

REGIONAL HEALTH FORUM WEST – 25th November 2014

QUESTIONS & RESPONSES

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NUMBER	QUESTION	RAISED BY
W54Q1466	That the HSE West Senior Management outline detailed measures to discontinue the ongoing practice of having very large numbers of patients on trolleys for excessive periods at Limerick Regional Hospital.	Cllr. John Carroll
W54Q1467	That the HSE West Management outline detailed measures to reduce the long delays and waiting times at the Limerick Regional Hospital A&E Facility which is a cause of major concern throughout the Mid West catchment.	Cllr. John Carroll

A New Emergency Department is currently underway and will be commissioned in 2016.

In the meantime, as part of the UHL response to patients waiting on trolley's for admission we have implemented the following:

- Three patient flow managers have been appointed since July 2013; they are responsible for coordinating the transfer of patients from UHL to Ennis, Nenagh & St. Johns Hospital. The numbers transferred to these hospitals are monitored on a daily basis.
- Consultants are informed of the numbers waiting beds each day in the ED at 8am and throughout the day to prioritise the identification of patients suitable for discharge.
- The Assistant Bed Manager takes responsibility for coordinating discharge plans for patients requiring long term care via Fair Deal as well as other patients with complex discharges. A complex discharge meeting takes place weekly with community colleagues.
- There is a daily teleconference chaired by a member of the executive team, all hospitals within the group participate in the teleconference and the bed situation in all the hospitals is discussed.
- An Acute Medical Assessment Unit is open in UHL - this unit takes direct referrals from GP's and referrals from the Emergency Department - there is a Consultant on duty there each day, ensuring patients are seen by a senior decision maker in a timely fashion with regard to decision to admit and plan for treatment. This unit takes patients who would otherwise be seen in the ED.
- The Surgical Assessment Unit works in a similar fashion to the AMU - but for surgical patients.
- We have developed a "Navigational Hub" - a room where all patients are discussed by their ward managers with bed management and relevant clinicians. Potential delays are identified at an early stage and addressed, as well as identification of diagnostics which if carried out will enable early discharge.
- A 17 bed short stay unit has been opened which is managed by the acute medicine physicians, the ambition being to turn around patients within 48 hours of admission. It is anticipated that this unit will expand into an existing ward in the future increasing the capacity of the unit to 49 beds.
- A dedicated Paediatric Assessment area is open within the Emergency Department at UHL and has a separate child-friendly waiting area.
- We are currently seeking opportunities to increase the bed capacity at University Hospital Limerick.
- The current ED has had some infrastructural changes made to it over the last 12 months: new Paediatric Department, new Clinical Decision Unit and provision has been made for isolation facilities. However, the current department does need replacing and the new Emergency Department build is at an advanced stage and is progressing to fit-out stage.
- The Outpatient Antibiotic Treatment Service has commenced across UHL and suitable patients are identified, thus enabling the administration of IV antibiotics in their home

<p>which facilitates early discharge.</p> <ul style="list-style-type: none"> • Inpatients are prioritised on a daily basis by the Diagnostics Directorate to facilitate early discharge. • Three Medical Assessment Units were opened in Ennis, Nenagh and St. John's Hospitals. GPs can directly refer to these units and each unit has medical consultant cover and access to diagnostics. • There are also 3 Local Injury Units in operation in Ennis, Nenagh and St. Johns' Hospitals. <p>Noreen Spillane, Acting CEO, UL Hospital Group</p>		
W54Q1468	Please advise whether or not there is a 'cuddle cot' as known as a 'cold cot' available at the Maternity Unit at Mayo General Hospital which can be used on the death of a baby. Please state if this is offered to all mothers of babies who die or are still born. How many mothers has it been offered to in 2013 and 2014 to date and how many availed of it. Has there been any circumstances in which the 'cuddle cot' was not offered to mothers and why?	Cllr. Michael Kilcoyne
<p>The Cuddle Cot is available in Mayo General Hospital since April last year (2013) and offered to all mothers. There have been no instances where the cuddle cot was not offered.</p> <p>T Canavan, COO, Saolta University Health Care Group</p>		
W54Q1469	If a new lease has been agreed between the HSE West and the Merlin Park Radiologists Group for a property at Merlin Park occupied by the Merlin Park Imaging Centre, if the terms of the previous lease were renegotiated regarding rent and service arrangements, and if those details can be outlined to the Forum.	Cllr. Padraig Conneely
<p>Rent and service agreements relating to this lease renewal have been the subject of negotiation, and we are currently in the process of executing the lease. We are not in a position to give further information until the lease has been executed by both parties. We anticipate that this will be completed within the next month.</p> <p>Joe Molloy, Estates Dept, HSE West</p>		
W54Q1470	Why are routine media requests in relation to Galway University Hospitals (GUH) being referred to a private public relations company (Setanta Communications), and how much money has been paid to this company from 1 st January, 2014.	Cllr. Padraig Conneely
<p>The HSE has not provided a WTE headcount to the SAOLTA University Health Care Group to deal with communications matters. There was an interim arrangement whereby a member of the HSE West Communications team provided part-time support to the Group, two or three days per week. However, this is no longer in place. We have advertised internally for dedicated Communications personnel. We are awaiting the outcome of this recruitment process. Saolta University Health Care Group has recently gone out to tender again for communications services.</p> <p>The fees paid to Setanta in 2014 to date are €117,649.50.</p> <p>T Canavan, COO, Saolta University Health Care Group</p>		

W54Q1471	What is the total cost to date of the rebranding of the WNWHG, including consultants, purchase of new stationery and clothing items, signage, name badges, and all other associated material changes.	Cllr. Padraig Conneely
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One of the top priorities identified on the formation of the new hospital groups in the Higgins' report was that, "Each hospital group must agree a new name by which it will be known."

The West/North West Hospitals Group (formerly Galway Roscommon University Hospitals Group) introduced its new name - Saolta University Health Care Group - on Oct 9 2014. The adoption of a single name and associated logo will help to further integrate the hospitals in the group while also maintaining an appropriate degree of local identity.

Saolta University Health Care Group has made a public commitment to use the most cost-effective ways of getting its identity across. For example, stationery stocks, signage and existing branding to be used until stocks run out/replacement opportunities occur and will be replaced with the new logo at that time. Saolta is availing of cost free opportunities to get the message across such as photo/camera opportunities, introduction of a screen saver on all computer screens across the Group change of email signatures.

On that basis, Saolta University Health Care Group does not expect to incur substantial additional other costs than those incurred to date: the identity project was awarded to a specialist company following a competitive tendering process: the tender price excluding VAT was €19,900.

T Canavan, COO, Saolta University Health Care Group

W54Q1472	The number of persons on inpatient and outpatient waiting lists for Galway University Hospitals (GUH), a breakdown of the latter to indicate the specialty for which patients are awaiting an appointment, and the length of time they have been waiting.	Cllr. Padraig Conneely
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Work is ongoing across all of the hospitals to improve the waiting list performance. Hospitals across the country have experienced a significant increase in patient activity this year.

Inpatient waiting times by category based on SDU file from 30th October								
	0-1 Months	1-2 Months	2-3 Months	3-6 Months	6-8 Months	8-12 Months	12+Months	Grand Total
Adult	897	826	783	2042	936	1169	456	7109
Child	62	52	36	131	52	40	8	381
GI Scope	252	67	49	123	53	73	10	627
Grand Total	1211	945	868	2296	1041	1282	474	8117

Outpatient Waiting Times by Specialty (GUH) based on SDU file 30th October 2014									
	0-1 Months	1-2 Months	2-3 Months	3-6 Months	6-12 Months	12-24 Months	24-36 Months	Grand Total	
Anaesthetics	19	40	43	90	129	166		487	

Cardiology	119	74	83	226	248	74		824
Dermatology	237	223	177	438	403			1478
Gastro-Enterology	161	73	74	162	16			486
General Medicine	67	66	55	158	142	29		517
General Surgery	324	199	107	183	120	55		988
Geriatric Medicine	1	9	5	3	6	9		33
Gynaecology	160	112	108	276	504	251		1411
Haematology	32	31	18	34	60			175
Nephrology	16	11	11	43	80	53	1	215
Neurology	69	68	68	189	191	213		798
Ophthalmology	129	105	88	229	211	55		817
Oral Surgery	162	118	123	317	424	6		1150
Orthopaedics	404	332	215	778	1115	1192	100	4136
Otolaryngology (ENT)	216	228	200	605	909	521		2679
Paediatrics	74	122	91	210	267	54		818
Plastic Surgery	244	202	208	405	340	320		1719
Respiratory Medicine	55	56	32	107	106	153		509
Rheumatology	84	75	60	195	227	185		826
Urology	185	170	153	366	634	764		2272
Vascular Surgery	115	138	101	207	249	247		1057
Grand Total	2873	2452	2020	5221	6381	4347	101	23395

T Canavan, COO, Saolta University Health Care Group

W54Q1473	<p>The Intermediate Care Service was introduced by the NAS in the NW in December 2012. Its purpose was twofold:</p> <ol style="list-style-type: none"> 1. Free up both Paramedic and Advanced Paramedics to allow them respond to emergency calls; 2. To provide a more cost effective and efficient means of providing patient transport services both internally in the former NWHB area and external activity as in attending clinics in Dublin and Galway to name a few. <p>What are the cost savings to the HSE for both Sligo Regional Hospital and Letterkenny Hospitals since December 2012 in relation to providing PTS for public patients?</p> <p>To substantiate this can you please provide the actual amount spent on external service providers transporting public patients from both these hospitals for period 1st of January 2012-31st December 2012 and show the actual expenditure from the same hospitals transporting public patients for the period 1st January 2013 – 31st December 2013.</p>	Cllr. Felim Gurn
<p>Ambulance Service Expenditure on private ambulances in 2012 was €430,602. A policy decision was taken in 2012 that with effect from the 1st January 2013 expenditure on private ambulances</p>		

should transfer to Acute Hospital.

Padraig O’Riordan, National Ambulance Service.

The Intermediate Care Service was introduced for two reasons:

- 1) To provide dedicated transport for non-emergency routine transfers between hospitals.
- 2) Reduce demand on front line ambulance to enable them to be available to respond to 999 calls.

From both these points of view, the introduction has been a success in that pre-planned bookings do not impinge on front line ambulances. While this introduction has been a success, there has been a corresponding increase in the usage of private ambulances. Last year (2013) LGH supplemented the ICV service with private providers, primarily for non-emergency transfers of patients to external hospitals in Dublin and Galway for regional and tertiary services.

Letterkenny General Hospital spent €280k on private ambulances in 2013.

Costs to Sligo Regional Hospital incurred for the provision of private ambulance providers for non emergency runs either to national/ regional centres or for patient transportation to Community Hospitals and Nursing Homes since the introduction of the Intermediate Care Vehicle Service are €308k.

T Canavan, COO, Saolta University Health Care Group

W54Q1474	How many Ambulances cover the general Thurles area at any given Time? Also on the occasion of big events in Thurles Town, most specifically G.A.A. Matches in Semple Stadium, is there extra cover provided especially on big match days when there would be an extra 60,000 people in Thurles.	Cllr. David Doran
<p>There is one emergency ambulance on duty 24 hours a day, 7 days a week in Thurles area with an extra ambulance every Wednesday and Thursday from 0800-1530.</p> <p>A member of the ambulance management team has attended each GAA special event management meeting over the summer to co-ordinate between National Ambulance Service and the Order of Malta ambulance service. The Order of Malta are responsible for the ambulance cover within the stadium. The National ambulance Service are responsible for the provision of pre hospital care outside of the stadium and the surrounding areas. Following assessment the ambulance service has provided an extra emergency ambulance to Thurles area during certain Sundays throughout the summer of 2014.</p> <p>The ambulance service had an extra ambulance on duty in Thurles on the dates below: June 15th 2014 - Munster senior hurling championship. July 5th 2014 - All Ireland senior football & hurling championship. July 27th 2014 - All Ireland quarter finals. Sept 27th 2014 - Tipperary All Ireland homecoming.</p>		
<p>Padraig O’Riordan, National Ambulance Service</p>		
W54Q1475	Could the relevant director explain why it was necessary to re-brand the hospitals in the group now called SAOLTA and to confirm the cost of this re brand. Will there be any other associated costs with the re branding of the group and if so can you give us an estimate to this amount.	Cllr Donagh Killilea

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The new identity will be implemented across the Group's constituent hospitals (Galway University Hospitals, Portiuncula Hospital, Roscommon Hospital, Mayo General Hospital, Sligo Regional Hospital and Letterkenny General Hospital) over the coming months. Each of the individual hospitals will maintain its local identity but it is envisaged that through the Saolta identity they will be seen as part of a single cohesive unit within the Saolta Group.

The Saolta group set out to devise a name that would not be defined geographically to allow for maximum flexibility in the configuration of Groups into Trusts and that the name (or strapline) should include the word 'university'. By emphasising its links to an academic partner the Group believes that this will benefit its efforts to recruit and retain high quality nurses, NCHDs, consultants, allied health professionals and administrators.

The Group also wanted ensure that the word 'Group' could be seamlessly replaceable by the word 'Trust' to minimize costs of changes into the future and was cognisant not just of legal requirements and there are almost 85% of the Gaeltacht population is within its catchment area.

T Canavan, COO, Saolta University Health Care Group

W54Q1476	Could the relevant director assure the people of the Western Regional Health area that the proper rules and procedures are in place when employing doctors and senior medical staff. We see from a recent investigation that a Paediatric surgeon was facing misconduct allegations at Medical Council inquiry.	Cllr Donagh Killilea
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All staff recruited to the HSE are recruited under legislation, Public Service Management (Recruitment and Appointment Act) 2004.

To oversee this legislation the Commission for Public Service Appointments (CPSA) was established. They are the principal regulator of recruitment and selection processes within the Public Services

The CPSA have produced Codes of Practice to underpin the legislation. The HSE is obliged to operate these codes of practice.

Full details on the Codes are available on www.cpsa.ie

The CPSA carry out regular independent audits of HSE recruitment procedures.

F Rogers, Asst. National Director, HR

W54Q1477	Could the relevant director give a brief outline of the proposed new development of the A & E department in Galway University Hospital?	Cllr Donagh Killilea
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The proposed ED Development will be a two storey building. It will give increased capacity to the ED Department to meet existing and future needs. It will be designed to ensure compliance with the National Emergency Medicine Programme, enabling patient streaming for various patient groupings e.g. paediatrics, minor injuries, etc. It will incorporate a Clinical Decision Unit as recommended in the guidelines and will also enable integration with acute medical and surgical assessment units.

Over the last year a feasibility study was completed and latterly a cost benefit analysis which is currently with the HSE National Capital Steering Group.

T Canavan, COO, Saolta University Health Care Group

W54Q1478	Could the relevant director inform us as to the current position of the development of the "Grove Hospital Tuam" and its site and how long the court service intend to use the chapel there as its base for a courthouse.	Cllr Donagh Killilea
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A submission was made for capital funding to develop facilities for a Community Mental Health Team base, Mental Health Day Hospital and appropriate accommodation for Early Intervention/School Age Services within the old Grove Hospital. We have received approval and capital funding for the Mental Health element of the project of €2.5m. This will cover construction costs, design fees, equipment and other associated costs.

The Primary Care Centre will be developed on a Greenfield site. Planning permission has been granted and we look forward to work commencing during late 2015.

The Courts' Service leases a small section of the Grove Hospital on an annual basis. This is an ongoing arrangement which is reviewed each year in the context of service requirements. The car park has been opened to facilitate parking within the town.

C Cunningham, Area Manager, Galway/Roscommon

W54Q1479	What is the present situation regarding the re-introduction of mammography services at Sligo regional hospital?	Cllr. Rosaleen O'Grady
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The vast majority of required mammography in Sligo continues to be delivered locally, to women between the ages of 50-64 through BreastCheck the National Screening Program. The service plan for next year includes an extension of this up to 70 years of age.

There are a smaller number of women who might otherwise require mammography after a previous diagnosis of cancer. There was a plan in 2008 that women who had breast cancer surgery in Sligo would continue to get mammography in Sligo. However all of these women are now more than 5 years post surgery they have transitioned to a follow-up protocol which no longer requires

hospital based out-patient services. Their mammograms in the interval have been performed in other centres and it is preferable for quality assurance purposes that they continue to get imaging done where their previous films are available for comparison in order to detect and changes from the previous year.

In order for mammographically trained radiographers to continue to perform their role, they must meet quality assurance standards and minimum numbers of examinations per annum. As the vast majority of women who need mammography are seen in Sligo by BreastCheck and women with suspected cancer are seen in the Cancer Centres, there are now insufficient numbers of patients that would require mammography in Sligo in order to maintain a radiographer's skill set. In addition there is an international shortage of trained radiographers with the necessary skills.

It is important to reassure women who avail of symptomatic breast services in the west that while we have staffing difficulties, we continue to provide an excellent service to women from all across the West. This service is provided on the basis of clinical need and without regard to county boundaries. In this regard the NCCP have set national standards against which all symptomatic breast services are measured, the Galway/ Letterkenny based service has consistently delivered on these standards ensuring that the best possible service is provided to women in this part of the country. The 2013 annual report for the symptomatic breast service will be published next month which will provide detailed information on the service. This report once published will be available on the website.

In terms of the patients actually accessing the service we conducted a survey of satisfaction. This survey included 783 patients from Sligo, 440 from Roscommon and 189 from Leitrim. The overall results showed that 85% of patients rated the service as excellent and 13% as good. Therefore both the Cancer Control Programs key performance indicator assessments and patient satisfaction rating are extremely complimentary to the services available in the West.

T Canavan, COO, Saolta University Health Care Group

W54Q1480	What is the update on the provision of a new mammography machine for Sligo regional hospital?	Cllr. Rosaleen O'Grady
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A request for funding has been submitted to NCCP but no funding has yet been allocated

T Canavan, COO, Saolta University Health Care Group

W54Q1481	Has the HSE plans to implement government policy regarding the national neuro/rehabilitation strategy?	Cllr. Rosaleen O'Grady
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Response not available at time of printing.

W54Q1482	Will there be capital funding put in place to upgrade St. John's community hospital Sligo to bring it in line with the recommendations outlined by HIQA?	Cllr. Rosaleen O'Grady
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St. John's Community Hospital is one of many Public Long Term Care facilities requiring capital investment. It forms part of a National discussion, including with HIQA, in relation to the scale and phasing of such investment. There will be significant investment needed to bring St. John's into full compliance. These discussions are ongoing and have not yet concluded.

D McCallion, Area Manager, Sligo/Leitrim

W54Q1483	In relation to the proposal for a new 75 bed hospital on the grounds of the University College Hospital Galway please clarify the current status of this building and further please clarify the exact position re proposed admission policy for patients both public	Cllr. Catherine Connolly
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	and private/or with private health insurance given previous comments/confirmation by Senior Management that this new facility would be a revenue source for the overall hospital service.	
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The 75 bed Interim Ward Block Project for GUH which is currently at the tender evaluation stage. It is expected to commence in February 2015.

Admission will be governed by the current GUH Admission Policy.

T Canavan, COO, Saolta University Health Care Group

W54Q1484	Please clarify the current position re uptake or otherwise of breast check appointments in Galway City and County including the number of women who have attended in the last five years, the age group of the women and on what basis and/or area women receive an appointment, clarification on staffing at the service and further what is the current position re breast check of women over 65 years of age including whether there are plans to roll out such a service and if not why not.	Cllr. Catherine Connolly
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BreastCheck is a National programme provided in a number of sites across the country, one of these is Galway University Hospital. However, the service is not managed by the Hospital Group. We have sought an answer from BreastCheck and are awaiting a response.

W54Q1485	Please clarify the position in relation to all out-patient and in-patient waiting lists in University College Hospital and Merlin Park as of this date and further confirm how many patients in the last year have been referred to other hospitals both public and private hospitals from these lists giving the names of these hospitals and details of private clinics in hotels and how many patients were then put back on the waiting list and clarify where they were placed and how many were removed and why.	Cllr. Catherine Connolly
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Urology	185	170	153	366	634	764		2272
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Grand Total	2873	2452	2020	5221	6381	4347	101	23395

There were 6,365 outpatients referred to the private sector from GUH and Merlin Park hospital in the past year to the following hospitals:

- Galway Clinic
- Bon Secours Hospital, Galway
- St Frances Hospital, Mullingar
- St Josephs Hospital, Sligo
- The Mater Private Hospital
- Barrington's Hospital, Limerick

There are 168 patients who have been returned to GUH/Merlin for follow-up care and these have been placed back on the OP waiting list at their original date or given a date for an outpatient appointment/inpatient procedure as appropriate based on clinical need/instructions.

To date, 549 patients have been removed from the private hospital waiting list as follows:

- 399 patients did not attend their appointment
- 150 declined the offer of an appointment in the private sector when contacted

A small number of outpatient clinics were held at the Radisson Hotel, Galway. These were to facilitate patients who would otherwise have had to travel to Mullingar. In total, 3 Clinics were held in Radisson, attended by 50 Patients approximately.

T Canavan, COO, Saolta University Health Care Group

W54Q1486	Please clarify as a matter of urgency the position re replacement of the Public Health Nurse on Inis Oirr and when this position is to be filled which vacancy arises from the retirement of the full time public health nurse who was there until April last and given the very unsatisfactory and haphazard interim service which has prevailed since then with the full time public Health Nurse Service reduced to first three days a week, then two and on occasions one day a week and given that that this very restricted service is also weather dependent and further and in addition to a weather based service given that there is a complete absence of any medical service on days when the GP is also on duty off the Island.	Cllr. Catherine Connolly
<p>The Public Health Nurse on Inis Oirr retired earlier this year. Currently a Nursing service is provided 2 days per week, on the days that the resident GP provides services to the residents of Inis Meain. Service provision is determined based on the clinical caseload and cover for the GP in the event of an emergency occurring during the times of his absence. Locum cover is provided by the HSE when the resident GP takes leave.</p> <p>The HSE is making every effort to recruit an RGN/RM who will work part time and be based on the island midweek which will address issues arising in relation to weather-dependent flights. The post has been offered to the candidate who was highest on the recruitment panel but was declined. It will now be offered to next candidate on the panel. A representative from Galway PCCC recently met with the local co-operative to update them on the situation.</p> <p><i>C Cunningham, Area Manager, Galway/Roscommon</i></p>		
W54Q1487	It has been brought to my attention over the Summer that the Loughrea Community Workshop closed down without warning or notification to the clients. The Centre is used by people with mental or physical disabilities and some with both. I understand that over 15 to 20 clients attended this centre on a daily basis and it was a lifeline for many of them. The workshop is now operating in the grounds of St Brendan's Hospital in Loughrea, prior to that it was operating in a rented premises but then moved to a purpose built refurbished building at a cost of approx. 20,000 euro. Can you confirm to me what is the situation regarding this.	Cllr. Mary Hoade
<p>It is national policy to ensure that services are provided in HSE owned accommodation to the greatest possible extent and consistent with patient safety and quality. As part of the HSE's rent realisation programme, the leased property on Bride St, Loughrea was relinquished and the service was re-located to a specially refurbished building on the campus at St Brendan's on the Lake Road, Loughrea. Clients were advised of this move once appropriate arrangements were in place to ensure continuity of service provision.</p> <p><i>C Cunningham, Area Manager, Galway/Roscommon</i></p>		
W54Q1488	Can you confirm if we have all theatres and wards in UCHG and Merlin Park open at the moment? Given the record large numbers waiting in the ED Dept, are there any plans in place for the Winter?	Cllr. Mary Hoade

- All funded beds are currently open and operational. Plans for the winter surge are contained in the operational Hospital Escalation Plan. All options to accommodate emergency admissions are under continuous review.
 - ED Capacity – an Escalation Policy is in place whereby patients are placed on wards and all existing available day capacity is utilised.
 - There are 14 theatres in GUH, this equates to 140 sessions per week, of this there are 94 sessions open.
 - There are 10 surgical day ward sessions per week in Galway University Hospital, all of which are open.
 - There are 3 operating theatres in Merlin Park
1. 2 elective orthopaedic theatres = 20 sessions of which 18 are operational.
 2. 1 general theatre for low complexity procedures in the following specialties, Pain, Interventional Radiology, Vascular and Plastics, which will be augmented over the next 6 months with activity transferred from GUH.

T Canavan, COO, Saolta University Health Care Group

W54Q1489	Parking is at crisis level in UCHG at present. I have received complaints from many members of the public regarding the fact that old people have to be dropped at the hospital and let into appointments on their own because family members can get parking, Is there any plans in place to deal with this as the hospital year goes into the Winter Season.	Cllr. Mary Hoade
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Parking at University Hospital Galway is significantly constrained due to a number of building projects progressing on site. These constraints have resulted in a reduction of the overall parking capacity. The hospital has and continues to move staff car parking off site in order to alleviate pressures. Upon completion of building works including replacement car parking. The hospital will be increasing designated public parking.

T Canavan, COO, Saolta University Health Care Group

W54Q1490	Can we have an update on the future of Lifford Hospital and clarify for me if Lifford Hospital is on any priority list?	Cllr. Gerry McMonagle
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The HSE (Donegal) has submitted business cases to develop a new Community Hospital/Nursing Unit in Letterkenny and Ballyshannon, Co Donegal.

The HSE (Donegal) is currently in discussions with HIQA to secure the continued registration of all community hospitals in Donegal. The HSE is proposing that Lifford Community Hospital continue as a short stay unit. It is not currently on a priority list for major capital investment however, the following outlines measures taken to enhance patient services.

A number of improvement measures have been implemented, these include:

- Refurbishment of Residents Sitting and Dining Room
- The Development of a chapel of Rest
- The Development of a family room for overnight stay

- The Installation of CCTV covering the doors and corridors
- The purchase of 8 Low Low beds
- The installation of Keypad locks throughout the facility.

A capital investment of €40,000 has been approved for the upgrade of the kitchen for 2014.

In addition to the infrastructural developments, a number of practice improvements have also been developed including:

- Safer Medication Management
- Enhanced training for staff

John Hayes, Area Manager, Donegal PCCC

W54Q1491	Have we had any response from the Minister of Health in relation to this Forums call for a Independent Inquiry into the cause of flooding at Letterkenny General Hospital?	Cllr. Gerry McMonagle
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We have received an acknowledgement of the Motion from the Minister’s office. The investigation being conducted by the HSE is progressing well. An interim report was published in September and we expect the final report to be published before Christmas.

T Canavan, COO, Saolta University Health Care Group

W54Q1492	Can we have an Update on Breast Care Services at Letterkenny General Hospital and what are the current Waiting List numbers for people waiting to avail of the service?	Cllr. Gerry McMonagle
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When GP referrals are received into the Symptomatic Breast Unit at Letterkenny General Hospital they are triaged into two groups:

- 1 Urgent – These patients are to be seen within 10 working days as per the National Cancer Control Programme (NCCP) Guidelines
- 2 Routine – These patients should be seen within 84 days as per the NCCP Guidelines.

The clinic is a Triple Assessment Clinic. If it is decided, after medical review, that a mammogram is required then this is performed on the day of the clinic.

There is currently an imbalance between resources and capacity to see routine patients due to the increased referral rate to the Breast Centre at Letterkenny General Hospital. The average number of monthly referrals for 2014 (January – September) is 177 compared with an average of 161 patients referred per month in the same period of 2013.

As the breast clinic is operating to full capacity at present, this increase in referrals has resulted in an increased waiting time for routine patients. At present, almost 40% of routine patients are assessed within the target of 84 days, and the average waiting time is 105 days.

Consequently, of the 445 routine patients waiting to be assessed, 278 have been waiting longer than the NCCP guidelines of 84 days.

To address this, we are exploring the potential to run additional clinics at Letterkenny General Hospital. We are also examining ways in which the resources across the group can be utilised to help reduce the waiting times for routine referrals at LGH.

The priority for the hospital remains the appointment of patients who meet the criteria for an urgent appointment.

<i>T Canavan, COO, Saolta University Health Care Group</i>		
W54Q1493	What services/support are available from Letterkenny General Hospital for Patients from Donegal who have to travel to Dublin/Galway for specialist services and how much does it cost annually to provide such services?	Cllr. Gerry McMonagle
<p>The default position is that any patient who needs to access an outpatient service in Dublin should travel by their own means. However, any application for support is treated on an individual basis on its own merits. The “Friends of LGH” provides a dedicated bus service for patients from Donegal who require radium treatment in St. Lukes in Dublin. Secondly, the Irish Cancer Society administers financial support for patients under the “Travel to Care Scheme” on behalf of the HSE who travel to and from an approved Cancer Centre. Thirdly, a voluntary service funded by the “Good and New” shop provide transport between Letterkenny and Galway for patients who access cancer services in UCHG.</p>		
<i>T Canavan, COO, Saolta University Health Care Group</i>		
W54Q1494	What is the HSE Mid-West’s policy in relation to security staff carrying out one to one supervision on disturbed patients in Acute Psychiatric Units	Cllr Tom McNamara
<p>The Code of Practice on Physical Restraint in Approved Centres, issued by the Mental Health Commission (MHC), pursuant to Section 33(3) (e) of the Mental Health Act 2001, sets out principles underpinning the use of physical restraint, purpose and scope of the code, definition of physical restraint, orders for physical restraint, resident dignity and safety, ending the use of physical restraint, recording the use of physical restraint, clinical governance, staff training and child residents. The appendices attaching to the Code of Practice outline the key steps in physical restraint and clinical practice for physical restraint.</p> <p>HSE Mid West Mental Health Services has drawn up a local policy on physical restraint, incorporating the recommendations of the Mental Health Commission. This policy also addresses the use of security staff in assisting HSE staff carrying out one to one supervision on disturbed patients in Acute Psychiatric Units.</p> <p>Physical restraint is always proportioned to the identified risk and only used in the best interest of the patient and only when a patient poses an immediate threat of serious harm to self or others and all alternative interventions to manage the patient’s unsafe behaviour have been considered.</p> <p>Decisions to involved security staff in emergency restraint is made by the most senior nurse on duty and is based on the presenting risks. Where security staff are involved in emergency restraint, they operate under the direct instruction and supervision of the registered nurse leading the restraint. The registered nurse is responsible for ensuring necessary patient information is shared with due cognisance of confidentiality and risk issues.</p> <p>The use of physical restraint may only be initiated and carried out by a member of the multidisciplinary team as defined by the MHC and who has received training in approved physical restraint skills within identified timescales and in accordance with assessment of training needs carried out by an accredited Professional Management of Aggression and Violence (PMAV) Instructor.</p> <p>All uses of physical restraint are recorded in the patient’s clinical file and on the clinical practice form for physical restraint as prescribed by the MHC. The Asst. Directors of Nursing and Heads of Disciplines responsible for clinical areas in the Approved Centres must maintain written records</p>		

indicating all staff involved in physical restraint have read and understood the policy.

Clinical Incident Forms are completed for all incidents of restraint.

Staff rostered to Approved Centres receives training in physical restraint based on a formal assessment by a PMAV Instructor that takes into consideration patient needs, clinical risk, health and safety, professional requirements, physical environment and organisational expectation.

Security staff rostered to provide support to Approved Centres in emergency situations are provided with training and have completed the agreed assignment training programme. Lists of assigned security personnel together with copies of their Private Security Authority (PSA) licences are made available by the Security Company as part of service level agreements.

Bernard Gloster, Area Manager, Mid West PCCC

W54Q1495	What are the figures for the number of patients admitted, and waiting on trolleys/chairs, for a hospital bed in the Emergency Department of University Hospital Limerick during the months of September and October 2014 and could these be compared with the figures for same period in 2013?	Cllr. Malachy McCreesh
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The Minister for Health issued a directive to the HSE that the INMO Trolley Ward figures should be used as the single measure of patients on trolleys. According to their data (see links below) University Hospital Limerick (UHL) had 484 patients on trolleys in October 2014, compared to 244 in October 2013. In September 2014 UHL had 551 patients on trolleys, compared with 345 patients in September 2013.

Preliminary figures report that the UL Hospital Group had 2,423 emergency admissions in September 2014, compared with 2,461 emergency admissions in September 2013. At this time preliminary figures for October 2014 are not available.

Preliminary figures also report that in September 2014, 4,821 patients presented to the ED in UHL compared to 4,672 in September 2013. At this time preliminary figures for October 2014 are not available.

Noreen Spillane, Acting CEO, UL Hospital Group

W54Q1496	Is there any feedback on the motion (W53M291) that was passed at the Regional Health Forum, West – 23 rd September 2014, regarding the request for the HSE to consider extending the opening hours of the Nenagh and Ennis hospitals?	Cllr. Malachy McCreesh
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We have not received any feedback from Minister on this Motion. Both Ennis and Nenagh Hospitals are currently open 24/7, with both Local Injury Units open 8am – 8pm and AMU's open 8am – 6pm. The wait times, numbers of patients presenting and time of presentations are all monitored closely. The data is also compared with previous year's data. There is presently no indication that either units in both hospitals need to extend their opening times. Patients are being seen promptly with capacity to see more patients with the current opening times.

Noreen Spillane, Acting CEO, UL Hospital Group

W54Q1497	At the last meeting of the Limerick Metropolitan Council meeting on 20 th Oct 2014, a motion was passed supporting the upgrading of St John's Hospital Limerick to a Model 3 so that A and E services could be restored. Has there been any discussions within the Hospital Group on this initiative?	Cllr. Malachy McCreesh
<p>There are no plans to change the current reconfiguration of services at St. John's Hospital.</p> <p><i>Noreen Spillane, Acting CEO, UL Hospital Group</i></p>		
W54Q1498	Is there any update on the industrial action that is on going at the UL hospitals regarding the Impact union?	Cllr. Malachy McCreesh
<p>The industrial action is still ongoing until the 30th November. Ms Noreen Spillane has been appointed the new Chief Operations Officer of the University Limerick Hospitals and commenced on Monday 24th November 2014 following her handover to the new Chief Executive Officer.</p> <p><i>Noreen Spillane, Acting CEO, UL Hospital Group</i></p>		