** Three new community-based exercise programmes have been developed in Galway City, Tuam and Roscommon town for people living with COPD. These programmes are being delivered by Siel Bleu Exercise Instructors in association with COPD Support Ireland and supported by Health and Wellbeing. The programmes offer supervised, structured exercise for long-term maintenance and are a suitable follow-on to Pulmonary Rehab. The classes also offer a valuable opportunity for weekly peer support amongst individuals living with COPD. There has been excellent uptake and positive feedback from service-users attending these community classes.
- ht** Through the local Governance Group, our community and voluntary partners were enabled, by National Lottery Grant Scheme funding, to deliver a wide range of Health and Wellbeing related projects to the community, in particular, to people in hard to reach groups.
- ht** Health Promotion and Improvement led the development of Galway City's second Alcohol Strategy in collaboration with Galway City Alcohol Forum, which was launched in November 2019.

The Strategy has four high level goals:

1. Community Engagement – Strengthen community engagement to support implementation of alcohol strategy and reduce alcohol harm
2. Alcohol Policy – Promote implementation of effective alcohol policies

3. Protect Children and young People– Reduce exposure of children to alcohol related harm
4. Support and Treatment– Promote and advocate for support and treatment services for those affected by alcohol

Three services in Community Healthcare West received bursaries of €5,000 each for implementation of the Tobacco Free Campus policy on their sites. These include the Acute Adult Mental Health Unit Galway, Loughrea Community Mental Health Unit and Roscommon Mental Health Unit. Galway University Hospital also received a bursary from the Saolta Hospital Group area.

Health and Wellbeing continued to work in partnership on a number of men's health projects including continued expansion of the Men on the Move Programme, delivery of Engage Men's Health Training and completion of a pilot Health and Wellbeing Programme with the Ballina Men's Shed.



*Cathal Cregg, Roscommon Gaelic Footballer with Anne Marie Murphy, Health Promotion Officer, Roscommon - supporting Men's Health Week 2019 in Roscommon*

- Health and Wellbeing continued to facilitate the Western Region Emergency Management Steering Group. This involved the HSE, An Garda Síochána and the Local Authorities. The Steering Group issued an updated Major Emergency Management Plan for Community Healthcare West during the year. It also set up a Severe Weather Transport Sub Group for Community Healthcare West.
- Through the Local Community Development Committees (LCDC), Health and Wellbeing participated in the evaluation of project proposals for funding under the Communities Facilities Scheme and the Social Inclusion and Community Activation Programme (SICAP) Programme.
- Health and Wellbeing participated in the application of a tool for implementation of the

Public Sector Duty in 4 pilot sites in Galway City, having regard to the need to Eliminate Discrimination, Promote Equality of Opportunity and Protect Human Rights.

The 'Mayo Directory of Services and Programmes for Adults with Asthma, COPD, Diabetes, Heart Conditions and Stroke' was published during the year and is hosted on: <https://www.hse.ie/eng/health/hl/selfmanagement/>

Work progressed on the Galway Self-management Support Directory which will be published in Q1 2020. These directories of services aim to assist healthcare professionals in referring or signposting their service-users to relevant local services, supports and sources of information. The directories highlight the range of services within the health service, the voluntary sector and in the wider community that can assist individuals to develop the knowledge, skills, and confidence they need to manage their condition(s) effectively and live well in their everyday life.

Health and Wellbeing provided support to the National Screening Services Programme office to improve increased uptake of Bowelscreen, BreastCheck, CervicalScreen and RetinaScreen.

International Men's Health Week 2019 ran from 10th - 16th June, Father's Day. The focus of the Campaign was to recognise and acknowledge that MEN'S HEALTH MATTERS. Initiatives in Community Healthcare West included a Public Media Awareness Campaign and distribution of promotional material in conjunction with various partners.

## **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. This priority was delivered via:**

A Health Promotion and Improvement /Health and Wellbeing Manager being appointed at the end of the year in preparation for the transition of National Health Promotion and Improvement to Health and Wellbeing Community Healthcare West.

The Self Care to Wellness programme which continued to expand and develop, with the delivery of 11 programmes reaching 133 individuals in Mayo and Roscommon during 2019. This 6-week group-based generic self-management education programme helps people living with a long-term health condition, to develop essential skills so they can become a more successful self-manager, thereby improving their health outcomes. Sláintecare funding was awarded to

extend the Self Care to Wellness programme across Community Healthcare West for 2020.

- ht A Regional Sustainability Group was formed during the year, sponsored by the Head of Service and chaired by representative from the Estates Dept. It approved funding for waste recycling projects in 14 locations across Galway, Mayo and Roscommon for which it is providing guidance and oversight. It also implemented a focused 'Lights Outs' campaign for Christmas and the New Year.

### 3 Early Years Intervention including the National Healthy Childhood and Nurture Infant Health and Wellbeing Programmes. This priority was delivered via:

- ht Health Promotion and Improvement in collaboration with Children's and Young People's Services Committee (CYPSC) are leading the implementation of Early Years Health and Wellbeing Plans in Galway, Mayo and Roscommon. A number of initiatives are being progressed on themes such as infant mental health, active play and weaning.
- ht The Regional Breastfeeding Forum co-ordinated the delivery of various initiatives to promote breastfeeding in the Region including the participation in a promotional event at Áras an Uachtaráin.



Boyle Breastfeeding Support Group

- ht Eleven primary schools and four post primary schools in Community Healthcare West which were awarded the Healthy Ireland Health Promoting Schools (HPS) Flag as an acknowledgement of their work in improving the health of their school community.
- ht The HSE Health Promoting Schools initiative which ended in 2019. Health Promotion and Improvement continued to support schools to improve the health and wellbeing of their school community within the Dept. of Education and Skills Wellbeing Framework for Practice, where every

school is required to initiate a wellbeing promotion review and development cycle under four key areas: Culture and Environment, Curriculum, Policy and Planning and Relationships and Partnerships.



to promote Healthy Eating & Living for the school children and their families

- ht 130 primary and post primary teachers who completed training in healthy eating, physical activity and positive mental health across the three counties.
  - ht Health & Wellbeing continued to facilitate the Regional Steering Committee for Children First in Community Healthcare West, including monitoring of implementation of the Children First Act and oversight of the Process for Mandated Persons.
- ### 4 Protect our population from threats to health and wellbeing through infectious disease control, Immunisation, and environmental health services. This priority was delivered via:
- ht Health and Wellbeing providing continued co-ordination to the roll-out of the Hand Hygiene Programme to staff to prevent and reduce Health Care Associated Infections.
  - ht Health and Wellbeing continued to participate in the CHO Infection Control Committee.
- ### 5 Improve staff health and wellbeing. This priority was delivered via:
- ht The Staff Flu Campaign which was launched on the 7th October 2019. Awards were presented to the three most improved units i.e. Swinford District Hospital, Ballina District Hospital and Aras Attracta, Swinford. The Campaign also partnered with UNICEF with 10 polio vaccines being donated to UNICEF for every 1 flu vaccine administered. An uptake level of 42% was recorded in the Long Term Stay Facilities.



Nicolas Burrill, Swinford District Hospital; Elaine Prendergas, Head of Social Care; Mary Tarmey, Aras Attracta and Marie Alexander, Ballina District Hospital at the launch of the Flu Campaign 2019

- hi The first Minding Your Wellbeing Training was delivered to staff in Castlebar by Health Promotion and Improvement, Health and Wellbeing, to support staff to care for their own mental wellbeing and to promote positive mental health in their workplace setting.
- hi Staff Step Challenge “Walk your way to better health” commenced in February 2019. A total of 1,056 staff spread over a total of 200 teams participated in the step challenge. An evaluation of the step challenge revealed Total steps covered: 357,382,491; Distance travelled: 272,325 kilometers. This means that during the challenge, participants stepped from Malin head in Donegal to Mizen head in Cork 455 times. On average, two-thirds of the teams increased their steps between week 1 and week 6, which shows the commitment of all teams to the challenge, regardless of who was topping the leaderboard.



- hi Staff Health Checks/iBalance Programme Staff Health Checks were offered to all staff with a total of 440 staff availing of this individual health check carried out by the Irish Heart Foundation. The iBalance 6 week weight management and lifestyle programme was delivered by Croi on behalf of the HSE in Galway, Mayo and Roscommon with a total of 60 staff participating.
- hi Stress Management Programme “Small Daily Steps” in association with N.U.I.G., Staff Choirs in Castlebar and Merlin Park, participation in the National HSE Staff Choirs event in Athlone, Yoga Classes on Inis Mór and refurbishment of staff areas in Tuam Old Health Centre and the HSE Offices in Galway City to include development of an internal courtyard for staff relaxation and health-related wall murals. Health and Wellbeing also supported the Community Healthcare West Staff Recognition Award Programme.



Catering Staff, Sacred Heart Hospital Castlebar showcase healthy eating at the Official Opening of Ross and Carra Suites April 2019

## Financial Governance

Community Healthcare West reports on its financial performance under the following Care groups:

1. Primary Care
2. Social Care – Disability Services
3. Social Care – Older Persons Services
4. Mental Health
5. Community Health Organisation HQ

The final 2019 allocation & expenditure were as follows:

Community Healthcare West	€'000's allocation	€'000's expenditure
Primary Care	106,017	113,852
Social Care –Disability Services	186,018	187,580
Social Care – Older Person Services	83,055	86,288
Mental Health	108,501	116,582
CHO HQ's & Community Services	573	812
<b>Total (excluding Demand led Schemes)</b>	<b>484,164</b>	<b>505,114</b>
Local Demand led Schemes	21,706	23,089
<b>Total including Demand led Schemes</b>	<b>505,870</b>	<b>528,203</b>

**Primary Care** expenditure in 2019 exceeded the funded allocation by €7.8m but was within the agreed expenditure limit with the National Primary Care Directorate.

Pay Costs included the additional costs associated with the provision of cover for GP Services in rural and island locations. Also the employment of non-HSE (Agency) staff in Allied Health Professionals grades caused cost pressures.

Clinical costs were the main contributors to the non-pay over-run. Costs associated with medical and surgical supplies, and repair and logistical costs associated with Aids and Appliances, were the main non-clinical costs. Other non-pay overruns were due to inflationary pressures and costs associated with recently opened Primary Care Centres. Income collected was within the expected 2019 outturn.

**Social Care – Disability Services** exceeded the allocated funding by €1.56m but was within nationally agreed expenditure limits. **Older Persons' Services** were also within the agreed limits.

Disability Services had two main cost drivers during 2019:

- 1) Emergency Residential placements and support services for service users.
- 2) Expenditure associated with the de-congregation of Aras Attracta in Mayo.

Older Persons Services overspend can be attributed to the increased demand for Home Care Services and employment of non-HSE (Agency) staff in Residential units in 2019. We incurred additional once off costs in 2019 in maintenance and structural works in our residential units to meet current national regulatory standards.

**Mental Health** exceeded the allocated funding by €8.1m but was within the agreed expenditure limit with the National Mental Health Directorate. This was attributable to the employment of non-HSE (Agency) staff and overtime to fill vacant posts and to provide care to individual service users requiring special care. Difficulties filling posts in this area continues to contribute to cost overruns.

### Grants allocated from Community Healthcare West in 2019

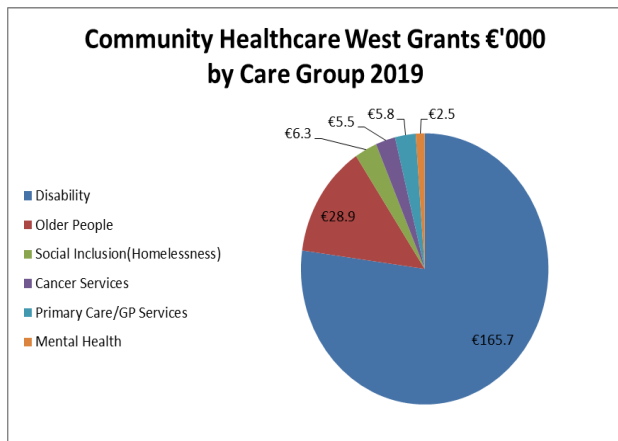
The HSE is legally entitled to enter into contractual arrangements for the provision of Health and Social Care with third parties. These are known as Section 38 and 39 Service Arrangements and Grant Aid Agreements. In Community Healthcare West these arrangements continue to be a lynchpin of our overall service provision. We are fortunate in Galway, Mayo & Roscommon to have a long history and tradition of 'Voluntary' groups providing Residential, Day & Respite care to the most vulnerable in our Community. We seek to build on that base every year by providing funds to those who, in our view, have the necessary expertise to deliver the service.



In 2019, we provided more than €214.6m to service providers i.e. 42.5% of our financial allocation for the year. This significant figure is an increase of €8.9m over 2018.

The majority of Grants allocated during 2019 were to the Disability Sector – this accounted for €165.7m or 77% of our total commitment to grants. The balance went to support services for Older People, Homelessness (Social Inclusion), Cancer care, GP Services and Mental Health.

<i>Category</i>	<i>Amount Expended</i>
<b>Disability</b>	<b>€165.7m</b>
<b>Older People</b>	<b>€28.9m</b>
<b>Social Inclusion (Homelessness)</b>	<b>€6.3m</b>
<b>Cancer Services</b>	<b>€5.5m</b>
<b>Primary Care/GP Services</b>	<b>€5.8m</b>
<b>Mental Health</b>	<b>€2.5m</b>
<b>Total</b>	<b>€214.6m</b>
<b>Section 38</b>	<b>€74.5m</b>
<b>Section 39</b>	<b>€139.7m</b>
<b>National Lottery 2019</b>	<b>€0.4m</b>



**Achievements in 2019**

- Management Accountant post filled to provide urgent and necessary support in the provision of Finance expertise to the Social Care Group (May 2019).
- Trainee Accountant Post filled with view to broadening base of professional Finance knowledge in Community Healthcare West
- Continuation of active participation in the Finance Reform Programme via the rollout of the Consolidated Financial information (CFI) system and preparation for the introduction of the National Integrated Financial and Procurement IT system.



Paul Reid, CEO HSE visits Podiatry, Merlin Park April 2019



Paul Reid, CEO HSE visits Merlin Park Community Nursing Unit April 2019

## Human Resources

### Introduction

Throughout 2019 the Human Resource function continued to build on progress to deliver on Human Resource priorities. The priorities were developed in recognition of the vital role the workforce plays in delivering safer better healthcare every day to an increasing and changing population. We continued to guide all organisational people services and Human Resource activity with the emphasis on Leadership, Talent and Capability enabling people and culture change. The Human Resource priorities are positioned to “build a resilient workforce that is supported and enabled to deliver the Sláintecare vision.” This included a dedicated focus on developing knowledge and expertise in workforce planning, enhancing leadership and accountability and building organisational capacity.

**Recruitment:** Community Healthcare West Recruitment function which became operational in January 2019, has resulted in a small but dedicated resource which can react to service pressures which strengthens our position to have the right people in the right place in as timely a manner while adhering to Recruitment Code of Practice.

**Pay and Affordability 2019:** The workforce position government policy on public service numbers and costs focused on ensuring that the health workforce operates within the pay budgets available. Community Healthcare West manages a WTE of 5545 (December 2019 figure incl S38 Organisations) A detailed breakdown is provided in Appendix 4. Stringent vacancy management controls and monitoring took place each month to monitor compliance with allocated pay and affordability limits. This process proved challenging as risk management became an integral factor of vacancy management.

The additional paybill controls introduced during 2019 required reconfiguration of Human Resource staffing to ensure that systems were in place to manage and maintain the vacancy management process and to provide an accurate up to date vacancy management reporting system.

**Leadership and Culture:** In consultation and partnership with Learning, Education, Talent and Development (LETD), Human Resources continued to support staff development by ensuring that the allocation of training hours is best utilised to address organisational requirements and support our managers in their people management role. In 2019 the following Human Resource initiatives were introduced to address gaps in the development pathways:

- A Succession Development programme for Clerical Administration grades 5-7 has been designed and

developed with our Learning Education and Talent Development colleagues to address a gap in our succession planning. The applicants for the pilot programme have been identified and the programme is due to commence in early 2020.

- Human Resource Training Clinics have been developed to improve skill and knowledge of our line managers in dealing with people management issues. The clinics provide a briefing on policy followed by interactive role play and questions and answers session covering Trust in Care, Attendance Management and Dignity at Work policies. Four clinics were facilitated across Community Healthcare West throughout 2019.

**Collectively Leading Change:** Human Resources took a central role in the roll out of the Community Healthcare Network Learning Site and the recruitment of the Network Manager. The People’s Needs Defining Change – Health Service Change guide has been incorporated into all change projects. The guide 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 cultural change required to implement Sláintecare and Public Sector Reform. A workshop was facilitated for project managers and Portfolio Management Office (PMO) colleagues in December 2019.

### Community Healthcare West Staff Recognition Awards

The second Community Healthcare West Staff Recognition Awards Programme opened for application on 21<sup>st</sup> May 2019. These awards were established to honor and celebrate the achievements of staff that have been involved in a project, or provided a service, that has made a real and lasting difference to our Health & Social Care Services. Our aim is to inspire staff to develop better services that result in easier access and higher quality care for service users, and to encourage our staff to take pride in their achievements.



The number of applications received to the programme is evidence of the notable work being done across Galway, Mayo and Roscommon by our staff.

Of the applications, 18 were selected as winners across 3 categories:

1. Project Innovation Award Category
2. Quality Improvement Award Category
3. Unsung Hero Award Category

The 2019 Community Healthcare West Staff Recognition Awards Programme even took place on Wednesday 6<sup>th</sup> November 2019, in the Ard Rí House Hotel in Tuam, Co. Galway. There were 3 overall winners, 1 from each Award category.



*'Supporting staff to be the experts they are – transforming lives from Aras Attracta to Mayo Community Living' - Staff from Mayo Community Living and Aras Attracta with Martin Greaney, Interim Chief Officer and Tony Canavan, CEO Saolta University Healthcare Group*



*'Promoting Person Centred End of Life Care' – Charlie Meehan, Head of Mental Health Services, Maria Donnellan, Clinical Nurse Manager III & Team, Creagh Suite, St Brigid's Hospital, Ballinasloe, Co Galway*



*'Haemochromatosis Clinic'- Elizabeth Raftery, CIT Co-ordinator and Team and Kathleen Malee, Director of Public Health Nursing Galway*



*'Creagh Training Centre Greenschools Programme' - Johanna Lahart, John Igoe, Instructors and Team, Creagh Training Centre, Ballinasloe, Co. Galway*



*Shirley King, Public Health Nursing-Coordinator for Services for Children with complex nursing needs Mountbellew Primary Care Centre after receiving her Exceptional Award with Mona Monahan, Asst Director of Public Health Nursing and Kathleen Malee, Director of Public Health Nursing Galway*



*'School Refusal; Devising a comprehensive care pathway and resource for young people, parents & schools, through collaborative interagency working' - Martin Greaney, Interim Chief Office, Dr Philip Tyndall, Consultant Child & Adolescent Psychiatrist and Fiona Mulvey, Senior Occupational Therapist, CAMHS Roscommon East Galway*

# Services Delivered in Community Healthcare West



# Primary Care

## Introduction

The development of Primary Care services is in line with the recommendations outlined in the Sláintecare policy document. Increasing the focus on Primary Care services will relieve pressure on the Acute sector and provide more local services to our service users. In 2019, developments in community diagnostics and Community Intervention Teams were directly linked to this policy document.

### Regarding Priorities and implementation of these in 2019:

**1 Promote optimum health of the population in collaboration with other services. This Priority was delivered via:**

- Community Intervention Clinics were established in Tuam and Galway City East. These services will provide easy access for Haemochromatosis and Oncology / Haematology service users who require regular observation.
- West Doc service was established in Gort and Kinvara areas x 7 nights per week.

**2 Deliver timely, integrated and clinically effective services in adherence with statutory requirements. This Priority was delivered via:**

- Audiology review outcomes were implementation of the Audiology Review outcomes.
- National Sleep tender completed and applied, this will result in standardisation of product usage and fixed pricing structures within the CHO.

**3 Strengthen clinical and service quality within Primary Care services. This Priority was delivered via:**

Chronic Disease Programmes commenced in Diabetes, Respiratory and Heart Failure in association with GP's and the Acute sector. These Programmes form part of the development of integrated care in the community with the Acute sector.

**4 Improve integration between community and acute services to promote a modernised and streamlined delivery model. This Priority was delivered via:**

A Community Healthcare Network pilot commenced in the Tuam / Abbeyknockmoy / Loughrea / Athenry area. This included the appointment of a Network Manager and the establishment of a Steering Group. This development is in line with recommendations contained in the Sláintecare Policy document.

**5 Ensure that the views of service users, family members and carers are central to the design and delivery of Primary Care services. This Priority was delivered via:**

Following wide consultation the Community Healthcare West Primary Care Strategy 2019 – 2022 was launched, reflecting a strategic focus for the three year period involved.

**6 Enable the provision of Primary Care services by highly trained and engaged staff via fit for purpose infrastructure. This Priority was delivered via:**

- Ballyhaunis Primary Care Centre – construction commenced November 2019
- Ballaghaderreen Primary Care Centre – planning application lodged November 2019

## Social Inclusion

### Introduction

Our region faces many challenges as we aim to address health inequalities and promote access to health services for socially disadvantaged service users in our three counties. Challenges include:

- The varying health concerns of refugees at our Emergency Resettlement and Orientation Centre (ERO) in Ballaghaderreen and for refugees who have moved to their new homes in the community.
- Provision of health services for the homeless population, particularly in Galway City and the delivery of appropriate services to homeless persons in rural areas in counties Galway, Mayo and Roscommon.
- Access to services for children and families from the Traveller and Roma community.

### Regarding Priorities and implementation of these in 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. This Priority was delivered via:**

- Dedicated under 18 addiction service was established across the region. This involves one-to-one Addiction Counselling support.
- A Community Detox Programme was launched regarding addiction to benzodiazepines. Two part-time Counsellors were recruited to provide this service across the region.

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. This Priority was delivered via:

- A Weekly Outreach Clinic (GP/RGN/CMHN) was established for rough sleepers in Galway.
- The HSE/Croí Project (iBalance Nutrition Lifestyle Programme) was established to improve the nutrition of homeless people.
- The 'Housing First' model was formed in Galway City, along with Galway City Council and other key stakeholders in the provision of independent housing for individuals with complex health and care needs.

3. Improve access to Primary Care services for Refugees in Emergency Reception and Orientation Centres (EROC)/resettlement phase, with a focus on chronic disease management, increasing access to mental health supports and addressing the oral health needs of adults and children. This Priority was delivered via:

A Programme was established by Health Liaison workers to support EROC refugees access to GP, Acute and Mental Health services.

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. This Priority was delivered via:

- Event organised by Galway Traveller Movement/HSE Mental Health Team on resilience.
- Multimedia health resource for Travellers completed.
- A Mens' Health Project established in Tuam for the Traveller Community.

5. Implement agreed HSE assigned actions under the 'Second National Strategy on domestic, sexual and gender based violence 2016 – 2021' within existing resources. This Priority was delivered via:

- Continuing to work in association with Mayo Intercultural Action and Galway City Partnership to educate, inform and support asylum seekers and refugees to access appropriate HSE services.

## Palliative Care

### Introduction

Palliative Care services are provided by the HSE along with Galway Hospice, the Mayo/Roscommon Hospice and Saolta Healthcare Group. The scope of Palliative Care services in the region includes cancer related diseases and non-malignant chronic illness.

### Regarding Priorities and implementation of these in 2019:

1. Expand the provision of specialist palliative care beds in 2019
2. Commence the implementation of the palliative care model of care
3. Continue the implementation of the three year development framework 2017 – 2019
4. Continue to partner local voluntary organisations to improve access to quality care in the community

Significant progress was made in this area in 2019 when the Mayo/Roscommon Hospice officially opened a new 14 bed in-patient facility in Castlebar. Continuous engagement with the HSE led to the completion of this project and it is intended that the facility will accept its first clients in Q2, 2020.

Planning was also granted to Mayo/Roscommon Hospice in 2019 to develop an 8 bed in-patient facility close to Roscommon Hospital. Plans are being developed for a new facility in Galway by Galway Hospice.



Maureen Tiernan, HSE's Continence Advisor, Roscommon Primary Care Services, and Fiona Beattie, The Alzheimer Society of Ireland (ASI) Community Dementia Support Nurse in Roscommon with new free information resource 'Promoting Continence for People living with Dementia' available to families



Community Healthcare West Island Services Implementation Project Group visit Clare Island, County Mayo

## Older Persons' Services

### Introduction

Older Persons' Services provides supports 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 to clients across Community Healthcare West.

### Regarding the following priorities and implementation of these in 2019:

#### 1 Provision of older persons with Home Support. This Priority was delivered via:

- Delivery of 1.8 million hours of Home Support to an average of over 6000 people across Community Healthcare West at any one time during 2019.
- Agreement reached on the introduction of Deputy Home Help Co-ordinators into the Older People Services during Q3 2019.
- Commenced the establishment of a Homecare Audit Team in January 2019 and the filling of one position in the unit with the remaining posts to be filled. Through Home Support Waiting List funding Older People Services allocated 5 Home Support Packages per week from Q4 2019 and into Q1 2020 that will see an additional 60 packages in total put in place in the region throughout the winter period.

#### 2 Provision of quality and safe residential and transitional care to meet the needs of older persons. This Priority was delivered via:

- Older People Services provided a wide range of short stay beds in the community with some additional capacity that saw the provision of an average of 370 short stay beds available throughout the year primarily for convalescence post-acute hospital discharge.
- The Capital Plan was progressed with particular focus in 2019 on advancing the building of new Community Nursing Units (CNU) for Clifden, Tuam, Merlin Park and the Sacred Heart Hospital Roscommon.
- New Tuam CNU: Planning Permission Application was approved by Galway County Council in Q4 2019.
- New Clifden CNU: Design agreed in Q4 2019 of the new amalgamated 50 bed Clifden CNU incorporating the short stay beds in Clifden District Hospital.
- New Merlin Park CNU: Draft Design for the proposed new 60 bed unit including 10 designated Dementia beds complete in Q3 2019. Planning Application for the new unit was submitted to the Planning Authorities in Q4 2019.

- Sacred Heart Hospital Roscommon: Preparatory work on the project brief, site selection, option appraisal and cost estimates for this replacement unit were completed during 2019 with plans to have a Design Team appointed by the end of Quarter 1 2020
- 64 newly commissioned Long Term Care beds in the Sacred Heart Hospital Castlebar operational.



*The official opening ceremony in the Sacred Heart Hospital Church*

- Delayed discharges were facilitated from acute hospitals through Transitional Care Funding including those for both convalescence care and patients finalising their Nursing Home Support Scheme applications during 2019. Mayo University Hospital was able to maintain 7 Medical Assessment Unit beds open throughout the winter due to the enhanced Community Healthcare West discharge process.

#### 3 Administered the Nursing Homes Support Scheme (NHSS) within available resource. This Priority was delivered via:

- All NHSS applications submitted to Community Healthcare West were processed efficiently throughout 2019 with acute hospital discharges expedited.
- Implementation of the Irish National Dementia Strategy through the National Dementia Office
- Dementia-specific projects and initiatives across Community Healthcare West funded through National Older People Services were supported.
- All actions in the Community Healthcare West Healthy Ireland Plan for 2019 in respect of Dementia Care were progressed.
- Embedded the memory technology resource rooms across Community Healthcare West providing a network of resource for people with dementia and their families/carers. HSE staff are

also informed of the most up to date resources to support their clients.



*Launch of Memory Technology Resource Tools (MTRR) at Brendan's Community Nursing Unit, Loughrea Apr 2019 with Minister Sean Canney, T.D. and Cllr Seán Ó Tuairisg, Cathaoirleach of Co. Galway*

**4 Provided day care and other community supports either directly or in partnership with other providers. This Priority was delivered via:**

- An enhanced process for allocation of Section 39 Grants, supporting 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 saw the allocation of €3.78 million of funding to voluntary and community groups across Community Healthcare West.
- Information sessions about the Grant Aid Agreement process took place in Galway, Mayo

and Roscommon in Q3 2019 to inform the public about how the system will work for 2020 and to facilitate the completion of applications.

**5 Continued the implementation of the Falls Prevention and Bone health programme. This Priority was delivered via:**

Promoted and supported the use of the new preliminary assessment tools across Community Nursing Units for falls related serious reportable events and the positive ageing actions developed for Community Healthcare West's Healthy Ireland Plan.

**6 Continued the implementation of the Single Assessment Tool (SAT) across the region. This Priority was delivered via:**

- During 2019 Older People Services continued 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 in 2021.
- On-going SAT Information sessions, Read-Only and Decision Maker training took place across OPS during 2019.

**7 Continued implementation of the Integrated Care Programme for Older Persons**

Worked in partnership with the Saolta Hospitals Group in maintaining low levels of delayed discharges while enhancing patient flow through the hospitals to community services.



*Minister Michael Ring at the Official Opening of Ross and Carra Suites, Sacred Heart Hospital, Castlebar April 2019*



## Disability Services

### Introduction

Disability Services provides and funds a range of services for people with disabilities 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.

Regarding the following priorities and implementation of these in 2019:

#### 1 Implementation of the Disability Act 2005 – including Assessment of Need. This Priority was delivered via:

- Reduction of the waiting times for assessment of need through the provision of 3.5 additional Therapy posts commenced during 2019 including 1 Occupational Therapist in Mayo, 1 Occupational Therapist in Roscommon, 0.5 Psychologist and 1 Speech and Language Therapist in Galway
- Disability Services completed a review of School Age Mapping and this analysis was used in relation to the distribution of new posts. The list was also used to confirm School Age Posts with the National Office.
- Progression of the implementation of the new Standard Operating Procedure for Assessment of Needs effective from the 15th January 2020.

#### 2 Progress implementation of Time to Move on from Congregated Settings – A Strategy for Community Inclusion and continued to focus on the development of supported self-directed living and social role valorisation. This Priority was delivered via:

- The de-congregation plan in Aras Attracta progressed with 10 Community Houses opened by the end of 2019 providing homes for 30 individuals in the community. All remaining residents are now living in 9 individual houses on the Aras Attracta site.



Mayo Community Living at a Leading National Disability Sharing Day, September 2019

- Worked with approved Housing Bodies, the Local Authority Housing Departments and HSE Estates to progress plans to meet future de-congregation targets.

#### 3 Provide high quality respite care to persons with disabilities and their families. This Priority was delivered via:

- Provided respite services across the region including 36,484 number of bed nights.
- Supported the provision of alternative innovative models of day respite to people with disabilities across the region.

#### 4 Continued to provide day services and supports to persons with disabilities including young people due to leave school to Rehabilitative Training. This Priority was delivered via:

- In line with the New Directions model of service all young people with disabilities leaving school across Community Healthcare West were profiled and the analysis of the profiling data was used to inform funding requirement.
- The Day Service on the Aras Attracta campus was successfully relocated to Ballina and is now delivered by a new service provider, Praxis.
- Community Healthcare West participated in the Open Roads Project with Phase 1 completed and submitted by Disability Services and will participate in Phase 2 during 2020. A local review of transport supporting people with disabilities in Mayo incorporating school leavers was also carried out during 2019.

#### 5 Continue to deliver high quality Personal Assistance (PA) and Home Support. This Priority was delivered via:

Provision of Personal Assistant (PA) and Home Support to over 1100 people with disabilities across Community Healthcare West.

#### 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. This Priority was delivered via:

- The Autism Spectrum Disorder (ASD) Waiting List Initiative has seen over 300 children to date and has provided a diagnostic assessment to over 140 children, reducing the waiting times significantly for those children.
- Progressed the establishment of the Progressing Disability Services for Children and Young People (0-18) Network Teams that will see the appointment of Children's Disability Network

Managers in Community Healthcare West in 2020. This will include the reconfiguration of the Galway Roscommon ASD Services. Community Healthcare West will be the lead agency for 7 of the 9 Networks with BOCSI and Enable Ireland taking on the lead agency role in the other 3 Networks.



*Guide on Falls Prevention and Bone Health which was produced by Ability West*

**7 Advance the Personal Budgets demonstration projects outlined in the Task Force Report on Personalised Budgets 2018. This Priority was delivered via:**

Disability Services participated in the individualised budgets process with 10 places reserved for people in Community Health Care West

**8 Strengthen and enhance the governance and accountability of service providers/statutory Section 38 and 39 service providers and private providers. This Priority was delivered via:**

- All local Service Arrangements were completed by the deadline and all those organisations who applied for Grant Aid were notified if they were successful with all Grant Aid Agreements signed by the deadline set down.
- €143,666 worth of National Lottery Grants were allocated to Disability Services in the Region. An Adjudication Committee met to consider applications and funding was allocated accordingly to 81 projects across the Region.

**9 Implement the revised HSE Safeguarding Policy. Continue to implement the National Disability eHealth National Case Management System. This Priority was delivered via:**

Disability Services supported the implementation of Safeguarding Vulnerable Persons at Risk of Abuse – National Policy and Procedures (2014) across all services (Appendix 3).

## Mental Health

### Introduction

Mental Health services are increasingly operating in a more regulated environment. This enhanced regulation is welcomed as it contributes to patient safety and quality of care. In 2019, the Mental Health Service in Community Healthcare West made some progress toward achieving an integrated model of service delivery amalgamating the current Management and Clinical Governance structures in the Galway/Roscommon and Mayo catchment areas and building on the existing relationships with voluntary agencies working in the Mental Health Sector. We also worked closely with the Health & Wellbeing division for the benefit of Mental Health Service users.



Minister Jim Daly and staff at Adult Acute Mental Health Unit Official Opening September 2019

In 2019 Community Healthcare West Mental Health continued to support the population to achieve their optimal mental health through the delivery of the following specific local priorities.

### Regarding the following priorities and implementation of these in 2019:

#### 1 Promote the Mental Health of the population in collaboration with other services and agencies including reducing the loss of life by suicide.

With the appointment of the Mental Health Service Co-ordinator for Travellers in late 2018, significant progress was made with Traveller organisations to build better relationships between mental health services and Travellers with a view to enhancing their service access and engagement.

#### 2 Design integrated, evidence-based and recovery-focused mental health services. This Priority was delivered via:

- During 2019, significant progress was achieved in rolling out the 'Family Talk' initiative across the social work service in Galway and Roscommon.

- The successful Implementation of 7/7 Services pilot Project was achieved in Galway City in 2019 with further development planned for 2020
- During 2019, further progress was realised in the introduction of peer support workers to adult community teams in the mental health service
- Significant progress was achieved in the area of recovery colleges with more modules being rolled out in the Galway, Roscommon and Mayo recovery colleges which were well received by service users.

#### 3 Deliver timely, clinically effective and standardised safe mental health services in adherence to statutory requirements. This Priority was delivered via:

- Initial progress in the Development of the Project Team to oversee the full implementation of the Roscommon Report was achieved.
- In 2019, further progress was made with the reconfiguration of East Galway Mental Health Intellectual Disability (MHID) service project.
- Working closely with our colleagues in Health & Wellbeing further progress was achieved with the Implementation of the Tobacco Free Campus policy in all approved centres and Community Residences, with particular credit due to the new acute mental health inpatient unit on the Galway University Hospital Campus who achieved a 100% smoke free campus by employing a zero tolerance toward tobacco use.
- With the appointment of a housing coordinator as part of the Service Reform Fund (SRF) Project significant progress was made in the area of developing clear Housing Pathways in Mental Health through 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.



Minister Jim Daly trialing the outdoor gym equipment at the Adult Acute Mental Health Unit Official Opening September 2019

**4 Ensure that the views of service users, family members and carers are central to the design and delivery of mental health services. This Priority was delivered via:**

Further progress was achieved in the improvement and reconfiguration of Mental Health Services through the SRF in line with feedback from Stakeholders with significant work carried out in the key projects of:

1. Individual Placement & Support Programme (IPS)
2. Implementation of Housing Co-Ordinator's Role
3. Crisis café for Galway City.

**4. Extension of relative peer support (Bealach Nua Project) to Galway/Roscommon area**

**5 Enable the provision of mental health services by highly trained and engaged staff and fit for purpose infrastructure. This Priority was delivered via:**

New interim accommodation was secured for the Galway City Community Mental Health Teams in 2019. This accommodation will be used until sufficient primary centre accommodation is delivered in due course.



*A group of patients and staff from Céim Eile Centre, Merlin Park attending the "Music in Mind " Concert at the National Concert Hall in November 2019*



*Jim Daly, Minister for Mental Health & Older People visits Mindspace in Castlebar in March 2019*



*Resilience: Building Better Lives Mayo Mental Health Service Conference November 2019*



*Creagh Training Centre, Ballinasloe – Pancake Party fundraiser*

## Service Reform and Transformation

The Programme for Health Service Improvement went through reform in 2019 and is now known as the *Strategic Transformation Office (STO)*. The office was established to provide a single overarching body to coordinate and drive the delivery of Sláintecare implementation via a range of service improvement programmes and transformational projects.

The following transformation Projects and initiatives were advanced and progressed during 2019:

**Sláintecare Integrated Funding:** The CHO was successful in securing funding for nine pilot Projects to the value of €2million. The aim of these projects is to: improve service users experience; improve Clinician experience; lower costs and most important achieve better outcomes for the people we support. These pilot projects will run for a minimum of 12 months potentially extending to mainstream service provision following an evaluation process.

During the year several national and local Projects and initiatives were introduced and launched, these include:

**Community Healthcare Network (CHN) Learning Sites:** In 2019 Community Healthcare Networks launched nine learning sites across Ireland to provide a framework for local integrated care within the regional reorganisation of services. Located in the Tuam, Athenry, Loughrea and Abbeyknockmoy area of the CHO, the CHN Learning site is a foundational step in building a better health service and shifting towards primary care and community based service provision. The Network structure enables improved service delivery for those who use our health and social care services, and the staff delivering them. The CHNs provide the framework for future healthcare reform and support Sláintecare's vision of integrated community based care in the Right Place and at the Right Time.

The CHN Learning site in this CHO aims to:

- Co-ordinate and integrate services to meet our changing health needs
- Support people to live move independently in their community
- Work together to provide person centred care
- Champion innovation and accountability
- Ensure timely access to quality services nationwide

**Connecting for Life:** This is the National Strategy for suicide reduction. Some of the most important contributions to the development of 'Connecting for Life' came from our public consultation process from people and organisations, which included members of the general public, people who

have used our services and their families, professional bodies and community interests and organisations. The two primary outcomes of this strategy are:

- 🌱 Reduce suicide rate in the whole population and amongst specified priority groups.
- 🌱 Reduce rate of presentations of self-harm in the whole population and amongst specified priority groups.

Community Healthcare West employs three Suicide Prevention Officers who are involved in prevention and awareness raising work with the population as a whole, supportive work with local communities and targeted approaches for priority groups. They have engaged with a broad range of statutory, non-statutory and community stakeholders, identifying agreed strategic priorities and setting clear goals and objectives.

### iPMS project (Integrated Patient Management System):

This project is built on a collaborative approach to working with the Saolta. The iPMS project is the main information system supporting the day-to-day operations which is used to record all activity including referrals, waiting lists, admissions, outpatient's appointment/attendances, Emergency Department attendances, transfer/discharges, bed management and chart tracking. This project is at implementation stage.

**Co-production/Co-Design:** The CHO took significant steps to advance Person Centred care and services by developing and promoting co-production with service users, families



Galway Recovery College Open Day Feb 2019







and carers. Co-production is about the intent to 'raise the voices of people with relevant lived experience of a long term health condition or disability to shape and influence strategic and local decisions'. We plan to raise people's voices by increasing their knowledge, skills and confidence to contribute effectively on a "level playing field".

One of the significant steps taken by the Mental Health Division is to develop their **'Leadership Steering Group Team'**. The purpose of this new team is to provide governance and strategic operational leadership for the delivery of mental health services across Galway, Mayo and Roscommon in line with agreed CHO and national guidelines.

**The Intellectual Disability Service Transition Plan:** This transformational project developed to progress the service from an institutional medical model of care to a person centred community care model. The project is developing a model of integrated community support networks accessing current resources, promoting choice with dignity, respect, empowerment and autonomy for some of the most vulnerable people in our society.

**The Residential Support Service Maintenance and Accommodation project** has made significant steps to implement Residential Support Services Maintenance and Accommodation Contributions (RSSMAC) in adherence with National RSSMAC (Long-Stay Contributions) guidelines across Galway and Roscommon.

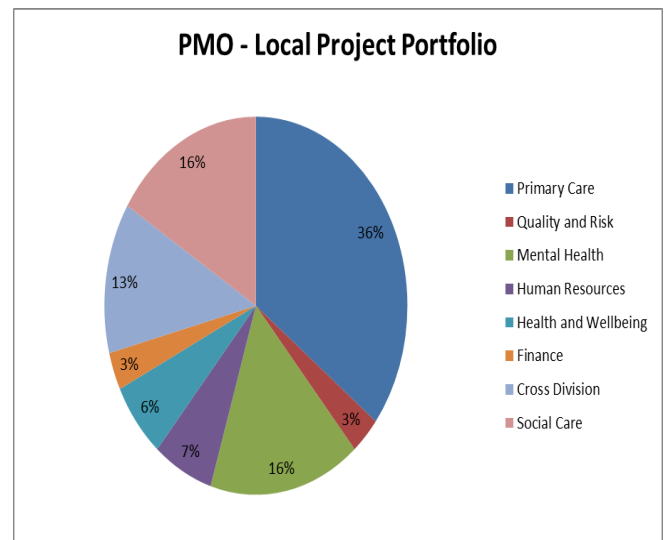
Accessing the **Service Reform Funding** in 2019 has made significant contributions to the Mental Health reform programme. Funding for projects are in line with service priorities as outlined in the Community Healthcare West Operational Plan. Funding in excess of €600,000 was secured and will be allocated to the following project for 18 months:

-  The Haven Café
-  Family Peer Support
-  Schwartz Round
-  Individual Placement Support (IPS)
-  Housing Coordinator
-  Service Reform Lead

## Portfolio Management Office

The conduit to provide strategic planning, governance, advice and support to Community Healthcare West personnel looking to implement service improvement and transformational activities through a Project Management structure is via the Portfolio Management Office (PMO). The PMO Team have developed a set of local processes and tools to assist in project initiation, delivery, status updates and a risk & issue reporting system. In 2019 the PMO supported over 40 projects across Galway, Mayo and Roscommon at different stages of implementation and design. To build Project Management capacity we provided two half day training sessions to fifty three staff across Mayo, Galway and Roscommon on Project Management. The training was offered to all staff across all Services and Care Groups. The training provided individuals with an introduction to the competencies of initiating, planning, executing, controlling, and closing the work of a project to achieve specific goals and meet specific success criteria at the specified time.

From a strategic perspective, the PMO Team worked closely with the Heads of Service and National Divisions to develop cross-functional integrated plans, assisting in the prioritisation of service improvement and transformational initiatives.



*Dancing in the street Roscommon style. Devon MacGillvray from the National Concert Orchestra and Joe Healy pump out the music for an impromptu set dance at the Music in Mind concert, Roscommon Town*



*Music in Mind Choir incorporating staff and services from Galway/Roscommon Mental Health Services*

## Shared support services

### Information Services

The Community Healthcare West Information Services Liaison Office works with our business users & Portfolio Management Office on projects with an IS element. Our goal is to help ensure 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.


During 2019 – a number of projects were progressed including:

- Continued deployment of Physiotherapy Patient Management System
- Process Mapping workshops for both our Elderly Services & Mental Health Service
- Enhanced Patient Label printing facilities
- New system to support AMO processes
- Start pilot for basic Telemedicine project

Looking ahead to 2020, we will continue working on a variety of projects. The majority of our effort will continue on the iPMS project (Integrated Patient Management System). This project will have a significant positive impact on our Mental Health & Social Care services. We have established sub-teams in both Mental Health & Elderly Services to co-ordinate the project across all our business sectors. During the last year, the project focused on new process design, configuration design & data quality. The configuration work for our Inpatient, Outpatient & Chart Tracking processes will continue throughout 2020.

### Communications

The Communications Office increased its focus on both the internal and external communication requirements of stakeholders during 2019. Led by the Community Healthcare West Management Team the Organisation is intent on maximising and improving when, how and where we communicate with our stakeholders, e.g. during 2019 the Community Healthcare West twitter account

 @CHO2west was launched. A CHO Communication Strategy was progressed to ensure that all communication needs are captured and provided for both internally and externally.

### Accommodation Management

Since establishment in 2017, all decisions relating to the use or change of use of existing Community Healthcare West property is centralised via the ARC. The ARC intends maximising accommodation available and promote efficient use of space available. Lease, purchase or disposal of

property is outside the scope of the ARC remit and falls under the auspices of HSE Estates.

In 2019, a total of 76 applications were received and process by the Accommodation Review Committee across all services. The ARC membership includes representatives from each of the Services along with representatives from the Maintenance Departments and HSE Estates. The day-to-day functioning of the ARC is supported by an Accommodation Co-ordinator. Application has been streamlined and is made by completing the CHO ARC Application Form and submitting to accommodation.cho2@hse.ie .

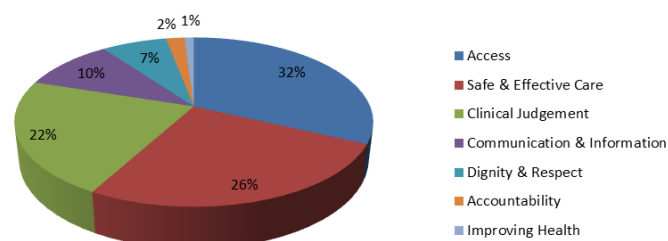
### Complaints and Feedback Management

**COMPLIMENTS:** Enhancements were made to the system in place during 2019 and a new Complaints Manager appointed. There were 592 compliments recorded across Community Healthcare West in 2019. A national process for recording this data is anticipated in the future.

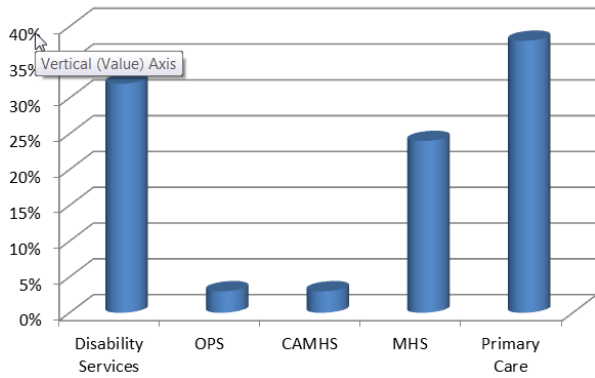
#### COMPLAINTS:

- Stage 1 - 166 Complaints were listed as resolved at Point of Contact. This figure is understated as the data is not generally collected. A national process for recording Stage 1 complaints is planned.
- Stage 2 - 148 written complaints were received during the year. Of these, 29 were excluded (e.g. clinical), 11 were withdrawn and 3 were anonymous. In addition there were 3 written complaints that were resolved informally. 102 complaints were referred to a Complaints Officer for Stage 2 investigation.
- Stage 3 - 4 complainants were not satisfied with the Stage 2 investigation and these cases proceeded to Stage 3 Review.
- Stage 4 - 6 cases were referred directly to the Office of the Ombudsman during 2019.

#### 2019 Analysis of Type of Complaint



### Complaints investigated per Division in 2019



**Note:**

Most of Older People Services (OPS) complaints are addressed at point of contact and are not escalated to Stage 2 investigation.

Many of the Mental Health Services (MHS) complaints are solely clinical and are excluded from examination under Your Service Your Say.

### Timeframe of 30 Days for Stage 2 investigation



This timeframe was met in 2 out of 3 cases.

### COMPLAINTS - OUTCOME OF STAGE 2



There were recommendations made in 29% of cases, which were all implemented with the exception of 2 cases that could not be fulfilled due to non-availability of qualified staff.

**GENERAL:** All complaints are logged on the national CMS database. This is the only process for managing and reporting complaints going forward. The Complaints Manager is available to support any service with this if necessary.

There are currently 86 Stage 2 Complaints Officers appointed with 72 trained. There are 23 Stage 3 Review Officers appointed with 13 trained.

The following is a summary of the 4 stages in the YSIS Process:

- Stage 1 – **All Staff**. Engage and resolve at point of contact.
- Stage 2 – **Complaints Officers**. Investigate and Report.
- Stage 3 – **Review Officers**. Review Stage 2 investigation and recommendations.
- Stage 4 – **Ombudsman**. Independent & Impartial



Launch of the WITH project (Wellbeing In The Home) October 2019



# Appendices

## 2019 Performance Indicator Suite

Health & Wellbeing Division				
Metric	Freq	Outturn 2018 Year	Target Full Year	Activity YTD
<b>Immunisations and Vaccines</b>				
% 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	92.9%	95%	92.6%
% children at 12 months of age who have received two doses of the Pneumococcal Conjugate vaccine (PCV2)	Q-1Q	93.2%	95%	93.4%
% children at 12 months of age who have received one dose of the Meningococcal group C vaccine (MenC1)	Q-1Q	93.0%	95%	92.9%
% children at 12 months of age who have received two doses of the Meningococcal group B vaccine (MenB2)	Q-1Q	95.2%	95%	95.1%
% children at 12 months of age who have received two doses of the Rotavirus vaccine (Rota2)	Q-1Q	93.1%	95%	93.9%
% 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	96.0%	95%	95.6%
% children aged 24 months who have received two doses Meningococcal C (MenC2) vaccine (2 doses from Q3 2017)	Q-1Q	93.3%	95%	93.8%
% children aged 24 months who have received 1 dose Haemophilus influenzae type B (Hib) vaccine	Q-1Q	93.6%	95%	93.8%
% children aged 24 months who have received 3 doses Pneumococcal Conjugate (PCV3) vaccine	Q-1Q	96.9%	95%	96.6%
% children aged 24 months who have received the Measles, Mumps, Rubella (MMR) vaccine	Q-1Q	94.2%	95%	93.5%
% of children aged 24 months who have received three doses of the Meningococcal group B vaccine (MenB3)	Q-1Q	92.5%	95%	93.0%
% of children aged 24 months who have received two doses of the Rotavirus vaccine (Rota2)	Q-1Q	95.7%	95%	96.0%
% of Healthcare workers who have received seasonal flu vaccine in the current influenza season (long term care facilities in the community)	A	37.6%	60%	44.6%
% uptake in Flu vaccine for those age 65 and older with medical or doctor only card	A	54.0%	75%	62.2%
% junior Infants who have received 1 dose 4-in-1 vaccine (Diphtheria, Tetanus, Polio, Pertussis)	A	91.8%	95%	91.6%
% junior Infants who have received 1 dose Measles, Mumps, Rubella (MMR) vaccine	A	91.6%	95%	91.5%
% first year students who have received 1 dose Tetanus, low dose Diphtheria, Acellular Pertussis (Tdap) vaccine	A	87.0%	95%	88.8%
% of first year girls who have received two doses of HPV Vaccine	A	64.8%	85%	73.3%
% first year girls who have received 1 dose meningococcal C (MenC) vaccine	A	85.9%	95%	88.4%
<b>HPI Physical Activity</b>				
No. of runners 17yrs and under completing a 5k parkrun in the month	M	5,992	5,879	7,316
No. of runners 18-34yrs completing a 5k parkrun in the month	M	6,501	6,609	8,221
No. of runners 35-64yrs completing a 5k parkrun in the month	M	31,556	31,705	40,875
No. of runners 65+ yrs completing a 5k parkrun in the month	M	1,534	1,665	2,806
<b>Chronic Disease Mgt (Diabetes)</b>				
No. of people attending a HSE funded structured community based healthy cooking programme	Q	49	60	45
<b>HPI Tobacco</b>				
No. of smokers who received face to face or telephone intensive cessation support from a cessation counsellor.	Q-1Q	88	311	211

Primary Care Division				
Metric	Freq	Outturn 2018 Year	Target Full Year	Activity YTD
<b>Physiotherapy</b>				
No. of Physiotherapy patients referred accepted	M	20,965	20,976	22,471
No. of Physiotherapy patients seen for a first time assessment	M	15,827	16,764	17,447
No. of Physiotherapy patients treated (who had an intervention) in the reporting month	M	3,440	3,770	3,408
No. of Physiotherapy face to face contacts/visits	M	81,271	79,968	85,336
Total no. of physiotherapy patients on the assessment waiting list at the end of the reporting period	M	4,385	4,054	5,567
No of physiotherapy patients on the assessment waiting list at the end of the reporting period 0 - ≤ 12 weeks	M	2,130		2,036
No of physiotherapy patients on the assessment waiting list at the end of the reporting period >12 weeks but ≤ 26 weeks	M	1,121		1,406
No of physiotherapy patients on the assessment waiting list at the end of the reporting period >26 weeks but ≤ 39 weeks	M	605		921
No of physiotherapy patients on the assessment waiting list at the end of the reporting period >39 weeks but ≤ 52 weeks	M	213		545
No of physiotherapy patients on the assessment waiting list at the end of the reporting period > 52 weeks	M	316		659
No. of new Physiotherapy patients seen for assessment within 12 weeks	M	12,609		13,636
% of new physiotherapy patients seen for assessment within 12 weeks	M	79.7%	81%	78.9%
No of physiotherapy patients on waiting list for assessment ≤ 52 weeks	M	4,069		4,908
% of physiotherapy patients on waiting list for assessment ≤ 52 weeks	M	92.8%	95%	88.2%
No of physiotherapy patients on waiting list for assessment ≤ 39 weeks	M	3,856		4,363
% of physiotherapy patients on waiting list for assessment ≤ 39 weeks	M	87.9%	91%	78.4%
No of physiotherapy patients on waiting list for assessment ≤ 26 weeks	M	3,251		3,426
% of physiotherapy patients on waiting list for assessment ≤ 26 weeks	M	74.1%	84%	61.8%
<b>Outpatient Parenteral Antimicrobial Therapy</b>				
Outpatient parenteral Antimicrobial Therapy (OPAT) Re-admission rate %	M			4.40%
<b>CIT Activity</b>				
Community Intervention Teams (No. of referrals by referral category)	M	4460	4,428	6,182
Admission Avoidance (includes OPAT)	M	57	120	30
Hospital Avoidance	M	3331	2,796	5,336
Early Discharge (Includes OPAT)	M	953	1,284	692
Unscheduled referrals from community sources	M	119	228	124
<b>CIT by Referral Source</b>				
Community Intervention Teams (No. of referrals by referral source)	M	4460	4,428	6,182
ED / Hospital wards / Units	M	1031	1,404	1,336
GP Referral	M	3110	2,724	4,553
Community Referral	M	289	192	291
OPAT Referral	M	30	108	2
<b>Occupational Therapy</b>				
No. of Occupational Therapy service user referred accepted	M	7,999	8,028	8,007
No. of new Occupational Therapy service users seen for a first assessment	M	7,430	7,452	7,042
No. of Occupational Therapy service users treated (direct and indirect) monthly target	M	2,479	2,452	2,623
Total no. of occupational therapy service users on the assessment waiting list at the end of the reporting period.	M	2,584	2,212	3,694
No. of occupational therapy service users on the assessment waiting list at the end of the reporting period 0 - ≤ 12 weeks	M	808		874
No. of occupational therapy service users on the assessment waiting list at the end of the reporting period >12 weeks but ≤ 26 weeks	M	592		756
No. of occupational therapy service users on the assessment waiting list at the end of the reporting period >26 weeks but ≤ 39 weeks	M	328		554
No. of occupational therapy service users on the assessment waiting list at the end of the reporting period >39 weeks but ≤ 52 weeks	M	247		398
No. of occupational therapy service users on the assessment waiting list at the end of the reporting	M	609		1,112

period > 52 weeks				
No. of occupational therapy service users on waiting list for assessment ≤ 52 weeks	M	1,975		2,582
% of occupational therapy service users on waiting list for assessment ≤ to 52 weeks	M	76.4%	85%	69.9%
No. of occupational therapy service users on waiting list for assessment ≤ 39 weeks	M	1,728		2,184
% of occupational therapy service users on waiting list for assessment ≤ 39 weeks	M	66.9%	67%	59.1%
No. of occupational therapy service users on waiting list for assessment ≤ 26 weeks	M	1,400		1,630
% of occupational therapy service users on waiting list for assessment ≤ 26 weeks	M	54.2%	54%	44.1%
% of new occupational therapy service users seen for assessment within 12 weeks	M	67.4%	68%	66.3%
No. of new occupational therapy service users seen for assessment within 12 weeks	M	5,011		4,667
<b>Oral Health</b>				
No. of new Oral Health patients in target groups attending for scheduled assessment	M	12,455	13,440	12,145
No. of new Oral Health patients attending for unscheduled assessment	M	2,896	2,952	2,261
No of new Oral Health patients who commenced treatment within three months of scheduled oral health assessment	M	5,687	5,496	6,108
% of new Oral Health patients who commenced treatment within three months of scheduled oral health assessment	M	88.1%	90%	87.8%
<b>Psychology</b>				
No. of Psychology patients referred accepted	M	1,134	1,080	862
Existing Psychology patients seen in the month	M	154	200	72
New Psychology Patients Seen	M	894	948	596
Total no. of psychology patients on the treatment waiting list at the end of the reporting period	M	660	734	984
No. of psychology patients on the treatment waiting list at the end of the reporting period 0 - ≤ 12 weeks	M	145		79
No. of psychology patients on the treatment waiting list at the end of the reporting period >12 weeks but ≤ 26 weeks	M	154		138
No. of psychology patients on the treatment waiting list at the end of the reporting period >26 weeks but ≤ 39 weeks	M	116		130
No. of psychology patients on the treatment waiting list at the end of the reporting period >39 weeks but ≤ 52 weeks	M	79		102
No. of psychology patients on the treatment waiting list at the end of the reporting period >52 weeks	M	166		535
No. of psychology patients on the waiting list for treatment ≤ to 52 weeks	M	494		449
% of psychology patients on the waiting list for treatment ≤ to 52 weeks	M	74.8%	81%	45.6%
No. of psychology patients on the waiting list for treatment ≤ to 39 weeks	M	415		347
% of psychology patients on waiting list for treatment ≤ 39 weeks	M	62.9%	64%	35.3%
No of psychology patients on waiting list for treatment ≤ to 26 weeks	M	299		217
% of psychology patients on waiting list for treatment ≤ 26 weeks	M	45.3%	49%	22.1%
No. of psychology patients on waiting list for treatment ≤ to 12 weeks	M	145		79
% of psychology patients on waiting list for treatment ≤ to 12 weeks	M	22.0%	36%	8.0%
<b>Podiatry</b>				
No of Podiatry clients (patients) referred accepted	M	2,075	2,184	2,603
Existing Podiatry clients (patients) seen in the month	M	1,184	1,230	1,099
New Podiatry clients (patients) seen	M	3,382	3,492	1,342
Total no. of podiatry clients (patients) on the treatment waiting list at the end of the reporting period	M	196	237	431
No. of podiatry clients (patients) on the treatment waiting list at the end of the reporting period 0 - ≤ 12 weeks	M	165		208
No. of podiatry clients (patients) on the treatment waiting list at the end of the reporting period >12 weeks but ≤ 26 weeks	M	15		146
No. of podiatry clients (patients) on the treatment waiting list at the end of the reporting period >26 weeks but ≤ 39 weeks	M	16		77
No. of podiatry clients (patients) on the treatment waiting list at the end of the reporting period >39 weeks but ≤ 52 weeks	M	0		0
No. of podiatry patients on the treatment waiting list at the end of the reporting period >52 weeks	M	0		0
No. of podiatry clients (patients) on the treatment waiting list ≤ to 52 weeks	M	196		431
% of podiatry patients on waiting list for treatment ≤ to 52 weeks	M	100.0%	77%	100.0%
No. of podiatry clients (patients) on the treatment waiting list ≤ to 39 weeks	M	196		431
% of podiatry clients (patients) on waiting list for treatment ≤ to 39 weeks	M	100.0%	65%	100.0%
No. of podiatry clients (patients) on the treatment waiting list ≤ to 26 weeks	M	180		354
% of podiatry clients (patients) on waiting list for treatment ≤ to 26 weeks	M	91.8%	52%	82.1%

No. of podiatry clients (patients) on the treatment waiting list ≤ to 12 weeks	M	165		208
% of podiatry clients (patients) on waiting list for treatment ≤ to 12 weeks	M	84.2%	32%	48.3%
No of clients (patients) with Diabetic Active Foot Disease treated in the reporting month	M	83	76	95
No of treatment contacts for Diabetic Active Food Disease in the reporting month	M	326	291	372
<b>Ophthalmology</b>				
No of Ophthalmology patients referred accepted	M	4,056	3,924	4,011
Existing Ophthalmology patients seen in the month	M	986	1,110	703
New Ophthalmology patients seen	M	3,894	4,008	2,729
Total no. of ophthalmology patients on the treatment waiting list at the end of the reporting period	M	2,684	2,699	4,205
No. of ophthalmology patients on the treatment waiting list at the end of the reporting period 0 - ≤ 12 weeks	M	848		824
No. of ophthalmology patients on the treatment waiting list at the end of the reporting period >12 weeks but ≤ 26 weeks	M	522		751
No. of ophthalmology patients on the treatment waiting list at the end of the reporting period >26 weeks but ≤ 39 weeks	M	513		684
No. of ophthalmology patients on the treatment waiting list at the end of the reporting period >39 weeks but ≤ 52 weeks	M	407		552
No. of ophthalmology patients on the treatment waiting list at the end of the reporting period > 52 weeks	M	394		1,394
No of Ophthalmology patients on the treatment waiting list ≤ to 52 weeks	M	2,290		2,811
% of Ophthalmology patients on waiting list for treatment ≤ to 52 weeks	M	85.3%	66%	66.8%
No of Ophthalmology patients on the treatment waiting list ≤ to 39 weeks	M	1,883		2,259
% of Ophthalmology patients on waiting list for treatment ≤ to 39 weeks	M	70.2%	58%	53.7%
No of Ophthalmology patients on the treatment waiting list ≤ to 26 weeks	M	1,370		1,575
% of Ophthalmology patients on waiting list for treatment ≤ 26 weeks	M	51.0%	46%	37.5%
No of Ophthalmology patients on the treatment waiting list 0 - ≤ 12 weeks	M	848		824
% of Ophthalmology patients on waiting list for treatment ≤ to 12 weeks	M	31.6%	26%	19.6%
<b>Audiology</b>				
No of Audiology patients referred accepted	M	2,911	3,048	2,933
Existing Audiology patients seen in the month	M	296	560	268
New Audiology patients seen	M	1,674	2,310	2,060
Total no. of audiology patients on the treatment waiting list at the end of the reporting period	M	2,029	1,978	2,076
No. of audiology patients on the treatment waiting list at the end of the reporting period 0 - ≤ 12 weeks	M	724		597
No. of audiology patients on the treatment waiting list at the end of the reporting period > 12 weeks but ≤ 26 weeks	M	656		555
No. of audiology patients on the treatment waiting list at the end of the reporting period > 26 weeks but ≤ 39 weeks	M	482		438
No. of audiology patients on the treatment waiting list at the end of the reporting period 39 weeks ≤ 52 weeks	M	159		281
No. of audiology patients on the treatment waiting list at the end of the reporting period >52 weeks	M	8		205
No. of audiology patients on waiting list for treatment ≤ 52 weeks	M	2,021		1,871
% of audiology patients on waiting list for treatment ≤ to 52 weeks	M	99.6%	88%	90.1%
No of audiology patients on the treatment waiting list ≤ to 39 weeks	M	1,862		1,590
% of audiology patients on waiting list for treatment ≤ to 39 weeks	M	91.8%	78%	76.6%
No of audiology patients on the treatment waiting list ≤ to 26 weeks	M	1,380		1,152
% of audiology patients on waiting list for treatment ≤ to 26 weeks	M	68.0%	64%	55.5%
No of audiology patients on the treatment waiting list ≤ to 12 weeks	M	724		597
% of audiology patients on waiting list for treatment ≤ to 12 weeks	M	35.7%	41%	28.8%
<b>Dietetic</b>				
No. of Dietetic Patients referred accepted	M	3,828	3,828	4,010
No. of Existing Dietetics patients seen in a reporting month	M	404	332	277
No. of new Dietetics patients seen	M	1,882	1,369	2,215
Total no. of dietetics patients on the treatment waiting list at the end of the reporting period	M	1,487	3,399	1,546

No. of dietetics patients on the treatment waiting list at the end of the reporting period 0 - ≤ 12 weeks	M	528		487
No. of dietetics patients on the treatment waiting list at the end of the reporting period >12 weeks but ≤ 26 weeks	M	330		352
No. of dietetics patients on the treatment waiting list at the end of the reporting period >26 weeks but ≤ 39 weeks	M	168		176
No. of dietetics patients on the treatment waiting list at the end of the reporting period >39 weeks ≤ 52 weeks	M	87		120
No. of dietetics patients on the treatment waiting list at the end of the reporting period > 52 weeks	M	374		411
No. of patients on dietetic waiting list who are waiting ≤ 52 weeks	M	1,113		1,135
% of patients on dietetic waiting list who are waiting ≤ 52 weeks	M	74.8%	79%	73.4%
No. of patients on dietetic waiting list who are waiting ≤ 39 weeks	M	1,026		1,015
% of patients on dietetic waiting list who are waiting ≤ 39 weeks	M	69.0%	71%	65.7%
No of patients on dietetic waiting list who are waiting ≤ 26 weeks	M	858		839
% of patients on dietetic waiting list who are waiting ≤ 26 weeks	M	57.7%	59%	54.3%
No. of patients on dietetic waiting list who are waiting ≤ 12 weeks	M	528		487
% of patients on dietetic waiting list who are waiting ≤ 12 weeks	M	35.5%	37%	31.5%
<b>Nursing</b>				
No of Nursing patient referrals	M	16,999	16,608	12,555
Existing Nursing patients seen in the month	M	5,364	6,214	2,203
New Nursing patients seen	M	16,855	14,732	12,691
% of new patients accepted onto the Nursing caseload and seen within 12 weeks	M-1M	117.5%	100%	99.8%
<b>Speech and Language Therapy (SLT)</b>				
No of Speech and Language Therapy patients referred accepted	M	4,857	4,812	4,567
Existing Speech and Language Therapy patients seen in the month	M	2,063	2,372	2,145
New Speech and Language Therapy patients seen for initial assessment	M	4,293	4,287	3,828
Total no. of speech and language therapy patients waiting initial assessment at end of the reporting period	M	1,043	1,075	1,243
Total no. of speech and language therapy patients waiting initial therapy at end of the reporting period	M	580	646	731
No. of speech and language therapy patients on waiting lists for assessment ≤ to 52 weeks	M	1,028		1,212
% of speech and language therapy patients on waiting list for assessment ≤ to 52 weeks	M	98.6%	100%	97.5%
No of speech and language Therapy patients on waiting list for assessment > 52 weeks	M	15		31
No. of speech and language Therapy patients on waiting list for treatment ≤ to 52 weeks	M	572		472
% of speech and language therapy patients on waiting list for treatment ≤ to 52 weeks	M	98.6%	100%	64.6%
Service Improvement Initiative - New speech and language Therapy patients seen for initial assessment	M	246	251	393
Service Improvement Initiative - No. of Speech and Language therapy initial therapy appointments	M	1,399	1,453	1,858
Service Improvement Initiative - No. of Speech and Language therapy further therapy appointments	M	1,989	2,055	1,385
<b>Health Amendment</b>				
No of Health Amendment Act 1996 cardholders who were reviewed	Q	0	30	5
<b>Child Health</b>				
% newborn babies visited by a PHN within 72 hours of discharge from maternity services	Q	99.1%	98%	99.7%
% of children reaching 10 months within the reporting period who have had their child development health screening on time before reaching 10 months of age	M-1M	92.0%	95%	85.3%
% of babies breastfed (exclusively and not exclusively) at first PHN visit	Q-1Q	57.5%	58%	55.2%
% of babies breastfed (exclusively and not exclusively) at 3 month PHN visit	Q-1Q	45.8%	40%	40.9%
% of babies breastfed exclusively at first PHN visit	Q-1Q	37.5%	48%	35.7%
% of babies breastfed exclusively at three PHN visit	Q-1Q	36.4%	30%	37.7%
<b>Community Diagnostics</b>				
No of ultrasound referrals accepted	M	5,199	7,020	4,398
No of ultrasound examinations undertaken	M		7,020	3,627
<b>Newborn Hearing Screening</b>				
Total no. of eligible babies whose screening was complete by four weeks	Q-1Q	4,363	0	4,151
No. of eligible babies who completed screening in the reporting period	Q-1Q	4,377	0	4,160
% of eligible babies whose screening was complete by four weeks	Q-1Q	99.7%	95	1
No. of babies identified with permanent childhood hearing impairment referred to audiology services from the screening programme	Q-1Q	10	9	5

No. of babies from screening programme identified with a hearing loss by six months of age	Q-1Q	10	7	2
% of babies from screening programme identified with a hearing loss by six months of age	Q-1Q	100.0%	80	0
<b>National Hep C Treatment Programme</b>				
No of patients registered to the national hepatitis C registry with funding approved for hepatitis C treatment commencement	M	50	0	44
No of patients registered to the national hepatitis C registry with funding approved for hepatitis C treatment commencement for whom treatment has commenced	M	62	0	55
No. of patients registered to national hepatitis C registry with funding approved for hepatitis C treatment commencement for whom treatment has NOT YET commenced	M	82	0	114
<b>Therapies No. of Patients Seen 2019</b>				
No. of Therapies / Community Healthcare Network Services patients seen	M	181,810	0	187,685

## Social Inclusion

Metric	Freq	Outturn 2018 Year	Target Full Year	Activity YTD
<b>Opioid Substitution Treatment</b>				
Total no. of clients in receipt of opioid substitution treatment (outside prisons)	M-1M	167	153	198
No. of clients in receipt of opioid substitution treatment in clinics	M-1M	58	48	60
No. of clients in receipt of opioid substitution treatment with level 2 GP's	M-1M	28	20	62
No. of clients in receipt of opioid substitution treatment with level 1 GP's	M-1M	81	85	76
No. of clients in receipt of opioid substitution treatment transferred from clinics to level 1 GPs	M-1M	18	5	4
No. of clients in receipt of opioid substitution treatment transferred from clinics to level 2 GPs	M-1M	6	0	14
No. of clients in receipt of opioid substitution treatment transferred from level 2 to level 1 GP's	M-1M	1	0	2
Total no. of new clients in receipt of opioid substitution treatment (outside prisons)	M-1M	36	36	43
Total no. of new clients in receipt of opioid substitution treatment (clinics)	M-1M	24	24	13
Total no. of new clients in receipt of opioid substitution treatment (level 2 GP)	M-1M	11	12	29
Average waiting time from referral to assessment for opioid substitution treatment (days)	M-1M		4	11.5
Average waiting time from opioid substitution assessment to exit from waiting list or treatment commenced (days)	M-1M		28	23.0
Number of pharmacies dispensing opioid substitution treatment	M-1M	47	46	48
Number of people dispensed opioid substitution treatment from pharmacies	M-1M	174	161	202
<b>Substance Misuse</b>				
No. of substance misusers who present for treatment	Q-1Q	308	368	208
No. of substance misusers who present for treatment who receive an assessment within 2 weeks	Q-1Q	266	368	171
% of substance misusers who present for treatment who receive an assessment within 2 weeks	Q-1Q	86%	100%	82.2%
No. of substance misusers (over 18 years) for whom treatment has commenced following assessment	Q-1Q	241	300	158
No. of substance misusers (over 18) for whom treatment has commenced within one calendar month following assessment	Q-1Q	241	300	158
% of substance misusers (over 18 years) for whom treatment has commenced within one calendar month following assessment	Q-1Q	100%	100%	100.0%
No. of substance misusers (under 18 years) for whom treatment has commenced following assessment	Q-1Q	23	36	13
No. of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment	Q-1Q	23	36	13
% of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment	Q-1Q	100.0%	100%	100.0%
% of substance misusers (over 18 years) for whom treatment has commenced who have an assigned key worker	Q-1Q	3%	100%	14.6%
% of substance misusers (over 18 years) for whom treatment has commenced who have a written care plan	Q-1Q	2%	100%	6.3%
% of substance misusers (under 18 years) for whom treatment has commenced who have an assigned key worker	Q-1Q	13%	100%	0.0%
% of substance misusers (under 18 years) for whom treatment has commenced who have a written care plan	Q-1Q	9%	100%	0.0%
<b>Alcohol Misuse</b>				
No. of problem alcohol users who present for treatment	Q-1Q	44	44	66
No. of problem alcohol users who present for treatment who receive an assessment within 2 weeks	Q-1Q	41	44	66
% of problem alcohol users who present for treatment who receive an assessment within 2 weeks	Q-1Q	93.2%	100%	100.0%
No. of problem alcohol users (over 18 years) for whom treatment has commenced following assessment	Q-1Q	38	40	62
No. of problem alcohol users (over 18 years) for whom treatment has commenced within one calendar month following assessment	Q-1Q	38	40	61
% of problem alcohol users (over 18 years) for whom treatment has commenced within one calendar month following assessment	Q-1Q	100.0%	100%	98.4%
No. of problem alcohol users (under 18 years) for whom treatment has commenced following assessment	Q-1Q	2	4	5
No. of problem alcohol users (under 18 years) for whom treatment has commenced within one week following assessment	Q-1Q	2	4	5
% of problem alcohol users (under 18 years) for whom treatment has commenced within one week following assessment	Q-1Q	100.0%	100%	100.0%
% of problem alcohol users (over 18 years) for whom treatment has commenced who have an assigned key worker	Q-1Q	0.0%	100%	0.0%
% of problem alcohol users (over 18 years) for whom treatment has commenced who have a written care plan	Q-1Q	0.0%	100%	0.0%



% of problem alcohol users (under 18 years) for whom treatment has commenced who have an assigned key worker	Q-1Q	50.0%	100%	0.0%
% of problem alcohol users (under 18 years) for whom treatment has commenced who have a written care plan	Q-1Q	0.0%	100%	0.0%
No. of tier 1 and tier 2 staff trained in SAOR Screening and Brief Intervention for problem alcohol and substance use	Q-1Q		160	
<b>Homeless Services</b>				
% of individual homeless service users admitted to homeless emergency accommodation hostels/ who have medical cards	Q	63%	75%	58%
No. of individual homeless service users admitted to homeless emergency accommodation hostels/ who have medical cards	Q	76	113	86
% of homeless service users admitted during the quarter who did not have a valid medical card on admission and who were assisted by hostel staff to acquire a medical card during the quarter.	Q	31.8%	70%	19.0%
No. of homeless service users admitted during the quarter who did not have a valid medical card on admission and who were assisted by hostel staff to acquire a medical card during the quarter.	Q	14	37	12
% of service users admitted to homeless emergency accommodation hostels / facilities whose health needs have been assessed within two weeks of admission	Q	75%	87%	74%
No. of service users admitted to homeless emergency accommodation hostels / facilities whose health needs have been assessed within two weeks of admission	Q	90	132	111
% of homeless service users admitted to homeless emergency accommodation hostels / facilities whose health needs have been assessed and are being supported to manage their physical / general health, mental health and addiction issues as part of their care/support plan	Q	74%	86%	84%
No. of homeless service users admitted to homeless emergency accommodation hostels / facilities whose health needs have been assessed and are being supported to manage their physical / general health, mental health and addiction issues as part of their care/support plan	Q	89	130	125
<b>Needle Exchange</b>				
Number of pharmacies recruited to provide a Pharmacy Needle Exchange Programme	Q-1Q	13	13	12
No of unique individuals attending the Pharmacy Needle Exchange Programme	Q-1Q	101	113	41
No. of pharmacy needle exchange packs provided as per the Pharmacy Needle Exchange Programme	Q-1Q	184		81
Number of clean needles provided each month as per the Pharmacy Needle Exchange Programme	Q-1Q	1,189	1,153	635
Average no. of clean needles (and accompanying injecting paraphenilia per unique individual each month	Q-1Q	12	14	15
Number of needle / syringe packs returned as per the Pharmacy Needle Exchange Programme	Q-1Q	48	30	10
% of needle / syringe packs returned as per the Pharmacy Needle Exchange Programme	Q-1Q	26.1%	41%	12.3%
<b>Traveller Health</b>				
No. of people who received information on type 2 diabetes or participated in related initiatives	Q	719	725	663
No. of people who received information on cardiovascular health or participated in related initiatives	Q	990	725	634
No. of people who received information on or participated in positive mental health initiatives	Q	725	725	637

## Palliative Care Services

Metric	Freq	Outturn 2018 Year	Target Full Year	Activity YTD
<b>Inpatient Palliative Care Services</b>				
Access to specialist inpatient bed within seven days during the reporting year	M	99.4%	98%	96.6%
No. accessing specialist inpatient bed within seven days (during the reporting year)	M	348	352	313
% of patients triaged within one working day of referral (Inpatient Unit)	M	100.0%	90%	100.0%
% bed occupancy within the specialist palliative care inpatient units	M	88.4%		60.9%
% of new patients with a primary diagnosis of cancer (inpatient unit)	M	77.3%		90.9%
% of new patients with a primary diagnosis of non cancer (inpatient unit)	M	22.7%		9.1%
% of new patients who received specialist inpatient palliative care over 65 years of age (inpatient unit)	M	72.7%		68.2%
% of new patients who received specialist inpatient palliative care over 85 years of age (inpatient unit)	M	18.2%		22.7%
<b>Community Palliative Care Services</b>				
Access to specialist palliative care services in the community provided within seven days (normal place of residence)	M	90.3%	90%	89.8%
% of patients triaged within one working day of referral (Community)	M	91.6%	95%	97.5%
No. of patients who received specialist palliative care treatment in their normal place of residence in the month	M	380	418	415
% of new patients with a primary diagnosis of cancer (community)	M	70.4%		58.2%
% of new patients with a primary diagnosis of non cancer (community)	M	29.6%		41.8%
% of new patients who received specialist inpatient palliative care over 65 years of age (community)	M	87.2%		83.6%
% of new patients who received specialist inpatient palliative care over 85 years of age (community)	M	30.9%		36.9%

## Social Care Division

### Older Persons' Services

Metric	Freq	Outturn 2018 Year	Target Full Year	Activity YTD
<b>Home Support</b>				
No. of home support hours provided (excluding provision of hours from Intensive Home Care Packages (IHCPs))	M	1,787,709	1,982,000	1,847,400
No. of people in receipt of Home Support (excluding provision from Intensive Home Care Packages(IHCPs)) - each person counted once only	M	5,983	6,030	5,947
Number of clients assessed and waiting for funding for the provision of Home Support	M	968	6,600	551
<b>Intensive Home Care Packages</b>				
Total No. of persons in receipt of an Intensive Home Care Package (IHCP)	M	30		30
No. of home support hours provided from Intensive Home Care Packages	M	40,179		33,064
% of clients in receipt of an IHCP with a key worker assigned	M	100.0%	100%	100.0%
No. of clients in receipt of an IHCP with a key worker assigned on the last day of the month	M	30		30
Total number of persons in receipt of a Dementia Specific Intensive Home Care Package (DS IHCP)	M	19		15
<b>Nursing Home Support Scheme (NHSS)</b>				
No. of persons funded under NHSS in long term residential care during the reporting month	M	2,559		2,595
% of clients with NHSS who are in receipt of Ancillary State Support	M	6.3%		7.9%
% of clients who have Common Summary Assessment Report (CSARs) processed within 6 weeks	M	89.5%		91.8%
% of population over 65 years in NHSS funded Beds (based on 2016 Census figures)	M	3.5%		3.5%
Number of New Applications for NHSS	M	1,052		1,010
Number of People who have been determined eligible for financial support under NHSS and who are awaiting funding	M	49		33
Number of New Patients Entering NHSS (Private Units)	M	701		643
Number of Patients leaving NHSS (Private Units)	M	702		611
No. of New Patients entering NHSS (Public Units)	M	204		181
No. of Patients leaving NHSS (Public Units)	M	194		177
Total Number of NHSS clients who are in payment of State Support (Excludes Subvention/Contract Beds/Section 39 Savers as these clients cannot apply for ASS)	M	2,491		2,542
<b>Public Beds</b>				
No. of NHSS beds in public long stay units	M	563	556	562
No. of short stay beds in public units	M	246	230	225
% occupancy of short stay beds	M		90.0%	83.1%
No. of occupied short stay beds in public units	M			187.0
<b>InterRAI Ireland Assessment</b>				
No. of People seeking service who have been assessed using the InterRAI Ireland Assessment System	M			328

## Disability Services

Metric	Freq	Outturn 2018 Year	Target Full Year	Activity YTD
<b>Disability Act Compliance</b>				
No. of requests for assessments of need received for children	Q	171	181	285
No. of child assessments commenced as provided for in the regulations	Q	160		256
No. of child assessments commenced within the timelines as provided for in the regulations	Q	160		253
% of child assessments commenced within the timelines as provided for in the regulations	Q	100.0%	100%	98.8%
No. of child assessments completed as provided for in the regulations	Q	178		170
No. of child assessments completed within the timelines as provided for in the regulations	Q	105		88
% of child assessments completed within the timelines as provided for in the regulations	Q	59.0%	100%	51.8%
No. of child service statements completed	Q	125		105
No. of child service statements completed within the timelines as provided for in the regulations	Q	107		97
% of child service statements completed within the timelines as provided for in the regulations	Q	85.6%	100%	92.4%
<b>Day Services inc School Leavers</b>				
No. of Rehabilitative Training places provided (all disabilities)	M	190	218	190
No. of people (all disabilities) in receipt of Rehabilitative Training (RT)	M	217	218	203
% of school leavers and Rehabilitation Training (RT) graduates who have been provided with a placement	A	95.8%	100%	94.2%
No. of work / work-like activity WTE places provided for people with ID and / or autism	BA	1	1	1
No. of people with ID and / or autism in receipt of work / work-like activity services	BA	1	1	1
No. of work/work-like activity WTE 30 hour places provided for people with a physical and / or sensory disability	BA	0	0	0
No. of people with a physical and / or sensory disability in receipt of work / work-like activity services	BA	0	0	0
No. of people with ID and / or autism in receipt of Other Day Services (excl. RT and work / work-like activities) (Adult)	BA-1M	1,651	1,850	1,683
No. of people with a physical and / or sensory disability in receipt of Other Day Services (excl. RT and work / work-like activities) (Adult)	BA-1M	267	553	325
No. of people with a disability in receipt of work/work-like activity services (ID/Autism and Physical and sensory disability)	BA	1	0	1
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)	BA-1M	1,918	2,403	2,008
No. of work/work-like activity WTE 30 hour places provided for people with a disability ID/Autism and physical and / or sensory disability	BA	1	1	1
<b>Residential Services</b>				
No. of people with ID and / or autism in receipt of residential services	Q-1M	734		805
No. of people with a physical and / or sensory disability in receipt of residential services	Q-1M	41		42
No. of people with a disability in receipt of residential Services (ID/Autism and Physical and Sensory Disability)	Q-1M	775	845	847
<b>Respite Services (ID and/or Autism)</b>				
No. of new referrals accepted for people with ID and / or autism for respite services	Q-1M	139		92
No. of new people with ID and / or autism who commenced respite services	Q-1M	95		77
No. of existing people with ID and / or autism in receipt of respite services	Q-1M	690		693
No. of people with ID and / or autism formally discharged from respite services	Q-1M	61		42
Total no. of people with ID and / or autism in receipt of respite services	Q-1M	715		716
No. of overnights (with or without day respite) accessed by people with ID and / or autism	Q-1M	34,902		35,332
No. of day only respite sessions accessed by people with ID and / or autism	Q-1M	5,963		6,483
No. of people with ID and / or autism who are in receipt of more than 30 overnights continuous respite	Q-1M	3		9
<b>Respite Services (Physical/Sensory)</b>				
No. of new referrals accepted for people with a physical and / or sensory disability for respite services	Q-1M	0		2
No. of new people with a physical and / or sensory disability who commenced respite services	Q-1M	18		24
No. of existing people with a physical and / or sensory disability in receipt of respite services	Q-1M	43		52
No. of people with a physical and / or sensory disability formally discharged from respite services	Q-1M	18		22
No. of people with a physical and / or sensory disability in receipt of respite services	Q-1M	49		56
No. of overnights (with or without day respite) accessed by people with a physical and / or sensory	Q-1M	2,241		1,152

disability				
No. of day only respite sessions accessed by people with a physical and / or sensory disability	Q-1M	0		8
No. of people with a physical and / or sensory disability who are in receipt of more than 30 overnights continuous respite	Q-1M	0		0
<b>Personal Assistance (PA) Services</b>				
No. of new referrals accepted for adults with a physical and / or sensory disability for a PA service	Q-1M	60	51	72
No. of new adults with a physical and / or sensory disability who commenced a PA service	Q-1M	98	38	124
No. of existing adults with a physical and / or sensory disability in receipt of a PA service	Q-1M	436	423	431
No. of adults with a physical and / or sensory disability formally discharged from a PA Services	Q-1M	76	26	89
No. of adults with a physical and / or sensory disability in receipt of a PA service	Q-1M	464	431	465
Number of PA Service hours delivered to adults with a physical and / or sensory disability	Q-1M	303,577	294,713	306,516
No. of adults with a physical and / or sensory disability in receipt of 1 - 5 PA hours per week	BA-1M	157	179	147
No. of adults with a physical and / or sensory disability in receipt of 6 - 10 PA hours per week	BA-1M	114	107	130
No. of adults with a physical and / or sensory disability in receipt of 11 - 20 PA hours per week	BA-1M	117	78	116
No. of adults with a physical and / or sensory disability in receipt of 21 - 40 PA hours per week	BA-1M	57	44	51
No. of adults with a physical and / or sensory disability in receipt of 41 - 60 PA hours per week	BA-1M	6	12	7
No. of adults with a physical and / or sensory disability in receipt of 60 + PA hours per week	BA-1M	11	11	12
<b>Home Support Services (ID and/or Autism)</b>				
No. of new referrals accepted for people with ID and / or autism for home support services	Q-1M	67	0	60
No. of new people with ID and / or autism who commenced a home support service	Q-1M	43	0	61
No. of existing people with ID and / or autism in receipt of home support services	Q-1M	522	0	532
No. of people with ID and / or autism formally discharged from home support services	Q-1M	21	0	14
Total no of people with ID and / or autism in receipt of home support services	Q-1M	533	0	555
Total no. of Home Support Service Hours delivered to people with ID and / or autism	Q-1M	118,243	0	118,104
No. of people with ID and / or Autism in receipt of 1 - 5 Home Support hours per week	BA-1M	342	0	264
No. of people with ID and / or Autism in receipt of 6 - 10 Home Support hours per week	BA-1M	105	0	87
No. of people with ID and / or Autism in receipt of 11 - 20 Home Support hours per week	BA-1M	27	0	15
No. of people with ID and / or Autism in receipt of 21 - 40 Home Support hours per week	BA-1M	3	0	4
No. of people with ID and / or Autism in receipt of 41 - 60 Home Support hours per week	BA-1M	1	0	2
No. of people with ID and / or Autism in receipt of 60+ Home Support hours per week	BA-1M	4	0	3
<b>Home Support Services (Physical/Sensory)</b>				
No. of new referrals accepted for people with a physical and / or sensory disability for home support services	Q-1M	54		76
No. of new people with a physical and / or sensory disability who commenced a home support service	Q-1M	302		299
No. of existing people with a physical and / or sensory disability in receipt of home support services	Q-1M	127		130
No. of people with a physical and / or sensory disability formally discharged from home support services	Q-1M	296		290
Total no. of people with a physical and / or sensory disability in receipt of home support services	Q-1M	179		196
No. of Home Support Service Hours delivered to people with a physical and / or sensory disability	Q-1M	73,270		60,832
No. of people with a physical and / or sensory disability in receipt of 1 - 5 Home Support hours per week	BA-1M	84		137
No. of people with a physical and / or sensory disability in receipt of 6 - 10 Home Support hours per week	BA-1M	13		31
No. of people with a physical and / or sensory disability in receipt of 11 - 20 Home Support hours per week	BA-1M	15		17
No. of people with a physical and / or sensory disability in receipt of 21 - 40 Home Support hours per week	BA-1M	3		4
No. of people with a physical and / or sensory disability in receipt of 41 - 60 Home Support hours per week	BA-1M	0		5
No. of people with a physical and / or sensory disability in receipt of 60+ Home Support hours per week	BA-1M	6		2
<b>Home Support Services (All)</b>				
No. of Home Support Service Hours delivered to people with a disability (ID/Autism and Physical and Sensory Disability)	Q-1M	191,513	192,182	178,936
No of people with a disability in receipt of Home Support Services (ID/Autism and Physical and Sensory Disability)	Q-1M	712	725	751
No. of new referrals accepted for home support services (ID and / or autism & Physical and Sensory Disability)	Q-1M	121	121	136
No. of new people with a disability who commenced a home support service(ID and / or autism & Physical and Sensory Disability)	Q-1M	345	130	360

No. of existing people with a disability in receipt of home support services (ID/Autism and Physical and Sensory Disability)	Q-1M	649	693	662
No of people with a disability formally discharged from home support services (ID/Autism and Physical and Sensory Disability)	Q-1M	317	86	304
No. of people with a disability in receipt of 1 - 5 Home Support hours per week (ID/Autism and Physical and Sensory Disability)	BA-1M	426	380	401
No. of people with a disability in receipt of 6 - 10 Home Support hours per week (ID/Autism and Physical and Sensory Disability)	BA-1M	118	164	118
No. of people with a disability in receipt of 11 - 20 Home Support hours per week (ID/Autism and Physical and Sensory Disability)	BA-1M	42	97	32
No. of people with a disability in receipt of 21 - 40 Home Support hours per week (ID/Autism and Physical and Sensory Disability)	BA-1M	6	54	8
No. of people with a disability in receipt of 41 - 60 Home Support hours per week (ID/Autism and Physical and Sensory Disability)	BA-1M	1	13	7
No. of people with a disability in receipt of 60+ Home Support hours per week (ID/Autism and Physical and Sensory Disability)	BA-1M	10	17	5
<b>Congregated Services</b>				
Facilitate the movement of people from congregated to community settings	Q	11	20	16
<b>Respite Services All Disabilities</b>				
No. of overnights (with or without day respite) accessed by people with a disability (ID/Autism and Physical and Sensory Disability)	Q-1M	37,143	40062	36,484
No of day only respite sessions accessed by people with a disability (ID/Autism and Physical and Sensory Disability)	Q-1M	5,963	6121	6,491
No of people with a disability in receipt of respite services (ID/Autism and Physical and Sensory Disability)	Q-1M	764	1408	772
No. of new referrals accepted for people with a disability for respite services (ID/Autism and Physical and Sensory Disability)	Q-1M	139	212	94
No. of new people with a disability who commenced respite services (ID/Autism and Physical and Sensory Disability)	Q-1M	113	188	101
No. of existing people with a disability in receipt of respite services (ID/Autism and Physical and Sensory Disability)	Q-1M	733	1360	745
No. of people with a disability formally discharged from respite services (ID/Autism and Physical and Sensory Disability)	Q-1M	79	104	64
No. of people with a disability in receipt of more than 30 overnights continuous respite (ID/Autism and Physical and Sensory Disability)	Q-1M	3	3	9
<b>Residential Places</b>				
No. of residential places for people with a disability	M	841	854	846
<b>Access Inclusion Model (AIM) 2019</b>				
Total number of Requests received for universal and targeted supports only under the Access and Inclusion Model (AIM) in the reporting month.	M-1M	12		7
Total number of requests for universal and targeted supports received under AIM which were provided for at least once in the reporting month	M-1M	12		7

## Disability and Older People Services Safeguarding

Metric	Freq	Outturn 2018 Year	Target Full Year	Activity YTD
<b>Safeguarding</b>				
No. of Staff Trained in Safeguarding Policy	Q-1M	2,406	908	2,918
% of Preliminary Screenings for adults aged 65 years and over with an outcome of reasonable grounds for concern that are submitted to the Safeguarding and Protection Teams accompanied by an interim Safeguarding Plan.	Q-1M	100.0%	100%	100.0%
No. of Preliminary Screenings for adults aged 65 years and over with an outcome of reasonable grounds for concern that are submitted to the Safeguarding and Protection Teams accompanied by an interim Safeguarding Plan.	Q-1M	22		21
Total number of preliminary screenings for adults aged 65 years and over submitted within the specified time frame that had an outcome of reasonable grounds for concern	Q-1M	22		21
% of Preliminary Screenings for adults under 65 years with an outcome of reasonable grounds for concern that are submitted to the Safeguarding and Protection Teams accompanied by an interim Safeguarding Plan.	Q-1M	100.0%	100%	100.0%
No. of Preliminary Screenings for adults under 65 years with an outcome of reasonable grounds for concern that are submitted to the Safeguarding and Protection Teams accompanied by an interim Safeguarding Plan.	Q-1M	30		33
Total number of preliminary screenings for adults under 65 years submitted within the specified time frame that had an outcome of reasonable grounds for concern	Q-1M	30		33

## Mental Health Services

Metric	Freq	Outturn 2018 Year	Target Full Year	Activity YTD
<b>NSK KPI Community Alert</b>				
% of accepted referrals / re-referrals offered first appointment within 12 week by General Adult Community Mental Health Team	M	99.0%	90%	98.1%
% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks by General Adult Community Mental Health Team	M	88.5%	75%	88.4%
% of new (including re-referred) General Adult Community Mental Health Team cases offered appointment and DNA in the current month	M	10.8%	<22%	10.0%
No. of new (including re-referred) General Adult Community Mental Health Team cases seen in the current month	M	4,270	4,424	4,611
No. of admissions to adult acute inpatient units	Q-1Q	1,133	1,144	1,156
<b>NSP KPI Psychiatry of Later Life</b>				
% of accepted referrals / re-referrals offered first appointment within 12 weeks by Psychiatry of Later Life Community Mental Health Teams	M	100.0%	98%	100.0%
% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks by Psychiatry of Later Life Community Mental Health Teams	M	98.8%	95%	99.0%
% of new (including re-referred) Psychiatry of Later Life Community Mental Health Team cases offered appointment and DNA in the current month	M	1.2%	<3%	1.0%
No. of new (including re-referred) Psychiatry of Later Life Community Mental Health Team cases seen in the current month	M	1,460	1,550	1,431
<b>NSP KPI CAMHS</b>				
% of accepted referrals / re-referrals offered first appointment within 12 weeks by Child and Adolescent Community Mental Health Teams	M	98.3%	78%	98.4%
% of accepted referrals / re-referrals offered first appointment and seen within 12 week by Child and Adolescent Community Mental Health Teams	M	92.1%	72%	91.7%
% of new (including re-referred) child/adolescent referrals offered appointment and DNA in the current month	M	6.7%	<10%	6.7%
% of accepted referrals / re-referrals offered first appointment and seen within 12 months by Child and Adolescent Community Mental Health Teams excluding DNAs	M	99.9%	95%	99.9%
% of urgent referrals to Child and Adolescent Mental Health Teams responded to within three working days	M		100%	42.8%
No. of child / adolescent referrals (including re-referred) received by mental health services	M	1,821	1,691	1,867
No. of new (including re-referred) child/adolescent referrals seen in the current month	M	1,172	1,125	1,142
<b>Adult Inpatient</b>				
No. of admissions to adult acute inpatient units	Q-1Q	1,133	1,144	1,156
Median length of stay	Q-1Q		11	
Rate of admissions to adult acute inpatient units per 100,000 population in mental health catchment area	Q-1Q	59.4	70.7	67.5
First admission rates to adult acute units (that is, first ever admission), per 100,000 population in mental health catchment area	Q-1Q	20.5	26.4	28.7
Acute re-admissions as % of admissions	Q-1Q	65.4%	63%	57.5%
Inpatient re-admission rates to adult acute units per 100,000 population in mental health catchment area	Q-1Q	38.8	44.3	38.8
No. of adult acute inpatient beds per 100,000 population in the mental health catchment area	Q-1Q	23.0	25.5	23.0
No. of adult involuntary admissions	Q-1Q	206	177	206
Rate of adult involuntary admissions per 100,000 population in mental health catchment area	Q-1Q	11.0	9.7	12.8
<b>Community Adult</b>				
Number of General Adult Community Mental Health Teams	M		11	
Number of referrals (including re-referred) received by General Adult Community Mental Health Teams	M	6,468	6,409	6,925
Number of Referrals (including re-referred) accepted by General Adult Community Mental Health Teams	M	5,594	5,768	6,037
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	4,789	5,398	5,125
No. of new (including re-referred) General Adult Community Mental Health Team cases seen in the current month	M	4,270	4,424	4,611
No. of new (including re-referred) General Adult Community Mental Health Team cases offered appointment and DNA in the current month	M	519	974	514
% of new (including re-referred) General Adult Community Mental Health Team cases offered appointment and DNA in the current month	M	10.8%	<22%	10.0%
Number of cases closed/discharged by General Adult Community Mental Health Teams	M	2,385	4,038	2,524



<b>Psychiatry of Later Life (POLL) Services</b>				
Number of Psychiatry of Later Life Community Mental Health Teams	M		5	
Number of referrals (including re-referred) received by Psychiatry of Later Life Community Mental Health Teams	M	1,899	1,962	1,919
Number of Referrals (including re-referred) accepted by Psychiatry of Later Life Community Mental Health Teams	M	1,668	1,765	1,651
No. of new (including re-referred ) Psychiatry of Later Life Community Mental Health Team cases offered first appointment for the current month (seen and DNA below)	M	1,478	1,597	1,446
No. of new (including re-referred) Psychiatry of Later Life Community Mental Health Team cases seen in the current month	M	1,460	1,550	1,431
No. of new (including re-referred) Psychiatry of Later Life Community Mental Health Team cases offered appointment and DNA in the current month	M	18	47	15
% of new (including re-referred) Psychiatry of Later Life Community Mental Health Team cases offered appointment and DNA in the current month	M	1.2%	<3%	1.0%
Number of cases closed/discharged by Psychiatry of Later Life Community Mental Health Teams	M	1,252	1,412	1,215
<b>Child and Adolescents Mental Health Service (CAMHS)</b>				
No. of child and adolescent Community Mental Health Teams	M		6	
No. of child / adolescent referrals (including re-referred) received by mental health services	M	1,821	1,691	1,867
No. of child / adolescent referrals (including re-referred) accepted by mental health services	M	1,247	1,217	1,257
No. of new (including re-referred ) CAMHS Team cases offered first appointment for the current month (seen and DNA below)	M	1,256	1,237	1,224
No. of new (including re-referred) child/adolescent referrals seen in the current month	M	1,172	1,125	1,142
No. of new (including re-referred) child/adolescent referrals offered appointment and DNA in the current month	M	84	112	82
% of new (including re-referred) child/adolescent referrals offered appointment and DNA in the current month	M	6.7%	<10%	7.0%
No. of cases closed / discharged by CAMHS service	M	1,022	974	1,213
Total no. on waiting list for first appointment at end of each Month (reduce no. waiting by >5% annually)	M	29	22	35
> 3months (Greater than 3 months)	M	2	1	3
i). < 3 months (Less than 3 months)	M	27	21	32
ii). 3-6 months	M	2	1	2
iii). 6-9 months	M	0	0	1
<b>CAMHS Inpatient by Units</b>				
No. of child / adolescent admissions to HSE child and adolescent mental health inpatient unit (Merlin Park)	M	35	80	69

Sourced from: HSE, Healthcare Performance Data Tool. June 2020

## Appendix 2

## Workforce overview

<b>December 2019</b> <i>(Dec 2018 figure: 5,559)</i> <i>LIMIT 5438 + 10 at HQ</i>	<b>Census WTE</b> <b>NOV 2019</b>	<b>Census WTE</b> <b>DEC 2019</b>	<b>WTE</b> <b>Change on</b> <b>Previous</b> <b>Month</b>	<b>% WTE</b> <b>Change</b> <b>on Previous</b> <b>Month</b>	<b>WTE</b> <b>Change on</b> <b>Previous Dec</b>	<b>WTE Change on</b> <b>Previous Year</b>
<b>Overall</b>	<b>5,505</b>	<b>5,545</b>	<b>40</b>	<b>0.7%</b>	<b>-30</b>	<b>-30</b>
Health Service Executive	4,224	4,256	33	0.8%	-112	-112
Section 38 Voluntary Agencies	1,281	1,288	7	0.6%	82	82

<b>By Service Division</b>	<b>Census WTE</b> <b>Nov 2019</b>	<b>Census WTE</b> <b>Dec 2019</b>	<b>WTE</b> <b>Change on</b> <b>Previous</b> <b>Month</b>	<b>% WTE</b> <b>Change</b> <b>on Previous</b> <b>Month</b>	<b>WTE Change on</b> <b>Previous Dec</b>
<b>Overall</b>	<b>5,505</b>	<b>5,545</b>	<b>40</b>	<b>0.7%</b>	<b>-30</b>
<b>Primary Care</b>	1,134.5	1,131.6	-2.9	0.0	-42.3
<b>Mental Health</b>	1,314.8	1,308.5	-6.4	-0.5%	-29.8
<b>Social Care</b>	3055.4	3104.3	48.9	1.6%	82
<b>Older People</b>	1,563.0	1,605.7	42.7	2.7%	-35.4
<b>Disabilities HSE</b>	211.4	210.6	-0.8	-0.4%	-4.8
<b>Disabilities' Sect 38's</b>	1,281.0	1,288.0	7.0	0.6%	82.0

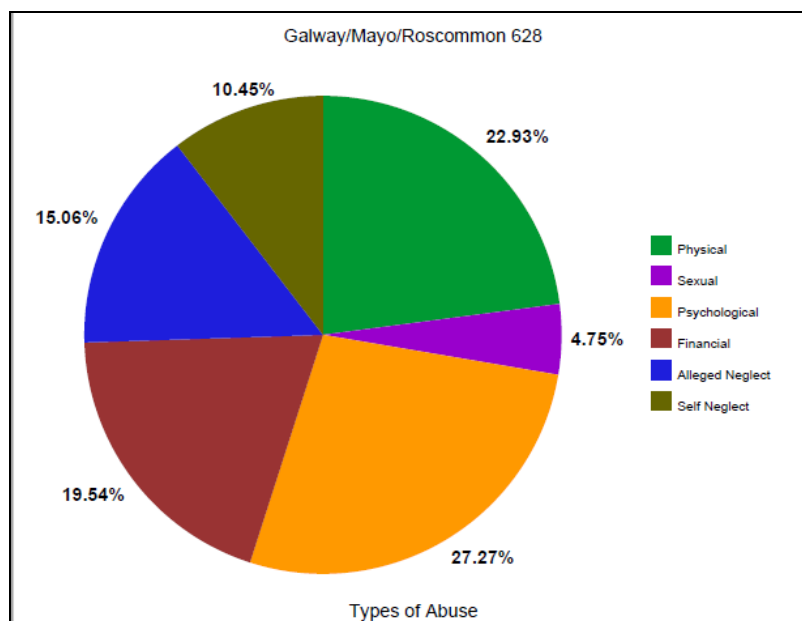
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Grade Code	Census WTE NOV 2019	Census WTE DEC 2019	WTE Change on Previous Month	% WTE Change on Previous Month	WTE Change on Previous Dec
<b>Overall Result</b>	<b>4,224</b>	<b>4,256</b>	<b>33</b>	<b>0.8%</b>	<b>-112</b>
<b>Management/ Admin</b>	<b>574</b>	<b>573</b>	<b>-2</b>	<b>-0.3%</b>	<b>-16</b>
Management (VIII & above)	44	43	-1	-2.1%	-3
Administrative/ Supervisory (V to VII)	100	99	-1	-1.3%	4
Clerical (III & IV)	430	431	1	0.2%	-17
<b>Medical/ Dental</b>	<b>206</b>	<b>208</b>	<b>2</b>	<b>0.7%</b>	<b>-5</b>
Consultants	39	40	1	2.5%	1
Registrars	74	73	-1	-1.1%	5
SHO/ Intern	35	36	1	3.4%	-6
Medical/ Dental other	59	59	0	0.4%	-6
<b>Nursing/ Midwifery</b>	<b>1,319</b>	<b>1,310</b>	<b>-10</b>	<b>-0.7%</b>	<b>-29</b>
Nurse/ Midwife Manager	239	241	3	1.2%	-11
Nurse/ Midwife Specialist & AN/MP	89	88	-1	-1.1%	8
Staff Nurse/ Staff Midwife	782	778	-4	-0.5%	-15
Public Health Nurse	193	192	-1	-0.5%	5
Nursing/ Midwifery Student	16	9	-7	-43.9%	-15
Staff Nurse, Mental Health (Pre Reg)	11	5	-7	-58.0%	-6
Student Public Health Nursing (PostReg)	4	4	0	0.0%	-9
Student Psychiatric Nursing (pre reg)	1	0	0	-76.0%	0
Nursing/ Midwifery other	2	2	0	0.0%	-1
<b>Health &amp; Social Care Professionals</b>	<b>520</b>	<b>525</b>	<b>6</b>	<b>1.1%</b>	<b>-16</b>
Therapy Professions	301	304	3	1.0%	-5
Health Science/ Diagnostics	28	28	0	1.1%	1
Social Care	48	50	2	4.1%	-4
Social Workers	58	58	0	0.7%	0
Psychologists	59	59	0	0.1%	-6
Pharmacy	5	5	0	-1.5%	0
H&SC, Other	21	21	0	1.1%	-3
<b>General Support</b>	<b>180</b>	<b>176</b>	<b>-4</b>	<b>-2.2%</b>	<b>-17</b>
Support	115	113	-2	-1.5%	-13
Maintenance/ Technical	65	63	-2	-3.3%	-4
<b>Patient &amp; Service User Care</b>	<b>1,425</b>	<b>1,465</b>	<b>40</b>	<b>2.8%</b>	<b>-29</b>
Health Care Assistants	824	821	-2	-0.3%	-33
Home Help	453	499	46	10.2%	19
Care, Other	148	144	-4	-2.5%	-14

Appendix 3

## Safeguarding and Protection Team Referrals in 2019

	Total	% TOTAL
<b>No of new referrals</b>	<b>628</b>	
Physical	169	22.93%
Sexual	35	4.75%
Psychological	201	27.27%
Financial	144	19.54%
Alleged neglect	111	15.06%
Self-neglect	77	10.45%
<b>Community referrals</b>	<b>392</b>	<b>62.42%</b>
<b>Service setting referrals</b>	<b>236</b>	<b>37.58%</b>
Galway	346	55.1%
Mayo	185	29.46%
Roscommon	97	15.45%
<b>Aged 18-64</b>	<b>247</b>	<b>39.33%</b>
<b>Over 65</b>	<b>381</b>	<b>60.67%</b>



## Appendix 4

## Capital Infrastructure

Facility	Project Details	Project Completion
Aras Attracta, Co Mayo	Decongregation plan for further 18 residents into homes in the community. 30 residents have now been relocated into homes in the community.	Q4 2019

Electronic copies of this document are freely available at [www.hse.ie/](http://www.hse.ie/)

Other publications which provide information on Primary Care, Older Persons' Services, Mental Health, Disability Services and Health and Wellbeing can also be found on the HSE Website: <http://www.hse.ie/eng/services/publications/>

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

**Community  
Healthcare West**  
serving Galway, Mayo  
and Roscommon