

REGIONAL HEALTH FORUM WEST – 25th September 2012

QUESTIONS AND RESPONSES

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NUMBER	QUESTION	RAISED BY
W41Q989	To ask the Executive of the H.S.E North & West what is the up to date position regarding the provision of a new community hospital/day care centre in Ballinamore? I understand that in excess of €250,000 has been allocated in this year's budget towards this project out of the total projected cost of €6million. Can you therefore kindly advise when construction of this project will commence & the likely completion date?	Cllr Gordon Hughes
<p>HSE Reply The services to be provided are Long Term Care Community Nursing Unit and also a Primary Care Centre with visiting Allied Health Professionals, such as Public Health Nursing, Physiotherapy Services, Occupational therapy Services, Dietetics, Speech and Language Therapy, Multidisciplinary bookable rooms for other visiting Health Professionals.</p> <p>The expected time frame for commencement of building works is Q4 – 2012; subject to completion of provider for Community Nursing Unit. I can confirm that the tender for the operation of the CNU has commenced and the procurement team are in place D McCallion, Area Manager, Sligo/Leitrim/W Cavan</p>		
W41Q990	To ask the Executive of the H.S.E North & West what is the up to date position regarding the provision of a new 60 bed community nursing unit in Carrick-on-Shannon?	Cllr Gordon Hughes
<p>HSE Reply Not available at time of printing. D McCallion, Area Manager, Sligo/Leitrim/W Cavan</p>		
W41Q991	Please give up-date on the promised appointment of the Rheumatologist to Mayo General Hospital, Castlebar and when is the expected starting date for rheumatology to commence? Patients are very anxious for this development to start up.	Cllr Annie May Reape
<p>This is a shared post between GUH and MGH. Initially when the post was advertised there were no applicants. It has now been re-advertised and interviews are scheduled for Mid October. F Murphy, Area Manager, Mayo</p>		
W41Q992	Is the provision of placebo medication allowed / provided through the medical card system. If so what was the cost of this provision in 2011, 2010?	Cllr Brian Meaney
<p>The HSE can confirm that placebos are not GMS reimbursable items. The placebo effect is generally understood to be a variable that arises in the conduct of clinical trials. Prior to admission of each medicinal product to the List of GMS Reimbursable Items, the product will have completed a rigorous clinical trialing process. Such a product will have demonstrated already its safety, quality and efficacy to the satisfaction of the regulatory authorities, the European Medicines Agency or the Irish Medicines Board, as the case may be, before being placed on the market. P Burke, Primary Care Reimbursement Service</p>		
W41Q993	I request a redacted copy of the report on the recent investigation following the death of a patient at the acute psychiatric unit in Ennis?	Cllr Brian Meaney
<p>With respect to your request for a copy of a redacted version of a report of investigation I wish to confirm it is not the intention of the HSE to publish any internal review report in respect of such cases.</p> <p>I wish to confirm that the matter was subject of notification to and hearing by Coroner. In the context of the hearing by the Coroner the recommendations of the internal review were put before the Coroner and adopted into the proceedings of the Coroners court at the request of the HSE. The original internal review drafted a number of recommendations which on clinical review were determined to constitute eight specific recommendations and I now set out for you and am happy to provide you with those eight recommendations as follows;</p> <ol style="list-style-type: none"> <i>1. 'If the Community Multi Disciplinary Team suspect that there is an organic cause of a patient presentation then an assessment of this patient should be carried out in the Emergency Department of the Mid Western Regional Hospital, Ennis, or out of hours, in the Mid Western Regional Hospital,</i> 		

Limerick, prior to admission to the Acute Psychiatric Unit.

2. While patients have a level of observation determined at their Multidisciplinary Team meetings any sudden change in the patient's condition must require that the level of observation is reviewed.
3. All staff require ongoing education and training on the policy and protocol on the use of increased level of nursing observation.
4. All staff to adhere to the practice whereby all patients admitted to the Acute Psychiatric Unit over a weekend period should be assessed by the consultant Psychiatrist on-call as soon as it practicable (ideally within 24 hours) and the initial care plan reviewed following this assessment.
5. All referral letters from Community Mental Health Teams to the Acute Psychiatric Unit at a minimum should have the following included (i) reason for referral, (ii) mental state examination (MSE), (iii) list of current medication and any other information pertinent to the current admission.
6. Clare Mental Health Services should regularly review the current Multidisciplinary Team processes in use.
7. All Community Mental Health Teams must have a Non Consultant Hospital Doctor assigned to them.
8. Medical Teams working in the Mid Western Regional Hospital, Ennis should be available to provide a consultation service, including if required an on site review to inpatients of the Acute Psychiatric Unit.'

I trust that provision to you of these recommendations and the ongoing work of the service at their implementation is satisfactory. It is important to stress that in various incidents internal reviews are regularly conducted and recommendation are, where appropriate integrated into the overall practice changes and developments within the services. Indeed this is not exclusive to Mental Health.

B Gloster, Area Manager, Mid West PCCC

W41Q994

What was the cost of the provision of chaplaincy services in the HSE West Area in 2011 and to date?

Clr Brian Meaney

HSE Reply:

Chaplaincy Costs for Mid West for 2011 and to date 2012

	2011	To august 2012
Clare LHO	€ 7,000	€ 4,667
Clare Acutes (Ennis)	€ 7,000	€ 4,667
Nth Tipp LHO	€ 10,671	€ 20,499
Tipp Acutes (Nenagh)	€ 4,585	€ 5,833
Limerick LHO (Mental Health & Elderly)	€ 44,402	€ 36,000
Limerick Acutes	€ 222,144	€ 150,527
	€ 295,802	€ 222,192

Chaplaincy Costs - West	FY2011	YTDAug2012
Mayo		
Mayo Mental Health Services (St Mary's)	69,188	44,174
Mayo Elderly Services	13,846	7,516
Mayo General Hospital	53,253	38,615
Roscommon		
Roscommon Mental Health Services	6,073	4,193
Roscommon Elderly Services	6,760	4,253
Roscommon General Hospital	40,026	26,128
Galway		
GUH	242,200	159,342

Galway Mental Health Services (St Brigid's)	68,008	44,521
Galway Elderly Services	7,816	7,816
Portiuncula	149,863	98,446
	657,032	435,005

Chaplaincy Costs - Northwest

	2011	2012 YTD
Pay	279,004	195,232
	279,004	195,232

L Minihan, Asst National Director, Finance

W41Q995	At what stage is the HSE vending machine policy?	Cllr Brian Meaney
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HSE Reply:

Response not available at time of printing.

Brian Neeson, Health Promotion

W41Q996	Can you confirm to me what is the up to date situation regarding the Tuam Ambulance base and staffing for same?	Cllr Mary Hoade
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The Tuam Ambulance base is due for completion by end of September with a formal handover date by mid October 2012.

Once the formal handover has been completed with Estates Office the Ambulance Service will begin to operate from the new base within existing resources.

No staff has been allocated in the Service Plan for 2012. It would be the intention of the Ambulance Service to optimise the existing resources to operate a limited service from the new base once fully commissioned.

Staff will be deployed from the existing staff allocation through the Regional Control Centre. On a number of days a crew will commence duty from Tuam.

As part of the Business Case prepared for the Tuam Ambulance base a staff allocation of 11 Paramedics was envisaged to operate a 24/7 service .

It is envisaged that consideration will be given for this in the 2013 Service Plan however no firm commitment can yet be given in light of the present staffing and budgetary constraints within the HSE.

The National Ambulance Service is committed to the deployment of resources from Tuam Ambulance Base to service the North Galway area.

P O'Riordan, Area Operations Manager – West, National Ambulance Service

W41Q997	Can you confirm to me how many retirements are expected before the end of this year, and how many of those post's can be filled that are exempt from the embargo?	Cllr Mary Hoade
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HSE Reply:

There are a number of variables that need to be considered with regards to pre-empting and subsequent planning to take account of retirements between now and year end.

- o Completed retirements from March to August 2012 total 96 this is an average of 16 – 17 per month, retirement's related to main groupings as follows, Nursing (36%), Home Helps (23%) and Attendants/Health Care Assistants (21%).
- o There appears to be a slight increase in employees seeking retirement on grounds of permanent infirmity.
- o As 2013 budget approaches discussions relating to possible tax changes tends to accelerate staff's decision to retire, this applies particularly to nursing in Mental Health Services.
- o If an exit package comes on stream this could result in a surge of staff seeking to exit the system.

In making decisions with regards to filling of vacant posts, this is determined by service need, and the capacity for services to re-configure services in line with the Public Service Agreement.

Francis Rogers, Asst National Director of Human Resources

W41Q998	How many schools in the Galway area are currently without a service for dental and optical?	Cllr Mary Hoade
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HSE Reply

The Optical Service

There are 236 Primary schools in County Galway divided into 8 separate geographical areas, with a Public Health Nurse normally assigned to each of these areas.

At the present time however because of the prevailing challenging climate, coupled with the public service embargo on recruitment in the health service, only five of these eight areas are covered by a Public Health Nurse.

We are currently reconfiguring our nursing resources and we have received approval for the employment of one additional nurse, who will be assigned to the Ballinasloe/Loughrea area.

In summary, it is also important to point out that while the Loughrea and Ballinasloe areas do not currently have a Public Health Nurse assigned to them, only a total of 6 schools in the County have not received an optical screening service this year.

Children in vacant areas have been seen over the summer months at catch up clinics and this continues.

The Dental Service

As a result of a recent retirement the dental department is again reviewing their services and the aim of this review is to provide a basic service to all schools in the county.

It is also expected, that it will be possible within current resources, to continue to provide a service to each school through redeployment.

The emergency service provided to children with pain sepsis or trauma will continue as a priority.

C Cunningham, Area Manager, Galway Roscommon PCCC

W41Q999

What are current waiting times in the E.D. in Galway? How many beds are currently closed in G.U.H and Merlin Park? Is there any proposal for more bed closures for the last three months of the year?

Cllr Mary Hoade

The average number of patients awaiting admission at 8am in GUH 2012.

Month	Number
Jan	17
Feb	24
March	15
April	14
May	20 (MAU closed)
June	9
July	8
August	7

Trolley waits have reduced despite significant increase in ED admissions. August saw another slight reduction in the number of patients awaiting admission from ED.

“Specialty cohorting” and “Bed Protection” continues to support improved bed availability for ED patients. The forward focus for all services is on improved discharge planning.

Specific actions taken in GUH: extending the Acute Medical Unit to 24 hours; opening a 32 bed short stay medical unit; appointment of two patient co-ordinators (medicine and surgery) and a permanent discharge co-ordinator; bed usage was reviewed and beds were assigned specifically for medicine (including oncology) and surgery use.

Current Beds Closed

Refurbishment:

32 Beds in Hospital Ground Merlin Park

There are no proposals for bed closures for last quarter of 2012. Where possible we will be changing 12 beds in GUH from 7day service to 5 day service.

Bill Maher, CEO, Galway Roscommon University Hospital Group

W41Q1000	Due to the current climate, can HIQA be more flexible in their approach to accommodation needs in Community Hospitals/Nursing Homes?	Cllr Pat Burke
<p>The Health Information and Quality Authority regulates all designated centres under the Health Act 2007, relevant regulations and standards and does so without fear or favour. The provisions of the Act and the regulations themselves prescribe the way in providers and centres must operate and the standards provide a measure as to how well they do this. The Authority is cognisant of the economic environment and works with providers in the interests of residents' safety and welfare.</p> <p>HIQA</p>		
W41Q1001	Could I be provided with the up to date position in relation to Children's Eye Clinics in East Galway as I have been contacted by a number of concerned patients?	Cllr Tomás Mannion
<p>HSE Reply</p> <p>There are 236 Primary schools in County Galway divided into 8 separate geographical areas, with a Public Health Nurse normally assigned to each of these areas.</p> <p>At the present time however because of the prevailing challenging climate, coupled with the public service embargo on recruitment in the health service, only five of these eight areas are covered by a Public Health Nurse.</p> <p>We are currently reconfiguring our nursing resources and we have been granted approval for the employment of one additional nurse, who will be assigned to the Ballinasloe/ Loughrea area.</p> <p>It is important to point out that while the Loughrea and Ballinasloe areas do not currently have a Public Health Nurse assigned to them, only a total of 6 schools in the County have not received an optical screening service this year. Children in vacant areas have been seen over the summer months at catch up clinics and this continues.</p> <p>C Cunningham, Area Manager, Galway Roscommon PCCC</p>		
W41Q1002	To request the HSE to provide a breakdown of all the nursing hours supplied by agencies in the HSE West area for the first 6 mths. of 2012 and confirm the hourly staff nurse rate paid to these agencies?	Cllr Tom McNamara
<p>HSE Reply</p> <p>In the period 1st January 2012 to 30th June 2012, 62,362.89 hours were provided through Nursing Agency.</p> <p>The Protection of Employees (Temporary Agency Workers) Act 2012, requirement is that all Agency Nurses are entitled to be paid as if they were directly employed. Therefore all agency nurses are now paid at the relevant point and pay scale for hours worked. Payscales in use are the DOHC consolidated payscales 1/1/10 and the DOHC new entrant payscales 1/1/11.</p> <p>Francis Rogers, Asst Nat Director, Human Resources</p>		
W41Q1003	I call on the HSE West to outline its future plan for the delivery of the crisis nurse service in Clare Mental health services?	Cllr Tom McNamara
<p>I have consulted with the Mental Health Service Management in this area and set out as follows their direct reply to the question;</p> <p><i>"The provision of the crisis nursing service in Clare, in its current configuration, has been proving difficult to maintain over the previous months, due to the moratorium on staff recruitment. The Directors of Nursing, in conjunction with the Liaison Psychiatrist, are currently undertaking an options appraisal for the future delivery of the crisis / liaison service in the Mid West. The results of this are due to be submitted to the Mid West Mental Health Management Team for discussion / consideration within the coming weeks. A decision will then be taken with regard to the development of a final plan for the delivery of same within the current resource allocation available"</i></p> <p>I would like to assure you as a public representative that the principal consideration with regard to the crisis nurse service as indeed any part of the Health Service is that where change is being considered that, that change is for the purpose of ensuring best use of resources and best response possible to the public. I further would like to assure you that it is my particular commitment that no change in service would occur without those who were dependent on the previous service having clear access to and options in respect of the supports that they need. As soon as the Directors of Nursing in the Mid West have finalised their arrangements in respect of the crisis nurse service I will be happy to brief you further. In the intervening period there is no change to the service other</p>		

than where gaps arise and there are restrictions because of the recruitment pause and financial circumstances arrangements are put in place for services to support each other across the region.

B Gloster, Area Manager, Mid West PCCC

W41Q1004	Determine the total number of dedicated coronary care beds at Limerick Regional Hospital?	Cllr John Carroll
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There are currently 7 CCU beds and 5 cardiology beds opening to facilitate patients from the three model two hospitals Ennis, Nenagh and St. John's. Three of the five cardiology beds are already opened.

A Doherty, CEO, Mid Western Hospital Group

W41Q1005	Details of staffing levels / location to be dedicated to the 3 coronary care beds at Limerick Regional?	Cllr John Carroll
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The three beds are on Ward 3A in close proximity to the CCU.

For 5 beds, the proposed dedicated staffing is 7.8 WTE. Presently 3 beds are open with 5.4 WTE. The plan is to incrementally open the remaining 2 beds around October time.

Overall staffing is done by viewing and amalgamating the CCU /Cath Lab and Cardiology Nursing Staff as a whole Department.

A Doherty, CEO, Mid Western Hospital Group

W41Q1006	Total figure for Consultants & J.H.Doctors employed at the Regional Hospital as at Sept 2010 & Sept 2012?	Cllr John Carroll
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SEPTEMBER 2010		SEPTEMBER 2012	
Grade	*WTE Number	Grade	WTE Number
Intern	28	Intern	34
SHO	68.34	SHO	74.4
Registrar	43.09	Registrar	47.53
Specialist Registrar	24.12	Specialist Registrar	29.01
Total of Junior Doctors	163.55	Total of Junior Doctors	184.94
Consultant	79.94	Consultant	93.71

*whole time equivalent

A Doherty, CEO, Mid Western Hospital Group

W41Q1007	Total figure for permanent & temporary nursing staff at Limerick Regional as at Sept 2010 & Sept 2012?	Cllr John Carroll
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On 1st Sept 10 there were 600.84 Permanent Nursing WTEs and 198.99 Temporary Nursing WTEs in RGH.

On 1st Sept 12 there were 625.45 Permanent Nursing WTEs and 146.7 Temporary Nursing WTEs in RGH.

These figures are based on the weekly contracted hours of permanent and temporary staff in RGH on Sept 1st 2010 and Sept 1st 2012.

The Temporary figures include the Student Nursing group.

In 2012 there were 61 Student Nurse WTEs - based on contracted hours on Sept 1st 2012

In 2010 there were 52 Student Nurse WTEs - based on contracted hours on Sept 1st 2010

A Doherty, CEO, Mid Western Hospital Group

W41Q1008	Further to previous meetings with the relevant HSE West personnel in relation to Ionad Slainte na Tulaigh and more specifically the primary care team, please clarify the exact current position in relation to the services provided there including the times and dates of the various services/therapies provided, the nature of any services not provided such as speech and language therapy and the reasons why and further please confirm whether it is the intention of the HSE West to insert a condition when the next GMS contract comes up that a GP service be an integral part of the services provided at this Centre and when precisely the GMS contract is due up?	Cllr Catherine Connolly
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HSE Reply

The services provided and based in the centre are Public Health Nursing, Physiotherapy, Occupational Therapy,

Dietetics, Addiction counselling and Community Welfare Service and details on the exact timing and frequency of the various services provided will be made available within the next week.

The staff from the above areas provide clinics based at the centre, but also provide domiciliary care and clinics at other Health Centres throughout South Connemara.

The following additional services also provided in Tully; Speech and Language Therapy service, local GP service and visiting Area Medical Officer services.

C Cunningham, Area Manager, Galway Roscommon PCCC

W41Q1009	Please clarify the position in relation to the HSE West involvement with the private nursing home in Oughterard including the outcome of the DC and CC appeal taken by HIQA, full comprehensive details in relation to the HSE Staff working in the home from the Court Application to date, the costs involved and what decisions if any taken by the HSE West in relation to the running of the home either of itself and or in conjunction with the services providers and/or HIQA and/or the withdrawal of HSE West staff from the home?	Cllr Catherine Connolly
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HSE Reply:

On foot of a Court Order, HSE West took over the running of Owen Riff Nursing Home as the Registered Provider on 27th April, 2012.

This Court Order was subsequently appealed, but this appeal was unsuccessful, so a further appeal was taken to the Circuit Court in July 2012, but this appeal was subsequently withdrawn.

Following on from this the owners agreed to seek an alternative private provider to take over the running of the nursing home and this process is currently underway with the application for registration currently with H.I.Q.A.

Since April 27th last, the HSE has provided differing staffing levels as were deemed necessary on a weekly basis to ensure the health and welfare of the residents.

It is anticipated that the registration process should be completed shortly at which point the running of the nursing home will be taken over by a private provider.

The 'Fair Deal' income has been transferred from the owners to the HSE and this has ensured that the HSE costs are covered.

C Cunningham, Area Manager, Galway Roscommon PCCC

W41Q1010	Please clarify the current position in relation to the provision of Child Development Clinics in Galway City and County in general and in particular the numbers of children now waiting for their first appointment and/or review appointment with the breakdown per age category and the reasons to deal with the unacceptable delays since the last reply in June 2012?	Cllr Catherine Connolly
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HSE Reply

Galway/Roscommon has been integrated to a new management structure and a new Area Manager has been appointed to the area who is giving a renewed focus to Primary Health Care. Noting that the percentage of children receiving Child Health Development Screening in the 7-9 month cohort is low, she has project plan in place to address this matter.

The objective of this plan is to ensure that children aged 7-9 months are prioritised for Developmental Screening and that they receive it on a current basis. The Project Team consists of the PAMO, DPHN, AMO Child Health Development Screening and the Business Manager.

Public Health Nursing staff prioritised Developmental Screening from June 2012 with further improvements achieved during July and August when the schools were closed.

The Department of Public Health Medicine's first priority is Immunisations and Child Health replaced this as first priority during July and August. The plan also allows for children requiring review to be seen at Screening Clinics.

A plan is also in place to address the screening backlog in relation to children aged between 10 and 18 months through centralised blitz clinics in a number of Health Centres. This commenced in Knocknacarra in June and was followed by West City in late June/July and East City in August/September. Every effort is being made to carry out this screening at centralised clinics to optimise staffing resources.

There has been considerable progress over the summer months in addressing the waiting lists of the 7–9 month developmental clinics. In May 2012, the uptake was 11% and there have been further increases in the months of June, July and August. The figure at the end of August had increased to 46%.

Plans are also currently in place to train Public Health Nurses in the 7 network areas to provide first tier developmental clinics and any concerns that are identified at that stage are referred on to the Area Medical Officers for attention.

Twelve nurses retired in February 2012 and it is an ongoing challenge covering vacant PHN areas across the County and also covering maternity and other leave, however, Public Health Nurses are available in the Health Centre's across the County from 9am -10.30am to offer advice, support and child health assessments so parents will not be left without support. A drop-in service is encouraged at this time of the day, before nurses commence their daily house calls.

C Cunningham, Area Manager, Galway Roscommon PCCC

W41Q1011	Please clarify the position in relation to elective surgery in the Regional and Merlin Park hospitals and in particular in relation to the waiting lists for each specialty and further clarify the reasons why the very upsetting practice continues of asking vulnerable patients to fast for the planned operation, make arrangements for going into the hospital and then have to phone bed management in relation to the availability of a bed both on the evening and morning of the proposed surgery to be informed on a frequent basis that there is no bed?	Cllr Catherine Connolly
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Validated GUH Inpatient waiting list 19_09_2012

Specialty	Total
Cardiology	408
Neurology	25
Respiratory	146
Gastro	208
Pain	430
Dermatology	4
ENT	297
Ophthalmology	931
Orthopaedics	550
Plastics	414
General Surgery	687
Urology	624
Vascular	182
MaxFax	347
Cardiothoracic	31
Gynaecology	100
Obstetrics	14
Total	5398

Due to the demand for beds in GUH especially by non elective emergency admissions through Emergency Department the practice of having elective patients phoning bed management to check on bed availability is one that must continue at present. Contact to and from patients is a necessary part of ensuring that bed resources are used effectively to accommodate Emergency and Elective Patients for their treatment. It should be noted that even in hospitals without emergency admissions, it is not unusual to ask patients to check bed availability before

admission as discharges of other patients can be delayed due for medical reasons.

GUH have made a number of improvements in recent months in Discharge Planning & Bed reconfiguration (appointing a Discharge Coordinator, appointing 2 case flow managers, bed Meetings held 3 times a day planning daily activity, Identifying Expected discharge date) which will in time allow more elective admissions security .We are currently designating certain beds as elective surgery beds where patients are asked to attend on the morning of their procedure for these “protected” beds. It will take a number of months for the practice to become imbedded but it is hoped that this will be significantly improved by the end of the year.

B Maher, CEO, Galway Roscommon Hospital Group

W41Q1012	What was the delay in opening the new unit at Ennis General Hospital and when is it hoped to be fully operational?	Cllr Tony Mulqueen
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The new unit is opening on a phased basis. The first patients, 25 male medical, moved into the new unit last Tuesday, September 18th, and it is hoped to have the unit fully operation in mid November when the necessary tie in works are completed to the existing building.

A number of factors contributed to the delay. These were procurement, delivery and commissioning of equipment, correction of building snags as it common with all new construction and negotiations with staff on roster and work practice changes.

A Doherty, CEO, Mid Western Hospital Group

W41Q1013	What are the HSE plans for Ennis General Hospital as regards the future of 12 hours A&E and will 24 hours A&E return to Ennis as Limerick Regional Hospital can't cope with the increase volume of patients?	Cllr Tony Mulqueen
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In line with new national clinical programmes, the process of providing safer patient care in acute hospitals in the Mid West will include Ennis Hospital. While emergency cardiology/medical problems will be transferred to the MWRH or the nearest appropriate hospital, EGH will continue to admit GP referred medical patients with less critical conditions for assessment and treatment by the Medical Assessment Unit. Similarly, many patients, following their initial treatment in Limerick, will be transferred back to Ennis for follow on care.

A process of this kind is, by the very nature of hospital work, complicated and requires a significant lead in time to allow for discussions between all the clinical, nursing, emergency care and paramedical staff involved. Clinical pathways must be adapted locally in order to ensure safety and efficiency. No date has yet been set for the changes.

The Local Emergency Centre will become a Local Injuries Unit focusing on the care of adults and children over five with injuries such as broken bones, soft tissue injuries and wounds.

Forum members will recall the HIQA Report on Ennis Hospital of 2009 which stated “The Mid Western Regional Hospital Ennis does not have sufficient volumes of patients attending out of hours to justify emergency department and operating theatre resources being available on a 24 hour basis.”

A number of initiatives have been undertaken in order to decrease pressures on the Emergency Department in Dooradoyle. Essentially, this consists of what is called a whole hospital solution of stricter bed management, more timely discharges of those patients fit to go home and the use of all beds across the hospital system.

A Doherty, CEO, Mid Western Hospital Group

W41Q1014	What is the absenteeism figures for UHG/Merlin Park for June, July and August and what is the current number of staff on sick leave from UHG/Merlin Park?	Cllr Pdraig Conneely
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Absenteeism Figures GUH 2012

June	4.37%
July	4.64%
August	4.31%

This equates to approximately 120 WTE / day for the month of August.

The Galway and Roscommon University Hospital Group is taking a multi-faceted approach to tackling absenteeism with a focus on maximising attendance, providing supportive structures for staff who either as a result of the working environment or in the course of natural life events become ill, and by addressing any

inappropriate use of sick leave schemes.

Progress is being made across GRUHG with regard to absenteeism. Since January the rate has dropped from 5.16% to 4.50% in June (12.8% decrease).

Return to Work discussions are held following each absence. We monitor frequent short-term illnesses and have review meetings between staff members and their line managers. This is followed, where absenteeism is ongoing, by Return to Work Reviews, and may lead to the suspension of sick pay or disciplinary procedures being invoked.

The data for 2011 and 2012 illustrates the progress being made at Galway University Hospitals with a reduction of 42% in absenteeism between January 2011 (7.69%) and April 2012 (4.46%). The 2011 average absenteeism for GUH was 5.20% and the average for 2012 to July is 4.66%. The trend analysis for GUH in 2012 is also encouraging with consecutive decreases for the first three months (average 4.88%) and a leveling out for the second three months (average 4.44%).

B Maher, CEO, Galway Roscommon Hospital Group

W41Q1015

What is the current validated outpatients waiting list for UHG/Merlin Park and the length of time waiting across all departments?

**Cllr Padraig
Conneely**

Validated GUH Outpatient waiting list 20/09/2012

Specialty	Total
ANAESTHETICS	582
CARDIOLOGY	765
CLINICAL PHARMACOLOGY	17
DERMATOLOGY	1872
EAR NOSE & THROAT	5326
GERIATRIC MEDICINE	162
GYNAECOLOGY	1524
HAEMATOLOGY	143
IMMUNOLOGY	366
MAXILLOFACIAL SURGERY	1917
MEDICAL	2011
NEPHROLOGY	548
NEUROLOGY	1242
OBSTETRICS	90
ONCOLOGY	2
OPHTHALMOLOGY	2388
ORTHOPAEDICS	7183
PAEDIATRICS	458
PATHOLOGY	4
PLASTIC	3127
RESPIRATORY	32
RHEUMATOLOGY	1768
SURGERY	2754
UROLOGY	4347
VASCULAR	2333
_Total	40962

B Maher, CEO, Galway Roscommon Hospital Group

W41Q1016

What is the total amount outstanding from Private Health Insurance companies to

Cllr Padraig

	UHG/Merlin Park and the period of same, and what action will be taken against consultants who fail to comply with completing the necessary documents?	Conneely
<p>As of August 2012 the total amount outstanding from insurance companies is 15.5 m. That is 7.7m sent; 7.8m not sent to the insurance companies. There are a number of reasons why claims would not be sent, the principal one is that the Consultant signature is awaited. This accounts for 5.8m of unsent claims.</p> <p>The Group are working closely with the Clinical Directors to reduce the amount of debt outstanding relating to non-signature of claims. Progress to date has shown a decrease of approximately 400 thousand in a two week period. It should be noted that there will always be a time factor equivalent to approximately 3m outstanding at any time.</p> <p>B Maher, Galway Roscommon Hospital Group</p>		
W41Q1017	Will the HSE confirm that a Manager/Supervisor employed at UHG is currently suspended on alleged misuse of funds, and what is the current status of the investigation?	Clr Pdraig Conneely
Response not available.		