

# REGIONAL HEALTH FORUM WEST – 25<sup>th</sup> February 2014

## QUESTIONS AND RESPONSES

NUMBER	QUESTION	RAISED BY	Page No
W49Q1277	A&E Department - Mayo General Hospital?	Clr Seamus Weir	2
W49Q1278	Ambulance Response Time	Clr Liam Blaney	2
W49Q1279	Cancer Patients – Admissions to Oncology ward at Letterkenny General Hospital via A&E	Clr Liam Blaney	2
W49Q1280	Levels of Obesity – Community/Towns in Ireland	Clr Brian Meaney	2
W49Q1281	Intervention services for children aged 0-6 and 6-18 in Clare, Limerick and North Tipperary.	Clr Brian Meaney	3
W49Q1282	Repeat visits to A & E in the Hospitals in the Mid-West in 2013/2012.	Clr Brian Meaney	3-4
W49Q1283	Assessment of GP Surgeries	Clr Brian Meaney	4
W49Q1284	West Doc - Roscommon Town	Clr Paula McNamara	4
W49Q1285	Dermatology Clinic, Roscommon	Clr Paula McNamara	4
W49Q1286	Rheumatology Clinics, Mayo General Hospital	Clr Annie May Reape	4
W49Q1287	Discretionary Medical Cards	Clr Annie May Reape	4-5
W49Q1288	Waiting lists – Mayo General	Clr AF O'Malley	5
W49Q1289	Smoking inspectors, HSE West	Clr Tim Broderick	5
W49Q1290	HSE Public Relations (needs drafting)	Clr Tim Broderick	6
W49Q1291	Psychiatric services - UCHG after 5pm	Clr Tim Broderick	7
W49Q1292	Sacred Heart Hospital in Roscommon	Clr Laurence Fallon	7
W49Q1293	Secure psychiatric facility – HSE West	Clr Laurence Fallon	7
W49Q1294	HSE ambulance absenteeism & ambulance response times	Clr Laurence Fallon	7-8
W49Q1295	A&E, Portiuncula Hospital	Clr Laurence Fallon	8
W49Q1296	Stroke - Co. Roscommon	Clr Tony Ward	8
W49Q1297	Home Care Packages and Home Helps	Clr Tony Ward	9
W49Q1298	Co Roscommon to UHG for dialysis treatment	Clr Tony Ward	9
W49Q1299	Occupational therapist - Roscommon	Clr Tony Ward	9
W49Q1300	Elective procedures cancelled - UHG/Merlin Park	Clr Padraig Conneely	10
W49Q1301	Private Health Insurance Claims - UHG/Merlin Park	Clr Padraig Conneely	10
W49Q1302	Staff dismissals - UHG/Merlin Park	Clr Padraig Conneely	10
W49Q1303	UHG Car-parking and shop	Clr Padraig Conneely	10-11
W49Q1304	Corrandulla Health Centre	Clr Mary Hoade	11
W49Q1305	Length of waiting time - Orthodontist to treatment	Clr Mary Hoade	11
W49Q1306	Long term plans - ED Department, GUH	Clr Mary Hoade	11-12
W49Q1307	Ambulances at GUH and average response time	Clr Mary Hoade	12
W49Q1308	Psychiatry Services – UCH	Clr Shaun Cunniffe	12-13
W49Q1309	Psychiatric unit - Ballinasloe	Clr Shaun Cunniffe	13
W49Q1310	Children waiting to be assigned a social worker in the HSE WEST	Clr Shaun Cunniffe	13-14
W49Q1311	Number of social workers in post - HSE West	Clr Shaun Cunniffe	14
W49Q1312	Stroke unit - Sligo Regional Hospital	Clr Sean MacManus	14
W49Q1313	Staff survey - Letterkenny general hospital	Clr Michael McBride	14
W49Q1314	Staff - Letterkenny general hospital	Clr Michael McBride	14-15
W49Q1315	Internal audit - Letterkenny hospital	Clr Michael McBride	15
W49Q1316	Security - Acute Psychiatric Unit, Ennis	Clr Tom McNamara	15
W49Q1317	Psychiatric Intensive Care unit, HSE West	Clr Tom McNamara	15
W49Q1318	Nursing WTE, Clare Psychiatric Services	Clr Tom McNamara	15-16
W49Q1319	Alzheimers Unit, Unit 5, St. Joseph's Hospital Ennis	Clr Tom McNamara	16
W49Q1320	Áras Mhic Dara, Carraroe	Clr Catherine Connolly	16-17
W49Q1321	64 additional staff - 'Vision for Change'	Clr Catherine Connolly	17-19
W49Q1322	Private hospitals patients referred	Clr Catherine Connolly	19
W49Q1323	Alcohol Addiction Counselling Service	Clr Catherine Connolly	19
W49Q1324	Procurement policy - Letterkenny General Hospital	Clr Liam Blaney	20
W49Q1325	Procurement procedures - Letterkenny General	Clr Liam Blaney	20
W49Q1326	Mental health service North Tipperary	Clr John Carroll	20
W49Q1327	Number of Patients on Trolleys, Limerick Regional Hospital	Clr John Carroll	20-22
W49Q1328	HIQUA Inspections, Psychiatric Facilities Mid West Area.	Clr John Carroll	22-24

NUMBER	QUESTION	RAISED BY
W49Q1277	Could you clarify that there will be a continuation of the 24 hour care in the A&E Department of Mayo General Hospital?	Clr Seamus Weir
<b>HSE Reply</b> Mayo General Hospital is very busy Emergency Department and it is anticipated that there will be over 35,000 attendances in 2014. There are no plans to close the Emergency Department at Mayo General Hospital. <b>Bill Maher, CEO, WNWHG</b>		
W49Q1278	Could I get an explanation regarding the length of time it took for an Ambulance to arrive at the scene of an accident recently in Bunrana where an elderly lady was knocked down by a car?	Clr Liam Blaney
<b>HSE Reply</b> The HSE is not in a position to give details on individual calls. However the service had a full compliment of crews on duty on the day and the nearest available resource was assigned to the call. <b>Paudie O Riordan, Area Operations Manager, National Ambulance Service West</b>		
W49Q1279	Why do patients who suffer from cancer and present at A&E have to wait several hours on trolleys in the corridors before being admitted to Oncology ward at Letterkenny General Hospital.	Clr Liam Blaney
<b>HSE Reply</b> The present arrangements for Haematology/Oncology patients who are receiving cytotoxic chemotherapy have been put in place to ensure these patients receive the best and safest clinical care possible. The patients are informed before they commence their treatment that in the event of them becoming ill, the arrangements are that from 9 a.m. – 5 pm Monday - Friday they can contact staff on the Haematology/Oncology Day Ward who will triage the patient and, if after the assessment, the patient has to attend the hospital they will then be asked to attend either the Haematology/Oncology Day Ward or the Emergency Department. Some patients do not need to attend the hospital and therefore a trip to the hospital may be prevented through the telephone triage process. Patients are also made aware that out of hours (when the Haematology/Oncology Day Ward is closed) they may avail of a nurse triage service by contacting the Haematology/Oncology In-Patient Ward and, depending on the medical advice they receive, they may be required to present at the Emergency Department.  In a hospital the size of Letterkenny General it is not always possible to provide dedicated Non-Consultant Hospital Doctor (NCHD) 24 hour on-call cover for smaller specialties such as Haematology and Oncology. The out of hours Service is provided by the General Medical on-call team who have access to a Consultant Haematologist and Consultant Oncologist for specialist advice and to attend the patient if necessary. These teams deal with all medical patients in the Emergency Department including the Haematology/Oncology patients. They prioritise patients based on the triage system dealing with the most urgent patients first.  Out of hours Oncology patients are sent to the Emergency Department where they are triaged promptly by a Doctor and Nurse who can decide what treatment is required and will request a bed if necessary <b>Bill Maher, CEO, WNWHG</b>		
W49Q1280	Have the HSE the statistical data or access to data that could enable identification of the fattest community or town in Ireland? In many countries health authorities use this metric to highlight the obesity epidemic and could be a powerful means of influencing behaviour. <a href="http://www.independent.co.uk/news/uk/home-news/englands-fattest-areas-revealed-in-shocking-data-that-shows-more-than-threequarters-of-people-in-some-areas-are-overweight-or-obese-9107487.html">http://www.independent.co.uk/news/uk/home-news/englands-fattest-areas-revealed-in-shocking-data-that-shows-more-than-threequarters-of-people-in-some-areas-are-overweight-or-obese-9107487.html</a>	Clr Brian Meaney
<b>HSE Reply</b> The HSE have access to data which enables them to assess obesity levels across the country, however, this information is not collated in the format that the Councillor is seeking on a town/village level. If members are in agreement, Ms Adrienne Lynam, National Task Force on Obesity, is happy attend the upcoming Forum Committee in April, where she can provide more detailed information to members.		

<b>W49Q1281</b>	I wish to receive the following information concerning intervention services for children aged 0-6 and 6-18 in Clare, Limerick and North Tipperary. The amount of expenditure of intervention services for children aged 0-6 and 6-18 in each county in 2012 and 2013. A breakdown of the full-time and part time staff in this service in each county in 2013. A breakdown of the vacancies and unfilled posts in this service in each county in 2013. The total number of children in each category 0-6 and 6-18 who have a disability in each county in 2012 and 2013. The average amount of time spent on completing reports and assessments for the 2005 Disability Act and Assessment of Need process in each county in 2013. The average and total amount of therapy hours delivered by therapists in each county in 2013.	<b>Cllr Brian Meaney</b>
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**HSE Reply**

I regret that I am unable to give a final and complete response to the Forum at this time. Whilst I appreciate the question set down was due for response by Friday 21<sup>st</sup> February, it requires the provision of detailed information, manual investigations and administrative input and I am sure you will appreciate that it is essential that this level of analysis is conducted thoroughly.

I will endeavour to have a completed response to Cllr. Meaney by no later than Friday, 28<sup>th</sup> February 2014.

*Bernard Gloster, Area Manager, MW PCCC*

<b>W49Q1282</b>	I request a breakdown of the number of repeat visits to A & E in the Hospitals in the Mid-West in 2013/2012. What is the highest number of repeat visits by one individual at each A&E? What is the average number of repeat visits at each A&E? Is it possible to produce a table ordered to show the numbers of repeat visits and the amount of individuals involved?	<b>Cllr Brian Meaney</b>
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**HSE Reply**

**2012**

Number of Repeat Attendances in 2012 in University Hospital Limerick	Number of patients
2	6643
3	1982
4	651
5	277
6	157
7	78
8	41
9	29
10	15
11	14
12	5
> 12	20

**2013**

Number of Repeat Attendances in 2013 in University Hospital Limerick	Number of patients
2	6551
3	4329
4	632
5	264
6	117
7	64
8	44
9	23

10	12
11	11
12	3
> 12	21

**Ann Doherty, CEO, UHL**

<b>W49Q1283</b>	Noting the experience in Britain in an assessment of GP Surgeries <a href="http://www.bbc.co.uk/news/health-25337908">http://www.bbc.co.uk/news/health-25337908</a> Have any similar assessments been undertaken in Ireland? Is there a body charged with oversight in this regard.	<b>Cllr Brian Meaney</b>
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**HSE Reply**

Response not available at time of printing.

**National Contracts Office**

<b>W49Q1284</b>	When will there be a permanent base for West Doc in Roscommon Town? The present premises at the Primary Care Centre is totally unsuitable. The premises is locked in the evening time and people cannot get in as there is no bell to ring. A specifically designated new premises is urgently needed.	<b>Cllr Paula McNamara</b>
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**HSE Reply**

Westdoc is currently located in the Primary Care Centre which is locked at night for security reasons. As a rule, patients attend by appointment. In addition, a doorbell is currently being installed further to facilitate patient access. Options are currently being explored within the Sacred Heart Hospital with regard to the feasibility of developing a Treatment Centre in that location.

**Catherine Cunningham, Area Manager, Galway Roscommon PCCC**

<b>W49Q1285</b>	When will the Dermatology Clinic be up and running in Roscommon? Two years ago we were told by Mr Maher that we would have the dermatology clinic returned to Roscommon. This clinic is urgently needed as large numbers of patients have to travel to Galway for treatment.	<b>Cllr Paula McNamara</b>
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**HSE Reply**

Historically, there was no full time Dermatology Consultant based at Roscommon Hospital & Outpatient clinics were provided by a visiting consultant from Galway.

We are currently in the process of recruiting a Consultant and are experiencing difficulties with this recruitment. The provision of the service at Roscommon is dependent on us being successful. The recommencement of the Dermatology Service remains part of our plans.

**Bill Maher, CEO, WNWHG**

<b>W49Q1286</b>	Can you explain the reason for delay in the commencement of Rheumatology Clinics at Mayo General Hospital - people are waiting for so long for this service and cannot understand the delay. Will it commence in the near future?	<b>Cllr Annie May Reape</b>
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**HSE Reply**

Galway and Sligo Rheumatologists are currently working on a plan to develop Rheumatology services across the group. This plan will help to ensure optimal use of resources and personnel around the region.

**Bill Maher, CEO, WNWHG**

<b>W49Q1287</b>	What changes have been made in the criteria for granting Discretionary Medical Cards -people who have had them for years are gradually losing them - they were granted on Discretionary grounds. What has changed the system?	<b>Cllr Annie May Reape</b>
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**HSE Reply**

Response not available at time of printing.

**PCRS**

**W49Q1288**

Is there a 38% increase in the waiting list (inpatient/day cases) in Mayo General and can you confirm is it correct that there is a 53% increase in waiting for more than six months for procedures they need?

**ClIr Austin Francis O'Malley**

**HSE Reply**

Mayo General Hospital, along with all other hospitals in the group, achieved the national waiting list target for adults on 31<sup>st</sup> December 2013. This meant that no adult was waiting for an inpatient or day case procedure for longer the 8 months. No child was waiting for longer than 20 weeks. And no patient was waiting for longer than 13 weeks for an endoscopy procedure.

**Bill Maher, CEO, WNWHG**

**W49Q1289**

How many smoking inspectors are there in HSE West? How many smoking area engineers/technicians are there in the same area? Is there a difference between the two posts and if so what is it? How many call outs would the technicians do on average in a week, if they are different than the inspectors?

**ClIr Tim Broderick**

**HSE Reply**

Environmental Health Officers are employed by the Health Service Executive. The work of the Environmental Health Office (EHO) is varied and much of it is concerned with the enforcement of regulations. Probably best known for its involvement in Food Safety legislation, other areas of work the Environmental Health Service is responsible for include the enforcement of Cosmetic Products Regulations, Drinking Water Regulations, Infectious Disease Regulations and Tobacco Control Laws, the latter of which includes the "smokefree" at work legislation.

The majority of tobacco control inspections are carried out alongside food control inspections so as to ensure value for money and as such the frequency of such inspections may be determined by other work scheduling. Consequently there is not a standard tobacco control inspection frequency for such inspections.

While many of the 122 EHO's employed in HSE West would carry out inspections under the Public Health (Tobacco) Acts, a WTE equivalent of approximately 8 is associated with this area of work. The post of "smoking engineer" or "smoking technician" does not exist within the HSE and as such the question as to the difference between these two posts does not arise.

The number of inspections for the last three years in HSE West, under the "smokefree" provisions of the Public Health (Tobacco) Act as amended, is outlined in the table below:

**Number of Smokefree inspections HSE West**

Year	HSE West Smokefree Inspections
2011	7,170
2012	7,089
2013	6,489

Frequency of tobacco control inspection is determined by a number of factors. In recent years inspections of premises about which complaints have been received and inspections of hospitality premises with an outdoor area/smoking shelter are prioritised, in accordance with the Environmental Health Service business plan. Likewise, inspections regarding compliance with S.45 of the Public Health (Tobacco) Acts as amended i.e. the sale of tobacco products to minors are prioritised.

Priority is also afforded to inspections of premises where there is evidence of non-compliance e.g. complaints, failure to comply with previous advice or written notices or failure to register under Section 37 of the Public Health (Tobacco) Acts

**Maurice Mulcahy, Environmental Health Office**

<b>W49Q1290</b>	Do the HSE ( <i>County/Region/Country</i> ) use an outside PR company? If so please name them and also the cost of them for the years 2012 and 2013? Does the HSE also have a PR department internally?	<b>Cllr Tim Broderick</b>
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**HSE Reply**

The HSE West does not have a contract with external communications providers; HSE West communications is provided from an in-house service that covers 10 counties (Donegal, Sligo, Leitrim, West Cavan, Mayo, Roscommon, Galway, Clare, North Tipperary and Limerick).

The Communications Directorate provides a wide range of services including but not limited

- Media relations – ensuring media queries from 100+ local, regional, national and professional media outlets are answered accurately and as swiftly as possible, reflecting existing communications and data protection policies
- Issuing press releases and media briefings
- Arranging appropriate media interviews and providing preparation and briefing support to interviewees
- Managing communications in the event of a crisis, serious incident or major emergency
- Editing and producing internal newsletters for staff
- Editing and producing patient information leaflets, booklets, posters and other corporate literature and publications
- Providing communications support and content for the HSE website
- Advising and supporting the roll out of the HSE Digital Media Strategy
- Providing communications training to HSE staff
- Video production and content generation for new media channels
- Organising press launches/conferences and photo calls
- Proactively sourcing and promoting service developments and new health initiatives
- Providing communications support to over 20,000 staff across the HSE West
- Monitor print, broadcast and social media and respond as appropriate
- Provide a support and advisory service to HSE staff on a wide range of communications issues on a daily basis
- Develop and implement communications strategies and stakeholder engagement plans for a range of service initiatives and developments.

**Gerry O’Neill, RDPI West**

**WEST / NORTH WEST HOSPITAL GROUP - COMMUNICATIONS DEPT**

Since 01 June 2012, the West / North West Hospitals Group has contracted Setanta Communications to provide the following services for the Hospital Group (initially for the Galway and Roscommon University Hospitals Group and since the end of July 2013, for the enlarged West / North West Hospitals Group):

- Provision of media and public relations strategic advisory services to the senior management at the Hospital Group;
- Advice on the development of communications materials;
- Liaison with relevant external bodies on key media and public relations issues;
- Availability of senior staff on a 365 crisis-readiness basis to hospital management and availability as a media contact point for the Group on critical issues; and
- Provision of out of hours and weekend cover for the Group and all of its constituent hospitals.

Costs for 2012 €25,816 and Costs for 2013 €73,185

The HSE West Communications office has allocated one person to work for two days a week for the West / North West Hospitals Group. This is not sufficient to cover the media requirements for a group of hospitals that extends from Donegal to Galway.

The West / North West Hospitals Groups is made up of the following hospitals: Galway University Hospitals (University Hospital Galway and Merlin Park University Hospital), Portiuncula Hospital Ballinasloe, Roscommon Hospital, Mayo General Hospital, Sligo Regional Hospital and Letterkenny General Hospital.

**Bill Maher, CEO, WNWGH**

**UNIVERSITY HOSPITALS LIMERICK** does not have a contract with external communications providers.

**Ann Doherty, CEO, UHL**

<b>W49Q1291</b>	Can I be informed of the wait time of a psychiatric patient who presents themselves at UCHG after 5pm? And the difference between that and before 5pm? Is there a separate/segregated area in the A&E for psychiatric and general admission?	<b>Cllr Tim Broderick</b>
<p><b>HSE Reply</b></p> <p>The wait time for psychiatric patients that present to the Emergency Department (ED) is variable. During the day patients are triaged and if they have purely psychiatric issues and no other medical problems they are referred to the Psychiatric Nurse Practitioner in ED. Some patients go to the Psychiatric Day Ward directly, which is part of the Acute Mental Health Services .However If a psychiatric patient also has potential medical problems (for example, overdose or trauma), they stay in the ED for treatment.</p> <p>After 5pm, psychiatric patients are seen by the Psychiatric Non Consultant Hospital Doctor on call in the ED. Psychiatric patients are not segregated from general admissions in the ED but we have one closed interview room which is used for the assessment of psychotic patients, as needed.</p> <p><b>Bill Maher, CEO, WNWHG</b></p>		
<b>W49Q1292</b>	Could the HSE provide an update on the timeframe for the refurbishment of the Sacred Heart Hospital in Roscommon to bring it to a standard that will comply with HIQA requirements by 2015; and what number of beds are planned for in the refurbishment of the facility?	<b>Cllr Laurence Fallon</b>
<p><b>HSE Reply</b></p> <p>Owing to the size of the Sacred Heart Hospital, there are issues arising in relation to reaching compliance with HIQA standards. The matter is currently under review in conjunction with the Estates Dept with a view to developing a refurbishment plan for the facility to ensure compliance with HIQA standards.</p> <p><b>Catherine Cunningham, Area Manager, Galway Roscommon PCCC</b></p>		
<b>W49Q1293</b>	In response to previous questions the former Director of Operations for the HSE West, John Hennessy, announced a timeframe for the establishment of a secure psychiatric facility in the region which he said would be in place by December 2013. What is the current position with the establishment of such a secure unit to cater for those seriously ill, high dependency patients in relation to location and a timeframe for opening?	<b>Cllr Laurence Fallon</b>
<p><b>HSE Reply</b></p> <p><i>Response not available at time of printing.</i></p>		
<b>W49Q1294</b>	The HSE declared that the closure of the A&E Dept. at Roscommon County Hospital would have no negative impact on patient safety because an adequate ambulance service would replace the A&E in order to transfer patients to other hospitals. In light of the ongoing concerns being expressed from a variety of sources: what is the rate of absenteeism for HSE ambulance staff for the years 2011, 2012 and 2013; and can the HSE provide details of ambulance response times for the years 2011, 2012 and 2013?	<b>Cllr Laurence Fallon</b>
<p><b>HSE Reply</b></p> <p>The rate of absenteeism with the ambulance service is as follows:</p> <p>2011 – Average 6%</p> <p>2012 – Average 6%</p> <p>2013 – Average 5.5%</p> <p>With respect to the response times the average response times for across the area for emergency within the HIQA time of less than 20mins is as follows:</p> <p>2011 – Average 57%</p> <p>2012 – Average 60%</p> <p>2013 – Average 62 %</p>		

However it is important to point out that the performance of the ambulance services not measured by response times alone but primarily patient outcomes. The service across the region responds almost 60,000 emergency calls annually. Since 2011 there have been significant improvements within the service that has allowed for improved pre hospital patient care being provided by the ambulance and better utilisation of resources.

- The Intermediate Care Service is now an essential part of how the NAS is modernising, organising and delivering ambulance services by using available resources to their full potential. The service is aimed at providing patient transfers and is freeing up frontline emergency ambulances to focus on urgent responses. For example in the Midwest in 2012; 370 patient transfers were carried out by emergency response ambulance crews. In Dec 2013 there were more than 550 transfers but less than 50 were carried out by frontline ambulances. This is because the Intermediate Care Service has taken on this role and has freed up the front line staff to respond to more urgent requests in a more timely way.
- An Aeromedical service has been introduced in co-operation with the Department of Defence and is based in Custume Barracks. The Air Ambulance has undertaken over 900 calls in the last 12 months average 2 to 5 calls per day across the country for patients with acute pre hospital conditions and is part of the ongoing development of the NAS. This has allowed for speedier access to the appropriate facility and allows ambulance crews to remain in the area.
- The introduction of the national Cardiac Program where a particular type of cardiac condition once assessed by a paramedic can be brought directly to the Cardiac centre in Galway and Limerick across the region

**Paudie O Riordan, Area Operations Manager, National Ambulance Service West**

<b>W49Q1295</b>	To ask the HSE what steps are being taken to tackle the high numbers of patients waiting on trolleys in A&E in Portiuncula Hospital and can the HSE provide an assurance that these unacceptable conditions will not continue?	<b>Clr Laurence Fallon</b>
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**HSE Reply**

Portiuncula Hospital is experiencing an increase in the number of patients attending its Emergency Department which is reflective of the national trend. The total number of patients attending the Emergency Department in January 2014 was 2042 patients. This was a 3.97% increase on the same period in 2013.

The hospital continues to strive towards improving the patient experience times and meeting the national targets in our Emergency Department. The data below demonstrates that the patient waiting times from time of registration, to decision to admit has improved in January 2014. 75% of all patients were seen and admitted within 6 hours when compared with the same period in 2013. In January 2014, 98% of all other patients were seen and discharged within the 9 hour target.

Time of Registration to time of Admission (January 2013 v January 2014)

	<b>2013</b>	<b>2014</b>
<i>0 – 6 Hrs</i>	65.5%	75% (Improvement of 4.5%)

The hospital has introduced a number of initiatives to support and reduce patient waiting times in the Emergency Department.

- In March 2013, the hospital opened an Acute Medical Assessment Unit for rapid access of acute medical patients alleviating pressures in the Emergency Department.
- The Emergency Department has been further supported by the appointment of an Advanced Nurse Practitioner.

Multi-disciplinary Patient Flow Discharge Planning meetings are held twice daily to support bed management and proactive discharging.

**Bill Maher, CEO, WNWHG**

<b>W49Q1296</b>	Can the HSE Executive inform the Members of the Forum as to how many people have suffered from a stroke in Co. Roscommon during the years 2012 and 2013?	<b>Clr Tony Ward</b>
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**HSE Reply**

Response not available at time of printing.

We will endeavour to provide the best response we can and it would be helpful if Clr Ward could be more specific about his requirements.

**Bill Maher, CEO, WNWHG**

<b>W49Q1297</b>	Can the HSE Executive inform the Members of the Forum of the number of Home Care Packages and Home Helps Hours provided to older people in Co. Roscommon during the years 2010, 2011, 2012 and 2013?	<b>Cllr Tony Ward</b>
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**HSE Reply**

**2010**

No of Home help hours was 204,432

No of Home Care packages was 188

**2011**

No of Home help hours is 219,810

No of Home Care packages 229

**2012**

No of Home help hours is 218,132

No of Home Care packages in place at end of yr 228

**2013**

No of Home help hours is 217,164

No of Home Care packages in place at end of yr 234

*Catherine Cunningham, Area Manager, Galway Roscommon PCCC*

<b>W49Q1298</b>	Can the HSE Executive inform the Members of the Forum as to how many patients from Co Roscommon had to travel to UHG for dialysis treatment during 2011, 2012 and 2013?	<b>Cllr Tony Ward</b>
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**HSE Reply**

The numbers of patients from Co. Roscommon attending UHG for the past 3 years are below. It should be noted that a refurbished Dialysis Unit was recently opened in Mayo General Hospital in December which further enhances the service for dialysis patients in the West / North West Hospitals Group.

<b>Dialysis Unit</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>
University Hospital Galway	6	6	7
Wellstone Dialysis	5	3	5
<b>Total for Year</b>	11	9	12

*Bill Maher, CEO, WNWGH*

<b>W49Q1299</b>	Can the HSE Executive inform the Members of the Forum as to the number of children currently on the waiting list for an appointment to see an occupational therapist in the South Roscommon area and also the rest of Co Roscommon?	<b>Cllr Tony Ward</b>
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**HSE Reply**

The paediatric waiting list at 31 Jan 2014 was:

North Roscommon – 66 children waiting

South Roscommon - 45 children waiting

Waiting Lists continue to be addressed through the following measures:

- Provision of reports by request only which reduces the amount of clinical time spent on clerical tasks
- Extending the number of treatment sessions provided to each child to eliminate the requirement for automatic reviews,

<p>making more efficient use of clinical time. Reviews continue to be carried out where deemed necessary and on request from parents.</p> <ul style="list-style-type: none"> <li>• An increased emphasis on home-based programmes and the role of the parent in practicing skills, facilitating earlier discharge.</li> <li>• Increase in centralised clinics and reduction in domiciliary visits</li> </ul> <p><b>Catherine Cunningham, Area Manager, Galway Roscommon PCCC</b></p>		
<b>W49Q1300</b>	How many elective procedures were cancelled in UHG/Merlin Park in 2013 and the reason for same?	<b>Cllr Pdraig Conneely</b>
<p><b>HSE Reply</b></p> <p>In 2013, GUH carried out 38,482 inpatient procedures and met the SDU waiting list target that no adult waited more than 8 months for a procedure and no child waited more than 20 weeks and all scopes were carried out within 13 weeks.</p> <p>1158 elective inpatient procedures were deferred by the hospital in 2013 for a variety of reasons including: cancelled/deferred by the consultant as a clinical decision, no bed available or no theatre available. In addition 309 procedures were deferred/cancelled by patients for reasons including not clinically fit or by request of a guardian/parent. To put this into context cancellations represent approximately 3% of the total number of inpatient procedures carried out.</p> <p>There were 81,580 day case procedures carried out by GUH in 2013 and again, the hospital met the SDU waiting list target for day cases.</p> <p>2699 elective day case procedures were deferred by patients in 2013 – of this number 991 failed to attend and 1700 were deferred by request of a guardian/parent. 2178 elective day case procedures were deferred by the hospital in 2013 and the main reason (1601) being based on a deferral by a consultant as a clinical decision.</p> <p>It is notable that more day case procedures were deferred by the patient rather than by the hospital. The total number of hospital deferrals represents approximately 2.5% of all day case procedures.</p> <p><b>Bill Maher, CEO, WNWGH</b></p>		
<b>W49Q1301</b>	How many Consultants have not signed off on claims for Private Health Insurance to be claimed for UHG/Merlin Park and how much is outstanding for same and can the Consultants be named?	<b>Cllr Pdraig Conneely</b>
<p><b>HSE Reply</b></p> <p>All claims up to 31 December 2012 have been signed off by Consultants and submitted to the Insurance companies and the hospital is dealing with all 2013 claims at present.</p> <p>For data protection reasons, we do not name specific Consultants in relation to the processing of claims.</p> <p><b>Bill Maher, CEO, WNWGH</b></p>		
<b>W49Q1302</b>	How many staff were dismissed by the HSE in 2013 in UHG/Merlin Park and for what reason? How many are on appeal and are they still being paid by the HSE?	<b>Cllr Pdraig Conneely</b>
<p><b>HSE Reply</b></p> <p>This is an employment matter and as such is outside the remit of the Regional Health Forum.</p> <p><b>Bill Maher, CEO, WNWGH</b></p>		
<b>W49Q1303</b>	What is the income for UHG Car-parking and what is the income from the shop at UHG? And the cost to administer both and where does this income go?	<b>Cllr Pdraig Conneely</b>

<p><b>HSE Reply</b></p> <p>We are currently going out to tender on the shop and the information is thus commercially sensitive. Parking is going to tender in the next few months and the same rationale would apply to the figures. The administration costs are not material and form part of the normal work of the Finance Department. The income forms part of the hospital budget.</p> <p><b>Bill Maher, CEO, WNWHG</b></p>		
<p><b>W49Q1304</b></p>	<p>Can you confirm to me the up to date position with the Corrandulla Health Centre? Has the money been secured for the refurbishment of this centre? When is it likely to re-open? This health centre services a large catchment area and there is an urgent need to have it re-opened.</p>	<p><b>Cllr Mary Hoade</b></p>
<p><b>HSE Reply</b></p> <p>An application has been made to the HSE Estates Dept for funding for refurbishment of this Health Centre and a plan for the work has been agreed. We await confirmation, from national level, as to whether funding is being allocated and intend to commence the work once funding is received.</p> <p><b>Catherine Cunningham, Area Manager, Galway Roscommon PCCC</b></p>		
<p><b>W49Q1305</b></p>	<p>Can you confirm the length of waiting time from when someone is seen by an Orthodontist to when treatment begins? Are all patients who go on the list seen for an initial assessment within one year?</p>	<p><b>Cllr Mary Hoade</b></p>
<p><b>HSE Reply</b></p> <p>Assessment waiting list now down to 6 months and on a reducing trend. Treatment waiting list is currently 3 years.</p> <p><b>Bill Maher, CEO, WNWHG</b></p>		
<p><b>W49Q1306</b></p>	<p>E.D. department in UCHG has been under extreme pressure for the month of January with a lot of elective surgery cancelled. This ED Department was built to cater for 100 patients, during the month of January there was almost 250 patients presenting. What are the long term plans for the ED Department in GUH? There is a proposal to close St. Rita's ward while the construction of the new unit for the extra 75 beds is taking place, where do you propose to accommodate the patients that are going to be moved from St. Rita's?</p>	<p><b>Cllr Mary Hoade</b></p>
<p><b>HSE Reply</b></p> <p>One of the priorities of the Hospital Group when it was set up on 09 January 2012 was to improve access to the hospital for patients. For many people their journey to hospital starts in the Emergency Department (ED) and it has been an area where we have concentrated efforts in the past two years to reduce the length of time patients wait once a decision has been made to admit them to the hospital.</p> <p>We have decreased the trolley waits despite a significant increase in ED admissions: in 2011, 6544 patients waited on trolleys; in 2012 the figure was 4193; and in 2013 the figure was 3907 for combined ED and ward trolleys (source: IMNO website trolley watch figures).</p> <p>Specific actions taken at Galway University Hospitals since 2012 include extending the opening times of the Acute Medical Unit to 24 hours and opening a 32 bed short stay medical unit. We appointed two new patient co-ordinators (medicine and surgery) and a permanent discharge co-ordinator to ensure that patients get into hospital as quickly as possible. A number of Advanced Nurse Practitioners (ANP) have been appointed to the ED to provide a minor injury treatment service to diagnose and treat for example, cuts, bites, sprains and minor burns to wrists, arms or legs. We will be extending this to a 7 day service available from 7.30am to 8.30pm in the near future.</p>		

Our priority at all times is to ensure that patients are kept as comfortable and safe as possible while waiting for a bed. There is a very strong commitment from all staff at all levels within the hospital to ensure patient care is provided in the most appropriate setting. We are supported in our efforts by our colleagues in the Primary Care Teams, Community Nursing Units, District Hospitals and private Nursing Homes in ensuring the hospital functions as efficiently as possible by facilitating timely discharge and where appropriate the avoidance of hospital admission.

We are continuing to use all of our resources to ensure patients are transferred in a timely way from the ED to a ward once the decision to admit a patient to the hospital has been made. We will be focusing on improved discharge planning across all areas in the hospital which will improve our ability to transfer patients from the ED to the ward within the national standards.

We have reviewed the bed usage and assigned beds specifically for medicine (including oncology) and surgery use.

While we are improving processes we recognise that we have capacity issues that also need to be addressed. Work on the new 75 bed ward block is due to commence this year and this will help with capacity. Also, we recognise the infrastructural deficits of our current Emergency Department which was designed for a lesser throughput of patient's. A Cost Benefit Analysis is currently under way for submission to the National Capital Steering Group to replace the existing ED in GUH. Options are currently being examined in relation to management of services when St Rita's is unavailable to facilitate the construction of the new 75 bed ward block.

**Bill Maher, CEO, WNWHG**

**W49Q1307**

Can you confirm how many ambulances operate out of GUH and what is the average response time for an ambulance to be sent to within a 20 mile radius of GUH?

**Cllr Mary Hoade**

**HSE Reply**

On a daily basis there are three (3) ambulances operating out of the ambulance base Galway city and two (2) at night. The policy within the ambulance service nationally is to manage its resources on a dynamic basis and crews can be deployed on a area or inter area basis to ensure that optimum cover is provided across the region and the area. The ambulance service operates this process on a national basis. Ambulance control is responsible to manage the resources across the region and move crews within the area or assist or seek assistance from other areas.

I am not in a position to give the data as to the response average response times out of Galway city but within the area on average 62% of the calls are responded to within 20 mins.

**Paudie O'Riordan, Area Operations Manager, National Ambulance Service West**

**W49Q1308**

Having received many accounts from patients, families, consultants and other care professionals of seriously sub-standard conditions that psychiatric patients have to endure in the UCHG from a structural, hygiene and health & Safety perspective, can our CEO, Mr Bill Maher please inspect this unit personally, as it is a matter of great concern to me and report to the forum on whether he is satisfied with the current conditions and believes that they are appropriate?

**Cllr Shaun Cunniffe**

**HSE Reply**

The Acute Psychiatric Unit in UCHG has a complement of 45 beds and will provide acute in-patient care until such time as the new 50 bedded unit is built. The new unit is scheduled to open in 2015, with the first sod to be turned shortly on this development.

Given the recent exceptionally high winds (highest on record) and storm damage that has ravaged the west of Ireland the HSE is reviewing many properties for leaks and damage. The roof in the Acute Psychiatric Unit (GUH) has been examined and there was minimal repair to be undertaken. There was a single water drop that was affecting one location and it occurred only with specific wind direction. This repair was carried out 10 days and the unit is fully functioning.

All showers are working and there are no water issues. Staff have requested that one bathroom be converted to a shower room to suit patient needs and this work is currently ongoing.

The HSE is satisfied that all work necessary is being undertaken to ensure that conditions for patients and staff are appropriate.  
**Catherine Cunningham, Area Manager, Galway Roscommon PCCC**

**W49Q1309**

Can I please have copies of plans and images of the as yet vacant state of the art inpatient psychiatric unit in Ballinasloe and can I ask our CEO Mr Bill Maher if he believes that this state of the art, purpose built facility would be more suitable than the current unit in UCHG?

**Cllr Shaun Cunniffe**

**HSE Reply**

An Acute Bed Review was carried out by specialists in Mental Health services working to criteria developed in consultation with Clinical Directors, consultants and Nursing Management. The reconfiguration decisions arising from this review will maintain 45 acute inpatient beds in Galway city until the new unit is built and 22 acute inpatient beds in Roscommon; giving a total of 67 acute beds. The existing unit in Ballinasloe will cease to provide acute inpatients beds on a phased basis, the first phase is completed and the second phase was completed on 17<sup>th</sup> February 2014. When the new 50 bed unit opens in GUH next year (first sod to be turned shortly) it will bring the capacity up to 72 beds (these will include 15 new specialist beds), including beds for eating disorders, psychiatry of later life and mental health intellectual disability. Vision for Change highlights the need for a close observation unit attached to the acute unit for acute difficult to manage behaviour and there is no such unit available in Ballinasloe. In addition, the Unit at UCHG is more suitable for the delivery of acute in-patient care than Ballinasloe or Merlin Park Hospital Campus as it has immediate access to a 24 hour medical response team on site who can respond within minutes if a patient has life threatening injuries such as severe blood loss or compromised breathing.

An amount of circa €3million has been invested in Ballinasloe not as a purpose built facility but to ensure that community based mental health services are delivered effectively. This is part of a planned investment programme that provides for transitional facilities for mental health services in Ballinasloe. The accommodation has been developed with flexibility in mind to meet the reconfiguration needs of mental health services, as they emerge, in moving from institutional based services at St Bridget's hospital to community based services. The mix of large and smaller rooms currently identified as multi-bedded and therapy spaces at the 'Admission building' will over time provide facilities for a range of Community Mental Health Team requirements, as it transitions to the community service model. The facilities improvement also addresses the need for essential building upgrade at the premises, for its continued use by patients and staff in Ballinasloe.

The mental health campus in Ballinasloe will continue to deliver a wide range of services including a 16 bed psychiatry of later life unit; the Community Mental Health base for Mental Health of Older persons and the day facilities for Mental Health and Intellectual Disability Services.

This reconfiguration of mental health services is a major investment in jobs and facilities in Galway and Roscommon; with an additional 44 permanent staff posts at a cost of €2.6m; the reconfiguration is purely based on improving outcomes for patients. The HSE will continue to work with service users, GPs, staff and their representatives to ensure that patients in Galway Roscommon have access to the best mental health services available.

**Catherine Cunningham, Area Manager, Galway Roscommon PCCC**

**W49Q1310**

Given the latest criticisms unveiled in reports by the National Review Panel into the lack of care for children whose deaths occurred in State Care, State after care or while known to the HSE, can I be advised of the current number of children who are waiting to be assigned a social worker in the HSE WEST, broken down by area and for how long are they waiting and also the number of referral cases who have not yet been evaluated, again by area?

**Cllr Shaun Cunniffe**

**HSE Reply**

As at the 31st December 2013 the current number of children in care who are awaiting to be assigned a social worker in the Tusla West region ( HSE West) is as follows:

as at 31st December 2013	Donegal	SLWC	Mayo	Galway	Roscommon	Limerick	Clare	Nrt Tipp	WEST Region
Number of Children in Care	185	84	138	318	136	305	170	142	1,478
Number of Children in Care with an Allocated Social Worker	185	84	138	267	134	264	170	103	1,345
%	100.0%	100.0%	100.0%	84.0%	98.5%	86.6%	100.0%	72.5%	91.0%

Source: C&F Metrics, West Region, December 2013 (at 31st December 2013)

- The number of referral cases who have not yet been evaluated.

In relation to referrals, 10,128 were received across the West Region during 2013, and all referrals have been evaluated. All referrals are subject to Screening and Preliminary Enquiries in line with Children First National Guidance for the protection and Welfare of Children 2011.

**John Smyth, Child and Family Services**

<b>W49Q1311</b>	Can I be advised of the number of social workers presently in post in the HSE West and how many vacancies now exist and how long have these vacancies existed?	<b>Cllr Shaun Cunniffe</b>
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**HSE Reply**

There are presently 546 Social Workers in post in HSE West. Details of current vacancies for the entire Area West are being collated.

Vacancies are filled in the context of service developments, approvals, available wholetime equivalents and budgets.

**Francis Rogers, Asst National Director, Human Resources**

<b>W49Q1312</b>	To ask if any plans have been formulated or are in the process of preparation for the development of a dedicated stroke unit at Sligo Regional Hospital?	<b>Cllr Sean MacManus</b>
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**HSE Reply**

Sligo Regional hospital (SRH) has 12 dedicated inpatient beds for stroke care which have been in place now for a number of years. Additionally this service is supported by a multidisciplinary team including a clinical nurse specialist and other staff.

The clinical lead for stroke care is Dr Paula Hickey, who is a Consultant Geriatrician with a special interest in stroke care. In accordance with best practice, Sligo Regional Hospital already provides a thrombolysis service for patients who meet the clinical criteria. In addition, a dedicated Rehabilitation Unit is operational in St John's Hospital, which is in close proximity to SRH (under the clinical governance of the Stoke Team).

In the continued implementation of the Stroke National Clinical Programme, a dedicated Stroke Physiotherapist has just taken up post which will further enhance the service. A second Consultant Neurologist (expected to take up post in coming months) and additional Consultant Geriatrician will also further augment the Multidisciplinary team in Stroke care provision.

**Bill Maher, CEO, WNWHG**

<b>W49Q1313</b>	When will the results of the last staff survey (POST FLOOD) be made available to elected members and staff of Letterkenny general hospital?	<b>Cllr Michael McBride</b>
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<b>W49Q1314</b>	Following my concerns raised concerning the morale and welfare of the staff at Letterkenny general hospital when does management at Letterkenny general hospital plan to commence the second staff survey proposed at this meeting by myself.	<b>Cllr Michael McBride</b>
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<p><b>HSE Reply</b> The Employee Engagement survey was a West/North West Hospital Group initiative.</p> <p>An implementation group to address the findings of the survey will be established by the end of March. The Terms of Reference for this WNW HG Steering Committee are currently being compiled, the committee can then hold initial meeting to identify priorities for the Group.</p> <p>It is envisaged that each hospital will then identify priorities for themselves, establish a local steering committee and work on both the strategic and local improvements.</p> <p>The second staff survey will take place about Q3/Q4 of 2015 as there is likely to be a large body of work to do before there is any merit in assessing staff views again.</p> <p><b>Bill Maher, CEO, WNW HG</b></p>		
<p><b>W49Q1315</b></p>	<p>Following the 2012 internal audit at Letterkenny hospital which has flagged significant evidence of non compliance with HSE procurement policy as laid down in the national financial regulations (table 3.1), what action has the HSE taken to deal with these serious breaches of the HSE procurement policy? These breaches continued despite being flagged previously by the internal auditor.</p>	<p><b>Cllr Michael McBride</b></p>
<p><b>HSE Reply</b> We are in receipt of the Internal Audit report. It is currently being dealt with through the appropriate channels, including the Internal Audit Committee of the WNW HG Board.</p> <p><b>Bill Maher, CEO, WNW HG</b></p>		
<p><b>W49Q1316</b></p>	<p>What was the total cost of providing security in the Acute Psychiatric Unit in Ennis for year ending 31/12/2013 to insure the safety of staff and of one individual patient?</p>	<p><b>Cllr Tom McNamara</b></p>
<p><b>HSE Reply</b> The cost of providing security in the Acute Psychiatric Unit in Ennis for the year ending 31/12/2013 was €408,351.78.</p> <p>2 security officers provided security 24 hours per day 365 days to ensure safety of staff and one individual patient.</p> <p><b>Bernard Gloster, Area Manager, Mid West PCCC</b></p>		
<p><b>W49Q1317</b></p>	<p>What progress is being made to provide a Psychiatric Intensive Care unit in the HSE West?</p>	<p><b>Cllr Tom McNamara</b></p>
<p><b>HSE Reply</b> The ICRU plan for the West has been progressed to Stage 2a of the design process and is part of the overall National Forensic Mental Health Service developments.</p> <p><b>Gerry O'Neill, RDPI West</b></p>		
<p><b>W49Q1318</b></p>	<p>What is the current nursing WTE for Clare Psychiatric Services, what is the cost of same and what was the cost for 2013?</p>	<p><b>Cllr Tom McNamara</b></p>
<p><b>HSE Reply</b> Please see W.T.E. figures and costing below.</p> <ul style="list-style-type: none"> <li>• <b>W.T.E. figure as of 17/02/14 - 142.5</b></li> <li>• <b>W.T.E figure as of 31/12/13 - 143.5</b></li> </ul>		

Clare Mental Health Nursing Pay Costs for all of 2013		€9,465,042
Clare Mental Health Nursing Pay Costs for January, 2014 only		€809,837
<b>Bernard Gloster, Area Manager, MW PCCC</b>		
<b>W49Q1319</b>	What is the current situation in relation to the opening of the residential Alzheimers Unit in Unit 5, St. Joseph's Hospital Ennis and when is it planned to provide Alzheimers Day Care facilities in Ennis?	<b>Clr Tom McNamara</b>
<p><b>HSE Reply</b></p> <p>The Mid West Mental Health Services agree in principle with the opening of the Dementia Unit in the St. Joseph's Hospital, Ennis as this would be extremely beneficial for the Psychiatry of Old Age Service and more particularly the population it serves. The difficulty at present is the ability of the service to do so from within existing staffing resources. In its Operational Plan for 2014 the Mid West Mental Health Management Team has indicated that it will set up a multidisciplinary subcommittee to develop a proposal for submission to the Management Team identifying how the unit might be opened / become operational within existing resources.</p> <p>On the question of Alzheimers Day Care facilities, work is progressing on the closure of Gort Glas High Support Hostel and the relocation of residents to suitable alternative accommodation. 10 Residents have already been relocated to more suitable accommodation and the remaining 10 will be relocated within the coming weeks.</p> <p>The HSE and the Alzheimers Society of Ireland are redeveloping the current Gort Glas facility as an Alzheimers Day Care Centre and a Headquarters for the HSE Old Age Psychiatry Team. It is anticipated that A.S.I will vacate present rented accommodation and relocate to the Gort Glas Campus when the building work is completed. The work will consist of the refurbishment of the existing Gort Glas building and the provision of an extension giving a total floor area of 653m<sup>2</sup>.</p> <p>Scheme designs have been developed and agreed by the A.S.I. and HSE. This is a co-funded project by both organisations.</p> <p>Services to be provided from the proposed refurbished facility will include:</p> <ul style="list-style-type: none"> <li>• Mental Health Out Patient Clinics for Older Persons</li> <li>• Memory Assessment Clinics</li> <li>• Psychotherapy</li> <li>• Group Therapy and Therapeutic Activities</li> <li>• Carers Clinic</li> <li>• Carers Support Group Meetings</li> <li>• Collaborative Dementia care work with the Alzheimers Society of Ireland</li> </ul> <p>The co-location of services will allow for greater synergy and co-ordination of Dementia Care Services in Clare.</p> <p><b>Bernard Gloster, Area Manager, MW PCCC</b></p>		
<b>W49Q1320</b>	In relation to Áras Mhic Dara, and given the written reply by the HSE West on the 4 <sup>th</sup> December 2013 that 15 beds were closed and 13 of which were closed due to staff shortages and that 5.2 WTE and one Health Care Assistant would be required to reopen these bed, <i>please clarify the exact current position</i> re the waiting list for this public nursing home, as well as the complement of beds there vis a vis beds actually occupied and what if any additional staff have been recruited and are currently employed and/or have been sourced through the Graduate Nurse Programme and the Intern Programme as set out in the letter of the 4 <sup>th</sup> December, and please clarify the position in relation to Units 5 and 6 in Merlin Park Hospital including the complement of beds there vis a vis the number currently occupied and confirm whether admissions have recommenced to the Unit and the nature of any waiting list for same.	<b>Clr Catherine Connolly</b>

**HSE Reply**

There are 8 people who have applied for admission to Aras MacDara. These are currently being accommodated in private Nursing Homes. As a bed becomes available, patients are contacted to see whether they are still interested in being admitted to Aras MacDara. In cases where patients advise the HSE that they have settled in a private Nursing Home and do not wish to move, they are removed from the Waiting List.

The bed complement is 55, of which 52 are long-stay and 3 short-stay. 40 beds are occupied with 13 closed due to staffing shortages and 2 closed to allow for safe management of patients with challenging behaviour.

We have commenced an open recruitment process for an additional 5 Staff Nurses, a Clinical Nurse Manager and a Chef. We were unsuccessful in recruiting additional staff through the Graduate Nurse Programme and Intern Programme. We will continue to seek staff through this medium as the intern programme is still open

In relation to Units 5 and 6, Merlin Park, there are 52 beds, 40 of which are currently occupied. We have recommenced admissions to these Units. Applications for admission are processed through the Local Placement Forum. There are currently 5 clients on the waiting list for admission to Units 5 and 6.

**Catherine Cunningham, Area Manager, Galway Roscommon PCCC**

**W49Q1321**

Given the confirmation by the Minister of State, Kathleen Lynch to the delegation received by her on the 29<sup>th</sup> January 2014 that 64 additional staff had been employed by the HSE West in Galway as part of the implementation of 'Vision for Change' and in response to the delegations concerns re the closure of the 22 bedded unit in Ballinasloe, could this Forum receive a breakdown of the said 64 additional staff including the positions held and where they are located?

**Clr Catherine Connolly**

**HSE Reply**

64 additional posts have been approved for filling across Galway and Roscommon Mental Health Services. 44 of these posts relate to the development posts approved in 2012 and 2013, with 22 posts approved for filling in each year. Of the 22 posts for 2012, 20 have been filled and 2 currently remain unfilled. Of the 22 posts for 2013, 14 have been filled, 3 have a start date in the coming weeks/months and the remaining 5 are at an advanced stage of recruitment.

The breakdown of these posts, positions and where they are located is outlined in the template below.

Development Posts Filled 2012						
GR1	GR2	GR3	GR4	GR5	GR6	CAMHS (Galway/Roscommon)
Clinical Psychologist	Clinical Psychologist	Social Worker	Clinical Psychologist	Occ. Therapist	Clinical Psychologist	Clinical Psychologist
Occ. Therapist		Clinical Psychologist	Social Worker			Clinical Psychologist
Clinical Psychologist						Clinical Psychologist
						Speech and Language Therapist
						Speech and Language Therapist
						Speech and Language Therapist
						Occ. Therapist
						CMN1
						Community Mental Health Nurse
						Community Mental Health Nurse
<b>3 Posts</b>	<b>1 Post</b>	<b>2 Posts</b>	<b>2 Posts</b>	<b>1 Post</b>	<b>1 Posts</b>	<b>10 Posts</b>

Development Posts Filled 2013						
GR1	GR2	GR3	GR4	GR5	GR6	CAMHS (Galway/Roscommon)
Community Mental Health Nurse	Community Nurse Specialist	Community Mental Health Nurse			Community Mental Health Nurse	
SCAN Nurse	Community Mental Health Nurse	Community Mental Health Nurse			Consultant Psychiatrist	
	Community Mental Health Nurse	Consultant Psychiatrist			Community Nurse Specialist	
	Community Mental Health Nurse					
	Community Mental Health Nurse (POLL)					
Community Mental Health Nurse (POLL)						
<b>3 Posts (one that covers both GR1-2)</b>	<b>5 Posts</b>	<b>3 Posts</b>	<b>No Posts</b>	<b>No Posts</b>	<b>3 Posts</b>	<b>No Posts</b>

  

Development Posts 2012 unfilled/awaiting start dates						
GR1	GR2	GR3	GR4	GR5	GR6	CAMHS (Galway/Roscommon)
					Clinical Psychologist	Clinical Psychologist
					<b>1 post</b>	<b>1 post</b>

  

Development Posts 2013 unfilled/awaiting start dates						
GR1	GR2	GR3	GR4	GR5	GR6	CAMHS (Galway/Roscommon)
<b>Psychologist for Mental Health Services with Intellectual Disabilities (this post is awaiting a start date from the NRS)</b>						
		Community Mental Health Nurse (this post has a start date of 01/06/14)		Community Nurse Specialist (the start date for this post is 28/07/14)	Social Worker (the start date for this post is 24.03.14)	
		Community Mental Health Nurse (Awaiting start date)			Clinical Psychologist	
<b>Consultant Psychiatrist for Rehabilitation and Recovery (to cover all Sectors)</b>						
					Community Mental Health Nurse (this post is filled awaiting a start date)	
<b>2 posts (to cover all Sectors)</b>		<b>2 Post</b>		<b>1 Post</b>	<b>3 Posts</b>	

**Note:** GR 1-6 denotes Galway/Roscommon new 50,000 sectors

The remaining 20 posts approved across Galway and Roscommon relate to the 20 approved graduate nursing posts for the area. Of these 20 posts 7 have been filled to date and we continue to seek to fill the remainder.

**Catherine Cunningham, Area Manager, Galway Roscommon PCCC**

<b>W49Q1322</b>	Please confirm the private hospitals to which patients have been referred to from both the out-patient and in-patients lists in Galway City over the last three years giving the number of patients referred, the costs of same, the source of the monies and the numbers currently on the various outpatient and inpatients lists.	<b>Clr Catherine Connolly</b>
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**HSE Reply**

One of the priorities of the Hospital Group since it was set up in January 2012 was to address both the waiting lists for inpatient and outpatient procedures and to meet the targets set by the Special Delivery Unit (SDU). The SDU targets for inpatient waiting lists are that no adult should wait longer than 8 months, children should not wait longer than 20 weeks and people requiring scopes should be seen within 13 weeks. The SDU outpatient waiting list target is that all outpatients should be seen within 12 months. We have used all the resources of all hospitals in the Group to this end. However even with the added resources of our sister hospitals, we still did not have sufficient capacity to see all patients and a number have been referred to private hospitals, as follows.

In 2013, 551 inpatients and 7,268 outpatients have been referred to the Bon Secours Hospital and to the Galway Clinic. Funding was provided for these purposes by the SDU. Final costs are currently being processed and we expect these to be in the order of €2m.

To put these figures in context, 551 inpatients represents 1.4% of all inpatient procedures carried out at GUH. 7258 outpatients represents 3% of all outpatient appointments.

GUH Outpatient Waiting List as of 18/2/2014 is 18,140 & the GUH Inpatient Waiting List is 6476. Please see attached Tables (Appendix 1) for breakdown of each list.

**Bill Maher, CEO, WNW HG**

<b>W49Q1323</b>	Please confirm the position re the Alcohol Addiction Counselling Service in Galway City and County including clarifying the nature of the service provided and from where, the number of Addiction Counsellors currently employed and/or whether more Counsellors are being recruited and clarify the position/plans in relation to the replacement of the unit which recently burned down in Merlin Park	<b>Clr Catherine Connolly</b>
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**HSE Reply**

The Mental Health service is resourced to provide addiction services to patients with co-morbid mental illness only. These Addiction counsellors are an integral part of the community mental health team as outlined in Vision for Change. We are currently reconfiguring our services into 50,000 sector populations and the current 9.3 WTE Addiction Counsellors will be equitably distributed across the sectors. Addiction counsellors will see patients in the community mental health team bases.

Regarding the Unit which burned down, the HSE has lodged an Insurance Claim to the value of €360,000 with our Insurers, The State Claims Agency.

**Catherine Cunningham, Area Manager, Galway Roscommon PCCC**

<b>W49Q1324</b>	Can the HSE provide an explanation regarding the significant area of non-compliance with procurement policy at Letterkenny General Hospital?	<b>Cllr Liam Blaney</b>
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**HSE Reply**

We are in receipt of the Internal Audit report. It is currently being dealt with through the appropriate channels, including the Internal Audit Committee of the WNW HG Board.

**Bill Maher, CEO, WNW HG**

<b>W49Q1325</b>	1) What procurement procedures were followed in relation to the hiring of the digger that is on 24 hour standby at Letterkenny General Hospital and 2) what procurement procedures were followed in relation to the moving of various services to Scally Place, Justice Walsh Road, Letterkenny?	<b>Cllr Liam Blaney</b>
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**HSE Reply**

A number of measures were implemented on an emergency basis following the flood last July at Letterkenny Hospital. The hiring of the digger on a 24-hour standby basis and the transfer of services to Scally Place were part of these measures. Appropriate procurement procedures were followed in respect of both of these measures.

**Bill Maher, CEO, WNW HG**

<b>W49Q1326</b>	What counselling/mental health service is being put in place for 16 – 18 year olds in North Tipperary for whom there is no service currently. What is the timescale for implementation?	<b>Cllr John Carroll</b>
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**HSE Reply**

The position is that Clare and North Tipperary Child Adult Mental Health Service (CAMHS) provide services to children from 0-16 whereas Limerick CAMHS provide services to children from 0-18. It is anticipated that CAMHS will be extended to 18 yr. olds in Clare and North Tipperary on completion of the allocation of additional WTE resources to the teams in both counties. In relation to counselling services, MW MHS provides Section 39 and Nat. Lottery Grants to a number of agencies in both counties for the provision of support services to vulnerable teenagers and adults and at risk groups.

No formal funding is provided to Non statutory or voluntary agencies for the provision of counselling services to the cohort of 16/17 yr. olds in Clare or North Tipperary.

Mental Health Services for 16 and 17 year olds are currently provided by Adult Mental Health Services in Tipp NR. The service is due to transfer to Child and Adolescent Mental Health Services on completion of the allocation of additional WTE resources to the CAMHS team.

**Bernard Gloster, Area Manager, MW PCCC**

<b>W49Q1327</b>	The HSE to provide Daily Breakdown of the Number of Patients on Trolleys at Limerick Regional Hospital, Dooradoyle, from the period of December 01st 2013 to February 14th 2014.	<b>Cllr John Carroll</b>
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**HSE Reply**

The figures below represent the number of patients in the ED Department, at decision to admit at 8 a.m daily.

<b>2013 - Date</b>	<b>Number of patients</b>
December 01	9
December 02	10
December 03	33
December 04	14
December 05	24
December 06	15
December 07	15
December 08	11
December 09	9

December 10	35
December 11	34
December 12	16
December 13	12
December 14	0
December 15	2
December 16	18
December 17	11
December 18	32
December 19	27
December 20	23
December 21	8
December 22	5
December 23	8
December 24	4
December 25	1
December 26	4
December 27	1
December 28	9
December 29	13
December 30	17
December 31	33
<b>2014 - Date</b>	
January 1	9
January 2	22
January 3	21
January 4	24
January 5	22
January 6	24
January 7	30
January 8	24
January 9	33
January 10	15
January 11	20
January 12	22
January 13	17
January 14	19
January 15	21
January 16	5
January 17	19
January 18	25
January 19	15
January 20	19
January 21	17
January 22	18
January 23	17
January 24	22
January 25	18
January 26	23
January 27	23
January 28	24
January 29	28
January 30	25
January 31	18
February 01	8

February 2	13
February 3	24
February 4	23
February 5	28
February 6	19
February 7	34
February 8	23
February 9	19
February 10	22
February 11	30
February 12	34
February 13	2
February 14	9

**Ann Doherty, CEO, UHL**

<b>W49Q1328</b>	The HSE to Provide the Number of HIQUA Inspections carried out at all Psychiatric Facilities within the Mid West Area. Please provide purpose of these Visits and follow up action by HSE Resulting from these Visits	<b>Cllr John Carroll</b>
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**HSE Reply**

The Inspectorate of Mental Health Services is required by law (S.51(1)(a)) Mental Health Act, 2001) to visit and inspect every approved centre annually and as the Inspectorate think appropriate to visit and inspect any other premises where mental health services are being provided. As part of inspection process, (Section 51 Mental Health Act 2001), the functions of the Inspectorate include ascertaining the degree of compliance by approved centres with any Code of Practice prepared by the Commission under Section 33(3)(e) of the Act and under Section 52(d) to ascertain whether any regulations made under Section 66 of the Act (regulations in relation to approved centres) and any Rules made under Section 59 (providing for the use of ECT) and Section 69 (providing for the use of seclusion and mechanical means of bodily restraint) are being complied with. For further information on the Rules, Codes of Practice and Regulations please refer to the Mental Health Act, 2001 section of the website. The Mental Health Act, 2001 requires that the Inspectorate report to the Mental Health Commission on their inspections (S.42(2) Mental Health Act, 2001).

Please see below details in relation to the MWMHS 2012 and 2013 MHC inspections all of which were unannounced.

<u>Facility</u>	<u>Service</u>	<u>Type of Facility</u>	<u>Unannounced Inspection</u>	<u>Unannounced Re-inspection</u>
<b>2012</b>				
Acute Psychiatric Unit, UHL	LMHS	Approved Centre	Yes	No
Acute Psychiatric Unit, UHE	CMHS	Approved Centre	Yes	Yes
St. Joseph's Hospital, Limerick	LMHS	Approved Centre	Yes	No
Tearmann Ward, St. Camillus Hospital	LMHS	Approved Centre	Yes	No
Cappahard Lodge	CMHS	Approved Centre	Yes	No
Avonree	CMHS	Residential Facility	Yes	No
East Limerick, CAMHS	Limerick	CAMHS Team	Yes	No
St. Anne's Day Hospital	LMHS	Day Hospital	Yes	No
Forensic Psychiatry, St. Anne's Day Hospital	LMHS		Yes	No
<b>2013</b>				
Acute Psychiatric Unit, UHL	LMHS	Approved Centre	Yes	Yes
Acute Psychiatric Unit, UHE	CMHS	Approved Centre	Yes	No
St. Joseph's Hospital, Limerick	LMHS	Approved Centre	Yes	No
Tearmann Ward, St. Camillus Hospital	LMHS	Approved Centre	Yes	No
Cappahard Lodge	CMHS	Approved Centre	Yes	No
Cois Mara	CMHS	Residential Facility	Yes	No
O'Connell House	LMHS	Residential Facility	Yes	No

Reports on the above inspections when finalised are available on the MHC website [www.mhcirl.ie](http://www.mhcirl.ie) .

**Bernard Gloster, Area Manager, MW PCCC**

Appendix 1 (page 1 of 2)

Row Labels	Galway University Hospital	Let
<b>Adult</b>	<b>5558</b>	
<b>Medical</b>	<b>1282</b>	
Anaesthetics		
Cardiology	677	
Dermatology	18	
Endocrinology	10	
Gastro-Enterology		
General Medicine	68	
Neurology	39	
Pain Relief	394	
Radiology	1	
Respiratory Medicine	75	
Rheumatology		
<b>Surgical</b>	<b>4276</b>	
Cardio-Thoracic Surgery	61	
Dental Surgery		
General Surgery	667	
Gynaecology		
Maxillo-Facial		
Obstetrics		
Ophthalmology	777	
Oral Surgery	420	
Orthopaedics	556	
Otolaryngology (ENT)	320	
Plastic Surgery	692	
Urology	704	
Vascular Surgery	79	
<b>Child</b>	<b>252</b>	
<b>Medical</b>	<b>2</b>	
Cardiology	2	
Paediatrics		
<b>Surgical</b>	<b>250</b>	
Dental Surgery		
General Surgery	10	
Gynaecology		
Maxillo-Facial		
Ophthalmology	20	
Oral Surgery	17	
Orthopaedics	19	
Otolaryngology (ENT)	96	
Plastic Surgery	62	
Urology	26	
<b>GI Scope</b>	<b>666</b>	
<b>Medical</b>	<b>325</b>	
Gastro-Enterology	325	
General Medicine		
<b>Surgical</b>	<b>341</b>	
General Surgery	341	
<b>Grand Total</b>	<b>6476</b>	

Appendix 1 (page 2 of 2)

Row Labels	Galway University Hospital
Anaesthetics	278
Cardiology	631
Clinical Neurophysiology	
Dermatology	905
Endocrinology	
Gastro-Enterology	344
General Medicine	501
General Surgery	836
Geriatric Medicine	47
Gynaecology	1289
Haematology	163
Immunology	
Maxillo-Facial	
Nephrology	171
Neurology	612
Oncology	
Ophthalmology	774
Oral Surgery	951
Orthopaedics	3467
Otolaryngology (ENT)	1810
Paediatrics	661
Pain Relief	
Plastic Surgery	1185
Respiratory Medicine	392
Rheumatology	518
Urology	1590
Vascular Surgery	1015
<b>Grand Total</b>	<b>18140</b>