

REGIONAL HEALTH FORUM WEST – 26TH JUNE 2012

QUESTIONS AND RESPONSES

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NUMBER	QUESTION	RAISED BY																								
W40Q960	To ask the level of admissions to Roscommon County Hospital each month for March, April & May 2011 and March, April & May 2012? Including the breakdown of the admissions including the number admitted directly from GPs and the number admitted from other hospitals etc.	Cllr Laurence Fallon																								
<p>HSE Reply</p> <p>In-patient activity is reported each month under the heading of In-Patient discharges. Unfortunately the information does not specify how the admission to the hospital occurred. The in-patient discharges for the months specified in 2011 & 2012 are outlined in the table below. The May 2012 data is currently being collated and will be available later this month.</p> <table border="1"> <thead> <tr> <th>In-patient discharges</th> <th>March</th> <th>April</th> <th>May</th> </tr> </thead> <tbody> <tr> <td>2011</td> <td>466</td> <td>435</td> <td>413</td> </tr> <tr> <td>2012</td> <td>203</td> <td>147</td> <td>191</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th>Day Cases (Medical & Surgical)</th> <th>March</th> <th>April</th> <th>May</th> </tr> </thead> <tbody> <tr> <td>2011</td> <td>330</td> <td>281</td> <td>315</td> </tr> <tr> <td>2012</td> <td>397</td> <td>377</td> <td>514</td> </tr> </tbody> </table> <p><i>Elaine Prendergast, General Manager, Roscommon Hospital</i></p>			In-patient discharges	March	April	May	2011	466	435	413	2012	203	147	191	Day Cases (Medical & Surgical)	March	April	May	2011	330	281	315	2012	397	377	514
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W40Q961	To ask the total number of attendances at the A&E Department of Roscommon County Hospital for March, April & May 2011 and at the Urgent Care Centre of Roscommon County Hospital for March, April & May 2012.	Cllr Laurence Fallon																								
<p>HSE Reply</p> <table border="1"> <thead> <tr> <th></th> <th>March</th> <th>April</th> <th>May</th> </tr> </thead> <tbody> <tr> <td>2011</td> <td>1081</td> <td>1143</td> <td>1225</td> </tr> <tr> <td>2012</td> <td>572*</td> <td>524*</td> <td>Not available yet</td> </tr> </tbody> </table> <p>* Please note that the 2012 UCC attendances reported is the total number of patients attending the Urgent Care Department which incorporates both the UCC/Minor Injuries and Medical Assessment services. They are recorded on the IT/PAS system under the UCC departmental code and not separately. The May 2012 data is currently being collated and will be available later this month.</p> <p><i>Elaine Prendergast, General Manager, Roscommon Hospital</i></p>				March	April	May	2011	1081	1143	1225	2012	572*	524*	Not available yet												
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W40Q962	Why those aged under 25 living at home, not in full time education and who are receiving the maximum social welfare payment for their age are not deemed to be eligible for a medical card when prior to the 2009 Budget such individuals were deemed to be eligible prior to the change in rates of payment for those under 25?	Cllr Laurence Fallon																								
<p>HSE Reply</p> <p>A medical card will issue to an applicant if: The applicant is in 16 – 25 age cohort and they have confirmed that they are living outside of the family on their own and their income ranges from €0 to the graduated DSP rates. If an applicant aged between 16 and 25 is living with his/her family and is not a dependant of a medical card holder, but is financially independent s/he will be assessed in his/her own right. The test to establish financial independence is the standard rate of income set out in the medical card guidelines for a single person living with family i.e. €164.</p> <p><i>Patrick Burke, PCRS</i></p>																										
W40Q963	To ask the breakdown of the admissions to the rehabilitation unit at the Sacred Heart Hospital in Roscommon over the last 12 months by category including those admitted from hospitals, those admitted from private nursing homes and those admitted directly from the community.	Cllr Laurence Fallon																								
<p>HSE Reply</p>																										

Sacred Heart Hospital – Admissions to the Rehabilitation Unit1st June 2011 – 31st May 2012

From other hospitals: 122

Private Nursing Homes 1

From the community 89**Total 212***Catherine Cunningham, Area Manager, Galway Roscommon PCCC***W40Q964****Are paediatric patients in MWRH Limerick able to avail of point-of-care hba1c testing like their counterparts in Dublin and Cork? If not, why not and when will this be resolved in order to make clinics more efficient, better use the time of skilled staff and let children back to school faster?****Cllr Brian Meaney****HSE Reply**

I wish to clarify that we are in receipt of a HbA1c point of care testing machine, which was donated to the paediatric diabetes clinic by the Irish distributors, Cruinn Medical. In light of the machine being donated a number of issues need to be addressed such as registration, commissioning, training, storage and maintenance arrangements prior to putting into service.

*Ann Doherty, CEO, Mid Western Hospital Group***W40Q965**

Noting with Concern that all Emergency Department Waiting Times at Ennis General Hospital for March 2012 are outside the 6 hour target, I request an explanation of the poor performance, corrective action proposed and an update on the current performance.

(http://www.hse.ie/eng/staff/Healthstat/hospitalresults/ennishospital/March_2012_MWRH_Ennis.pdf)

Cllr Brian Meaney**HSE Reply**

Due to the existence of a manual system at the Mid-Western Regional Hospital Ennis the collection of data regarding the 6 hour target commenced in May. Data in respect of the Mid-Western Regional Hospital Ennis, Emergency Department was not historically collected.

*Ann Doherty, CEO, Mid Western Hospital Group***W40Q966****I request a Hospital by Hospital breakdown of the number of people waiting for orthopaedic outpatient appointment, in each of the Mid West Group of Hospitals categorised by waiting times.****Cllr Brian Meaney****HSE Reply**

There is a single waiting list for the Mid-West Hospital Group for patients waiting on our OPD waiting list at May 2012 = 10,336 broken down as follows:

0-3 months = 355

3-6months = 119

6-12 months= 1,158

12-24 months = 1,522

24-36 months = 1,457

36-48 months = 1,026

48 months + = 4,699

All Orthopaedic referrals are graded by a consultant and prioritised based on clinical need. Two Musco Skeletal Clinical Specialist Physiotherapists are currently being processed by the NRS and these posts are specifically to deal with the Orthopaedic Waiting Lists. These waiting lists are constantly being validated.

*Ann Doherty, CEO, Mid Western Hospital Group***W40Q967****I request an update on the finance and budget compliance in the HSE West area, with a focus on agency, overtime and budget costs, also what is the total amount of money the HSE have collected from each of the Facilities in the HSE West area where the HSE levies a parking charge for 2011.****Cllr Brian Meaney****HSE Reply**

The following tables set out the Budget, Agency and Overtime position as at 30th April, 2012 for your information.

	Annual Budget	YTD Budget	YTD Expend	YTD Variance	% Variance	Last Month Variance
	€'000	€'000	€'000	€'000		€'000
Galway / Ros Hospitals	288,154	98,897	109,170	10,273	10.3%	7,460
Galway / Ros PCCC	248,815	82,886	85,436	2,550	3.0%	2,033
Mayo ISA	195,595	66,135	68,890	2,755	4.1%	2,830
Mid West Hospitals	203,052	70,779	80,298	9,520	13.4%	6,869
Mid West PCCC	306,724	102,061	102,201	140	0.1%	830
Sligo / Leitrim ISA	210,815	71,040	75,513	4,472	6.3%	3,268
Donegal ISA	221,096	74,086	79,516	5,430	7.3%	4,574
RDO HSE West	19,766	6,433	4,942	-1,491	-23.1%	-1,492
Total Western Area	1,694,016	572,316	605,966	33,650	5.8%	26,373

Agency

LHO / Hospital €'000	YTD 2012	YTD 2011	Variance Fav/(Adv) € '000	Percentage Overall Difference
Galway Roscommon Hosps	1,189	1,997	-808	-40%
Galway Roscommon PCCC	253	178	75	42%
Mayo ISA	591	903	-312	-35%
MidWest Hospitals	1,947	1,754	193	11%
MidWest PCCC	378	1,684	-1,306	-78%
Sligo/Leitrim ISA	265	804	-539	-67%
Donegal ISA	1,416	1,368	49	4%
Total	6,039	8,688	2,648	-30%

Overtime

LHO/Hospital in €m	Overtime YTD2012	Overtime YTD2011	Var Fav/(adv)	% Overall Difference
Galway Roscommon Hospitals	5.55	6.01	-0.45	-8%
Galway Roscommon PCCC	0.56	0.64	-0.08	-12%
Mayo ISA	1.53	1.36	0.17	12%
MidWest Hospitals	3.76	4.10	-0.34	-8%
MidWest PCCC	0.43	0.94	-0.51	-54%
Sligo/Leitrim ISA	2.28	2.54	-0.26	-10%
Donegal ISA	1.46	1.57	-0.11	-7%
RDO Office	0.05	0.02	0.03	220%
HSE West	15.62	17.16	1.55	-9%

Expenditure of €15.6m is €1.55m or 9% down on last year. This compares with a target reduction of €1.68m.

Carparking

Location	Total Income
LHO Galway	1,598
Sligo General	29,145
Reg Hos Dooradoyle	278,251
Galway Uni Hospital	349,723
Mayo General	43,347
Portincola Hospital	51,013
	753,078

Car parking income received from January to April this year in HSE West

Liam Minihan, Asst National Director, Finance

W40Q968	What posts are currently filled in the Galway area with staff who have retired from the service, and are now re-employed?	Clr Mary Hoade
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HSE Reply

There are a total of 15 posts being filled in County Galway by Staff who have retired as follows:

Grade
Registrar
Area Medical Officer
Consultant Anaesthetist
Consultant Cardiologist
Consultant Child Psychiatrist
Consultant General Physician x 2
Consultant General Surgeon
Consultant Pathologist
Psychiatric Nurse
Senior Audiologist
Staff Nurse x 4

The large majority of these staff are employed on a part-time basis, giving a total WTE figure of 9.13 WTE's, and are being filled on a temporary basis pending the permanent filling of the post.

Francis Rogers, Asst National Director, Human Resources

W40Q969	Can you confirm to me what is the up to date position with the ambulance base for Tuam?	Cllr Mary Hoade
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HSE Reply

The Tuam ambulance base is due for completion by the 4th quarter of 2012. No staff have 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 Tuam. In the initial stages this will be a mix of allocating a limited number of staff to operate from Tuam on a full time basis. On other occasions Ambulance control will manage the resources available on a live time basis to operate from Tuam.

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

W40Q970	What are the current waiting times in the E.D. in GUH. Can you confirm to me how many wards & operating theatre's are currently closed in G.U.H. and how many are proposed to be closed for the summer month's. Are oncology patient's still going through the ED.	Cllr Mary Hoade
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HSE ReplyWaiting times in ED

We monitor the bed situation in the hospital very closely with an initial report every morning at 6.30am followed by a meeting at 8am to decide what actions need to be taken with a subsequent meeting in the afternoon to monitor progress.

So far this year GUH has made significant progress with the number of patients who have to wait for a bed and the length of time they have to wait.

Since January the highest number of patients waiting in the ED for longer than 18 hours was 12 in February. The situation improved in March when we had 21 days when there were no patients waiting longer than 18 hours and this pattern continued into April with 22 days with no patient waiting longer than 18 hours for a bed.

The average number of patients awaiting admission at 8am from January to May were as follows:

January - 17 February - 24
 March - 15 April - 14
 May - 20 (MAU closed for 3 weeks)

We opened a 24 hour / 7 day Medical Assessment Unit with a Short Stay Medical Ward at the end of January which means that medical patients are admitted under the correct speciality and into the appropriate ward which has improved the access for patients into the hospital considerably.

Unfortunately the MAU was closed for 3 weeks for essential renovations during May which contributed to the increase in May average for ED.

Ward & Theatre Closures

There are a total of 19 Theatres in GUH: 17 in UHG and 2 in MPUH.

There is 1 Theatre closed in UHG on a rolling basis and in MPUH one of the theatres is closed 3 days a week.

We are actively recruiting nursing theatre staff to allow us to maximise the use of the theatres.

There are no planned closures for GUH over the Summer Months.

Oncology patient's attending ED

There is a 2 chair Cancer Assessment Unit (CAU) on the 5th floor beside the Oncology inpatient wards. As part of the admission policy to CAU, patients are required to be triaged in ED initially. Triage is necessary for patient health & safety due to the nature of their illness and the possibility of overwhelming sepsis and/or serious oncology emergencies requiring resuscitation. The bed management team and ED / CAU senior nurse managers liaise daily with regard to oncology patients in the ED and if the patients are suitable they are moved to the CAU.

Bill Maher, CEO, Galway Roscommon Hospital Group

W40Q971

Can you inform me what is the current status of the Headford Mental Health Services. Is it proposed to continue to have a Day Centre in Headford, given the proposed new mapping of the service. Will Headford Mental Health services continue to provide the other services that it currently provides.

Cllr Mary Hoade

HSE Reply

The Mental Health Services currently provided locally in Headford will remain in place, including the Mental Health Day Centre service. We do not anticipate a reduction in service level provision. In the context of the ongoing mapping exercise, these services will only adjust or not adjust according to current service provision and on the basis of knowledge of community requirements.

Catherine Cunningham, Area Manager, Galway Roscommon PCCC

W40Q972

What provisions are been put in place to accommodate patients of the Acute Psychiatric Unit at the Mid West Regional Hospital who wish to smoke.

Cllr Tom McNamara

HSE Reply

One of the nurses in the Acute Unit 5B represented Mental Health at all discussions/meetings relating to the development of the Mid Western Regional Hospitals Group including St. John's Hospital Tobacco Free Campus Policy. A Patient Information Leaflet has been developed for patients who are exempted (*See Appendix I*). Acute Mental Health Units have been identified as requiring exemptions for individual patients. These will be dealt with in line with Section 8.2 of the above policy (*Appendix II*). The designated exemption areas in the Mid Western Regional Hospital Limerick and the Mid Western Regional Hospital Ennis are situated at the rear of the hospitals.

The Chairperson of the Steering Group for the Tobacco Free Campus Policy Working Group was a representative from Mental Health and one of the Consultant Psychiatrists was an associated member of the group, therefore mental health services had good representation throughout the development of same.

Bernard Gloster, Area Manager, Mid West PCCC

W40Q973

How many are currently on the waiting list and what is the waiting time for a colonoscopy examination in the Endoscopy unit at the Mid West Regional Hospital Ennis.

Cllr Tom McNamara

HSE Reply

There are currently 372 patients active on the waiting list in the Endoscopy Unit at the Mid-Western Regional Hospital Ennis. All referrals for colonoscopies are graded by the consultant and prioritised based on clinical need. All urgent colonoscopies are done within twenty eight days. The maximum waiting time is currently ten months for routine colonoscopies and we have put arrangements in place to achieve the waiting target of no-one waiting over three months by the end of September, 2012.

Ann Doherty, CEO, Mid Western Hospital Group

W40Q974

To ask for a date on which the provision of full mammography services will return to Sligo General Hospital. In particular has a specialist mammography trained radiographer been appointed and assigned to Sligo General Hospital and is the mammography machinery located in Sligo General suitable for use or will new machinery have to be purchased. If new machinery is required has the HSE the

Cllr Sean MacManus

	necessary funding available now and when will this machine be operative at Sligo General Hospital?	
<p>HSE Reply</p> <p>Extensive efforts are being made to provide a follow up mammography service for Sligo patients in Sligo. It is proposed that this service will be provided as an outreach service from GUH. It has not been possible to date to deliver this service due to recruitment difficulties of staff in the Galway centre.</p> <p>Galway University Hospitals had sought expressions of interest in February 2012 from the existing national Radiographer panel for experienced mammography radiographers; however the existing panel yielded no candidates for the Galway posts.</p> <p>A second effort at recruitment took place in march and there were two Radiographer Applicants (not Mammography trained); these applicants however were already employed by GUH through an agency. These appointments are still being processed by the National Recruitment Service.</p> <p>A further effort at recruitment took place at the end of May which yielded one candidate who commenced on 19/06/2012; however one staff member also left therefore this process yielded no net increase in staffing. GUH has recruited one temporary Radiographer from 12.03.12 until the 01.07.12. & we are currently exploring all other avenues available to us to recruit appropriately qualified staff. As a further measure we will be bringing staff back from retirement on a part-time basis to support service delivery in GUH. We will be working with recruitment agencies in an effort to recruit permanent staff abroad.</p> <p>In the medium term it is planned to train staff in Mammography in Galway & when the appropriate staff are in place, follow-up mammography in Sligo one day per month will receive full consideration.</p> <p>We have had discussions recently with Breast Check about the provision of a follow-up mammography service for women in Sligo who were diagnosed prior to the transfer of the service to Galway. We expect to be in a position to confirm a start date for this arrangement in the near future.</p> <p>Bill Maher, CEO, Galway Roscommon Hospital Group</p>		
W40Q975	In light of the publication of the most recent HIQA report following their inspection of St. Johns Hospital, Sligo which showed that <i>“limited progress had been made in addressing the majority of the action plans from the last inspection”</i> in April 2011, can the HSE report on what steps are now being taken to resolve this situation.	Clr Sean MacManus
<p>HSE Reply</p> <p>The HSE continues to work diligently to meet the required standards of the Health Information and Quality Authority (HIQA).</p> <p>The unannounced inspection report of November 2011, published in May, stated that “limited progress had been made in addressing the majority of issues”. However it also, and more importantly, identified that foundation work had been instigated to ensure progress towards completing the required actions.</p> <p>Since the November 2011 inspection, St John’s Community Hospital had a further unannounced inspection on 07 and 08 March 2012. The subsequent inspection report and action plan which demonstrate the progress made are at draft stage and as a result, the HSE is not permitted to publish or disseminate the document until it is finalised.</p> <p>The team at St John’s have built on the foundations already outlined in the November report and have completed a number of actions which are critical to the success of the hospital in reaching the required standards. We continue to prepare the hospital for full registration with HIQA which is due in 2012.</p> <p>Investment continues within the hospital, most notably the final introduction and roll out of the new care plan entitled “My Plan of Care” which includes significant training for staff. Substantial investment in mandatory training has also taken place with an emphasis being placed on, Manual Handling, Protection of Adults, Dementia Training, Infection Control, Restraint and Fire Training and Evacuation Procedures.</p> <p>In relation to fire safety, the entire hospital is currently being upgraded to modern day standards which to date</p>		

has required a €300,000 investment.

The staff and management within St John’s Community Hospital, remain committed to implementing all actions as recommended by HIQA. We continue to involve our residents in our decision making processes and as identified by HIQA in the November report, residents were complimentary of the service provided and that good interaction between the staff and residents were observed on the day of the inspection.

A briefing was also provided to all Oireachtas and Forum Members at the recent Sligo / Leitrim & West Cavan Area Briefing. The circulated presentation provides further details on the services and developments within the Community Hospital

Damien McCallion, Area Manager, Sligo Leitrim

<p>W40Q976</p>	<p>Given the recent announcement by Wisdom Services, based at Cregg House, Sligo, that they are ending their role as service providers to over 200 special needs users in the Northwest due to the failure of the HSE to address the issue of underfunding of these services I now ask the HSE to clarify the following;</p> <ul style="list-style-type: none"> -To outline in detail how the HSE intend to continue the provision of services to those service users who currently avail of Wisdom Services and to assure them and their families that there will be no decrease in the level of services provided at present. - To state how the HSE proposed cutbacks of up to €1.3 million will be implemented, particularly in relation to staffing levels and, given such proposed financial cutbacks, to indicate how future HSE provided services can match those heretofore provided by Wisdom Services. -To outline what transition measures the HSE intend to implement during the changeover period and if Cregg House residential facility will remain open in the long-term. - To give details of any consideration which may have been given by the HSE to the use of an independent third party mediator during the almost six months of discussions between the HSE and Wisdom Services. 	<p>Cllr Sean MacManus</p>
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HSE Reply

The HSE have been working actively with the Daughters of Wisdom over recent months to try and find solutions to the present difficulties. Unfortunately the Daughters of Wisdom have now decided that they are no longer in a position to continue as the service provider.

The HSE recognises that this period of transition and change is unsettling for people who use the services, their families and staff, but wants to reassure clients and their families that they will continue to receive the services that they require. The HSE will work with the Daughters of Wisdom to ensure a smooth transition of the service.

The HSE also wishes to acknowledge and recognise the work and commitment that the Daughters of Wisdom have shown to service users over many years in this area.

The HSE and Wisdom Services have commenced the transition planning. A Transition Group is being established to oversee the process. In parallel the HSE will undertake a full assessment of the service with a view to identifying a service provider. The HSE and Wisdom Services have agreed to work together during the Transition Phase to ensure continuity of service for the Service Users.

The HSE did consider a range of options to help bridge the gap. As the fundamental issue was that Wisdom Services required additional funding and clearly stated that they were no longer in a position to invest in the Service then mediation or other such tools would not have assisted the process.

Mediation is only relevant as a mechanism to resolve a dispute between two parties. In this case both parties were clear on the financial challenges presenting and the core issue was that the Daughters were not in a position to make up the shortfall, despite the best efforts of all parties.

The Transition Process will define the measures required both to reduce costs and to ensure transition to another provider. This process has only commenced since the Daughters of Wisdom’s decision to cease at the Service Provider.

All decisions will be guided by the joint work undertaken by both Wisdom Services and the HSE to develop a new service model, based on National Policy for Services – such as the Congregated Settings Report. Any decision regarding facilities will be guided by National Policy.

The HSE and Daughters of Wisdom remain committed to ensuring a smooth transition to another service provider.

Damien McCallion, Area Manager, Sligo Leitrim

W40Q977	Could forum members from Galway be supplied with information in relation to changes and reform taking place in Mental Health Services in Galway as we are contacted in a regular basis by many of the service users.	Cllr Tomás Mannion
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HSE Reply

In relation to the reconfiguration of Mental Health Services, the purpose of the mapping exercise is essentially to organise the Galway/Roscommon service into 6 sectoral areas. Each sectoral area will have a population of c50,000 people. This is in accordance with the National Strategy as set out in 'A Vision for Change' 2006.

The broad outlines of the sectors have been agreed by the Regional Mapping Strategy Group. Regarding travel distances and access, where services are in place locally, they will remain in place. We do not anticipate that service users will have a reduction in access to clinical services which are currently available to them.

Catherine Cunningham, Area Manager, Galway Roscommon PCCC

W40Q978	Further to and noting the reply on the 22nd May 2012 to W39Q953 re MRSA and that there is a designated infection control ward with 26 beds in UHG, please clarify what is the procedure for a woman who is due for a planned section and who was previously infected with MRSA but whose records show that three consecutive samples reported 'as MRSA not-detected; in particular can any further necessary testing be arranged for this patient on an outpatient basis to allow for the required repeat samples as per the guidelines to be taken, tested and reported on prior to the planned section without waiting until she is an inpatient and the consequent isolation procedure which will inevitably follow.	Cllr Catherine Connolly
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HSE Reply

The situation with respect to patients previously colonized with MRSA and with 3 consecutive negative tests - the national guidance is that if possible the patient should be isolated on each subsequent admission until an admission screening swab is reported as not-detected

It is important to note that in the event of admission to a critical care unit (ICU/HDU) patients are screened on admission to that unit without reference to their previous MRSA status or test results.

These measures are intended to serve the interests of the person colonized with MRSA as well as protecting other patients who have not been colonized.

Specific questions relating to individual patients should be directed by the patient to their Doctor in the first instance.

Bill Maher, CEO, Galway Roscommon Hospital Group

W40Q979	Please clarify the position in relation to the list of leased/rented premises by the HSE West in Galway City and County beginning with the list as of 2009, the changes if any in 2010, 2011 and up to June 2012 including the nature and duration of the lease in each situation and full details in relation to the costs/financial penalties of leases terminated.	Cllr Catherine Connolly
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HSE Reply

There have been a number of lease terminations in Galway and more cost savings are planned. We are progressing a significant reduction in lease costs during 2012/2013. In a very small number of cases, in order to avail of certain break terms a penalty may be involved in the lease conditions. Where a penalty is considered to be justified in terms of the savings arising from termination, then it may be approved for payment provided appropriate funding is available in the period on which the penalty arises. It is not possible to provide specific details at this stage, as this is a commercially sensitive area and we are mindful of not putting the process at risk when significant savings are at stake.

W40Q980

Please clarify the position in relation to child development clinics in the City and County in general and in particular the numbers of children waiting for a first appointment and/or a review appointment with the breakdown per age category and the reasons for the waiting list.

Cllr Catherine Connolly

HSE Reply

Child Developmental Clinics are held by Area Medical Officers and Public Health Nurses on an on-going basis throughout the city and the county, subject to constraints experienced as a result of the public sector moratorium on recruitment. There is a waiting list in relation to children under 10 months requiring a first appointment and for children subsequently requiring a review appointment. The breakdown per age category of this waiting list is as follows:

Category	No. of Children
7-9 months	959
10 months and over	1,401
Awaiting Review appointment	244

Galway PCCC is continuing to address the delays in providing this service through re-organisation and re-prioritisation of workload, managing resources to ensure improved attendances at clinics and in how children are called to attend Developmental Clinics, as well as considering centralisation of clinics in some Health Centres so that the same service can be provided to more children at each clinic.

Catherine Cunningham, Area Manager, Galway Roscommon PCCC

W40Q981

What is the current position in relation to HSE West staff and the operation of the private nursing home in Oughterard including the number of HSE West staff who were assigned there and/or are currently there , the breakdown in relation to their positions and the current status of the Court proceedings including what obligations if any have been placed on the HSE West in relation to the operation of the said home together with clarification on who is paying for HSE West Staff time in the private nursing home and how same is calculated.

Cllr Catherine Connolly

HSE Reply

Numbers of HSE Staff who were/are assigned to private nursing home in Oughterard:

HSE Staff	April (from 27 th)	May	June (to 22 nd)
Staff Nurses (Day Duty)	2	2(a)	1
Staff Nurse (Night Duty)	2	1 (a)	1
Care Attendants (Day Duty)	2	2	0
Care Attendants (Night Duty)	1	1	0

Notes:

(a) The numbers of Staff Nurses on Day and Night Duty reduced from 2 to 1 as of 14th May.

The HSE's objective is to continue to reduce the numbers of staff assigned to the nursing home in the coming weeks, consistent with patient care and legal considerations.

Current Status of Court proceedings and HSE obligations:

Court proceedings are on-going. The HSE has been directed by the Court to take charge of the private nursing home under Section 64 of the Health Act, following an application by H.I.Q.A. under Sections 59/60 of the Act, pending a final hearing by the Court.

Payment for HSE staff time:

HSE staff assigned to the private nursing home continue to be paid by the HSE. Pay is calculated in accordance with approved public sector pay scales.

Catherine Cunningham, Area Manager, Galway Roscommon PCCC

W40Q982

Will the Sacred Heart Hospital Castlebar be closed in the near future

Clr Austin F O'Malley

HSE Reply

The Sacred Heart hospital is comprised of 77 continuing care beds, 36 rehabilitation beds and day care, total 113. Other services are provided by Physiotherapists, Occupational Therapists and a Dietician. The SHH is awaiting registration for the continuing care service and if received it will secure the service for a further three years. A proposal have been sent to the SDU in an attempt to secure funding from the allocated 28 million Euro announced by the Minister for Intermediate Care and if successful a new service will be developed on the site of the SHH which will increase the bed capacity to 128. Management of the HSE are totally committed to not only maintaining the current service but also to developing the services on the site. Over the past twelve months the number of beds have been reduced which has created anxiety and created an impression that the long stay service is being closed. The capacity of the service has been reduced to meet the HIQA environmental standards which will in turn improve the quality of the service and also ensure the long term viability of the service by securing registration.

Mr Frank Murphy, Area Manager, Mayo

W40Q983

Ask the HSE to confirm that sufficient front line nursing staff are in place at the Regional Hospital Limerick to afford a quality of care to all patients, with particular reference to night time care.

Clr John Carroll

HSE Reply

The Mid-Western Regional Hospital Limerick has received approval to recruit front line nursing posts. In conjunction with the NRS in Manorhamilton a recruitment process is in progress.

While these appointments are being processed the existing resources have been challenged especially when there is a surge in patient demand, which requires the opening of additional capacity.

During peak times nurses are employed to work additional hours or overtime and additional nursing staff are employed through a nursing agency. Existing nurses are redeployed from one area to another to deal with service priorities.

The above measures are applied on a 24 hour basis as the need arises.

Ann Doherty, CEO, Mid West Hospital Group

W40Q984

Current backlog of people waiting on the Fair-Deal Nursing Home Scheme in North Tipperary.

Clr John Carroll

HSE Reply

As at the 20/6/2012 we have 48 applications on hand for Tipperary (N.R.)

A breakdown of the 48 is as follows:

Pending medical determination	19
Pending completion of financial assessment to final stage	19
Additional information requested to finalise financial assessment	9
Awaiting release of funding	1

Applications are generally approved within four to six weeks on average (and sometimes shorter), this timeframe is dependent on a number of factors e.g. date of medical determination and receipt of financial information to complete the assessment.

Funding release is currently up to date with funding released for all clients with a decision date up to the 19//6/2012.

Bernard Gloster, Area Manager, Mid West PCCC

W40Q985	A listing of all Health Care facilities rented or in the ownership of the HSE in North Tipperary.	Clr John Carroll
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HSE Reply

All Health Care Facilities rented or owned by the HSE in North Tipperary

Names and Addresses

Nenagh Civic Offices, Limerick Road, Nenagh, Co Tipperary
 Limerick St, Roscrea, Co. Tipperary
 Traynor Court Health Centre, Chapel Lane, Roscrea
 MWRH Nenagh (St. Josephs General Hosp), Nenagh
 Community Hospital of the Assumption, Thurles, Co.
 Nenagh Day Hospital, Glenroyd, Tyone, Nenagh, Co.
 Dean Maxwell Home and Day Unit, Roscrea, Co. Tipperary
 St. Conlan's Community Nursing Unit, Flannan Street, Nenagh, Co. Tipperary
 Ballina Health Centre, Ballina, Co. Tipperary
 Cloughjordan Health Centre, Cloughjordan, Co. Tipperary
 Borrisokane Health Centre, Borrisokane, Co. Tipperary
 Borrisoleigh Health Centre, Lower Main Street, Borrisoleigh, Co. Tipperary
 Littleton Health Centre, Littleton Co. Tipperary
 Moyne Health Centre, Moyne Co. Tipperary
 Newport Health Centre, Newport Co. Tipperary
 Portroe Health Centre, Portroe Co. Tipperary
 Rathcabbin Health Centre, Rathcabbin Co. Tipperary
 Rearcross Health Centre, Rearcross Co. Tipperary
 Templederry Health Centre, Templederry, Co. Tipperary
 Templemore Health Centre, Templemore, Co. Tipperary
 Toomevara Health Centre, Toomevara, Co. Tipperary
 Kenyon St, Nenagh, Co. Tipperary
 Ambulance Centre, Ayre Hill, Roscrea, Co. Tipperary
 Rockfield House, Clare Glens, Newport, Co. Tipperary
 Annbrook, Limerick Road, Nenagh, Co. Tipperary
 Former Convent Borrisokane, Co. Tipperary
 Former Convent, Borrisoleigh, Co. Tipperary & 5 acres
 Gate Lodge, MWRH Nenagh, Co Tipperary
 Cre House, Templemore Road, Roscrea, Co. Tipperary
 St. Cronans Centre Roscrea (Former District Hosp) Roscrea, Co Tipperary.
 Mental Health Day Centre, Dromin Rd, Nenagh, Co. Tipperary
 Dispensary, Jaol Rd, Roscrea
 Ambulance Base Thurles - site of Hosp of Assumption
 Ambulance Services, Gate Lodge, Nenagh
 The Derg Centre. Gortlandroe, Nenagh, Co. Tipperary
 St Mary's Health Centre & Day Hosp, Thurles
 Day Centre, Ashe Road, Nenagh, Co. Tipperary
 Nenagh Health Centre, Tyone, Nenagh, Co. Tipperary

W40Q986	Will the HSE confirm that a Supervisor has been suspended at UHG on alleged misuse of funds and has an investigation commenced and will the outcome of any enquiry be made public?	Clr Padraig Conneely
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HSE Reply

Matters pertaining to individual members of staff do not fall under the remit of the Regional Health Forum and as such we have no comment to make in relation to this matter except to confirm that an investigation has

commenced. There are no patient safety issues.

Bill Maher, CEO, Galway Roscommon Hospital Group

W40Q987

What is the current validated out patients waiting lists for UHG / Merlin Park and the length of time waiting across all departments?

Cllr Pdraig Conneely

HSE Reply

Specialty	Total	*longest wait time
ANAESTHETICS	509	2.4
CARDIOLOGY	579	1
CLINICAL		
PHARMACOLOGY	35	0.4
DERMATOLOGY	2463	3.1
EAR NOSE & THROAT	5477	4.2
GERIATRIC MEDICINE	127	1.4
GYNAECOLOGY	1509	2.4
HAEMATOLOGY	150	1.4
IMMUNOLOGY	316	3.5
MAXILLOFACIAL SURGERY	1756	4.5
MEDICAL	1772	4.5
NEPHROLOGY	542	5.5
NEUROLOGY	1342	4.1
OBSTETRICS	115	0.2
ONCOLOGY	1	0
OPHTHALMOLOGY	2015	1.4
ORTHOPAEDICS	7915	6.5
PAEDIATRICS	430	1.1
PLASTIC	3146	4.4
RESPIRATORY	93	2.4
RHEUMATOLOGY	1554	3.2
SURGERY	2651	3.4
UROLOGY	4119	5.4
VASCULAR	2105	4.4
_Total	40721	6.5

***Over 50% of all patients waiting an outpatient appointment are waiting less than a year. OPD waiting lists are validated as patients are called.**

The times above are for the longest waiting time for each speciality; over 50% of all patients are waiting less than a year. The number of patients waiting for outpatient appointments should be viewed in the context of the overall number of patients who attend the hospitals each week; in 2011 we had 217,766 outpatient attendances and this is the target for this year also which means that on average the hospital treats over 4,000 outpatients each week

The Department of Health's Special Delivery Unit launched an initiative in March to deal with the outpatient waiting list and we are working on action plans to reduce the waiting time at GUH. We have identified key specialities that have very long waiting times and we will address these as a matter of priority; our aim is to use the resources of all the hospitals in the Group to reduce the numbers waiting. The OPD waiting lists are validated as patients are called to each clinic and this ensures that only patients who still require an appointment are given a date.

Bill Maher, CEO, Galway Roscommon Hospital Group

W40Q988	What is the absenteeism figure for UHG/Merlin Park for April/May, and what is the current number of people on sick leave from UHG / Merlin Park?	Cllr Padraig Conneely
<p>HSE Reply Absenteeism in GUH May 2012 - 4.51% April 2012 - 4.45%. This equates to approximately 138 WTE / day for the month of May.</p> <p><u>Procedure for reporting illness absence and returning to work</u></p> <p>Employees are required to inform their manager that they will be unable to attend work due to illness in accordance with the following procedure:-</p> <ul style="list-style-type: none"> • On the first day of absence, an employee should contact his/her manager at the earliest possible opportunity in advance of start time to advise of their inability to attend work and the reason why • When the employee is fit to resume duty he/she must make contact with the manager on the day prior to return so that the manager may make the necessary arrangements for return (rostering, etc) • If an absence exceeds two continuous days a medical certificate must be submitted to the appropriate office on the third day of the absence. Follow-up certificates must be submitted on a weekly basis unless the employee is advised otherwise <p><i>Bill Maher, CEO, Galway Roscommon Hospital Group</i></p>		