



Integrated Health Area Manager, Galway Roscommon

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Deputy Martin Daly, T.D.,  
Leinster House,  
Kildare St.,  
Dublin 2.

**RE: PQ 44766/25 - To ask the Minister for Health whether the Saolta University Health Care Group or the Clinical Director at Galway University Hospital has provided a rationale for the non-implementation of the one hospital, two sites maternity model between Galway and Portiuncula University Hospitals as recommended by the Walker report.**

Dear Deputy Daly,

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

The Walker service review of 2018 recommended the “*Need to establish a maternity network within SAOLTA allowing the sharing of expertise within the network to strengthen the operational resilience of the smaller units such as PUH and to enable such units to be supported so as to provide safe quality services.*”

The HSE West and North West has an established clinical network for Women’s and Children’s in 2019. This is a regional management structure under which clinical services are organised across the hospitals in the HSE West and North West Region. This includes Portiuncula University Hospital (PUH) and Galway University Hospital (GUH). The network is a shared governance structure that adopts a collaborative approach to delivering care, with hospitals and services collaborating to enhance quality and patient outcomes. A key focus of the network is on standardising care, improving access, advocating for resources, integrated care, and quality and patient safety. The network has worked closely with PUH in all aspects of clinical care since 2018 and joint processes have clearly been in place since that time.

An integrated Clinical Director model, one Clinical Director (CD) covering PUH and GUH, was in place from November 2021 until June 2024. The CD took a lead on integrated working across the two units through joint meetings, cross-site visits, education and training. The integrated CD model was recognised as a challenge from the outset. There were elements of risk due to the distance between the two units and the associated split of the Clinical Director’s time across both. It was not possible to maintain a Clinical Director presence on the PUH site for all of the week which left a vacuum in governance on the site. The model did not lend itself to consistent on the ground



leadership, and as a result gaps in governance emerged. Following prolonged consideration between the two sites, the Women's & Children's Managed Clinical and Academic Network (MCAN), and the Saolta Hospital Group Executive team, in August 2024, reverted to the model of having a Clinical Director on both sites.

I hope this clarifies the matter.

Yours sincerely,

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**Ann Cosgrove,**  
**Integrated Health Area Manager, Galway Roscommon,**  
**HSE West and North West.**