

Miontuairiscí chruinniú an Fhórait Sláinte Réigiúnaigh a tionóladh Dé Máirt, 23 Meán Fómhair, 2025 ag 2.00 i.n, i Seomra 1 an tIonad Oideachais, Feidhmeannacht na Seirbhíse Sláinte, Ospidéal Ollscoile Páirc Mheirlinne, Gaillimh

**Minutes of Regional Health Forum West held on
Tuesday, 23rd September 2025 at 2.00pm in Room 1, Education Centre, HSE,
Merlin Park University Hospital, Galway.**

Chairperson: Cllr Gerry McMonagle

Members Present	Members Present (continued)	Members Apologies
Cllr Antoinette Bashua Baker *	Cllr Mary Howard*	Cllr Sharon Benson
Cllr Declan Bree*	Cllr Emer Kelly*	Cllr Bridie Collins
Cllr Ciaran Brogan*	Cllr Michael Kilcoyne*	Cllr Seamus Morris
Cllr Marie Casserly*	Cllr Donagh Killilea	
Cllr John Caulfield *	Cllr Michael Loftus*	Members Absent
Cllr Michael Collins*	Cllr Eileen Mannion*	Cllr Phyll Bugler
Cllr Shaun Cuniffe	Cllr Declan Meehan	Cllr Aisling Burke
Cllr Gary Doherty*	Cllr Sean Moylan	Cllr Greg Conway
Cllr Valerie Duffy*	Cllr Rita McInerney*	Cllr MJ Crowe
Cllr Paddy Farrell	Cllr Edel McSharry*	Cllr Francis Foley
Cllr Ita Reynolds Flynn	Cllr Micheál Naughton*	Cllr Felim Gurn
Cllr Shane Forde*	Cllr Elisa O'Donovan*	Cllr James Ryan
Cllr Alma Gallagher*	Cllr JP O'Meara*	
Cllr Liam Galvin	Cllr Dr Evelyn Francis Parsons*	
Cllr Alan Harney*		

* Denotes virtual attendance

In attendance:

Tony Canavan, Executive Lead, Regional Health Forum/ Regional Executive Officer, HSE West and North West
 Ian Carter, CEO Midwest Acute and Older People Services
 Ann Cosgrove, Integrated Health Area Manager, Galway Roscommon
 Mandy Doyle, Head of Service, Primary Care, Donegal
 John Fitzmaurice, Integrated Health Area Manager Sligo, Leitrim, South Donegal, West Cavan
 Niall Murray, General Manager, Area Operations, NAS
 Mary Warde, Integrated Health Area Manager, Mayo
 Marian Cavanagh, Regional Health Forum Office
 Anna Lyons, Regional Health Forum Office

948/118/25 Minutes of previous meeting – 24th June 2025

The minutes of the previous meeting held on the 24th June 2025 were proposed by Cllr Liam Galvin and seconded by Cllr Declan Meehan and adopted.

949/118/25 Matters Arising:

950/118/25 Chairman's Address:

951 /118/25 Questions:

Portiuncula University Hospital Maternity Services:

W118Q4517 – Portiuncula University Hospital HIQA Inspections:

Action: RHF office to provide Cllr Valerie Duffy with the link to the 2023 HIQA Portiuncula University Hospital inspection reports.

<https://www.hiqa.ie/areas-we-work/find-a-centre/portiuncula-hospital-ballinasloe>

Action: RHF office to provide Members with the link to the HIQA reports on the National Standards for Safer Better Healthcare and National Standards for Safer Better Maternity Services.

<https://www.hiqa.ie/sites/default/files/2017-01/Safer-Better-Healthcare-Standards.pdf>

<https://www.hiqa.ie/sites/default/files/2017-02/national-standards-maternity-services.pdf>

W118Q4486 - Portiuncula University Hospital Maternity Services:

Action: Tony Canavan to update Cllr Alan Harney with the risk assessment plan on the impact of the transfer of women and the mitigation plans being developed by the implementation team.

W118Q4467 - Dangers of sunbed usage:

Action: Tony Canavan agreed to check whether the HSE has any responsibility in relation to enforcing salons not to provide sun beds to young children and revert to Cllr Marie Casserly.

W118Q4474 - Croí Galway Funding:

Action: Ann Cosgrove to provide Cllr Shane Forde with a breakdown of the services provided by Croí to Older People Services, Health and Wellbeing and Primary Care.

W118Q4478 - Regional Health Forum Structure:

Action: RHF Office to circulate to the Members the Regional Health Forum West Standing Orders, Health Act and Statutory Instrument.

W118Q4479 - St Brigid's Hospital Ballinasloe:

Action: Niall Colleary to provide Cllr Alan Harney with an update on St Brigid's Hospital by the end of the year and give advance notice of any lots going on sale at the Hospital.

W118Q4489 – Emergency Aeromedical Service (Air Ambulance):

Action: Niall Murray to check if there could be an extension of night time hours for the Emergency Aeromedical Service within the Mid-West region and revert to Cllr Rita McNerney.

W118Q4491 - GP Coverage in Clare:

Action: Maria Bridgeman to revert to Cllr Rita McNerney regarding whether the listed GP's located in County Clare are full-time or part-time.

W118Q4492 - Locum GP Employment in Clare:

Action: Maria Bridgeman to provide Cllr Rita McNerney with an update on the recruitment campaign for the permanent GP position in Clare.

W118Q4495 – Representations being made by a Public representatives on behalf of a constituent:

Action: Tony Canavan agreed to confirm the procedure for submitting a representation made by a Public representative on behalf of a constituent and revert to Cllr Michael Kilcoyne.

W118Q4501 - Transition from CAMHS to adult Mental Health services:

Action: Mandy Doyle to provide Cllr Gerry McMonagle with further details/options for children transitioning into adult mental health services and respond to correspondence emailed by Cllr Gerry McMonagle to Dermot Monaghan's office on this issue.

W118Q4503, W118Q4523, W118Q4533 - Letterkenny Surgical Hub:

Action: Mandy Doyle to provide Cllr Gerry McMonagle, Cllr Declan Meehan and Cllr Ciaran Brogan with information and membership details on the working group for the Surgical Hub once confirmed.

W118Q4508 - Breakdown of staff grades for HSCP Galway, Mayo and Roscommon:

Action: Ann Cosgrove to provide Cllr Donagh Killilea with staff grade details for the 188.19 Health and Social Care professional for Galway, Mayo and Roscommon.

W118Q4512 - CAMHS ID Consultant:

Action: John Fitzmaurice to advise Cllr Declan Bree and the Regional Health Forum Members once the CAMHS Consultant appointment has taken up the position.

W118Q4521 - Triage time, in each hospital in the West and North West Region:

Action: Cllr Meehan requested an audit of the triage time data broken down by speciality and why this information is not inputted.

W118Q4525 - Early Intervention Youth Mental Health Service for Sligo, Leitrim and South Donegal:

Action: John Fitzmaurice to keep Cllr Edel McSharry updated on the progress of the Early Intervention Youth Mental Health Services in Sligo, Leitrim and South Donegal.

W118Q4534 - Renal Dialysis Unit Letterkenny University Hospital:

Action: Mandy Doyle to feed back Cllr Ciaran Brogan's comments to the Service regarding the need to provide additional wheelchairs for patients visiting the Renal Dialysis Unit.

W118Q4536 – Home Help Hours in Donegal:

Action: Mandy Doyle to provide feedback on whether the HSE can assist in recruiting Home Help privately due to the recruitment embargo and revert to Cllr Ciaran Brogan.

The Standing Orders were suspended due to time; Cllr Declan Meehan proposed the continuation and it was seconded by Cllr Declan Bree and carried. The meeting resumed.

952/118/25 Motions:

W118M213 - Increase in both the pay and numbers allocation of staff to provide adequate home care packages:

This Motion was proposed by Cllr Edel McSharry, seconded by Cllr Donagh Killilea and agreed by all Councillors present.

Action: Tony to revert to the Chairperson regarding the most appropriate route for this Motion, noting that funding will change slightly in 2026.

W118M214 - Portiuncula University Hospital, Maternity Services:

This Motion was proposed by Cllr Evelyn Francis Parsons, seconded by Cllr Emer Kelly and agreed by all Councillors present. The REO Tony Canavan present as Executive Chairperson noted that while the Motion was agreed and passed by the Members, the Executive would not be supporting this motion.

Action: Motion to be forwarded to the Minister for Health.

W118M215 -Portiuncula University Hospital, Maternity Services:

This Motion was proposed by Cllr Alan Harney, seconded by Cllr Valerie Duffy and agreed by all Councillors present.

W118M216 - Increase capacity in publicly owned Community Nursing Home in Galway area:

This Motion was proposed by Cllr Donagh Killilea, seconded by Cllr Declan Bree and agreed by all Councillors present.

Action: Ann Cosgrove to provide Cllr Donagh Killilea with information on a National piece of work on bed capacity review.

W118M217 - Funding to MS Ireland to employ full time MS Community Workers:

This Motion was proposed by Cllr Declan Bree, seconded by Cllr Edel McSharry and agreed by all Councillors present.

953/118/25 Any other Business:

954/118/25 Date & Time of Next Meeting:

The next **Regional Health Forum Committee Meeting** will take place on Tuesday, 21st October 2025 at 2pm in Castlebar.

The next **Regional Health Forum Meeting** will take place on Tuesday, 25th November 2025 at 1pm in Galway.

This concluded the business of the meeting.

Signed:

Cathaoirleach/Chairman

Adopted at the Regional Health Forum West meeting

QUESTIONS AND RESPONSES RECEIVED

REGIONAL HEALTH FORUM WEST – 25TH NOVEMBER 2025

Number:	QUESTION	RAISED BY	PAGE NO.
W119Q4541	Sligo University Hospital.	Cllr M Casserly	4-5
W119Q4542	Cliffoney Health Centre.	Cllr M Casserly	5-6
W119Q4543	Co Clare address presentations to UHG ED.	Cllr M Howard	6
W119Q4544	Update on the new Ennis Dialysis Unit.	Cllr M Howard	6
W119Q4545	Ennis Primary Care Centre- older patients with Ophthalmic/eye issues?	Cllr M Howard	6
W119Q4546	UHL trolley numbers.	Cllr S Morris	7
W119Q4547	Recruitment in the Mid West region?	Cllr S Morris	7
W119Q4548	St Conlons Nursing home Nenagh.	Cllr S Morris	7
W119Q4549	The Aras breffini nursing home in Manorhamilton expansion?	Cllr F Gurn	7-8
W119Q4550	Can we identify the restructuring of CAMHS in the Sligo/Leitrim area.	Cllr F Gurn	8
W119Q4551	Public nursing home bed numbers; HSE Midwest/West/N West.	Cllr A Baker Bashua	8-10
W119Q4552	Delayed discharges HSE Midwest and HSE West/NW regions.	Cllr A Baker Bashua	10-12
W119Q4553	Designated paediatric doctor in the ED department at all times in UHL?	Cllr A Baker Bashua	12
W119Q4554	Is there a consultant skin surgeon on staff at UHL?	Cllr A Baker Bashua	12
W119Q4555	Delayed discharges Merlin and UCHG.	Cllr S Forde	12
W119Q4556	Agency staff cost UCHG and Merlin Park for last 3 years.	Cllr S Forde	12
W119Q4557	Endoscopic procedures wait list UHG currently?	Cllr S Forde	13
W119Q4558	How many staff have been physically assaulted, UCHG and Merlin, last 3 years.	Cllr S Forde	13
W119Q4559	Update on the additional beds that were announced for Nenagh Hospital?	Cllr S Morris	14
W119Q4560	Vacant HSE owned or leased properties in Mayo.	Cllr M Kilcoyne	14-16
W119Q4561	CAMHS in Mayo, wait list, wait times.	Cllr M Kilcoyne	16
W119Q4562	Upgrade at St. Joseph's Rehabilitation & Stroke Unit, Sacred Heart Hospital Castlebar?	Cllr M Kilcoyne	16-17
W119Q4563	Procedure for reduction in Home Help Hours (Mayo).	Cllr M Kilcoyne	17
W119Q4564	Update on site acquisition in Ballaghadreen for a Primary Care centre.	Cllr S Moylan	17
W119Q4565	Paediatric ENT wait list HSE west area (Galway, Mayo, Roscommon).	Cllr S Moylan	17-19
W119Q4566	Delays in surgery, chemotherapy and radiation treatment experienced by patients from Sligo/Leitrim.	Cllr I Reynolds Flynn	19-20
W119Q4567	Community services beds Midwest Region.	Cllr J Ryan	20-21

W119Q4568	2024 ALOS in Hospitals, HSE Midwest and HSE West/North West.	Cllr J Ryan	21-22
W119Q4569	Consultant workforce across the acute hospitals in the Midwest/North West/West regions.	Cllr J Ryan	22-24
W119Q4570	Nursing workforce across the Midwest and West/North West regions.	Cllr J Ryan	24-27
W119Q4571	Update on the status of the disposal of Ballygar Health Centre and St Brigids Hospital Campus.	Cllr A Harney	27
W119Q4572	Portiuncula University Hospital Maternity Services.	Cllr A Harney	27-28
W119Q4573	Portiuncula University Hospital Maternity Services.	Cllr A Harney	28-29
W119Q4574	Portiuncula University Hospital Maternity Services.	Cllr A Harney	29
W119Q4575	Update on the vacant (Donegal) Consultant Position for a CAMHS MH ID Consultant and Team, alternative service?	Cllr G McMonagle	29-30
W119Q4576	Application for Respite facilities Donegal; one 5 bed or two 5 bed.	Cllr G McMonagle	30
W119Q4577	New Extension of the Renal Unit at LUH.	Cllr G McMonagle	30
W119Q4578	Update on cataract services at LUH; wait list, numbers waiting.	Cllr G McMonagle	30
W119Q4579	Status of defibrillators in the ambulance fleet for the Galway Area.	Cllr D Killilea	31
W119Q4580	What new capital projects underway in the Galway Area.	Cllr D Killilea	31-32
W119Q4581			-
W119Q4582	The total number of scheduled and unscheduled admissions HSE Mid-West/West/North-West hospital groups, 2025 to date.	Cllr R McNerney	32-35
W119Q4583	St Senan's Nursing Home, Kilrush.	Cllr R McNerney	35-36
W119Q4584	Crohn's Disease and Ulcerative Colitis, Midwest; services, treatments, supports, review request, LTI scheme.	Cllr R McNerney	36
W119Q4585	What plans in place to provide a permanent ambulance on Inis Oirr?	Cllr E Mannion	36-37
W119Q4586	When is work on the proposed 40 bed CNU for Clifden to commence?	Cllr E Mannion	37
W119Q4587	Update on the plans for Primary Care Centers for Inishbofin, Oughterard and Spiddal.	Cllr E Mannion	37
W119Q4588	Are there plans to provide Speech and Language classes for children in Connemara?	Cllr E Mannion	37-38
W119Q4589	Home Support waiting list for each IHA area in Donegal, Mayo, Sligo, Leitrim, South Donegal and West Cavan.	Cllr C Brogan	38-39
W119Q4590	Patient numbers for out of hours service, last three years, Donegal IHA.	Cllr C Brogan	39-40
W119Q4591	Updated report on the development control plan for LUH.	Cllr C Brogan	40
W119Q4592	Communication with UHL local community re Construction/Expansion of Site.	Cllr E O'Donovan	40
W119Q4593	Plans to address parking shortages for staff, outpatients and visitors in UHL.	Cllr E O'Donovan	41
W119Q4594	Portiuncula University Hospital Maternity Services.	Cllr E F Parsons	41-42
W119Q4595	Portiuncula University Hospital Maternity Services.	Cllr E F Parsons	42-43
W119Q4596	Portiuncula University Hospital Maternity Services.	Cllr E F Parsons	43

W119Q4597	Complex Menopause Clinic at UHG.	Cllr E F Parsons	43-45
W119Q4598	The current project list under the SUH Campus Development Control Plan.	Cllr E McSharry	45-48
W119Q4599	Orthopaedic Theatres, Day Surgery Units SUH.	Cllr E McSharry	48-49
W119Q4600	Sligo–Leitrim Integrated Care Programme for Older Persons (ICPOP).	Cllr E McSharry	49-50
W119Q4601	Maugherow Community Centre – day services facility proposal.	Cllr E McSharry	50-51
W119Q4602	Toghermore Campus Tuam - update on the progress of the Feasibility Study.	Cllr S Cunniffe	51-52
W119Q4603	Portiuncula University Hospital Maternity Services.	Cllr S Cunniffe	52-53
W119Q4604	Wait time for all AHPs to psychiatry, including OT, CBT, physiotherapy, psychology, etc. West/North West hospitals, Percentage within target timeframe.	Cllr D Meehan	53
W119Q4605	Wait times in all EDs across all hospitals in the West/North West Percentage within target timeframe.	Cllr D Meehan	53-54
W119Q4606	Wait times for cardiology services in secondary care across all hospitals in the West and North West region. Percentage within target timeframe.	Cllr D Meehan	54-55
W119Q4607	Imaging modalities service West/North West hospitals.	Cllr D Meehan	55-63
W119Q4608	Cost and number of journeys of the standby private ambulance service - SUH to St John's Campus, Jan- June 2025.	Cllr D Bree	63
W119Q4609	Transfer service SUH to St. John's Campus; Tender process, value for money, consideration of direct HSE service.	Cllr D Bree	63-64
W119Q4610	Transfer service SUH to Benbulbin Hub; Tender process, value for money.	Cllr D Bree	64-65
W119Q4611	CAMHS ID team in Sligo; staffing, wait list and wait times, alternative options.	Cllr D Bree	65
W119Q4612			-
W119Q4613	Portiuncula University Hospital Maternity Services.	Cllr V Duffy	65-66
W119Q4614	When work will begin on a new Maternity Strategy for Ireland.	Cllr V Duffy	66
W119Q4615	Home Help/Support service in Galway, Mayo, Roscommon.	Cllr V Duffy	66
W119Q4616	Updated report on capital plan in Donegal, on-going and future works.	Cllr C Brogan	66-68
W119Q4617	Crohn's Disease and Ulcerative Colitis - HSE Mid West; IBD Nurse staffing and services.	Cllr R McInerney	69

Number:	QUESTION	RAISED BY
W119Q4541	What specific measures are planned to address the ongoing overcrowding crisis in Sligo University Hospital, and what are the clear timelines for delivery of additional bed capacity, step-down facilities, or community supports to relieve pressure on the hospital? In the meantime, what protocols and safeguards are in place to ensure that patients who are waiting on trolleys or in other non-ward areas are being treated with dignity, have adequate privacy, and are protected from infection risks?	Cllr M Casserly
<p>Overall, in 2025 SUH has seen an increase in attendances throughout 2025 with a particular rise in older patients who were admitted for care. SUH have had a 5% increase in ED attendances and 2% increase in admissions in 2025 compared to 2024. Despite this increase in activity, SUH trolley numbers have reduced by 6% compared to 2024 and discharges have increased by 1.7% in 2025. This has been supported by an ongoing focus on weekend discharges and increased presence of senior decision-makers, Consultants and other staff in hospitals on a 5/7 basis which has helped to support patient flow. Additionally, the hospital also opened 26 additional acute medical beds in January 2025.</p> <p>As high numbers of attendances to our ED Department continues, work to address the sustained pressure on SUH is ongoing. We continue to focus on a number of areas to help alleviate hospital overcrowding and improve patient experience in ED.</p> <p>These are as follows:</p> <ul style="list-style-type: none"> - Consultants in Emergency Medicine rostered over 7 days increasing senior decision maker presence. Also additional Senior Decision Makers at w/end for post take ward round and additional discharges round to ensure delivery of safe care over 7 day and improve patient flow. - Integrated Consultant Geriatrician - working in ED linking with ICTOP and other teams in community to support admission avoidance. - Ambulance Turnaround Times and focus: Cohorting in place to allow for Ambulance staff to cohort patients in ED, where awaiting patients to be offloaded. - Diagnostic lists prioritised for inpatient and ED, with extended opening times. - Weekly Patient Flow Deep analysis dive undertaken on all inpatients with length of stay >14 days. - The Acute Medical Assessment Unit (AMAU) is open 5 days a week, from 8am to 7pm. However it is also utilised as an escalation area when required. - SUH have twice daily Safety Flow Huddles/operational hub meetings to ensure all day to day operations of patient flow are operationalised and functioning with clear escalations in place. The key focus is managing patient safety at all times. - Patient flow team have developed a weekly deep dive analysis tool / report of all inpatients, which assists on highlighting any patient flow issues and is circulated to all relevant Managers to address any delaying factors to patient flow. - Ensuring consistent daily communication and further strengthen integration through Community Discharge Liaison personnel and CNS outreach attendance at daily huddles in the hospital - Continuing to utilise all inpatient beds and surge beds at ward level to facilitate capacity within the Emergency Department. - Safety Huddle takes place each morning with ward managers and senior nursing and Hospital Management. - Weekly >14 Length of Stay review of all patients every Monday with multi disciplinary teams and Senior Manager - with a site target of less than 20 patients. - There is a paediatric stream every day in the Emergency Department, which is proving very successful, meaning less time spent in ED for children and their parents/guardians. There is a dedicated Paediatric waiting area and treatment area ring fenced for children. 		

- A minor injuries pathway is also in place and allows separate streaming of minor injuries, supported by ANPs for minor injuries work 12 hr shifts over 7 days
- Opening of 26 additional acute Medical offsite ward in January 2025 to assist with interim bed capacity, pending 42 Bed Block development.
- Plans to maximise occupancy with Community Hospitals with the opening of further Short Term Care Beds in Ballyshannon and St Patricks Hospital, Carrick on Shannon subject to successful recruitment.
- Oncology: Acute Haematology Oncology service support unscheduled care of cancer patients, via telephone triage, video enabled assessments, and ambulatory and ED reviews. Offers same day reviews of unscheduled unwell patients away from ED. In 2024, 82% of 1169 patients referred avoided ED attendance. And 54% avoided admission to hospital.
- Continued provision of Home Support, maximising all available resources.
- CIT, ICPOP, Respiratory, GP, Cardiac and Oncology pathways of care directly from ED to community for ongoing support and management in the community. 37%-58% of patients seen by Frailty at the front door team are discharged home, 14% of Patients referred to ICPOP have been seen same day next day (National target is 10%) of this cohort usually referred from SUH. 41% of referrals are seen within 2 weeks. There are 2 x rapid access clinic (Cardiology) every week and review clinic on Friday. Nursing Home Outreach service
- RESPIRATORY: Stepped up COPD Outreach service in place. Activating Respiratory Winter response plan for frequent ED attenders.
- Integrated Delayed Transfer of Care and Complex Meetings: bi weekly attended by Hospital Representative and representatives from the Home Care Office, Primary Care, Older Persons and the Physical and Sensory Services to focus on delayed transfers of care.
- Provision of Home Support packages (new and enhanced) to support timely discharge home.
- The opening of additional Community Bed capacity to support timely discharge.

J Fitzmaurice, Integrated Health Area Manager, Sligo, Leitrim, South Donegal, West Cavan

W119Q4542	Can I request what are the long-term plans for the HSE owned property the old Cliffoney Health Centre that has been closed for many years now. I wish to request that Cliffoney National School staff have permission to temporarily use the old Cliffoney Health Centre car park, adjacent to the school, which has been closed for a few years now. There is a major health and safety issue with student safety in the village as it's on the N15 and there is a lack of parking on the main road. Enrolment numbers have increased significantly over the past couple of years. There is also no pedestrian crossing at the school, and no designated parking except for bus parking in front of the school. The National School is landlocked on a very busy national primary road and it would be a perfect space for a new school extension should the HSE be willing to lease/sell it to the Department of Education.	ClIr M Casserly
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Primary Care service confirmed in November 2024 that Cliffoney Health Centre was surplus to requirements. All Primary Care services moved to the recently completed PCC in Grange. In line with the HSE Property Protocol and the Department of Public Expenditure, NDP Delivery and Reform Circular 11/15 Protocols for the Transfer and Sharing of the State Property Assets, the former Health Centre in Cliffoney, Co. Sligo was registered as surplus to requirements on the Office of Public Works Property Mapping Register Viewer (PMRV) on 14th November 2024 and was made available in the first instance for acquisition by other State entities including the Local Authority. No state body expressed an interest in this property.

The HSE progressed to dispose of this property on the open market in line with the Department of Public Expenditure, Infrastructure, Public Service Reform and Digitalisation Reform Circular 17/16 (Policy for Property Acquisition and for Disposal of Surplus Property) and the HSE Property Protocol. However, during this process there were issues in relation to the title of the property which suspended the sale.

The HSE are currently in the process of reviewing the long term future plan for this site. Once concluded we will engage with the various external stakeholders to inform them of the outcome

N Colleary, Assistant National Director, Capital & Estates

W119Q4543	I request the Saolta Group undertake a pilot project to provide the number of patients with a Co Clare address who have presented to the ED in UHG for 2023 - 2024 and in 2025 to date.	ClIr M Howard
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Please see below the number of patients with a County Clare address who have attend the GUH Emergency Department:

Year	County Clare ED Attendances
2023	4,312
2024	4,768
2025 (30.10.25)	3,436

This information has been sourced from the Patient Information Management System (PiMS), extracted based on data fields populated.

A Cosgrove, Integrated Health Area Manager, Galway Roscommon

W119Q4544	I request an update on the progress of the new Ennis Dialysis Unit	ClIr M Howard
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Planning permission has been granted by Clare County Council for the establishment of a haemodialysis service in Ennis and construction is due to commence in late November 2025.

It is envisaged that this project will be delivered during the fourth quarter of 2026.

I Carter, CEO Mid West Acute and Older People Services, HSE Mid West

W119Q4545	Regarding the Ennis Primary Care Centre- are there plans to treat older patients with Ophthalmic/ eye issues - AMD (age related macular degeneration), Cataracts, Glaucoma, and diabetic retinopathy at this facility	ClIr M Howard
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Primary care ophthalmic services are responsible for the provision of care to children under the age of 16.

The management of patients with diabetic retinopathy does not fall within the scope of community ophthalmology services. Diabetic retinopathy is managed in the community through the diabetic retinal screening service and diabetic retinopathy treatment clinics in hospitals across Ireland.

The diabetic retinal screening service deliver screening clinics from the primary care centre, Station Road, in Ennis. These clinics are delivered by the Diabetic Retinopathy service periodically, based on demand.

Patients can access information in relation to the diabetic retinal screening service (including an online registration form) on the HSE website at the following address: <https://www2.hse.ie/conditions/diabetic-retinopathy>

If patients wish to contact the diabetic retinal screening service directly, they can contact freephone 1800 99 29 68.

In line with the national clinical programme, our strategic objective in the Mid West is to establish an integrated eye care service that delivers a holistic approach, including care for older patients diagnosed with stable, age-related macular degeneration (AMD) and stable glaucoma and cataract conditions. A business case has been submitted to the national team seeking approval for the development of this team.

Maria Bridgeman, IHA Manager, HSE Mid West

W119Q4546	Can I ask why UHL still has the highest trolley numbers in the country despite a new 96 bed block opening. We have gone from average 100 people on trolleys to trolley numbers in the 60s. How is this? Have we moved beds from other areas in the Hospital into the new 96 bed block? The numbers don't stack up	Cllr S Morris
Not available at time of issue. Ian Carter, CEO Acute and Older People Services		
W119Q4547	is there currently a recruitment freeze or a "backdoor hiring freeze" in place in the Mid West region? If so, are positions that became vacant before the freeze being lost, and is this contributing to staffing shortages? I would appreciate details on any staffing shortages within the HSE Mid West and the reasons behind them.	Cllr S Morris
<p>There is no recruitment freeze in place in the HSE Mid West region.</p> <p>HSE Mid West is actively advancing its workforce under the national HSE Pay and Numbers Strategy 2024, where WTE (wholetime equivalent) baseline ceilings are founded on the 31st December 2023 position. This strategy, approved by both the Department of Health and the Department of Public Expenditure and Reform, empowers regions to shape their teams in alignment with local healthcare needs.</p> <p>The strategy was implemented in 2024 at both a local and national level.</p> <p>The management of vacancies that arise, both temporary and permanent, is a challenge that is actively addressed through continuous monitoring of the WTE value. Staff are deployed based on service need across an integrated group of hospitals and community services.</p> <p>HSE Mid West operates under the auspices of the national HSE Performance and Accountability Framework and the application of the Pay and Numbers ceiling ensures we do not exceed our funded workforce target. This a sustainable approach to enforce and strengthen accountability and expenditure control in a planned manner with regard to workforce planning, recruitment and retention.</p> <p>HSE Mid West has seen considerable growth in staffing levels in recent years, reflecting a strong commitment to expanding and strengthening healthcare services. This includes significant increases in nursing and midwifery positions and health and social care professionals, supporting enhanced patient care and service delivery.</p> <p>Employment reports published on the HSE website, demonstrate overall staffing numbers in the region rose by an impressive 34% between December 2019 and December 2024. This upward trend highlights the region's proactive approach to workforce development and its dedication to meeting the evolving healthcare needs of the community.</p> <p>Ian Carter, CEO Acute and Older People Services & Maria Bridgeman, IHA Manager, HSE Mid West</p>		
W119Q4548	What is the plan for St Conlons Nursing home in Nenagh and can I have timelines?	Cllr S Morris
<p>St Conlon's Community Nursing Unit will be used to accommodate Mental Health Services. Work is being progressed, however extensive renovations will be required and the expected timeframe for service delivery is end 2026/early 2027.</p> <p>Maria Bridgeman, IHA Manager HSE Mid West</p>		
W119Q4549	The Aras breffini nursing home in Manorhamilton celebrated 50 years in oct. It remarkable achievement of investment in the nursing home to upgrade the facility. When it was built 50 years ago it had bed capacity of 40 people. Under HIQUA it has been reduced to 25 beds but now has waiting list of 50 people trying to get in. With population increase and people living longer can I ask the HSE to look at possibility in the future to	Cllr F Gurn

	look at suitable site along Our Lady hospital campus for expansion to Aras breffini or new purpose build to increase number capacity.																																																	
Arus Breffni celebrated 50 years of operations at the end of last month which is a remarkable achievement. At this stage, there are no plans to increase the size of the Arus Breffni Community Nursing Unit.																																																		
The new 90 bed Community Hospital, which will replace St. Patrick’s, will provide an additional 30 beds, to the current bed capacity within Leitrim. Any further additional bed capacity will be reviewed dependant on population demographics.																																																		
J Fitzmaurice, Integrated Health Area Manager, Sligo, Leitrim, South Donegal, West Cavan																																																		
W119Q4550	With the new restructuring of the Regional health regions. Can we identify the restructuring of Child and Adolescent Mental Health Services (CAMHS) in the region as parents are frustrated for early diagnosis and the waiting list for early intervention in their cases and faster outcomes for their love ones in Sligo/Leitrim area.	Cllr F Gurn																																																
As part of the restructuring of the HSE, CAMHS are being aligned with the new Regional Health Areas. It is envisioned that this will improve access, coordination and better outcomes for children and families through:																																																		
<ul style="list-style-type: none">• Embedding CAMHS within regional network of care, alongside primary care, disability and youth services.• Integrating services through shared care pathways and digital systems.• Introducing a single point of access in each region to streamline referrals and priorities urgent cases.																																																		
These changes are guided by CAMHS Improvement Plan 2024 – 2027.																																																		
Currently the wait times across the two CAMHS teams in Sligo Leitrim is eleven to twelve months for a routine presentation and approximately twenty-six weeks for an urgent presentation. On a routine basis patients on the urgent wait list are prioritised based on clinical risk.																																																		
Currently there are over 200 children / young people on CAMHS waitlist.																																																		
J Fitzmaurice, Integrated Health Area Manager, Sligo, Leitrim, South Donegal, West Cavan																																																		
W119Q4551	How many public nursing home beds are there across the HSE Midwest and HSE West/NW regions (in tabular form) listing all homes and beds therein.	Cllr A Baker Bashua																																																
<table><tr><th>Area</th><th>Unit Name</th><th>No. of Beds</th><th>Closed Beds</th></tr><tr><td>Clare</td><td>Ennistymon Community NU</td><td>25</td><td></td></tr><tr><td>Clare</td><td>Raheen Community NU</td><td>25</td><td></td></tr><tr><td>Clare</td><td>Regina House Community NU</td><td>30</td><td></td></tr><tr><td>Clare</td><td>St Josephs Community Hosp</td><td>84</td><td></td></tr><tr><td>Limerick</td><td>St Camillus Community Hosp</td><td>99</td><td>4</td></tr><tr><td>Limerick</td><td>St Itas Community Hosp</td><td>94</td><td>10</td></tr><tr><td>Limerick</td><td>Milford Care Centre</td><td>69</td><td></td></tr><tr><td>Tipperary / East Limerick</td><td>Hospital of the Assumption</td><td>60</td><td></td></tr><tr><td>Tipperary / East Limerick</td><td>Nenagh Community NU</td><td>50</td><td>25</td></tr><tr><td>Tipperary / East Limerick</td><td>Dean Maxwell Community NU</td><td>27</td><td></td></tr><tr><td></td><td>Total</td><td>563</td><td></td></tr></table>			Area	Unit Name	No. of Beds	Closed Beds	Clare	Ennistymon Community NU	25		Clare	Raheen Community NU	25		Clare	Regina House Community NU	30		Clare	St Josephs Community Hosp	84		Limerick	St Camillus Community Hosp	99	4	Limerick	St Itas Community Hosp	94	10	Limerick	Milford Care Centre	69		Tipperary / East Limerick	Hospital of the Assumption	60		Tipperary / East Limerick	Nenagh Community NU	50	25	Tipperary / East Limerick	Dean Maxwell Community NU	27			Total	563	
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We are planning to open the 39 closed Community nursing unit beds by the 15th December. This is subject to completion of compliance and garda vetting for staff.

Ian Carter, CEO Acute and Older People Services

Sligo/Leitrim/West Cavan:

The below table details the requested information, in respect of the Sligo/Leitrim/West Cavan area.

The number of public beds in each public nursing home in the Sligo/Leitrim/West Cavan area	
Public Nursing Home	Number of Beds
St. John's Hospital, Ballytivnan, Sligo	114
St Patrick's Hospital, Carrick-on-Shannon, Co. Leitrim	58
Arus Carolan Nursing Unit, Mohill, Co. Leitrim	34
Arus Breffni Nursing Unit Manorhamilton, Co. Leitrim	25
Ballinamore Nursing Unit, Ballinamore, Co Leitrim	20

J Fitzmaurice, Integrated Health Area Manager, Sligo, Leitrim, South Donegal, West Cavan

Donegal:

The table below outlines the number of public nursing home beds in HSE community hospitals (CHs) in Co. Donegal, including the bed capacity and operational beds in each hospital.

Location	Bed Capacity	Operational Beds
Ballyshannon CH	80	62
Buncrana CH	30	11
Carndonagh CH	46	46
Donegal Town CH	29	20
Dungloe CH	34	34
Falcarragh CH	34	27
Killybegs CH	33	20
Ramelton CH	29	23
St Joseph's CH, Stranorlar	63	52

D Monaghan, Integrated Health Area Manager, Donegal

Galway/Mayo/Roscommon:

Unit	Full Occupancy	Current Max Occupancy
COUNTY MAYO		
Dalton CNU	29	22
Mc Bride CNU	27	19
Sacred Heart Castlebar – Long Term care	74	65
Sacred Heart Castlebar –Rehab 27	27	27
St Augustine’s CNU	31	31
St Fionnans CNU	30	25
Aras Deirbhile CU	30	22
Ballina District Hospital	48	47
Swinford District	40	32
Belmullet District Hospital	13	13
Total	349	303

COUNTY GALWAY

Arus MacDara CNU	38	29(Full)
Joe and Helen O Toole CNU	50	45 (44 occupied)
Arus Ronan CNU	12	10 (Full)
St Annes CNU	22	21 (20 occupied)
St Brendans CNU - Long Term Care	87	80 (full)
St Brendans CNU Short Term Care	13	13(full)
Merlin Park CNU - Unit 5 (Short Stay)	26	26 (full)
Merlin Park CNU Unit 6 (Long Term Care)	25	25(full)
Ballinasloe CNU	50	46
Clifden District (Short term)	12	7 (Full)
Total	335	302

COUNTY ROSCOMMON

Arus Mathair Pol CNU	24	20 (19 occupied)
Plunket CNU	33	33 (31 occupied 1 booked)
Sacred Heart Roscommon	49	49 (48 occupied)
Total	106	102

A Cosgrove, Integrated Health Area Manager, Galway Roscommon/ M Warde, Integrated Health Area Manager, Mayo

W119Q4552	How many inpatient beds in HSE Midwest and HSE West/NW regions are occupied by patients who are clinically fit for discharge but cannot be	Cllr A Baker Bashua
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	discharged because they are waiting for home care packages or nursing home places or for other reasons. Again in tabular form by hospital	
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The table below outlines the number of delayed transfers of care at HSE Mid West Acute Hospitals as of the 19th November 2025:

University Hospital Limerick	19
Ennis Hospital	1
Nenagh Hospital	3
St John's Hospital	5

Delayed transfers of care occurs when a patient is ready to leave inpatient care but is still occupying an acute inpatient bed. A patient is ready leave inpatient care when the following conditions are met:

- A clinical decision has been made that the patient is medically ready for discharge to their home or for transfer to a non-acute setting.
- A multidisciplinary team have reviewed the patient, and a decision has been made that the patient is ready for transfer home or to an alternative care setting.
- The patient is considered to be safe to discharge to their home/transfer to a non-acute setting.

There are a number of possible reasons why a patient may not leave an acute setting despite being clinically discharged. These can include patients who are awaiting arrangement of suitable home support or residential care and patients with complex clinical needs or legally complex circumstances.

The HSE publish a weekly urgent and emergency care analysis which includes information on the number of patients experiencing a delay in discharge which can be accessed at the below link:

https://assets.hse.ie/media/documents/Urgent_and_Emergency_Care_Weekly_Performance_for_Publication_14_11_2025_Week_45.pdf

I Carter, CEO Mid West Acute and Older People Services, HSE Mid West

Delayed Transfers of Care 16/11/25	
Galway University Hospitals	37
Letterkenny University Hospital	36
Mayo University Hospital	9
Portiuncula University Hospital	6
Roscommon University Hospital	7
Sligo University Hospital	27
Total West North West	122

Please find below the latest Hospital Patient Safety Indicator Report for each of our sites. The indicators selected and published for this report are monitored by senior management of both the hospital and HSE West and North West Region as a key component of clinical governance.

[Hospital Patient Safety Indicators Reports - HSE.ie](#)

A Delayed Transfer of Care (DToC) occurs when a patient is ready to leave inpatient care but is still occupying a HSE funded bed. A patient is ready to leave inpatient care when all of the following three conditions are met:

- A clinical decision has been made that the patient is medically ready for discharge their home or for transfer to a non-acute setting

<ul style="list-style-type: none"> A multidisciplinary team (MDT) have reviewed the patient and a decision has been made that the patient is ready for transfer home or to an alternate care setting The patient is considered to be safe to discharge to their home /transfer to a non-acute setting. <p>There are a number of possible reasons why a patient may not leave an acute setting despite being clinically discharged. These can include patients who are awaiting arrangement of suitable home support or residential care and patients with complex clinical needs or legally complex circumstances.</p> <p><i>A Cosgrove, Integrated Health Area Manager, Galway Roscommon/ M Warde, Integrated Health Area Manager, Mayo/ D Monaghan, Integrated Health Area Manager, Donegal/J Fitzmaurice, Integrated Health Area Manager, Sligo, Leitrim, South Donegal, West Cavan</i></p>		
W119Q4553	Is there a designated paediatric doctor (specialist in children's care) available in the Accident and Emergency department at all times in UHL?	Cllr A Baker Bashua
<p>University Hospital Limerick has a dedicated Paediatric Emergency Department which is supervised at all times by a consultant paediatrician.</p> <p>Six consultant paediatricians are in post at the Paediatric Emergency Department.</p> <p>The Paediatrics Department at UHL regularly reviews staffing and service arrangements to ensure safe and effective paediatric emergency care is provided to patients at all times.</p> <p><i>I Carter, CEO Mid West Acute and Older People Services, HSE Mid West</i></p>		
W119Q4554	Is there a consultant skin surgeon (dermatologic or plastic surgeon) on staff at University Hospital Limerick (UHL)?	Cllr A Baker Bashua
<p>There are four consultant dermatologists in post at University Hospital Limerick who can undertake minor surgical procedures.</p> <p>There is no dedicated plastic surgery service in place at UHL.</p> <p><i>I Carter, CEO Mid West Acute and Older People Services, HSE Mid West</i></p>		
W119Q4555	How many patients in both Merlin and UCHG have been medically discharged but are still in beds in both Hospitals due to nowhere they can be brought to.	Cllr S Forde
<p>As of 17th November 2025:</p> <p>Delayed Transfer of Care patients were 37</p> <p>27 Awaiting Nursing Home Long-Term Placement</p> <p>3 DMR Legal cases</p> <p>2 Home care packages with Carers in place-delay due to carer availability</p> <p>1 Home with Disability services</p> <p>4 others have planned dates of discharge and destinations identified this week:</p> <p>1 LTC placement secured</p> <p>1 Home with an agreed Homecare package and Carers in place</p> <p>1 Noncompliance for home</p> <p>1 Long Term Disability Services placement secured</p> <p><i>A Cosgrove, Integrated Health Area Manager, Galway Roscommon</i></p>		
W119Q4556	How much have we paid out for agency staff for both UCHG and Merlin park in the last 3 years.	Cllr S Forde
<p>2023 Spend – 12,395,388</p> <p>2024 Spend – 13,054,745</p> <p>2025 YTD (31.10.25) - 14,946,504</p> <p><i>A Cosgrove, Integrated Health Area Manager, Galway Roscommon</i></p>		

W119Q4557	How many patients are currently waiting for Endoscopic procedures (University Hospital Galway) currently?	Cllr S Forde
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University Hospital Galway:

Specialty	(All)							
wl type	GI Scope							
Count of Hospital Name Column Labels								
Row Labels	0-3 Mths	3-6 Mths	6-9 Mths	9-12 Mths	12-15 Mths	15-18 Mths	18-24 Mths	Grand Total
ACTIVE	1016	779	429	125	38	21	4	2412
PREADMIT	313	33	29	28	5	4		412
SUSPENSION	4	6	20	33	1			64
Grand Total	1333	818	478	186	44	25	4	2888

We have utilised NTPF and Access to care funded weekend lists of which 859 scopes have been undertaken and there are 3 further lists before year end so will have delivered 1,000 scopes via that mechanism and from an outsourcing perspective we have sent out 179 scopes.

We were challenged with staffing of our current rooms in 2025 this now has been addressed and they are fully staffed and operational recently and we have recruited staff to open our 3rd endoscopy room which should be operational in mid January

A Cosgrove, Integrated Health Area Manager, Galway Roscommon

W119Q4558	How many staff have been physically assaulted in both UCHG and Merlin in the last 3 years that we have a record of.	Cllr S Forde
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Ensuring the safety of employees and service users is a priority for the HSE. Galway University Hospitals are committed to creating a safe environment within which to work or to be treated. The NIMS system, introduced by the State Claims Agency (SCA), requires all incidents to be reported through a national centralised system and will ultimately improve the quality of the data. However, the HSE has long been proactive in encouraging staff to report all incidents and this is enshrined in the Corporate Safety Statement, Violence and Aggression policy and Incident Management Framework and Guidance.

The HSE will continue to place an emphasis on the management of work related aggression and violence to support the Organisation's strategy and policy. Key focus areas are:

- National policy on the management of work related aggression and violence (policy review)
- Risk Assessment
- Training

If a HSE staff member has been the victim of an assault, the Employee Assistance Programme (EAP) makes counselling available. A staff member using the EAP service will initially be offered up to 6 sessions. However, the type of counselling delivered and the length of counselling is dependent upon how the staff member has been impacted by the assault and is assessed in each case. This may include trauma counselling.

Please see below figures of recorded incidents of physical assault in both UHG & MPUH:

	UHG	MPUH
31 st Oct 2022 – 31 st Oct 2025	113	7

These incidents are recorded on the National Incident Management System since February 2025 and this was previously recorded on our local GUH Q-Pulse Incident reporting system.

A Cosgrove, Integrated Health Area Manager, Galway Roscommon

W119Q4559	Could I have an update on the additional beds that were announced for Nenagh Hospital?	CLlr S Morris
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The HSE has recently appointed a Design Team for a proposed new bed block at Nenagh Hospital and the initial design work is now underway. It is intended that the project will be advanced through initial outline design in 2026 with a planning permission application to be lodged by the end of 2026. It is anticipated that the detailed design and tender phases would then be progressed and that construction might commence on site before the end of 2027.

Joe Hoare, Assistant National Director, Capital & Estates Mid-West

W119Q4560	Please list all the vacant HSE owned or leased properties in Mayo. How long have each of them been vacant and what are the proposals if any to bring them back into use?	CLlr M Kilcoyne
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The HSE has a significant property portfolio extending to c.4,400 buildings across c.2,600 locations throughout the country. These buildings range in age from pre-18th century to modern purpose-built facilities. The health estate is varied and complex, ranging from small health centres in rural locations to very large acute hospitals.

Please find enclosed a list of vacant HSE properties in Mayo as at November 2025.

Vacant Assets	10/11/2025
In Disposal (Surplus to Requirement)	4
Vacant - Under Review	13
Vacant - Leasehold surrender	1
Vacant - Under Refurbishment	1
Total	19

There are an additional 3 Properties that are considered as Retained Assets – Potential Use. These properties are vacant and have been retained for varying reasons. Decisions, informed by Service Management are based on an understanding of current or future healthcare service needs in the relevant area. A building may be vacated by one service with a view to refurbishment for an alternative use, or a property may be retained for future service expansion at a specific location for demographic or service requirements. They may be vacant/derelict buildings in the middle of a healthcare campus.

In Disposal (Surplus to Requirement): The HSE has 4 properties in Mayo which are in disposal (surplus to requirement) and are in various stages of the disposal process. The HSE adheres to its statutory obligations and is required to offer surplus assets in the first case to the Land Development Agency and then to other State stakeholders (including Local Authorities) under Department of Public Expenditure and Reform Circulars 11/15 Protocols for the Transfer and Sharing of State Property Assets & 17/16 Policy for the Property Acquisition and for Disposal of Surplus Property.

Freehold - In Disposal (Surplus to Requirement)

BLOCK NAME	PROPERTY ADDRESS	TOWN	EIRCODE	Status	Proposal to bring back into use
Aughleam Health Centre	Aughleam	Aughleam	F26 PF77	Last occupied in 2021.	These properties are currently surplus to requirements and are in the disposal process in line with HSE protocols.
Hill House		Castlebar	F23 WE16	Derelict building. No record of occupancy in last 5 years.	

Kiltimagh O'Hara Home	Kiltimagh	Kiltimagh	F12XC91	No record of occupancy in last 5 years.	
Shrulle Health Centre	Shrulle	Shrulle	H91FF84	No record of occupancy in last 5 years.	

Leasehold – Unit to be surrendered

BLOCK NAME	PROPERTY ADDRESS	TOWN	EIRCODE	Status	Proposal to bring back into use
Balla Medical Centre	Balla	Balla	F23 CV61	Vacated by HSE services in Q2 2025.	Lease is being surrendered.

Vacant – Under Refurbishment; The HSE property at Barnfield, Corroy, Ballina is currently vacant as it undergoes refurbishment works. These works are being carried out to enable the property's future use for disability services. The anticipated completion and delivery timeframe is Quarter 2, 2026.

Vacant under Review; the HSE has 13 properties that are Vacant under Review. These properties are currently under review and are being considered for retention/reuse or disposal.

The HSE continues to actively engage with the Department of Health, the Land Development Agency, Department of Housing, the Local Government Management Agency (Housing Delivery Co-Ordination Office), the Department of Integration and the Department of An Taoiseach in relation to its surplus assets as part of an 'All of Government' approach to increasing housing stock. The HSE continue to engage with all stakeholders with a view to achieving the optimal use of State Lands and properties to meet overall government priorities across all sectors, including the provision of healthcare and community services.

BLOCK NAME	PROPERTY ADDRESS	TOWN	EIRCODE	Status	Proposal to bring back into use
Swinford Aras Attracta	Bungalow Type C No 1	Swinford	F12 R704	Closed circa 2010.	Subject to campus review.
Swinford Aras Attracta	Bungalow Type C No 2	Swinford	F12 R704	Closed circa 2010.	Subject to campus review.
Swinford Aras Attracta	Bungalow Type A No 3	Swinford	F12 R704	Closed circa 2010.	Subject to campus review.
Swinford Aras Attracta	Bungalow Type A No 4	Swinford	F12 R704	Closed circa 2010.	Subject to campus review.
Swinford Aras Attracta	Bungalow Type A No 5	Swinford	F12 R704	Closed circa 2010.	Subject to campus review.
Swinford Aras Attracta	Bungalow Type A No 6	Swinford	F12 R704	Closed circa 2010.	Subject to campus review.
Swinford Aras Attracta	Bungalow Type A No 7	Swinford	F12 R704	Closed circa 2010.	Subject to campus review.
Swinford Aras Attracta	Bungalow - Type C No 13	Swinford	F12 R704	Closed circa 2010.	Subject to campus review.

Swinford Aras Attracta	Bungalow - Type C No 14	Swinford	F12 R704	Closed circa 2010.	Subject to campus review.
Swinford Aras Attracta	Bungalow Type C No 15	Swinford	F12 R704	Closed circa 2010.	Subject to campus review.
Swinford Aras Attracta	Bungalow Type A No 16	Swinford	F12 R704	Closed circa 2010.	Subject to campus review.
Swinford Aras Attracta	Pool / Gym	Swinford	F12 R704	Closed	Subject to campus review.
Swinford Aras Attracta	Kitchen/Canteen	Swinford	F12 R704	Closed	Subject to campus review.

N Colleary, Assistant National Director, Capital & Estates

W119Q4561	How many children are waiting for an appointment by CAMHS in Mayo? How many children have been referred and haven't been seen by a consultant. What is the average waiting time from when a child is referred to when they are seen by a consultant?	Clr M Kilcoyne
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Waiting for an appointment by CAMHS in Mayo:

Mayo North	09
Mayo South	61

At present there is no electronic Patient Administration System for CAMHS but we are hoping to introduce a system in the near future which would allow us to capture the data requested by you. We do not currently hold details on appointments by, or average waiting times for, individual discipline specific services, i.e. Psychiatry, Psychology, Dietetics, Occupational Therapy etc, as this is not feasible within the current resource allocation.

CAMHS Community Mental Health Services are provided by Community Mental Health Teams (CMHTs) operating as multi-disciplinary teams (MDT) led by Consultant CAMHS Psychiatrists. All referrals are triaged on receipt by the MDT and assigned to members of CMHT MDT. Where necessary, waiting lists are maintained for access to CMHTs which is compiled on a monthly basis by each Multidisciplinary Team.

We are in receipt of funding from the national CAMHS Waiting List Initiative for 2025 and we expect to address a number of priority routine first referrals on our waiting lists. The waiting list for new referrals into CAMHS continues, however, to increase due to a combination of unprecedented demand pressures and recruitment difficulties. I can assure you that we have an active waiting list management system, regularly reviewing the clinical priority of referrals.

M Warde, Integrated Health Area Manager, Mayo

W119Q4562	What proposals do the HSE have to upgrade St. Joseph's Rehabilitation & Stroke Unit at the Sacred Heart Hospital Castlebar, including painting, replacing damaged windows, repairing leaks, replacing decaying timber and replacing damaged floor covering, in the unit. Can an inspection be carried out of the unit and a report prepared within the next 4 weeks?	Clr M Kilcoyne
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HSE Maintenance and the Service have met to review and progress the necessary works in St. Joseph's. These works include new flooring, painting, and the replacement of the old defective window.

These works will be carried out in phases, as agreed upon with the Service and Maintenance department. Works are scheduled to commence in early 2026 as agreed with the Service.

N Colleary, Assistant National Director, Capital & Estates

W119Q4563	What are the steps taken by the HSE (Mayo) before a decision is made to reduce the home help hours assigned to a patient and who is consulted e.g. the patient's family, the patient's GP, the patient's consultant etc?	ClIr M Kilcoyne
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Home Support Service – Review and Communication Process

On initial approval of a Home Support Service, the **Home Support Office** communicates in writing with the client to advise them of the number of home support hours approved. This correspondence also outlines the review process, noting that a review of home support services may result in an **increase, decrease, or no change** to the current level of support.

This process is a requirement under the **Home Support Guidelines (September 2018)** and is also in line with the **Draft Future Home Support Statutory Scheme Guidelines**.

Home Support services are reviewed regularly by the **Home Support Resource Manager** to ensure that the client is receiving the service as documented in their **Home Support Plan**, and to confirm that the service continues to meet the client's needs. Feedback may be received from the **Public Health Nurse (PHN)**, the **Private Provider**, or **HSE staff** where a client's care needs have improved and certain services or duties are no longer required.

The Home Support Department notifies clients in advance of any review, and following completion, communicates the outcome to the client, their family (as appropriate), and the client's PHN.

Home Support communicates directly with clients; however, where a client is unable to engage with the **Home Support Resource Manager**, consultation takes place with the **nominated support person or family member**.

As **Home Support** is a **non-clinical service** provided to the client, there is **no requirement to consult with a client's GP or Consultant** in relation to service reviews.

Home Support prioritises clients with the **highest care needs**. On occasion, services that were previously in place—such as those for personal care—may be **reduced** where the client's condition has improved and the service is no longer required.

M Warde, Integrated Health Area Manager, Mayo

W119Q4564	Can I have an update on any site acquisition in Ballaghadreen for the much needed and long-awaited Primary Care centre.	ClIr S Moylan
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The HSE are aware of some sites in the locality and we will be advertising for expressions of interest in the coming weeks to comply with procurement protocol with the intention of purchasing a suitable site and developing a PCC funded through the capital plan

N Colleary, Assistant National Director, Capital & Estates

W119Q4565	What is the current waiting list for an Ear Nose and throat initial assessment appointment for children in the HSE west area (Galway, Mayo, Roscommon) and the moment, and are we doing anything to improve this.	ClIr S Moylan
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Galway University Hospital:

Waiting Time	Children	Adults
0–3 months	264	806
3–6 months	248	641
6–9 months	254	454
9–12 months	22	130
12–15 months	5	4
15 months +	0	1
Total	793	2036

- **Outsourcing:** UHG continue to utilise outsourcing when it is available, at present there 293 patients accessing care in the private sector through the NTPF
- **Initiative Clinics:** UHG are running weekend initiative clinics to reduce the wait for outpatient assessments. To date this year 570 (adults and children) have been seen through these additional clinics
- **Vestibular Pathway:** Discussion are currently ongoing regarding the possible introduction of the national vestibular pathway.
- **Future Plans:** We intend to continue running additional initiative clinics in the new year. These clinics play a vital role in reducing the waiting list, as they provide additional capacity to see patients who might otherwise experience delays.

Roscommon University Hospital:

There are currently **404 patients** on the ENT waiting list. The breakdown is as follows:

Waiting Time	Children	Adults
0–3 months	28	74
3–6 months	21	62
6–9 months	25	60
9–12 months	18	52
12–15 months	13	23
15 months +	5	23 (18 outsourced to private hospital)
Total	110	294

- **Outsourcing:** 18 of the longest-waiting patients have already been outsourced to private hospitals for treatment. We are planning to outsource a further 20–30 patients before the end of the year. In some cases, patients may decline an offer of outsourcing, in which case they remain on the hospital waiting list.
- **Initiative Clinics:** An initiative clinic was held on 25th October, and another is scheduled for 13th December. Each initiative clinic allows the consultant and registrar to see approximately 50 patients.
- **Audiology Collaboration:** As part of an initiative clinic we have an Audiologist using the Primary Care **Audiology Department**, where approximately 20 patients are assessed for audiology and subsequently reviewed by the consultant on the same day.
- **Future Plans:** We intend to continue running additional initiative clinics in the new year. These clinics play a vital role in reducing the waiting list, as they provide additional capacity to see patients who might otherwise experience delays.

The consultant's core HSE clinic time is primarily allocated to urgent and complex cases, including potential cancer patients, ensuring that those with the greatest clinical need are prioritised appropriately.

A Cosgrove, Integrated Health Area Manager, Galway Roscommon

Mayo University Hospital:

Specialty	WL Status	0-3 Months	3-6 Months	6-9 Months	9-12 Months	12-15 Months	Grand Total
Otolaryngology (ENT)							
	No Appointment Date	80	77	67	52	6	282
	Has Appointment Date					8	8
Otolaryngology (ENT) Total		80	77	67	52	14	290

The Service in Mayo is delivered by a visiting service facilitated by University Hospital Galway

M Warde, Integrated Health Area Manager, Mayo

W119Q4566	Can the HSE advise what measure are being taken to address the delays in surgery, chemotherapy and radiation treatment experienced by patients from Sligo/Leitrim who have been diagnosed with progressive cancer. These patients have been told that there is a waiting list of at least 3 months due to the lack of theatre and bed space. This is not acceptable and extremely distressing for families.	Cllr I Reynolds Flynn
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SACT (Systemic Anti-Cancer Therapy) is any drug treatment used to control or treat cancer. The table below sets out the SACT Key Performance Indicators for SUH:

	SUH
National Cancer Control Programme SACT KPI	
SACT KPI: For patients receiving a new parenteral systemic therapy in the day ward setting, the timeline between the date that it is agreed that the patient is deemed ready to treat and the administration of the new parenteral systemic therapy will not exceed 15 working days. This includes haemato-oncology patients Target $\geq 90\%$	68%

SACT activity is challenged due to increased demand, which is multifactorial:

- new drugs increasingly approved for use
- development of immunotherapy and other therapies
- Increased tolerability of new drugs meaning patients with comorbidities can now be treated but are more complex to treat
- With the development of more modern drugs, treatment cycles now last longer and often indefinitely
- Increased duration and complexity of infusion times
- Increased survival rates due to more effective treatments leading to increased requirement for more lines of subsequent treatment when cancer returns or progresses
- Patient survival has improved, but this is associated with significant increase in demand for cancer services in general and cancer treatments, particularly the Day Wards.

The Oncology/Haematology teams review patients weekly to ensure ongoing efforts of scheduling as early as possible taking into account clinical factors. SUH also has a plan to expand the Day Oncology unit from 8 treatment

bays to 16 treatment bays. This expansion is possible in the 42 Bed Block where one floor (shell and core) will have future capacity for this expansion plan. This project is pending approval to tender for a design team in order to progress through initial stages of capital process. In longer term, the development of Ambulatory Cancer Unit will need consideration in Hospital Development Control Plan for future infrastructural priorities.

Radiotherapy treatment is carried out in Galway University Hospital. A Consultant Radiation Oncologist from Galway University Hospital attends Sligo University Hospital for follow up OPD appointments twice per month. Complex surgery for cancer patients takes place in GUH, and despite the ongoing theatre and bed capacity challenges, cancer surgery is prioritised ahead of others.

J Fitzmaurice, Integrated Health Area Manager, Sligo, Leitrim, South Donegal, West Cavan

W119Q4567	To ask the HSE how many beds are available across the Midwest Region for community services broken down into Long Stay, Respite, Rehab, Palliative Care and Older Persons Mental Health services broken down by Community Hospital in tabular form please.	Cllr J Ryan
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Total bed Capacity for **Older Persons Services Mid West** is 494 beds. See breakdown by community unit below in tabular form.

CNU	Long Stay	Respite	Rehab	Palliative
Dean Maxwell CNU	20	5		2
Ennistymon CNU	19	5		1
Hospital of the Assumption	35	12	11	2
*Nenagh CNU	43	5		2
Raheen CNU	20	3		2
Regina House CNU	22	6		2
St. Camillus Hospital	62	4	33	
St. Ita's Hospital	65	1	28	
St. Joseph's Hospital	72		12	
Totals	358	41	84	11

*We are planning to open two palliative care beds in Nenagh Community nursing Unit by the 15th December. This is subject to completion of compliance and garda vetting for staff.

Ian Carter, CEO Acute and Older People Services

The total bed capacity for **Mental Health Services HSE Mid West** is 256. See breakdown by community unit below in tabular.

Approved Unit	No Of Beds	Type of Beds
Limerick		
Unit 5B	50	short stay
Teermann	13	respite stay / older persons
High Support Hostels		
New Strand House	10	rehab stay
Ferndale	10	rehab stay
Ivernia House	9	rehab stay
O Connell House	21	rehab stay
Ferndale Lodge	4	rehab stay
Medium / Low Support Hostels		
Beechill	3	long stay residences

Vizes Court	4	long stay residences
Verona Terrace	4	long stay residences
Clare		
Approved Units		
APU Ennis	39	short stay
Cappahard	32	respite stay / older persons
High Support Hostels		
Respond	9	rehab stay
Teach Na Beithe	7	rehab stay
Medium / Low Support		
Mountain View	5	long stay residences
63 Shannon Heights	4	long stay residences
St Francis	4	long stay residences
Covorrin	3	long stay residences
MHID Rehab Hostels		
Cois Mara	8	long stay residences
Orchard Lodge	8	long stay residences
Ard Aluinn	5	long stay residences
Total	256 Beds	

Maria Bridgeman, IHA Manager, HSE Mid West

W119Q4568	What was the 2024 Average Length of Stay (in tabular form) per hospital in the HSE Midwest and HSE West/North West regions broken down by hospital (to include all Model 2, Model 3 and Model 4) for the following: Elective Inpatient – Medicine/Surgery/Orthopaedic Non Elective Inpatient – Medicine/Surgery/Orthopaedic	Clr J Ryan
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The tables below outline the average surgical and medical length of stay across HSE Mid West Acute Hospitals for 2024:

Surgical (Elective)	Average Length of Stay
Croom Orthopaedic Hospital	3.8
St John's Hospital	1.4
University Hospital Limerick	4.8

Surgical (Emergency)	Average Length of Stay
Croom Orthopaedic Hospital	8.8
University Hospital Limerick	5.4

Medical	Average Length of Stay
Ennis Hospital	2.4
Nenagh Hospital	3.2
St John's Hospital	4.7
University Hospital Limerick	6.2

***Source: Hospital Inpatient Enquiry (HIPE) System**

I Carter, CEO Mid West Acute and Older People Services, HSE Mid West

HSE West and North West

Elective Inpatient – Medical, Surgery, Orthopaedic

Emergency Inpatient – Medical, Surgery, Orthopaedic

Table 1: 2024 Average Length of Stay for HSE West/North West hospitals by hospital for elective in-patients:

	Portiuncula	Galway	Mayo	Letterkenny	Sligo	Roscommon
Average Medical LOS - elective	8.7	8.1	5.8	10.9	8.9	20.0
Average Surgical LOS - elective	4.7	5.3	3.6	3.8	2.6	1.9
Average Orthopaedic LOS - elective	-	4.0	4.7	3.2	3.4	-

Table 2: 2024 Average Length of Stay for HSE West/North West hospitals by hospital for emergency in-patients:

	Portiuncula	Galway	Mayo	Letterkenny	Sligo	Roscommon
Average Medical LOS - emergency	6.3	9.2	5.9	7.1	7.1	2.7
Average Surgical LOS - emergency	4.6	6.1	6.3	5.8	5.0	2.8
Average Orthopaedic LOS - emergency	-	7.3	7.4	7.0	6.7	-

A Cosgrove, Integrated Health Area Manager, Galway Roscommon/ M Warde, Integrated Health Area Manager, Mayo/ D Monaghan, Integrated Health Area Manager, Donegal/J Fitzmaurice, Integrated Health Area Manager, Sligo, Leitrim, South Donegal, West Cavan

W119Q4569	To ask the HSE the distribution of consultant workforce across the acute hospitals in the Midwest and West/North West regions Broken down as follows FULL TIME Single Site FULL TIME Split Site PART TIME Single Site PART TIME Split Site In Tabular form showing actual consultant Numbers and Calculated WTE's	Cllr J Ryan
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The table below outlines the consultant workforce distribution at HSE Mid West acute hospitals.

Site	Category	Consultant Count	Calculated WTE	Category % of Region Total
University Hospital Limerick (incl UMHL & Croom)	Full-Time Single Site	172.75	163.75	66.07%

Orthopaedic Hospital)				
University Hospital Limerick (incl UMHL & Croom Orthopaedic Hospital)	Full-Time Split Site	63.5	63.5	25.62%
University Hospital Limerick (incl UMHL & Croom Orthopaedic Hospital)	Part-Time Single Site	14	7.6	3.07%
Nenagh Hospital	Full-Time Single Site	8	8	3.23%
Ennis Hospital	Full-Time Single Site	5	5	2.02%
Region Total		263.25	247.85	100%

I Carter, CEO Mid West Acute and Older People Services, HSE Mid West

HSE West and North West:

	Headcount	Sum of Assignment WTE
Letterkenny University Hospital	90	83.68
Full-Time Single Site	76	73.65
Full-Time Split Site	3	3.00
Part-Time Single Site	2	0.95
Part-Time Split Site	9	6.08
Mayo University Hospital	68	59.56
Full-Time Single Site	50	46.70
Full-Time Split Site	6	6.00
Part-Time Split Site	12	6.86
Portiuncula Hospital, Ballinasloe	52	38.19
Full-Time Single Site	23	19.47
Full-Time Split Site	5	5.00
Part-Time Single Site	1	0.35
Part-Time Split Site	23	13.36
Roscommon University Hospital	9	7.91
Full-Time Single Site	2	2.00
Full-Time Split Site	4	4.00
Part-Time Split Site	3	1.91
Sligo University Hospital	106	92.35
Full-Time Single Site	76	72.00
Full-Time Split Site	1	1.00
Part-Time Split Site	29	19.35
University Hospital Galway	330	270.84
Full-Time Single Site	215	196.34

Full-Time Split Site	15	15.00
Part-Time Single Site	1	0.95
Part-Time Split Site	99	58.56
Grand Total	655	552.53

M Ferguson, Regional Director of People HSE West and North West

W119Q4570	To ask the HSE the distribution of the total nursing workforce across the Midwest and West/North West regions By hospital and by grade (RN/CNM/CNS/Midwife) Both the Number of Nurses and the WTEs of same	Clr J Ryan
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The tables below outline the nursing distribution for HSE Mid West acute hospitals by headcount and WTE:

Nursing and Midwifery Headcount	Croom Orthopaedic Hospital	Ennis Hospital	University Hospital Limerick	Nenagh Hospital	University Maternity Hospital Limerick	Headcount Total
Adv. Nurse/ Midwife, Candidate	1	1	33	3	1	39
Advanced Nurse/ Midwife Practitioner	2	5	21	8	4	40
Clinical Nurse/ Midwife Manager 1	6	8	100	14	8	136
Clinical Nurse/ Midwife Manager 2	14	14	185	18	35	266
Clinical Nurse/ Midwife Manager 3			21		5	26
Clinical Nurse/ Midwife Spec., Candidate			1			1
Clinical Nurse/ Midwife Specialist	8	4	65	7	4	88
Director Nursing/Midwifery, Assistant	5	5	29	6	6	51
Director of Nursing/Midwifery	1	1	4	1	1	8
Nursing Education/Clinical			12		4	16
Post-registration Nurse/ Midwife Student					9	9
Staff Midwives			3		131	134
Staff Nurses [General/ Children's]	88	97	1,165	115	48	1,513
Headcount total	125	135	1,639	172	256	2,327

Nursing & Midwifery WTE	Croom Orthopaedic Hospital	Ennis Hospital	University Hospital Limerick	Nenagh Hospital	University Maternity Hospital Limerick	WTE Total
Adv. Nurse/ Midwife, Candidate	0.98	0.99	31.36	2.97	1.00	37.30
Advanced Nurse/ Midwife Practitioner	2.00	4.44	20.38	7.87	3.91	38.60
Clinical Nurse/ Midwife Manager 1	5.67	7.45	94.53	11.79	6.73	126.17
Clinical Nurse/ Midwife Manager 2	12.89	13.47	169.46	17.69	30.44	243.95
Clinical Nurse/ Midwife Manager 3			20.66		4.84	25.50
Clinical Nurse/ Midwife Spec., Candidate			1.00			1.00
Clinical Nurse/ Midwife Specialist	7.64	3.66	58.69	6.03	3.78	79.80
Director Nursing/Midwifery, Assistant	5.00	4.54	28.81	6.00	5.95	50.30
Director of Nursing/Midwifery	1.00	1.00	3.88	1.00	1.00	7.88
Nursing Education/Clinical			10.93		3.45	14.38
Post-registration Nurse/ Midwife Student					5.25	5.25
Staff Midwives			2.40		106.57	108.97
Staff Nurses [General/ Children's]	74.16	81.47	1,123.67	97.69	42.62	1,419.61
WTE Total	109.34	117.02	1,565.77	151.04	215.54	2,158.71

I Carter, CEO Mid West Acute and Older People Services, HSE Mid West

HSE West and North West:

Hospital	Nursing and Midwifery	Head Count	WTE
Galway University	Staff Midwives	113	97.30
	Nursing Education/Clinical	13	11.04
	Staff Nurses [General/ Children's]	1,292	1,163.88
	Pre-registration Nurse/ Midwife Intern	68	33.85
	Post-registration Nurse/ Midwife Student	10	6.76
	Advanced Nurse/ Midwife Practitioner	55	51.32
	Clinical Nurse/ Midwife Specialist	81	72.83
	Director of Nursing/Midwifery	2	2.00
	Director Nursing/Midwifery, Assistant	20	18.32
	Nursing/ Midwifery awaiting registration	17	9.50

	Clinical Nurse/ Midwife Manager 1	42	39.46
	Clinical Nurse/ Midwife Manager 2	175	163.04
	Clinical Nurse/ Midwife Manager 3	32	30.84
	Adv. Nurse/ Midwife, Candidate	20	19.23
	Clinical Nurse/ Midwife Spec., Candidate	1	1.00
Sligo University	Staff Midwives	49	40.78
	Nursing Education/Clinical	13	11.95
	Staff Nurses [General/ Children's]	668	581.35
	Pre-registration Nurse/ Midwife Intern	48	24.00
	Advanced Nurse/ Midwife Practitioner	22	21.41
	Clinical Nurse/ Midwife Specialist	48	44.75
	Director of Nursing/Midwifery	4	4.00
	Director Nursing/Midwifery, Assistant	17	15.77
	Nursing/ Midwifery awaiting registration	3	2.00
	Staff Nurse [Intellectual Disability]	2	2.00
	Clinical Nurse/ Midwife Manager 1	9	8.18
	Clinical Nurse/ Midwife Manager 2	118	110.37
	Clinical Nurse/ Midwife Manager 3	11	10.51
	Adv. Nurse/ Midwife, Candidate	8	7.84
	Clinical Nurse/ Midwife Spec., Candidate	1	0.94
Letterkenny University	Staff Midwives	56	43.60
	Nursing Education/Clinical	9	8.02
	Staff Nurses [General/ Children's]	691	603.89
	Pre-registration Nurse/ Midwife Intern	9	4.50
	Advanced Nurse/ Midwife Practitioner	23	22.36
	Clinical Nurse/ Midwife Specialist	41	37.82
	Director of Nursing/Midwifery	2	2.00
	Director Nursing/Midwifery, Assistant	14	13.54
	Nursing/ Midwifery awaiting registration	23	12.43
	Clinical Nurse/ Midwife Manager 1	37	33.34
	Clinical Nurse/ Midwife Manager 2	91	81.78
	Clinical Nurse/ Midwife Manager 3	7	6.78
	Adv. Nurse/ Midwife, Candidate	11	10.50
	Clinical Nurse/ Midwife Spec., Candidate	1	1.00
Mayo University	Staff Midwives	44	36.36
	Nursing Education/Clinical	5	3.94
	Staff Nurses [General/ Children's]	472	418.58
	Pre-registration Nurse/ Midwife Intern	29	14.50
	Post-registration Nurse/ Midwife Student	3	2.25
	Advanced Nurse/ Midwife Practitioner	13	12.28
	Clinical Nurse/ Midwife Specialist	25	21.49
	Director of Nursing/Midwifery	3	3.00
	Director Nursing/Midwifery, Assistant	10	9.87
	Clinical Nurse/ Midwife Manager 1	26	24.00
	Clinical Nurse/ Midwife Manager 2	69	64.10
	Clinical Nurse/ Midwife Manager 3	9	9.00

	Adv. Nurse/ Midwife, Candidate	6	6.00
	Clinical Nurse/ Midwife Spec., Candidate	1	0.50
Portiuncula University	Staff Midwives	55	45.80
	Nursing Education/Clinical	3	1.82
	Staff Nurses [General/ Children's]	308	271.38
	Post-registration Nurse/ Midwife Student	2	2.00
	Advanced Nurse/ Midwife Practitioner	12	11.55
	Clinical Nurse/ Midwife Specialist	24	20.83
	Director of Nursing/Midwifery	2	2.00
	Director Nursing/Midwifery, Assistant	13	12.12
	Nursing/ Midwifery awaiting registration	2	1.50
	Clinical Nurse/ Midwife Manager 1	24	21.56
	Clinical Nurse/ Midwife Manager 2	61	55.98
	Clinical Nurse/ Midwife Manager 3	8	7.13
	Adv. Nurse/ Midwife, Candidate	4	4.00
Roscommon University	Nursing Education/Clinical	1	0.88
	Staff Nurses [General/ Children's]	154	134.32
	Pre-registration Nurse/ Midwife Intern	3	1.50
	Advanced Nurse/ Midwife Practitioner	15	14.92
	Clinical Nurse/ Midwife Specialist	8	7.49
	Director of Nursing/Midwifery	1	1.00
	Director Nursing/Midwifery, Assistant	10	9.46
	Clinical Nurse/ Midwife Manager 1	9	7.39
	Clinical Nurse/ Midwife Manager 2	20	18.06
	Clinical Nurse/ Midwife Manager 3	1	0.84
	Adv. Nurse/ Midwife, Candidate	4	3.96
	Clinical Nurse/ Midwife Spec., Candidate	1	0.92
		5,437	4,772.06

M Ferguson, Regional Director of People HSE West and North West

W119Q4571	Please provide and update on the status of the disposal of Ballygar Health Centre and St Brigids Hospital Campus. Please provide full details of interim remedial works for the st brigids campus.	Cllr A Harney
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The HSE are reviewing the future use of Ballygar Health Centre site as a potential location for Disability services. It has been removed from the disposal list

With regards to St Brigids, the HSE is making good progress working through title rectification issues with the State Registration Unit and hoping to be in a position to go to market Q1/Q2 2026

HSE have been engaging with the GCC in relation to the derelict site notice and have shared an Architectural Heritage Assessment report with GCC to inform discussions with regard to how to address the buildings on the campus. Both parties are aiming to meet on site before the end of the year to agree on a planned approach to interim remedial works.

N Colleary, Assistant National Director, Capital & Estates

W119Q4572	Please provide an update on the work of the external management team in place for maternity services at Portiuncula University Hospital and the plans in place for 2026.	Cllr A Harney
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The external management team appointed in January to oversee and manage maternity services in Portiuncula University Hospital (PUH) remains in place.

Working closely with the Women's & Children's Network and the hospital, the external team has made significant improvements in clinical governance, operational processes, patient care pathways, and multidisciplinary team collaboration.

This work has enhanced structures for quality and patient safety oversight, training and education, mandatory training compliance and clinical performance monitoring. This has aligned the service more closely with national and regional standards. In addition, the external team oversee all consultant and registrar rotas in Obstetrics and Paediatrics.

The external team continue to work with the PUH clinical leadership and management team on the implementation of all external review recommendations. To date seven of the twelve external reviews are completed. Currently, 84% of the recommendations from the completed reviews have been implemented and an audit plan has been developed to monitor ongoing compliance.

The external management team will remain in place until the end of the year. The HSE West and North West are reviewing the arrangement for 2026 as some level of external management input will be a continued requirement into 2026.

Attached is a presentation (Appendix 1) with an update on all work completed.

A Cosgrove, Integrated Health Area Manager, Galway Roscommon

W119Q4573	Please provide the number of "higher risk" lists that exists and the number of patients who have had their care transferred away from Portiuncula University Hospital and then subsequently transferred back.	Clr A Harney
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The Implementation Team, established to progress the transfer of higher risk categories of pregnancies, continue to meet on a regular basis.

The Implementation Team have defined the categories of higher risk which are:

- Multiple births (already in place since May 2025).
- Women with a BMI of 40kg/m² or more at booking.
- Women aged 42 years or older at booking.
- Women with an obstetric history of unexplained stillbirth or neonatal death, or death related to intrapartum difficulty.
- Women with a history of significant or chronic medical disease relevant to pregnancy.
- Women with a history of major obstetric haemorrhage (greater than 2,000ml and requiring blood transfusion).

From 28th October 2025 PUH no longer provides maternity care to women with pregnancies in the higher risk categories. Correspondence in this regard has been issued to GPs.

Well-established pathways are already in place for the transfer of care for women with high-risk pregnancies from PUH to Galway University Hospital (GUH). This has been expanded to higher-risk women whose care will be transferred to GUH or a hospital of their choice.

The GUH fetal medicine unit, continues to accept all referrals from PUH.

A new maternal medicine clinic, established in GUH in September 2025, are accepting referrals from PUH and across the West and North West region. Women who are accepted to the Maternal Medicine clinic have their care managed through the specialised clinic. The plan of care may involve the GUH maternal medicine clinic taking over the care of the woman or the woman may be referred back to PUH with advice/plan for ongoing care through the PUH specialised clinic.

Maternal medicine clinics are specialised clinic where care is provided pre-pregnancy, antenatal and postnatal care for women who have significant medical problems that pre-date or arise in pregnancy or the puerperium. Maternal morbidity and mortality are increased by diseases that pre-date pregnancy, and by complications that arise during pregnancy. Pregnancy induces significant changes in all aspects of physiology and so in treatment, optimal outcomes are achieved where care for pregnant women is guided by consultants with specific pregnancy expertise, with input from relevant physicians, rather than the other way round. As many of these conditions are uncommon, for some women, advice and care should be provided in a small number of designated specialist centres to concentrate expertise and improve outcomes. As maternity services in GUH are co-located to a model 4 hospital with a large range of specialities and sub specialities available to contribute and collaborate with maternity staff caring for pregnant women.

Medical disease relevant to a maternal medicine service includes but is not limited to:

- Cardiac disease
- Respiratory disease
- Renal disease
- Haematology
- Rheumatological disease
- Endocrine disease
- Gastrointestinal and liver disease
- Neurological disease
- Skin disease
- Cancer.

A Cosgrove, Integrated Health Area Manager, Galway Roscommon

W119Q4574	Please provide an update on the numbers of consultant obstetricians at Portiuncula University Hospital and plans to increase this. I understand an additional post was approved for recruitment but was then subsequently withdrawn. Was this the case?	ClIr A Harney
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PUH has approval for 6 WTE consultant obstetricians. There are currently 6.5 WTE consultants employed in PUH, which include a 1 WTE contact locum consultant. There are 5.5 WTE consultant obstetricians on the on-call rota.

A shared post with GUH (0.5 WTE at PUH/0.5 WTE at GUH) has been vacant since August 2025. The replacement post is going through the approval process at present. Once approval has been received this post will be advertised on a permanent basis.

A Cosgrove, Integrated Health Area Manager, Galway Roscommon

W119Q4575	Can I have an update on the what steps are being taken to fill the vacant (Donegal) Consultant Position for a CAMHS Mental Health Intellectual Disability Consultant and Team and what alternative service is the HSE providing for CAMHS Patients who require this service?	ClIr G McMonagle
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In relation to the Consultant CAMHS MHID post, the permanent post is currently advertised by the Public Appointment Service. DMHS are currently working on filling the post on a temporary basis. The temporary post has been accepted with the candidate going through the clearance process. It is anticipated that the candidate will take up post early in the New Year.

There are a number of children awaiting this service however referrals to the CAMHS ID service are not yet being accepted. The MHID Consultant is due to commence with DMHS in January 2026.

The Executive Clinical Director (ECD) and Consultant Psychiatrists in CAMHS will work with the new Consultant regarding referrals when he/she takes up post.

Currently, no alternative service is being provided. While we have explored alternative options, they have not progressed as intended. We remain committed to delivering a workable solution until the above post is in place.

D Monaghan, Integrated Health Area Manager, Donegal

W119Q4576	Can the HSE confirm if they have put in an application for one five bed Respite facility or Two Five bed Respite facilities which I requested for Donegal?	CLlr G McMonagle
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The HSE has submitted a business case for one dedicated children's respite service to National HSE Disability Services Access & Integration which has confirmed this development is a priority for revenue funding allocation in the 2026 budget. The business case has been the subject of negotiations with the Department of Children, Disabilities and Equality as part of the 2026 budgetary estimates process. Confirmation of funding allocation is expected via the National Service Plan in the coming weeks.

In addition the HSE is seeking to secure capital funding to progress a second new development respite service in Donegal. It is anticipated that this may be included in the HSE's capital plan 2026 further to National HSE Capital & Estates and Disability Services Access & Integration engagements in recent weeks.

D Monaghan, Integrated Health Area Manager, Donegal

W119Q4577	When will the much needed New Extension of the Renal Unit at LUH begin and what is the proposed completion date?	CLlr G McMonagle
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The new extension of the Renal Unit is at Stage 2b – Developed Design and Planning of the Renal Expansion Project has been completed. It is anticipated that design and tender stages will be concluded in 2026 with construction activities to commence on site for this project later in 2026. It is expected that the construction of the project should take 15 months.

D Monaghan, Integrated Health Area Manager, Donegal

W119Q4578	Can I have an update on cataract services at LUH and what is the current waiting time for procedures and how many patients are currently waiting on appointments for procedures?	CLlr G McMonagle
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Cataract surgery for Donegal patients is carried out in Sligo University Hospital and/or some patients are availing of the NTPF and are been treated privately.

There are currently 574 new patients waiting to be assessed for Cataract surgery in Donegal. These assessment appointments are provided in the Community Ophthalmology Department in Letterkenny University Hospital by a visiting SUH based consultant. Currently assessment appointments are provided to approximately 20 patients per month from the current list with those patients with greatest need being prioritised for these appointments. The cataract assessment clinics facilitated over the past 3 months in St Conal's were as follows:

3 Clinics in September

6 Clinics in October

4 Clinics in November

D Monaghan, Integrated Health Area Manager, Donegal

W119Q4579	Could the HSE confirm the status of defibrillators in the ambulance fleet for the Galway Area. Was there a replacement of equipment lately and how much did it cost. What was the reason.	CLlr D Killilea
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Emergency Ambulances. NAS had used a LifePak 15 up to 2023. This model had come to its end of life. Following a HSE Procurement lead competition the Zoll Xa defib was selected. This was introduced to all EAs starting in Jul 2023. At the time the newer LP15s were removed from the EAs and fitted to all Response Vehicles and the Intermediate Care Vehicle as they could be used in Automatic mode and offer monitoring capability. In order to allow for multi patient scenes, remote access patients away from the vehicle a Zoll AED was also added to all EAs in Q4 2024.

Intermediate Care Vehicles. Up to 2023 these vehicles only were fitted with an AED device which did not allow for patient monitoring while being transferred. Due to the restricted resources available to NAS, ICV crews are required to respond to more EA calls now. In order to ensure they are equipped in line with their privileging the newer LP15s were fitted to the fleet in 2023 as they were removed from the EA. These devices are now reaching their life expectancy and are being swapped out for the Zoll Xa. This will mean that by the end of Nov 2025, all NAS patient carrying vehicles will be fitted with a Zoll Xa and Zoll AED. This will ensure muscle memory can continue for staff and easier changing of vehicles if required.

All costs have been in line with the contracts and tenders through the procurement lead competition.

JJ McGowan, Chief Ambulance Officer - West

W119Q4580	Can the HSE confirm what new capital projects there is underway in the Galway Area (Commenced on site) and what is the completion date/expenditure attached to each project.	CLlr D Killilea
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Ref	Description	Status
1	UHG - Hot Water Sys Upgrade	Phased Multi annual project - substantial completion Q4 2025
2	UHG - NPRO MRI suite	Projected Completion - Q4 2025
3	UHG - 3rd Endoscopy Suite	Projected Completion - Q4 2025
4	MPUH - 60 Bed CNU	Projected Completion - Q3 2026
5	MPUH - St. Annes CAMHS Extension	Projected Completion - Q4 2025
6	MPUH - Block A Energy Upgrade	Phased multi annual project. Phase 1 completion Q4 2025, Phase 2, tender Q2 2026
7	MPUH - Surgical Hub	Projected Completion - Q2 2026
8	MPUH - Elec Upgrade Work	Projected Completion - Q4 2025
9	Galway ECC HUB 04 - Knocknacarra	Anticipated Construction start date - Q1 2026
10	Galway ECC HUB 04 - St Francis Home	Fire Alarm Replacement & Electrical Upgrade works to commence in Q4 2025
11	St Annes CNU, Clifden	Enabling works complete Jan 26 Main project commencement Q2 2026 Substantial Completion Q3 2028
12	Recess HC Connemara - Refurbishment	Projected Completion - Q2 2026
13	PUH - MV Infrass Upgrade Ph 2	Projected Completion - Q1 2026
14	PUH Fire Alarm & EL System	Projected Completion - ongoing on phased basis

UHG Development Plans

In addition to the above, Galway University Hospitals, in agreement with the Department of Health and approved by the HSE Board, have adopted a Development Control Plan (DCP) for the UHG campus. This plan is designed to meet all healthcare requirements and facilities on the medical campus up to the year 2045.

To achieve this, several major infrastructure projects will be constructed over time, including the development of a permanent, fit-for-purpose helipad. The relocation of the current helipad is necessary to make way for future developments and buildings.

Successful delivery of the DCP will require close collaboration with Galway City Council and other stakeholders, particularly for planning approvals and infrastructure coordination. It will also need a wide range of community engagement to ensure local people are informed.

The development of the UHG campus is essential to address several challenges and future demands in local healthcare.

Patient volumes are increasing, and the complexity of care is growing. Existing facilities are outdated and lack the space and design needed to support modern, state-of-the-art healthcare delivery.

National and regional healthcare strategies call for the expansion and modernisation of hospital infrastructure. There is also a critical need to improve infection control and patient safety standards. Additionally, the relocation and establishment of a permanent helipad is vital to support emergency air transfers and enable further development on the campus.

You can find [Frequently Asked Questions here](#).

Our Public Engagement Process

An initial drop-in sessions allowing the public to meet the project team, ask questions, and share your views was held on 24 November 2025. A further session is planned for 29 November 2025 at St Joseph's Community Centre, Shantalla from 11AM - 7PM.

These sessions are open to everyone. An online survey to capture your feedback will be open for 4 weeks.

Regular updates will be provided through dedicated project channels:

Website: <https://www.saolta.ie/content/uhg-public-consultation>

Email: UHGconsultation@Jacobs.com

Members of the public and stakeholders are invited to attend our engagement sessions at St Joseph's Community Centre, Shantalla, on Saturday, 29 November 2025, from 11:00 a.m. to 7:00 p.m.

A presentation (Appendix 2) outlining the Slides with further information are attached.

N Colleary, Assistant National Director, Capital & Estates

W119Q4581		
W119Q4582	<p>Will the HSE provide the total number of scheduled and unscheduled admissions across the HSE Mid-West and West/North-West hospital groups, presented in tabular format for 2025 to date, disaggregated by:</p> <ul style="list-style-type: none"> a) Admission type: Medicine and Surgery b) Admission source: Emergency Department (ED), Medical Assessment Unit (MAU), Acute Medical Assessment Unit (AMAU), Outpatient Department (OPD), Elective, Day Case and Other <p>And will the HSE outline any notable trends in admission patterns that are relevant to service planning and resource allocation?</p>	Cllr R McNerney

The table below outlines the total number of scheduled and unscheduled admissions at HSE Mid West acute hospitals by admission source and type up to the 31st October 2025:

Admission Specialty	Admission Source	Total Admissions
Scheduled		
Medicine	Day Case	26,153
Medicine	Elective	6,277
Other	Day Case	23,954
Other	Elective	8,880
Surgery	Day Case	12,148
Surgery	Elective	5,435
Unscheduled		
Medicine	Acute Medical Assessment Unit (AMAU)	595
Medicine	Emergency Department	11,556
Medicine	Medical Assessment Unit (MAU)	13,687
Medicine	Other	1,079
Other	Emergency Department	4,984
Other	Medical Assessment Unit (MAU)	5
Other	Other	1,822
Surgery	Acute Medical Assessment Unit (AMAU)	1
Surgery	Emergency Department	6,854
Surgery	Medical Assessment Unit (MAU)	4
Surgery	Other	472

I Carter, CEO Mid West Acute and Older People Services, HSE Mid West

HSE West and North West

(a) Not available at time of issue.

(b) The categories requested in part (b) related to the national SBAR system categories, and these are laid out in the table below.

Please note the following:

- SBAR admissions exclude paediatric and obstetric admissions
- SBAR admissions include inpatients only
- MAU and AMAU are reported under the same category on SBAR
- With effect from mid-February 2025 reporting of “Other Admissions” was changed to “OPD Admissions” and “Day Ward Admissions”
- Only hospitals with an emergency department are required to submit SBAR data, therefore there is no data available for Roscommon University Hospital

Galway University Hospitals							
Row Labels	ED Admissions	AMAU Admissions	Elective Admissions	Interhospital Transfers	Other Admissions	OPD / Day Ward Transfers	Total Admissions
Jan-25	1865	138	250		4		2257
Feb-25	1522	137	276	6	1	11	1953
Mar-25	1703	141	387	70		99	2400
Apr-25	1766	190	391	54		65	2466
May-25	1823	184	380	38		81	2506
Jun-25	1534	150	343	40		61	2128
Jul-25	1668	182	361	80		102	2393
Aug-25	1632	128	310	57		52	2179
Sept-25	1707	175	267	61		107	2317
Oct-25	1808	152	306	64		80	2410
Grand Total	17028	1577	3271	470	5	658	23009

Letterkenny University Hospital							
Row Labels	ED Admissions	AMAU Admissions	Elective Admissions	Interhospital Transfers	Other Admissions	OPD / Day Ward Transfers	Total Admissions
Jan-25	1474	14	80		60		1628
Feb-25	1208	3	66	3	28	4	1312
Mar-25	1346	9	98	12		41	1506
Apr-25	1248	3	117	12		12	1392
May-25	1304	9	108	10		72	1503
Jun-25	1177	14	112	10		19	1332
Jul-25	1351	11	130	9		29	1530
Aug-25	1328	11	128	11		24	1502
Sept-25	1321	18	101	6		22	1468
Oct-25	1375	15	128	14		9	1541
Grand Total	13132	107	1068	87	88	232	14714

Mayo University Hospital							
Row Labels	ED Admissions	AMAU Admissions	Elective Admissions	Interhospital Transfers	Other Admissions	OPD / Day Ward Transfers	Total Admissions
Jan-25	1211	34	32		25		1302
Feb-25	1130	24	41	6	22	5	1228
Mar-25	1210	43	100	20		8	1381
Apr-25	1221	35	91	18		8	1373
May-25	1175	30	94	19		11	1329
Jun-25	1176	40	92	8		25	1341
Jul-25	1162	35	109	25		9	1340
Aug-25	1170	33	93	14		17	1327
Sept-25	1163	32	96	17		32	1340
Oct-25	1263	30	95	22		34	1444
Grand Total	11881	336	843	149	47	149	13405

Portiuncula University Hospital							
Row Labels	ED Admissions	AMAU Admissions	Elective Admissions	Interhospital Transfers	Other Admissions	OPD / Day Ward Transfers	Total Admissions
Jan-25	740	0	8		26		774
Feb-25	670	0	8	0	9	5	692
Mar-25	696	1	6	5		20	728
Apr-25	679	0	12	3		27	721
May-25	718	0	15	2		15	750
Jun-25	694	0	9	5		12	720
Jul-25	675	2	16	9		12	714
Aug-25	650	1	15	9		2	677
Sept-25	696	7	14	11		5	733
Oct-25	712	1	14	16		8	751
Grand Total	6930	12	117	60	35	106	7260

Sligo University Hospital							
Row Labels	ED Admissions	AMAU Admissions	Elective Admissions	Interhospital Transfers	Other Admissions	OPD / Day Ward Transfers	Total Admissions
Jan-25	1052	23	65		108		1248
Feb-25	923	33	66	5	58	21	1106
Mar-25	1002	29	86	14		83	1214
Apr-25	982	36	98	19		92	1227
May-25	1042	39	101	26		67	1275
Jun-25	1044	40	94	22		82	1282
Jul-25	968	45	111	21		72	1217
Aug-25	965	35	79	17		86	1182
Sept-25	998	29	133	28		97	1285
Oct-25	938	35	117	18		89	1197
Grand Total	9914	344	950	170	166	689	12233

A Cosgrove, Integrated Health Area Manager, Galway Roscommon/ M Warde, Integrated Health Area Manager, Mayo/ D Monaghan, Integrated Health Area Manager, Donegal/J Fitzmaurice, Integrated Health Area Manager, Sligo, Leitrim, South Donegal, West Cavan

W119Q4583	<p>Regarding St Senan's Nursing Home, Kilrush, a HSE-owned facility currently undergoing significant capital upgrades funded by the State, can the HSE provide a detailed progress update on the planned transfer of Registered Provider responsibilities to the HSE, including:</p> <ol style="list-style-type: none"> 1. The status and target completion date of the Transfer of Business legal agreement for the facility; 2. Progress on the HIQA re-registration application required for the transition; and <p>Confirmation of Section 39 funding arrangements for Kilrush District Hospital CLG through to the final transfer date, to ensure continuity of care for the current 30+ residents.</p>	Cllr R McNerney
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St Senan's Nursing Home, Kilrush, a HSE-owned facility is currently undergoing significant capital upgrades funded by the State. HSE Mid West is working collaboratively with St Senan's board to plan the transfer of registered provider responsibilities to the HSE.

The status and target completion date of the transfer of business legal agreement for the facility is May 2026 to allow for continuity of care for the 20 residents.

The HIQA re-registration application required for the transition is currently being prepared for submission to HIQA. It's expected the HIQA submission for registration will be made before year end.

An application for section 39 funding has been received by the HSE.

Ian Carter, CEO Acute and Older People Services

W119Q4584	<p>Given that Crohn's Disease and Ulcerative Colitis are lifelong inflammatory bowel diseases affecting an estimated 50,000 people nationally and that patients in the Mid-West region face ongoing challenges accessing specialist care, mental health supports and dietary services, will the HSE Mid-West:</p> <ul style="list-style-type: none"> • Conduct and publish a regional review on access to diagnosis, treatment and ongoing supports for people living with Crohn's Disease and Ulcerative Colitis; and • Engage with HSE National to support the inclusion of these conditions under the Long-Term Illness Scheme, recognising the significant and ongoing financial and health impact on affected individuals and their families. 	Cllr R McNerney
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Improving access to gastroenterology services is a key priority for HSE Mid West acute hospitals. The gastroenterology department have approval to hire two additional consultant gastroenterologists with both due to take up their post during the first quarter of 2026.

This will provide increased access to care for patients with Crohn's disease and ulcerative colitis and will help to reduce waiting lists.

In addition, our IBD nurses provide patient support by attending clinics and through a monitored phone and email service. They also actively engage with the voluntary patient support network Crohn's Colitis Ireland.

At present, there are no plans to conduct a regional review, however the service developments outlined above aim to improve access and support for patients

It is important to note that the inclusion of these conditions under the Long-Term Illness Scheme is determined at a national level and falls outside the remit of HSE Mid West.

I Carter, CEO Mid West Acute and Older People Services, HSE Mid West

W119Q4585	What plans are in place to provide a permanent ambulance on Inis Oirr?	Cllr E Mannion
<p>The National Ambulance Service sought funding in 2023 through the Multi-Annual Integrated Urgent and Emergency Care Delivery Plan Saolta, CHO 1, CH West, PH and NAS process -which was the only route for new funding – to progress an ambulance service on the islands. No funding was received through this route.</p> <p>While it may appear that all that is required is vehicles there is a significant amount of work that occurs by NAS to ensure appropriate governance and safety. To this end NAS requires recurrent investment in terms of staff in the NAS Training College, operational staff who would work with the island volunteers and some short term funding for procurement and fleet staff to organise the build, fit out and commissioning of the vehicles.</p> <p>Through having recently refreshed the vehicles on Inis Mór and Árainn Mhór, NAS have seen how much additional support is required by the volunteers on the islands. While NAS has been able to deploy these vehicles within existing resources it will not be possible to deploy anymore vehicles without the investment outlined above. In addition, further discussions will be needed with the States Claims Agency regarding rolling out any more vehicles as the</p>		

arrangement on Inis Mór and Árainn Mhór was allowed to continue due to the historical presence on these islands of a vehicle.

JJ McGowan, Chief Ambulance Officer - West

W119Q4586	When is work on the proposed 40 bed Community Nursing Unit for Clifden expected to commence?	Clr E Mannion
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Detailed design and cost verification is complete for review by HSE locally to be followed by corporate review. It is expected the detailed design stage will be complete by the early December 2025. Stage completion will include the submission of the Stage 2C report to the HSE Capital Office, seeking permission to issue tender documents to the market. Once approval to proceed to tender is received, the tender process will follow, currently expected to commence in Q1 2026. In the meantime, the Design Team is continuing to refine the package of documentation to issue for tender.

Tree felling was carried out in February 2025 and a further enabling groundworks package commenced in August 2025. This is on programme to be substantially complete by end of November 2025. The enabling groundworks package is carrying out the installation and alterations of site utility services and segregation of access routes for the operational Service and a main works Contractor, prior to the main construction contract commencing. The phased enabling groundworks are designed to minimise disruption to the existing operational Community Nursing Unit, whose Services will be maintained at St Anne's over the duration of the works.

N Colleary, Assistant National Director, Capital & Estates

W119Q4587	Can you please provide an update on the plans for Primary Care Centers for Inishbofin, Oughterard and Spiddal.	Clr E Mannion
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Inishbofin Primary Care Centre

HSE Capital & Estates are currently progressing the development of a Primary Care Centre on Inishbofin. The land required has been transferred from Galway County Council to the Department of Rural and Community Development and the Gaeltacht. The subsequent transfer of a portion of that land to the HSE is ongoing. The Chief State Solicitors Office (CSSO) represents the Department on this matter. HSE Capital & Estates have appointed a new Design Team and are progressing with Stage 1 design feasibility assessment in parallel with seeking to conclude the purchase of the site.

Oughterard Primary Care Centre

Proposal to develop a Primary Care Centre in Oughterard is currently being progressed by HSE Capital & Estates. The formal procurement process on e-tenders has not commenced as the schedule of accommodation is currently being agreed and finalised. It is expected that the schedule will be signed off before end 2025 and the project can then be published on e-tenders.

Spiddal Primary Care Centre

Proposal to develop a Primary Care Centre in Spiddal is currently being progressed by HSE Capital & Estates. Tender evaluations have been completed for this project and the HSE is due to respond to developers in the coming weeks.

A Cosgrove, Integrated Health Area Manager, Galway Roscommon

W119Q4588	Are there plans in place to provide Speech and Language classes for children in Connemara? At present children have to travel to Renmore or Ballinasloe to avail of this service.	Clr E Mannion
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In County Galway there are currently three junior Developmental Language Disorder (DLD)/Speech Sound Disorder (SSD) classes and one senior DLD/SSD class available for children with developmental language and specific speech disorders. Two of the junior classes are based in Scoil Chaitriona Junior, Renmore, and a Junior and Senior Class are based in Scoil an Chroi Naofa, Ballinasloe, County Galway.

The National Council for Special Education (NCSE), requires evidence that there would be enough children requiring a DLD/SSD class over a long period of time in order to establish a class.

A number of years ago there was a proposal to establish a DLD class in Oughterard, County Galway, but there were not enough children to maintain a class into the longer term and therefore it was not possible to proceed. Currently there are no plans in place to establish a DLD/SSD class in Connemara, County Galway.

The Speech and Language Therapy Service continues to provide support to children with DLD/SSD within the Primary Care services in collaboration with our colleagues in education.

A Cosgrove, Integrated Health Area Manager, Galway Roscommon

W119Q4589	What are the numbers of people currently on waiting lists for home support for each IHA area in Donegal, Mayo, Sligo, Leitrim, South Donegal and West Cavan. Can this data separately identify those waiting for home support packages to enable discharge from the acute hospitals, Short & long term nursing home beds and those people in the community who are waiting on community home support.	Cllr C Brogan
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The table below outlines the number of people waiting for home support packages to commence in the Donegal IHA and the South Donegal / Sligo / Leitrim / West Cavan IHA, including those patients currently awaiting discharge from the acute hospital and community hospitals in the county.

No. of people on waiting list for home support in the Donegal IHA and the South Donegal / Sligo / Leitrim / West Cavan IHA				
Area	To enable discharge from acute hospital	To enable discharge from community hospitals	No. at home awaiting home support hours	Total no. awaiting home support
Donegal	11 patients awaiting discharge from Letterkenny University Hospital as on the 14/11/2025	8 patients	263	282
South Donegal / Sligo / Leitrim / West Cavan	1 patient awaiting discharge from Sligo University Hospital as on 14/11/2025	7 patients	175	183

Donegal IHA

Ongoing recruitment for Healthcare Assistants (HCAs) (Home Support) in Co. Donegal is being prioritised by HSE Human Resources and an additional 12 HCAs have been recruited into the HSE Home Support Service this year to date. There are HSE panels in place for HCAs and interviews have recently taken place to add further candidates onto these panels in an effort to address the waiting list for home support.

The HSE Donegal Home Support Manager has also met with all private providers on several occasions this year to support initiatives to recruit additional HCAs in Co. Donegal. However, capacity remains minimal and on a number of occasions this year, the HSE has had to take back clients from the private providers as they were unable to continue delivering services to some clients due to staffing issues. The Home Support Manager has scheduled a meeting with each private provider again in the next month to see if progress on recruitment can be made.

South Donegal / Sligo / Leitrim / West Cavan IHA

Ongoing recruitment for HCAs in South Donegal / Sligo / Leitrim / West Cavan IHA is being prioritised by HSE Human Resources. There are HSE panels in place for HCAs and interviews are being scheduled to add further candidates onto these panels to address the waiting list for home support.

The Older Persons Services Manager has also met with all private providers on support initiatives to recruit additional HCAs in the region. However, capacity remains minimal and on a number of occasions this year, the HSE has had to take back clients from the private providers as they were unable to continue delivering services to some clients due to staffing issues.

D Monaghan, Integrated Health Area Manager, Donegal/J Fitzmaurice, Integrated Health Area Manager, Sligo, Leitrim, South Donegal, West Cavan

Mayo IHA:

Area	To enable discharge from acute hospital	To enable discharge from community hospitals	Total number of new clients awaiting a service	Total number of existing clients awaiting additional services.
Mayo	8	0	120	128

Currently the Human Resource team are in the process of recruiting an additional 5 HCA Home Support team members for Co Mayo with a further 4 approved positions which have been unable to fill and ongoing engagement is taking place with HR in respect of these positions.

The HSE Mayo Home Support Management team have and continue to liaise extensively with Tender Authorisation Providers re carer capacity and ongoing carer recruitment. The Home Support Management team met with these providers in October and November 2025. Despite ongoing engagements the Private Providers have indicated that they are extremely challenged in the recruitment of new carers.

The Home Support management team strive to prioritise those awaiting home support in an acute setting and those on the waiting list whom have the highest care need. The Home Support Management team are constantly reviewing the waiting list and ongoing monitoring of existing services continues this ensuring the appropriate utilisation of all resources.

M Warde, Integrated Health Area Manager, Mayo

W119Q4590	Can we get an updated report for the patient numbers visiting our out of hours service in the last three years in Donegal IHA, can this data separately identify how many times they were referred to ambulance services as opposed to being seen by the doctor on call?	Cllr C Brogan
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The table below outlines the number of patients that contacted the GP out-of-hours service from 2023 – 2025 in Donegal, including the number of times patients were connected to the ambulance service following telephone consultation with the GP or nurse.

Jan 2025-13/11/2025	Calls connected to ambulance	
Overall number of patients	After Dr telephone advice	After nurse telephone advice
51899	113	2970

2024	Calls connected to ambulance	
Overall number of patients	After Dr telephone advice	After nurse telephone advice
64442	138	3700

2023	Calls connected to ambulance	
Overall number of patients	After Dr telephone advice	After nurse telephone advice
66322	144	3558

D Monaghan, Integrated Health Area Manager, Donegal

W119Q4591	Can we have an updated report on the development control plan for Letterkenny university hospital and if we have any provision in place to develop new modern and enhanced the department of psychiatry as part of this plan as the current facility has outgrown its current capacity and accommodation.	Cllr C Brogan
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The LUH Capital Programme Oversight Board, which is responsible for the delivery of the new Development Control Plan (DCP) for the hospital, has been established. Health Planners have been appointed and are inputting data to the DCP based on national and global best practices and standards for the provision of healthcare accommodation. A design team has commenced working on the DCP, to create an orderly plan for the development of LUH campus. It is expected that the DCP would be finalised in Q1 2026.

Early outcomes from the Health Planning process have supported the appraisal stage of the Ambulatory Care Hub project which will comprise Ambulatory Oncology and a Surgical Hub. A design team is expected to be appointed to this scheme in Q1 2026 and the project will then proceed through the design work-stages and onto tender and construction.

The department of psychiatry is not currently included in the health planning process. The service is currently assessing the need for capital investment in line with the Strategic Healthcare Infrastructure Framework (SHIF).

N Colleary, Assistant National Director, Capital & Estates

W119Q4592	I will ask for any consultation or communication that has been undertaken with the local residents and community surrounding University Hospital Limerick, Dooradoyle considering the continued expansion of the site and continued construction works taking place on this site.	Cllr E O'Donovan
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The HSE has engaged on an ongoing basis with local residents and the community in the vicinity of University Hospital as issues arise with a view to resolving same in a mutually beneficial manner where possible and is committed to continuing to do so. This engagement includes issues arising from capital developments. Whilst it is important to hear the concerns of local residents, there are occasions where differences of opinion arise, such as in respect of the appropriateness of the location of the intended 96 bed block B development. In such cases the Irish planning system is highly democratic and objectors engaged on two separate occasions with the statutory planning process (via LCCC and ACP), where matters of planning concern were given a thorough hearing by two different planning assessors.

Joe Hoare, Assistant National Director, Capital & Estates Mid-West

W119Q4593	I will ask for plans to address significant parking shortages for staff, outpatients and visitors in UHL, Dooradoyle and if more parking will be allocated for on site.	CIlr E O'Donovan
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There are 1,341 car parking spaces provided for staff and patients at University Hospital Limerick.

There are 300 additional parking spaces provided to staff in three off-site park and ride locations. A daily bus service supports 6,500 staff uses per month at these three sites. The off-site parking locations open 7am-9pm, chiefly to facilitate clinical staff whose working days are rostered between 8am and 8pm, as well as administrative staff who wish to avail of the service.

The pressures on parking capacity at UHL has been further alleviated in recent times by the relocation of significant numbers of administrative staff to sites in Raheen Business Park.

University Hospital Limerick has also endeavoured to facilitate staff who wish to cycle to work by providing a number of secure bicycle bays, an initiative that has been recognised with a Silver Smarter Travel Award from the National Transport Authority.

In the long term, the capital plan for UHL includes a proposal for a multi-storey car park on the site, but such a proposal is subject to planning permission and funding.

I Carter, CEO Mid West Acute and Older People Services, HSE Mid West

W119Q4594	Can the HSE provide the current gynaecology waiting list figures for Portiuncula University Hospital and University Hospital Galway in tabular form, showing the number of patients waiting in each time band and the number on active lists for both hospitals?	CIlr E F Parsons
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University Hospital Galway:

OPD:

- Gynae OPD initiative list completed 15/11/25, another confirmed for 06/12/25
- 2 further OPD lists to be confirmed, if funding approved for 2026

Theatre:

- GUH Gynae surgery completed list in PUH on 10/11/25, another scheduled for 08/12/25
- Discussions regarding future initiative lists in the new year

OPD

Specialty	Gynaecology										
Count of hospital name	Column Labels										
Row Labels	0-3 Months	3-6 Months	6-9 Months	9-12 Months	12-15 Months	15-18 Months	18-21 Months	24-36 Months	Grand Total		
Has Appointment Date	333	161	59	11	16	10	1		591		
No Appointment Date	912	635	287	114	78	17	3		2046		
Suspended		1	2	16	7	7	2	2	37		
Grand Total	1245	797	348	141	101	34	6	2	2674		

IPDC

Specialty	Gynaecology										
Count of Hospital Name	Column Labels										
Row Labels	0-3 Mths	3-6 Mths	6-9 Mths	9-12 Mths	12-15 Mths	15-18 Mths	18-24 Mths	24-36 Mths	36-48 Mths	48+ Mths	Grand Total
ACTIVE	97	72	46	46	26	24	25	18	18	14	386
PREADMIT	14	9	6	6							35
SUSPENSION	1	3	11	8	3	2	1	2	2		33
Grand Total	112	84	63	60	29	26	26	20	20	14	454

Portiuncula University Hospital:

There are a total of 305 patients on the active Gynae OPD waiting list. 77% of patients are waiting less than 3 months, achieving Sláintecare target.

PUH is supporting a fortnightly GUH complex menopause clinic, which is a regional service. A consultant and CMM from GUH attend PUH fortnightly to run this clinic.

There are a total of 223 patients on the PUH active Gynae IPDC waiting list. Since January 2025 there has been a 22% reduction in the waiting list.

The Ambulatory Gynaecology service is now well established in PUH with some procedures that would have traditionally be provided in theatre now redirected to Ambulatory Gynaecology. Plans are in place to further expand the Ambulatory Gynaecology service. Equipment for the second room has been ordered and a further consultant is due to commence sessions in January 2026.

PUH is supporting GUH theatre access with a number of Gynaecology theatre sessions being used by GUH consultants. This will continue into 2026.

PUH Active Gynae OPD WL					
Adult/Child	(All)				
Triage Urgency	(All)				
WL Status	No Appointment Date				
NTPF ID	wait time				
Specialty	0-3 Months	3-6 Months	6-9 Months	9-12 Months	Grand Total
Gynaecology	234	52	10	9	305
Grand Total	234	52	10	9	305

PUH Active Gynae IPDC WL									
wl type	(Multiple Items)								
Clinical Priority	(All)								
Wait category	(Multiple Items)								
Count of MRN	Wait Time Bands								
Specialty	0-3 Mths	3-6 Mths	6-9 Mths	9-12 Mths	12-15 Mths	15-18 Mths	18-24 Mths	24-36 Mths	Grand Total
Gynaecology	110	27	25	23	10	11	16	1	223
Grand Total	110	27	25	23	10	11	16	1	223

A Cosgrove, Integrated Health Area Manager, Galway Roscommon

W119Q4595	Further to the HSE CEO's acknowledgment before the Public Accounts Committee that "you could not credibly say that the implementation of the Walker Report recommendations at Portiuncula University Hospital was maintained and sustained," can the HSE Regional Executive clarify	Cllr E F Parsons
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	who appointed the External Management Team now overseeing maternity services at PUH, to whom they report, and whether the same personnel and governance structures involved during the period referenced by the CEO were involved in that appointment — and what independent oversight is in place to ensure transparency and to avoid any perception of a closed-loop system effectively marking its own homework?	
<p>The External Management Team were appointed by the HSE West and North West REO and RCD, following considerable consultation with the HSE CEO, CCO, NWIHP and the DOH, in January 2025. The team remains in place with full delegated authority to manage maternity services at PUH.</p> <p>The external team report to the HSE West and North West Women's & Children's Network Clinical Director. Weekly structured operational meetings take place between the External Management Team and the W&C team. A weekly reporting/oversight meeting is in place for the regional W&C team to report to the Regional Clinical Director and IHA manager for Galway and Roscommon, who report and update the REO on an ongoing basis.</p> <p>The External Management Team provide a detailed progress report on a bimonthly basis. These reports are submitted to the HSE CEO, HSE CCO and the Minister for Health.</p> <p><i>A Cosgrove, Integrated Health Area Manager, Galway Roscommon</i></p>		
W119Q4596	Was a formally approved clinical assessment of travel-time risk, capacity, staffing, safety and equality impacts completed for University Hospital Galway, which will now be receiving women from the PUH catchment? Within what clinical governance structure was the decision to divert these higher-risk women approved, who holds clinical responsibility for the risks arising — and will the HSE publish the assessments and governance documents underpinning this decision in the interests of transparency and public reassurance?	Clr E F Parsons
<p>The decision to transfer higher risk maternity care from PUH to GUH or another unit of a woman's choosing was taken as a result of a significant number of adverse clinical outcomes in PUH from late 2023 up to the second quarter of 2025.</p> <p>This decision was taken in consultation and agreement with the HSE West North West RMT, the Department of Health, the HSE CEO, the National Clinical Director and members of the National Women's and Infants Health Programme (NWIHP).</p> <p>The Implementation Team, chaired by the Clinical Director for the Women's & Children's Network and established to progress the transfer of higher-risk maternity care from PUH, continues to meet regularly. Working/operational groups have been established in PUH and GUH. The GUH operational group are progressing the site implementation plan which incorporates building capacity for the increased number of women that will receive their pregnancy care in GUH. This team is also reviewing additional resource requirements and a draft business case for additional resources has been developed.</p> <p>The implementation team are considering the impacts of the changes on all women Engagement is taking place with a number of stakeholder groups, including Health Promotion, Social Inclusion and Traveller Health Units.</p> <p><i>A Cosgrove, Integrated Health Area Manager, Galway Roscommon</i></p>		
W119Q4597	Please ask the HSE to clarify the current operational and funding status and frequency of clinics at the Complex Menopause Clinic at University Hospital Galway, and to provide, in tabular form, the dates of clinics held in 2024 and 2025, the number of patients seen (new and review), the	Clr E F Parsons

	current waiting list figures, and details of the staff complement, and consultant clinical governance arrangements for the service.	
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Complex Menopause Clinics are held every second Wednesday in GUH, with a clinic in PUH on alternative Wednesdays. There are plans to expand the service once additional Consultant posts have been filled (see below), recruitment is in progress through the appropriate channels.

Below is a list of dates on which, clinics were held.

Complex Menopasue Clinic Dates 2024	
In person Clinics 2024	Virtual Clinics 2024
January 3, 10, 17, 24, 31	January 16, 30
February 7, 14, 21, 28	February 20th
March 6, 13, 20, 27	March , 12, 19
April 3, 10, 17 ,24	April 2, 9, 16 ,23
May 1,15,22,29	May 21st
June 5, 12, 19	June 4, 11, 18
July 3, 10, 17, 24, 31	July 2, 9,30
August 14, 21, 28	August 6, 13, 20, 27
September 4, 11, 18, 25	September 10, 17, 24
October 2, 9, 23	October 1,8,15,22,19
November 6 ,20, 27	November 5, 12, 19, 26
December - None in person	December 3, 10, 17
Complex Menopasue Clinic Dates 2024	
In person Clinics 2025	Virtual Clinics 2025
January 1,8,15,22,9	January 7, 17,21,28
February 5,12,26	February 4,11,18,25
March 5,12,19,26	March 4,11,18,25
April - No Clinics	April 1,8,15,22,29
May - No Clinics	May 6,13,20,27
June - No Clinics	June 3, 10,17,24
July - No Clinics	July 1,8,15,22,29
August 20th	August 5,12,19
September 3rd	September 2,9,16,23,30
October 1,8,15,22,29	October 7,14,21,28
November 5,12,26	November 4,11,18,25
December 3,10,17	December 2,9,16,23

Number of Patients seen in 2024/2025

Number of Patients seen in 2024	
New Patients seen 2024	134
Review Patients Seen 2024	94
Virtual Review Patients 2024	124

Number of Patients seen in 2025	
New Patients seen 2025	74 to date up to 18th November 2025
Review Patients Seen 2025	40 to date up to 18th November 2025
Virtual Calls 2025	157 to date up to 18th November 2025

Waiting List Figures 2024/2025

Waiting list as of 30th October 2025	
11a. 0-3 Months	79
11b. 3-6 months	63
11c. 6-9 months	57
11d. 9-12 months	42
11e. 12+ months	61
Total	302

Current Funding Status

This service is Funded by NWIHP

Staffing Compliment

- 1 x CNS
- 0.5 clerical admin and an additional 0.5 clerical admin at recruitment stage
- Service currently delivered by the Consultant who has Clinical Governance for this clinic
- Additional 0.2 x 2 funded posts at recruitment stage and due to commence in January 2026

A Cosgrove, Integrated Health Area Manager, Galway Roscommon

W119Q4598	Please provide the current project list under the Sligo University Hospital Campus Development Control Plan. Which projects have received formal approval, funding allocation and have an appointed design team, and which projects remain at feasibility or design phase?	Clr E McSharry
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Facility	Programme	Sub-Programme	IHA	Project Name	Brief Description of Project	Regional Office Comments	Project Stage Q2 (2025) - current	Project Stage Q3 (2025)	Project Stage Year End
Sligo University Hospital	Acute	Health & Safety/ Infection Control	Sligo, Leitrim, South Donegal & West Cavan	CSSD Upgrade	Phased upgrade to existing CSSD.		Construction		Construction
Sligo University Hospital	Acute	Major Acute	Sligo, Leitrim, South Donegal & West Cavan	Enabling works (Reconfig of Roads, etc)	Redevelopment - Phase 1 . Ward Block, HDU/ICU, Radiology, Paediatric, Maternity/Ob s, Theatre Department, ED/AMAU/CD U.		Detailed Design		Detailed Design

Sligo University Hospital	Community Care	Palliative/ Chronic Illness	Sligo, Leitrim, South Donegal & West Cavan	North West Hospice Extension	North West Hospice extension to provide 12 beds (4 additional), outpatient day care & home care team, admin space, 15 car park spaces.		Construction		Construction
Sligo University Hospital	Acute	Major Acute	Sligo, Leitrim, South Donegal & West Cavan	Additional Bed Capacity and Ancillary Accommodation	In accordance with the Acute Inpatient Bed Capacity Expansion Plan, additional bed capacity consisting of single en-suite rooms with ancillary accommodation.	In construction	Tender		Construction
Sligo University Hospital	Acute	Other Acute	Sligo, Leitrim, South Donegal & West Cavan	New Macular Treatment Room & Refurbishment of Existing	Upgrade of existing Macular Treatment room and creation of a second room. Extra space to perform increased injection therapies and ophthalmic surgery		Detailed Design		Detailed Design
Sligo University Hospital	Acute	Diagnostic Imaging	Sligo, Leitrim, South Donegal & West Cavan	Installation of 2nd CT Scanner incl New Build and Extension of Nuclear Medicine	The Installation of a Second CT scanner, including a new build for the relocation of Nuclear Medicine (Phase 2), reconfiguration of existing Nuclear medicine with extension to take Second CT Scanner accompanying requirements.		Construction		Construction

Sligo University Hospital	Acute	Other Acute	Sligo, Leitrim, South Donegal & West Cavan	Additional CT Suite	Proposed fit out of existing shell and core space (511sqm - level 5 of medical block) to provide additional CT suite with waiting/admin area, patient prep/changing bays, file and equipment stores etc.		Appraisal		Appraisal
Sligo University Hospital	Acute	Other Acute	Sligo, Leitrim, South Donegal & West Cavan	Ambulatory Cancer Centre	Proposed fit out of existing shell and core space (585sqm - level 6 of medical block) to enlarge existing Haematology Oncology Day Ward. Project will provide: - Treatment/Consulting Rooms - 4 No. - Day Ward - 12 No. bays - Associated accommodation, offices etc.		Appraisal		Appraisal
Sligo University Hospital	Acute	Other Acute	Sligo, Leitrim, South Donegal & West Cavan	Expansion of dialysis outpatient services	Proposed new build/extension to existing hospital to accommodate 25 Renal Dialysis stations, Outpatient services, Associated admin and staff welfare facilities Nett floor area: 854sq.m		Appraisal		Appraisal
Sligo University Hospital	Acute	Major Acute	Sligo, Leitrim, South Donegal & West Cavan	Surgical Hub for Sligo	To develop (feasibility) a Surgical Hub facility for Sligo scale to be clarified.		Appraisal		Appraisal

Sligo University Hospital	Acute	Infrastructure Upgrade/ Maintenance	Sligo, Leitrim, South Donegal & West Cavan	Climate Action Pathfinder Project - Sligo UH	Pilot Pathfinder Climate Action Programme - Sligo UH		Appraisal		Appraisal
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Capital Submission Required									
Sligo University Hospital				Pharmacy Upgrade			Appraisal		Appraisal
Sligo University Hospital				ICT Infrastructure Upgrade			Appraisal		Appraisal
Sligo University Hospital				Replacement Ortho Theatre			Appraisal		Appraisal
Sligo University Hospital				Expansion of Microbiology			Appraisal		Appraisal

N Colleary, Assistant National Director, Capital & Estates

W119Q4599	<p>As a result of the recent leaks in the roof of the Orthopaedic Theatres and the Day Surgery Units and unit closures, can I ask the following questions:</p> <ul style="list-style-type: none"> Is the roof construction now fully complete, and have all leaks been sealed across both the Orthopaedic Theatres and the Day Surgery Units? How many elective surgeries in both the Orthopaedic Theatres and the Day Surgery Units had to be cancelled as a result of these leaks? What was the duration of the closure for both the Orthopaedic Theatres and the Day Surgery Units, and have all affected elective surgeries now been rescheduled? Has the closure contributed to an increase in the Orthopaedic and Day Surgery waiting lists, and if so, by how much? What is the exact status of the Orthopaedic Theatre Feasibility Study, and what are the short-term and medium-term mitigation plans for Orthopaedic services while feasibility, design, and capital approvals for a new Orthopaedic Theatre and additional beds are progressing? 	Cllr E McSharry
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Orthopaedic Theatre roof works have been completed on the week ending 14th November 2025, with water testing undertaken week of 10th November. Full Orthopaedic activity has resumed week commencing 17th November.

As part of wider issues regarding constraints and infrastructure challenges in Orthopaedic theatre, a feasibility study was undertaken by the appointed architect, during which six options were presented to the hospital team. The completed Feasibility Study identifies the preferred option, which includes the replacement of two theatres in a new unit extending from the Orthopaedic ward, with ancillary theatre space and nine additional inpatient beds. With the feasibility phase now complete, the next step is preparation and submission of the Capital Submission on this basis.

From the 2nd of October to the 17th of November, there was no elective joint surgery, undertaken in SUH due to ongoing clinical concerns linked to water leaks. However, Orthopaedic theatre continued to operate on minor cases. Approximately 70 joint cases were not scheduled during this period. Joint patients continue to be the highest volume on our waiting list.

The week that the leak occurred 87 cases were cancelled. All Day Services patients have been rescheduled and surgery has been completed. We are now working through the Orthopaedic cases.

Below is the inpatient and day cases waiting list from April 2025 and November 2025:

Apr-25

Specialty	0-3 Mths	3-6 Mths	6-9 Mths	9-12 Mths	12-15 Mths	15-18 Mths	18-24 Mths	24-36 Mths	36-48 Mths	48+ Mths	Grand Total
Orthopaedics	430	288	128	73	50	30	30	27	1	1	1058

Nov-25

Specialty	0-3 Mths	3-6 Mths	6-9 Mths	9-12 Mths	12-15 Mths	15-18 Mths	18-24 Mths	24-36 Mths	36-48 Mths	Grand Total
Orthopaedics	486	162	156	61	56	30	38	24	5	1018

J Fitzmaurice, Integrated Health Area Manager, Sligo, Leitrim, South Donegal, West Cavan

W119Q4600	<p>It is very positive that the Sligo–Leitrim Integrated Care Programme for Older Persons (ICPOP) has been designated a national demonstration site, and I wish to acknowledge the excellent and innovative work being carried out by this team to support older people to live well and independently in their own homes for as long as possible.</p> <p>Can I ask what are:</p> <ul style="list-style-type: none"> • The current staffing levels within the Sligo–Leitrim ICPOP team – including the number of whole-time equivalent staff across disciplines such as advanced nurse practitioners, clinical nurse specialists, physiotherapists, occupational therapists, social workers, dietitians, and administrative support? • Whether there are plans to expand this service to operate on a seven-day or 24-hour basis, in line with national ambitions to deliver care closer to home and reduce unnecessary hospital admissions? • What recruitment plans are in place to support that expansion, including the numbers and grades of staff to be appointed, and the anticipated timeframe for these posts to be filled? • What future developments are planned for the Sligo–Leitrim ICPOP, such as the introduction of a virtual ward model, enhanced rural outreach clinics, or new care pathways under the Enhanced Community Care programme? 	Clr E McSharry
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The current staffing levels within the ICPOP Team, which provides a service to the South Donegal / Sligo / Leitrim / West Cavan Integrated Healthcare Area (SDSLWC IHA) is 24.10 Whole Time Equivalent (WTE), a breakdown of which is as follows;

- 1.0 WTE Operational Lead, Grade VIII
- 0.5 WTE Consultant Geriatrician
- 0.5 WTE Specialist Registrar
- 1.0 WTE Case Manager
- 3.0 WTE Registered Advanced Nurse Practitioners (ANPs) (1.0 WTE Virtual Care)
- 3.5 WTE Clinical Nurse Specialists (CNSs) (Falls & Frailty, Nursing Home Outreach, Psychiatry of Older Age)
- 3.0 WTE Senior Physiotherapists
- 2.5 WTE Senior Occupational Therapists
- 0.5 WTE Senior Dietician
- 0.5 WTE Senior Speech & Language Therapist
- 0.5 WTE Social Worker

- 4.0 WTE Therapy Assistants
- 1.0 WTE Grade V Admin
- 1.6 WTE Grade IV Admin
- 1.0 WTE Clinical Needs Facilitator (interRAI)

A business case is currently being drafted in partnership with Sligo University Hospital (SUH), which will propose an integrated Virtual Care/Hospital at Home model of service delivery, with a view to operating it on a seven days per week basis.

Within the draft business case, resource requirements to deliver a Virtual Care/Hospital at Home service are addressed. The estimate of resources required includes additional multi-disciplinary WTEs. Currently, there is a 1.0 WTE ANP assigned to Virtual Care within the ICPOP WTE compliment. A 1.0 WTE ANP, recruited in SUH, will also be assigned to Virtual Care. It is envisaged that both ANPs will work in an integrated manner across hospital and community settings. This proposal will also be included in the estimates /National Service Plan process, for 2026.

The draft business case purposes the implementation of an integrated Virtual Care/ Hospital at Home Service. This will be a consultant led, Virtual Ward which will deliver hospital-level care in the patient's own home or place of residence. This model will aim to support earlier discharge of clinically stable patients and prevent avoidable hospital admissions, particularly to Emergency Department (ED) and pre-hospital Paramedic assessed presentations, for frail and older patients, those with exacerbations of chronic disease and patients requiring step-down or palliative care.

Operating seven days per week, the Hospital at Home model would act as an extension to the SUH discharge process, with referrals accepted from across hospital specialties. It would be integrated with SUH's discharge processes and delivered in partnership with the ICPOP Community Specialist Team (CST), which has already demonstrated success in managing frail patients in community settings - 83% of whom remained in, or returned, home following intervention in 2024.

A reduction of the number of patients on hospital trollies is another important reason for proposing the Hospital at Home model of care in the SDSLWC IHA.

An element of virtual care is already being delivered in the existing ICPOP Service, via the Attend Anywhere follow up clinic reviews. Virtual clinics are also undertaken by all disciplines on the ICPOP Team. Geriatrician led Outreach Clinics are held in Sligo town and Carrick on Shannon. ANP and CNS led Outreach Clinics take place in locations across the SDSLWC IHA, such as Ballyshannon, Sligo town, Carrick on Shannon, Ballymote and Manorhamilton.

A pathway of referral from both public and private nursing homes is facilitated by a CNS for Nursing Home Outreach, under the clinical governance of the Consultant Geriatrician. An enhanced nursing home pathway is currently being co-designed by an established working group of key stakeholders, which includes Older Persons Services, GPs, the National Ambulance Service, ICPOP, Psychiatry of Older Age and Palliative Care Services. It is planned to commence a proof of concept in the Ballyshannon Community Nursing Unit in Q1- 2, of 2026.

J Fitzmaurice, Integrated Health Area Manager, Sligo, Leitrim, South Donegal, West Cavan

W119Q4601	In light of the HSE's recent sale of Carageen Health Centre, day services in the locality have ceased, creating an need to ensure continuity of care for residents. The Maugherow Community Centre requires upgrade works to accommodate these services. Sligo LEADER has supported the local community in establishing a parish committee to manage the facility and assist with applications for relevant grant funding. The committee has been proactive in seeking financial support and has submitted applications, which are currently awaiting decisions.	Clr E McSharry
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	<p>Can the HSE confirm:</p> <ol style="list-style-type: none"> 1. What progress has been made regarding the proposed Service Level Agreement for the delivery of day services at Maugherow Community Centre? 2. Are there any alternative premises available for the delivery of day services in the locality following the closure of Carageen Health Centre? <p>Can the HSE provide funding or other practical support to assist with the necessary upgrade works at Maugherow Community Centre to enable it to operate as a day services facility?</p>	
<p>As the Carrigans Health Centre has been deemed no longer suitable for use as a Day Centre for Older Persons, the HSE intends to relocate the Day Service, previously delivered there, to an alternative site. Following a review of available options in the area, Maugherow Hall was identified as the only suitable location in the immediate vicinity. A separate and alternative Social Day Centre also operates from Cliffooney Hall on Tuesday, Wednesday and Thursday each week.</p> <p>In this context, the HSE has been exploring the development of a Service Level Agreement (SLA) for the provision of day services in Maugherow Hall. It is recognised that the building requires upgrade works to meet the standards necessary for the safe and effective delivery of these services. The Sligo Leader Partnership Company has been assisting the Maugherow Ballinfull Community Partnership CLG in establishing a parish committee to manage the facility and to support the committee in securing relevant grant funding.</p> <p>In 2023, the HSE Estates Department conducted a site visit in conjunction with the Sligo Leader Partnership Company and representatives from the Maugherow Ballinfull Community Partnership CLG. During this visit, the Estates Department identified the need to appoint an architect to develop a detailed scope of works outlining the refurbishments required to bring the building to the necessary standard for use as a Social Day Centre. The Sligo Leader Partnership Company has continued to work closely with the Maugherow Ballinfull Community Partnership CLG to support their efforts to access funding for these upgrade works.</p> <p>The HSE is now awaiting a response from the Sligo Leader Partnership Company and the Maugherow Ballinfull Community Partnership CLG regarding the completed scope of works and associated costings. Once this information is received, the HSE will endeavour to work collaboratively with both organisations toward the re-opening of the Social Day Centre to serve the Maugherow/Carrigans area. Any potential service development or formal agreement will, however, be dependent on the completion of the necessary renovation works to modernise Maugherow Hall. These works are essential to ensure compliance with Health and Safety, Quality and Patient Safety, and Infection Prevention and Control standards, as well as all relevant legislative and regulatory requirements.</p> <p>The HSE acknowledges the significant commitment demonstrated by the Maugherow Ballinfull Community Partnership CLG and the wider community in their ongoing efforts to enhance local facilities and support older residents. The HSE remains committed to continuing our collaboration with all stakeholders to advance the development of suitable and sustainable services for the Maugherow/Carrigans area.</p> <p><i>J Fitzmaurice, Integrated Health Area Manager, Sligo, Leitrim, South Donegal, West Cavan</i></p>		
W119Q4602	<p>Toghermore Campus Tuam.</p> <p>Could you please provide a detailed update on the progress of the Feasibility Study.</p> <p>Please include information on who has been appointed and what is the timeframe for completion of this study?</p> <p>Can you also provide the terms of the Feasibility Study, does it relate to the lands or the whole campus including the buildings?</p>	CLlr S Cunniffe

A brief and scope encompassing all of the service groups has now been developed for the Health Planning role and the tender competition for same will be initiated before the end of the year with the aim of having a specialist appointed in February 2026 to commence on the Health Planning study.

The study will encompass the entire campus including the buildings.

N Colleary, Assistant National Director, Capital & Estates

W119Q4603	<p>Portiuncula Hospital</p> <p>At the last meeting of RHF West on the 23rd September, it was communicated to the Forum by the REO that no reinstatement of services required to deal with the complex or higher-risk pregnancies was under consideration in the ongoing work.</p> <p>Can I ask:</p> <p>(1) If this is still the case and if so, who made that decision and on what basis?</p> <p>(2) Please explain, from a macro perspective, why it was not considered possible to draw up a plan to invest the resources needed locally in PHU to rectify short comings in the Maternity Services? Why was PHU denied this investment needed to provide the maternity care?</p> <p>(3) What assistance has been considered for the additional travel demands for expectant mothers and their families?</p>	Cllr S Cunniffe
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The decision to transfer higher risk maternity care from PUH to GUH or another unit of a woman's choosing was taken as a result of a significant number of adverse clinical outcomes in PUH from late 2023 up to the second quarter of 2025.

This decision was taken in consultation and agreement with the HSE West North West RMT, the Department of Health, the HSE CEO, the National Clinical Director and members of the National Women's and Infants Health Programme (NWIHP).

To date seven of the twelve external reviews into the care provided to women and their babies at PUH are completed. The external management team are working closely with the PUH clinical leadership and management team on implementing all recommendations from external reviews. To date seven out of 12 reviews have been completed. 84% of recommendations from the completed reviews have been implemented. A comprehensive audit plan has been developed to monitor ongoing compliance.

Since their appointment in January the EMT have progressed a significant programme of work, much of which is directly related to review recommendations.

The programme of work includes:

- The development of a dedicated area for an Early Pregnancy Unit and a four- bay Maternity Day Assessment Unit (MDAU). This work is complete and the MDAU commenced operating on 15th September 2025. The development of an MDAU facilitates enhanced care for pregnant women in a dedicated space, moving this activity away from the labour ward.
Since commencing on the 15th September a total of 222 women (48 scheduled and 174 unscheduled) have been treated in the MDAU.
- The development of a dedicated admission room for the unit, which is near completion.
- Work is at an advanced stage on a dedicated maternity OPD facility, which will enhance the delivery of antenatal care and the experience for women and families.
- A procedure room has been upgraded to provide additional theatre capacity which will be used for emergency caesarean sections when all theatres are occupied.
- A feasibility assessment for a theatre adjacent to the maternity floor will be progressed.

- PUH has been identified as a priority for the roll out of Wi-Fi/boosting mobile phone coverage throughout the campus, improving connectivity for patients and staff, and mobile phone signal coverage is being enhanced throughout the hospital campus.

Additional resources have been approved to support some of the changes made within the service, including 2 WTE additional Paediatric consultants, administrative and phlebotomy staff.

The implementation team, established to progress that transfer of higher risk, are considering the impacts of the changes on all women. Engagement is taking place with a number of stakeholder groups, including Health Promotion, Social Inclusion and Traveller Health Units.

A Cosgrove, Integrated Health Area Manager, Galway Roscommon

W119Q4604	Can we be provided with the wait times for all allied health professionals to psychiatry, including OT, CBT, physiotherapy, psychology, etc. across all hospitals in the West and North West? Can we also be provided with percentage of patients referred to these specialities who are being seen within the target timeframe?	Clr D Meehan
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This data is currently not collected or collated locally. This data will be collected following the implementation of a regional wide patient administration system.

A Cosgrove, Integrated Health Area Manager, Galway Roscommon/ M Warde, Integrated Health Area Manager, Mayo/ D Monaghan, Integrated Health Area Manager, Donegal/J Fitzmaurice, Integrated Health Area Manager, Sligo, Leitrim, South Donegal, West Cavan

W119Q4605	Can we be provided with the wait times in all emergency departments across all hospitals in the region, including the time between presentation/attendance and triaging, as well as time between presentation/attendance and discharge or admission? Can we also be provided with the percentage of patients seen within the target time across all hospitals in the West and North West region?	Clr D Meehan
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The table below shows the wait time between presentation/attendance and triaging in all emergency departments in the region.

Row Labels	Sum of Total Patients	Sum of Registration to Triage 0 - 15 mins	Sum of % within 15 minutes	Sum of Registration to Triage 15 - 20 mins	Sum of % within 15-20 minutes	Sum of Registrati on to Triage 20 - 30 mins	Sum of % within 20-30 minutes	Sum of Registrati on to Triage 30 mins+	Sum of % 30 minutes +
Galway University Hospitals	64,436	35975	55.8%	4589	7.1%	6766	10.5%	17106	26.5%
Letterkenny University Hospital	39376	20154	51.2%	5082	12.9%	6081	15.4%	8059	20.5%
Mayo University Hospital	33007	21111	64.0%	1245	3.8%	2271	6.9%	8380	25.4%
Portiuncula University Hospital	24471	13504	55.2%	2362	9.7%	3399	13.9%	5206	21.3%
Sligo University Hospital	32867	14016	42.6%	4948	15.1%	6566	20.0%	7337	22.3%
Grand Total	194157	104760	54.0%	18226	9.4%	25083	12.9%	46088	23.7%

The table below shows the wait time between presentation/attendance and discharge or admission in all emergency departments in the region.

Row Labels	Sum of Total Patients	Sum of Number_0_to_6hrs	Sum of % within 6 hours	Sum of Number_0_to_9hrs	Sum of % within 9 hours	Sum of Number_wit hin24hrs	Sum of % within 24 hours	Sum of Number_Gtr 24hrs
Galway University Hospitals	64,430	33,102	51.4%	46,120	71.6%	60,664	94.2%	3,766
Letterkenny University Hospital	39,828	20,846	52.3%	27,974	70.2%	38469	96.6%	1359
Mayo University Hospital	33,810	19,395	57.4%	26,135	77.3%	33709	99.7%	101
Portiuncula University Hospital	24,463	16,003	65.4%	20,624	84.3%	24174	98.8%	289
Sligo University Hospital	36,180	20,309	56.1%	26,255	72.6%	34927	96.5%	1253
Grand Total	198,711	109,655	55.2%	147,108	74.0%	191943	96.6%	6768

The table below shows the % of patients who were seen, treated and discharged from ED in each hospital in September 2025 compared to the targets.

Reporting Level	Target/EA %			Sep		
	Within 6 Hours	Within 9 Hours	Within 24 Hours	Within 6 Hours	Within 9 Hours	Within 24 Hours
Galway University Hospitals	70.00%	85.00%	97.00%	55.20%	74.20%	95.32%
Letterkenny University Hospital	70.00%	85.00%	97.00%	51.70%	70.40%	97.10%
Mayo University Hospital	70.00%	85.00%	97.00%	61.40%	80.40%	99.76%
Portiuncula University Hospital	70.00%	85.00%	97.00%	69.30%	88.40%	99.38%
Sligo University Hospital	70.00%	85.00%	97.00%	55.80%	72.10%	94.97%

A Cosgrove, Integrated Health Area Manager, Galway Roscommon/ M Warde, Integrated Health Area Manager, Mayo/ D Monaghan, Integrated Health Area Manager, Donegal/J Fitzmaurice, Integrated Health Area Manager, Sligo, Leitrim, South Donegal, West Cavan

W119Q4606	What are the current wait times for cardiology services in secondary care, excluding wait times for community hubs, to see a cardiologist across all hospitals in the West and North West region? Can we also be provided with the percentage of patients being seen in each site within the target timeframe?	Clr D Meehan
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The table below shows the current wait times for a Cardiology outpatient appointment in all hospitals in West North West region:

OPD	0-3 Months	3-6 Months	6-9 Months	9-12 Months	12-15 Months	15-18 Months	18-21 Months	24-36 Months	48+ Months	Grand Total
Galway University Hospitals	924	446	233	64	59	8	3	2		1739
Letterkenny University Hospital	620	459	504	418	255	9		1	1	2267
Mayo University Hospital	333	245	137	101	63	10				889
Portiuncula University Hospital	177	162	129	79	73	16				636
Sligo University Hospital	546	382	283	173	24	1				1409
Grand Total	2600	1694	1286	835	474	44	3	3	1	6940

Please note that the patients in Letterkenny University Hospital (LUH) who are waiting in excess of 24 months are patients who have recently been returned from outsourcing and are scheduled to a Cardiology outpatient clinic to have their care transition back to the public service.

In Galway University Hospitals there are several ongoing actions put in place to try and help improve access to outpatient Cardiology Services

Initiative Clinics:

We have run a number of additional evening clinics during the year and have provided access to 365 patients this year to date by year end, we expect it to be over 500 by year end. We are also running initiatives for Cardiac Diagnostics which also impacts how quickly patients can be assessed in outpatients.

Outsourcing:

We have sent a small number of patients to the private sector for treatment.

Cardiology Hub:

We are making good use of the Cardiology Community Hub with significant volumes of patients now being treated through this mechanism.

Ongoing Demand Management Improvements:

We continue with the improvement work started last year which has been led by a Consultant Cardiologist for the Cardiology Hub. As a result of the work of our Cardiology Consultant lead for the Cardiology Community Hub and colleagues have been doing around triage, sign-posting and validation we have seen reductions in demand for acute services and subsequently a marked reduction in the number of patients waiting to be seen, this was 2308 patients waiting at end of 2023 and is now 1739.

There are two target timeframes under the waiting list action plan:

- (a) 50% of patients to be waiting less than 10 weeks for an outpatient appointment
- (b) 90% of patients to be waiting less than 12 months for an outpatient appointment

The tables below shows % of patients currently on a cardiology waiting list who are currently within those target time frames:

% of patients waiting less than 10 weeks	
Galway University Hospitals	44%
Letterkenny University Hospital	23%
Mayo University Hospital	29%
Portiuncula University Hospital	21%
Sligo University Hospital	30%
Grand Total	30%

% of patients waiting less than 12 months	
Galway University Hospitals	96%
Letterkenny University Hospital	88%
Mayo University Hospital	92%
Portiuncula University Hospital	86%
Sligo University Hospital	98%
Grand Total	94%

A Cosgrove, Integrated Health Area Manager, Galway Roscommon/ M Warde, Integrated Health Area Manager, Mayo/ D Monaghan, Integrated Health Area Manager, Donegal/J Fitzmaurice, Integrated Health Area Manager, Sligo, Leitrim, South Donegal, West Cavan

W119Q4607	Can we be provided with the waiting times for all imaging modalities (radiography), as well as percentage of patients imaged within target time across all hospitals in the region? Can we also be provided with the equipment utilisation rates in each site in the Western and North Western region, including scanner hours per day and percentage of planned capacity achieved?	Cllr D Meehan
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The response to this question includes a broad range of very detailed data. Unfortunately, it is not collated in a consisted format across all sites and so is dense and data heavy. This response will be provided in a more streamlined format in the days after the Regional Health Forum meeting.

Waiting times can be found here:

https://data.oireachtas.ie/ie/oireachtas/debates/questions/supportingDocumentation/2025-10-01_pq-222-01-10-25_en.pdf

Letterkenny University Hospital:

Radiology does not have KPI's currently so there is no systems to measure percentage time and equipment utilisation rates, however see activity below for LUH.

Operational Hours are as follows:

The general x-ray and CT service operates 24 hours per day, seven days per week.

MRI & Ultrasound operates 9am - 5pm, Monday to Friday additional MRI evening lists facilitated to meet capacity on week nights from 5pm - 8pm.

Activity Jan - Oct 2025														Imports Jan - Oct 2025	
Year	Month	CT	DXA	FL	IC	IR	MDM	MG	MR	TH	US	VUS	XR	CT	442
2025	Jan	2,056	47	22	40	87	247	254	485	72	1,033	106	5,408	DXA	1
	Feb	1,775	65	5	45	72	203	292	450	64	922	93	4,970	ES	1
	Mar	1,934	54	26	48	82	175	335	472	73	1,021	127	6,359	FL	5
	Apr	2,054	70	24	55	58	165	347	492	55	1,043	139	5,683	IC	23
	May	1,988	56	3	33	91	257	359	530	105	1,067	130	6,144	IR	10
	Jun	1,998	62	23	54	85	122	302	502	89	940	132	5,439	MG	105
	Jul	2,293	53	19	44	94	218	303	541	47	1,021	114	5,937	MR	1,173
	Aug	2,106	80	20	42	74	195	279	461	135	844	115	6,066	NM	266
	Sep	2,206	64	12	44	94	154	288	462	104	940	114	5,497	OUS	3
	Oct	2,193	87	20	48	82	347	346	492	63	1,261	121	5,564	PET	80
Grand total		20,603	638	174	453	819	2,083	3,105	4,887	807	10,092	1,191	57,067	TH	6
														US	385
														VUS	2
														XR	128
														Grand total	2,630

2024 Activity															Imports 2024	
Year	Month	CT	DXA	FL	IC	IR	MDM	MG	MR	TH	US	VUS	XR	Modality	Total	
2024	Jan	1,931	46	17	27	41	181	352	461	64	997	118	5,678	CT	182	
	Feb	1,841	69	4	56	57	149	292	426	86	1,017	102	5,634	FL	3	
	Mar	1,971	56	34	43	68	153	303	454	71	946	122	5,583	IC	27	
	Apr	1,963	82	40	55	87	214	232	494	94	980	130	6,889	IR	3	
	May	2,158	41	28	48	66	177	374	473	76	1,070	130	6,640	MG	81	
	Jun	1,861	70	19	39	62	166	223	486	73	760	89	5,363	MR	663	
	Jul	2,049	62	42	48	83	217	269	478	97	1,051	124	6,840	NM	73	
	Aug	2,077	85	28	49	80	235	381	527	107	1,102	133	5,958	PET	30	
	Sep	1,938	52	40	39	99	148	275	488	71	974	128	6,199	US	271	
	Oct	2,193	54	28	31	95	285	477	498	81	1,011	116	5,910	XR	21	
														Grand total	1,354	
	Nov	1,979	47	24	44	81	205	383	489	85	1,086	121	5,809		4	
	Dec	1,947	57	25	36	68	142	284	446	41	955	116	5,514			
	Grand total	23,908	721	329	515	887	2,272	3,845	5,720	946	11,949	1,429	72,017			

Waiting List Ordered Exams

Modality					
All	CT	DXA	FL	IC	IR
17,378	1,924	685	328	23	35
Total Exams	Total Exams	Total Exams	Total Exams	Total Exams	Total Exams
MG	MR	TH	US	VUS	XR
683	6,917	4	5,817	142	820
Total Exams	Total Exams	Total Exams	Total Exams	Total Exams	Total Exams

D Monaghan, Integrated Health Area Manager, Donegal

Sligo University Hospital:

SUH Hospital 2025 Activity

Equipment	Planned capacity per week(based on OP slots apart from IR which is both inpt & OP slots)	Achieved capacity PW	Routine hours per day	Equipment Utilisation
CT May-Sep(120 pw) 2 nd CT scanner opened Old scanner being replaced Oct-Nov so back to 60 OP slots pw Doesn't include Inpts	Jan-May-60pw(1 CT scanner)	60 OP's	8.5	100%
Ultrasound	75	70 OP's(due to DNA rate)	7	85%
XRAY(inc OLHM)	170 GP slots pw	170	9	98%

	OPD, inpatients and minor injury& CXR walk-in service during core hours)			
DEXA	n/A			
Fluoroscopy	1 -2 sessions per fortnight 10 pts	10	7 hrs(mainly XR use) Multipurpose General Xr/Fluoro system	85%
Interventional radiology	20	20.5	5.8 average	75
MRI(operated in partnership with private provider)	60	59	8	100%

SUH Hospital In patient imaged within target times 2025

Modality	Cat 7	Cat 8	Cat 9	Cat 10
CT	100%	100%	100%	100%
US	100%	100%	100%	100%
Xray	100%	100%	100%	100%
Fluoroscopy	n/a	n/a	100%	100%
Interventional Radiology	100%	100%	100%	100%

Hospital Outpatient imaged within target times 2025

Modality	CAT 7	Cat 8	Cat 9	Cat 10	Cat 11
CT	100%	100%	97.5%	0%	96%
US – General	100%	100%	100%	20% (met KPI Jan & Feb after insourcing WLI 2024)	99%
MRI	0 pts	92%	95%	0%	99%
Xray	100% walk in service	100% Walk-in service	100%	100%	100%
Fluoroscopy	0 pts	0 pts	100%	100%	n/a
Interventional Radiology	0 pts	100%	100%	100%	100%

MRI Patients imaged within target times 2025: MRI operated in partnership with private provider so GP access scheme outside core HSE hours

Category	MRI IP	MRI OP
7. Immediate	n/a	n/a 0 pts
8. Urgent	29	103
9. Semi Urgent	700	900
10. Non Urgent	641	0
11 3 months		110
12 6 months		122
13 9 Months		100% 92 pt
14 12 Months		147 100%
15 18 Months		100% 14 pts
16 24 Months		100% 12 pts
17 36 Months		

J Fitzmaurice, Integrated Health Area Manager, Sligo, Leitrim, South Donegal, West Cavan

Galway University Hospitals:
Hospital 2025 Activity

Equipment	Planned capacity per week	Achieved capacity PW	Routine hours per day	Equipment Utilisation
CT	100%	80%	9 hrs x 5 days for op	08:00-17:00 OPD
Vascular US	NA	NA	NA	NA
Ultrasound	100%	80%	8hrs X 5 days for op	09:00-17:00 OPD
XRAY	100%	80%		08:30-17:00 OPD
DEXA	NA	NA	NA	NA
Fluoroscopy	100%	90%	8.5 X 3 days for op	08:30- 17:00 OPD
Interventional radiology	100%	80%	9 hrs x 5 days for all	08:00-17:00 OPD
MRI Provided by Alliance	Approx 10-13 scans per day on inpatients			?

Hospital In patient imaged within target times 2025 (*porter dependant)

Modality	Cat 7 IMM	Cat 8 URG	Cat 9 SEMI URG	Cat 10 NON URG
CT *porter dependant	95%	90%	70%	70%
US – General	90%	90%	80%	80%
US – Vascular	NA	NA	NA	NA
Xray *porter dependant	NA	90%	70%	75%
Fluoroscopy	NA	90%	80%	70%
Interventional Radiology	cons to cons service	cons to cons service	cons to cons service	cons to cons service

Hospital Outpatient imaged within target times 2025

Modality	CAT 7 IMM	Cat 8 URG	Cat 9 SEMI URG	Cat 10 NON-URG	Cat 11 +3 months
CT	NA	10%	0%	0%	90%
US – General	NA	1%	0%	0%	90%
US– Vascular	FAO VASC LAB	FAO VASC LAB	FAO VASC LAB	FAO VASC LAB	FAO VASC LAB
Xray	NA	90%	90%	90%	90%
Fluoroscopy	NA	0%	90%	90%	NA
Interventional Radiology	NA	NA	NA	NA	NA

MRI Patients imaged within target times 2025

Category	MRI IP	MRI OP
7. Immediate	90%	NA
8. Urgent	80%	10%
9. Semi Urgent	20%	0%
10. Non Urgent	50%	0%
11 3 months	NA	90%
12 6 months	NA	90%
13 9 Months	NA	90%
14 12 Months	NA	90%
15 18 Months	NA	90%
16 24 Months	NA	90%
17 36 Months	NA	90%

Portiuncula University Hospital:**PUH waiting times**

No of months	CT	Vascular Ultrasound	Ultrasound	Xray	DEXA	Fluoroscopy	Interventional radiology	MRI –Provided by Alliance
0-3mths	392	9	423	181	24	27	2	105
3-6mths	183	3	218	0	13	26	8	23
6-12mths	231	3	203	7	44	25	3	18
12-18mths	123	3	185	0	25	1	0	3
18+mths	41	0	102	0	673	2	0	

PUH 2025 Activity

Equipment	Planned capacity per week	Achieved capacity PW	Routine hours per day	Equipment Utilisation
CT	140	117	8	84%
Vascular US	15	14	7	93%
Ultrasound	140	69	7	49%
XRAY	175	161	8	92.5%
DEXA	40	0	7	0%
Fluoroscopy	10	4	7	40%
Interventional radiology	5	2	7	40%
MRI Provided by Alliance	80	50 (PUH Patients only)	7	100% of RUH & PUH Slots are filled

Tuam PCC waiting times

No of months	Xray	Vascular Ultrasound	Ultrasound
0-3mths	78	1	454
3-6mths	3	1	31
6-12mths	0	0	41
12-18mths	0	0	0
18+	0	0	0

Tuam Activity

Equipment	Planned OP capacity per week	Achieved OP capacity PW	Routine hours per day	Equipment Utilisation
Ultrasound - General and Vascular	58	Ave 36, max 62 – 10 min	7	62%
Xray	100	Ave 36, max 75 – 5 min	7	36%

National Vetting Categories		Outpatient Timeframes (National)	In-Patient Timeframes (National)
Referral Categories	Clinical characteristics/outcomes of conditions within category	Recommended time to imaging to minimise risk and/or achieve best clinical outcomes	Recommended time to imaging to minimise risk and/or achieve best clinical outcomes
Unplanned Imaging	7. Immediate -Imminent risk of death -Trauma major or minor -Irreversible deterioration if not seen immediately	Same day	Immediate - Today or Oncall. Cannot be left until Tomorrow, Must be done
	8. Urgent - Risk of permanent damage to organ system if imaging is delayed - Rapidly progressing dysfunction (over a period of days or weeks) in established conditions -Assessment of 'clinically suspected malignancy' and 'known malignancy' in patients who will be potential candidates for radical or systemic treatment, or staging of known high-grade malignancy prior to definitive treatment.	Within 3 weeks	Today/Tomorrow
	9. Semi Urgent - Risk of damage to organ system if treatment is delayed beyond - Assessment of patients with clinically suspected malignancies who are unlikely to be candidates for radical or systemic treatment.	Within 8 weeks	Within 3 Days
	10. Non Urgent - Minimal risk of damage to organ system if imaging is delayed beyond 13 weeks - Reassessment of stable/chronic conditions that meet the criteria for review - Assessment of conditions felt to be benign	≤ 13 weeks	Within 1 Week
Planned Imaging	11. Specified Date – 3 Months 12. Specified Date – 6 Months 13. Specified Date – 9 Months 14. Specified Date – 12 Months 15. Specified Date – 18 Months 16. Specified Date – 24 Months 17. Specified Date – 36 Months 18. Specified Date – 36+ Months The date of imaging is specified in the request, imaging at specific time points in active therapy as part of approved surveillance protocols. This will most commonly apply to follow-up of cancer patients and patients with pulmonary nodules. It will also apply to patients with Radiologically indeterminate pathology where the Radiologist has recommended follow-up imaging for further assessment in the report of the initial investigation.		Not currently used for inpatients in MRM, however long term patients do on occasion require planned imaging, therefore if there was planned imaging requested for an inpatient then the same rules should apply to OIP that when a planned examination is requested then the corresponding date should be input into the system.

PUH In patient imaged within target times 2025

Modality	Cat 7	Cat 8	Cat 9	Cat 10
CT	99.2%	98%	99.6%	100%
US – General	98%	98.3%	99.1%	100%
US – Vascular	86%	92.8%	97.5%	100%
Xray	99.75%	99.86%	99.9%	N/A
Fluoroscopy	100%	66%	100%	N/A
Interventional Radiology	100%	60%	N/A	N/A

PUH Outpatient imaged within target times 2025

Modality	CAT 7	Cat 8	Cat 9	Cat 10	Cat 11
CT	100%	37.1%	27.3%	35%	96.2%
US – General	33.3%	23.8%	94.9%	N/A	78.6%
US– Vascular	50%	5.7%	73.3%	N/A	N/A
Xray	99.4%	97.5%	90%	100%	N/A
Fluoroscopy	100%	18.6%	33.3%	N/A	N/A
Interventional Radiology	N/A	100%	100%	N/A	N/A

Tuam GP patients imaged within target times 2025

Modality	Cat 8	Cat 9	Cat 10	Cat 11
US – General	80.9%	92.5%	76.8%	100%
US – Vascular	100%	88.8%	N/A	N/A
Xray	97.6%	98.4%	N/A	100%

MRI Patients imaged within target times 2025

Category	MRI IP	MRI OP
7. Immediate	45	0
8. Urgent	84	92
9. Semi Urgent	84	92
10. Non Urgent	96	87
11 3 months		53
12 6 months		67
13 9 Months		29
14 12 Months		84
15 18 Months		50
16 24 Months		100
17 36 Months		100

Please note – Time from Ordered to imaged has been used to calculate ‘imaged within target times’
Correct time for calculations would be ‘Vetted to Imaged’ however this data is not available from Radiology Data.
No MRI service available at PUH at weekends.

Roscommon University Hospital:

Waiting Time Imaging Modalities in Roscommon University Hospital:

Ultrasound

Priority	Months waiting	Patients waiting
1	0	0
2	0	0
3 & Over	Longest waiter - 43 months	511

CT

Priority	Months waiting	Patients waiting
Priority 1	0	0
Priority 2	1 month	19
Priority 3 & over	Longest waiter - 66 MONTHS	842

MRI – This service is provided offsite through Alliance PHB

Priority	Months waiting	Patients waiting
3 & over	14 months	68

General Xray

Priority	Months waiting	Patients waiting
1	0	0
2	5 days	3
3 & over	10 days	57

From the current statistics RUH Radiography Service are meeting targeted waiting times for for Priority 1 & 2 referrals in US, CT, and General Xray. The main reason behind this is the outsourcing activity with Alliance Medical – MRI, CT and Ultrasound. This has made a great impact on our service – without this outsourcing RUH would not be hitting targeted wait times on Priority 1 & 2 referrals.

With priority 3 & 4 referrals we are over our targeted wait times. These are non-priority and have previously been validated while carrying out an outsourcing initiative.

Equipment Utilisation Levels

Our CT, Ultrasound and General Xray service are ran daily however both CT and ultrasound equipment is not utilised to full capacity. The main reason for this is insufficient staffing levels in Radiology (Radiographer, Radiologist, clerical

etc). This is also down to a lack of skill mix. The Radiology Department are currently preparing a business case for a third Radiologist.

A Cosgrove, Integrated Health Area Manager, Galway Roscommon

Mayo University Hospital:

The below table outlines the longest wait times for imaging modalities at present:

Procedure	Urgent	Semi Urgent	Non-Urgent
CT TAP & IV Scans	3.6 months	35.9 months	37.3 months
CT Brain/Sinus/HRCT/Thorax (non-con)	1.1 months	13.1 months	25.7 months
Fluoroscopy	0.5 months	19.0 months	21.1 months
Interventional Radiology	2.9 months	14.4 months	14.2 months
MRI	0.8 months	29.7 months	33.6 months
Ultrasound	0.6 months	13.3 months	17.5 months
Generals	0.5 months	0.5 months	0.5 months

Can we also be provided with the equipment utilisation rates in each site, including scanner hours per day and percentage of planned capacity achieved?

Equipment	Times open (Utilisation)	On-Call service available?
CT Scanner	8am-5pm	Yes
Ultrasound MUH PCC	9am-5pm	No
Ultrasound Claremorris	8am-4pm	No
Ultrasound Ballina PCC	9am-5pm	No
Ultrasound Castlebar PCC	9am-5pm	No
Ultrasound MUH	8.30am-5pm	Yes
ED X-ray	9am-5pm	Yes
In-patient X-ray MUH	9am-5pm	No
Out-patient X-ray MUH	9am-5pm	No
X-ray Castlebar PCC	9am-5pm	No
MRI Scanner	8am-5pm	No
Fluoroscopy	9am-5pm	Yes

M Warde, Integrated Health Area Manager, Mayo

W119Q4608	What was the cost of the standby private ambulance for patient transfers between Sligo University Hospital and the Satellite ward on the St John's campus in the period 1st January to 30th June 2025 and how many journeys were undertaken during that period.	ClIr D Bree
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Ambulance cost per day for patient transport from Medical Offsite ward is €950 per day. Total trips undertaken from 3rd March 2025 to 30th June 2025 is 319 trips. (Please note the Medical offsite ward is operating at full capacity since March 2025, hence the records are from March 2025).

J Fitzmaurice, Integrated Health Area Manager, Sligo, Leitrim, South Donegal, West Cavan

W119Q4609	Aware that the cost of hiring a minibus to transfer food, lab samples, files, and pharmaceuticals from Sligo University Hospital to the satellite ward on the St John's campus is €400 a day or €146,000 a year, can I be advised as to when and where tenders were advertised for this service; how many companies tendered for the work; if the Management of Sligo University Hospital and the HKSE consider the payment of €146,000 a year for this service value for money; and if consideration has been given to having the HSE provide this service directly.	ClIr D Bree
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Tender Process

The tender for this service was initiated in November 2025 through the National Transport Authority (NTA), which maintains a listing of all compliant operators that support Pre-Qualification Questionnaires (PPQs). All operators on this listing were contacted and invited to apply for the tender.

There are currently two buses in operation supporting MOSW:

- **Bus 1**
Provides transport for food, files, laboratory samples, pharmacy items, staff, and patients between MOSW and the hospital only.
- **Bus 2**
Transports files to Clarion Road, the Diabetic Hub, Ballymote, and Carrick-on-Shannon, and also transports patients outside the hospital's catchment area.

All transport services for MOSW have been correctly tendered under the umbrella of the National Transport Authority (NTA).

The initial tender was agreed for a six-month period up to 30 June 2025 and has since been extended for a further six months to 31 December.

As with any new service, ongoing reviews are being conducted to determine whether demand is being met and how the service can be configured based on established norms.

The HSE have carried out a cost comparative and the cost of providing the service would largely be in line with the cost associated with the managed service.

J Fitzmaurice, Integrated Health Area Manager, Sligo, Leitrim, South Donegal, West Cavan

W119Q4610	Aware that the cost of hiring a minibus to transfer files from the Medical Records Department, Sligo University Hospital, to the Benbulbin Hub, Clarion Road, is €20 a day or €7,300 a year, can I be advised as to when and where tenders were advertised for this service; how many companies tendered for the work; if the Management of Sligo University Hospital and the HSE consider the payment of €7,300 a year for this service value for money.	Cllr D Bree
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Tender Process

The tender for this service was initiated in November 2025 through the National Transport Authority (NTA), which maintains a listing of all compliant operators that support Pre-Qualification Questionnaires (PPQs). All operators on this listing were contacted and invited to apply for the tender.

There are currently two buses in operation supporting MOSW:

- **Bus 1**
Provides transport for food, files, laboratory samples, pharmacy items, staff, and patients between MOSW and the hospital only.
- **Bus 2**
Transports files to Clarion Road, the Diabetic Hub, Ballymote, and Carrick-on-Shannon, and also transports patients outside the hospital's catchment area.

All transport services for MOSW have been correctly tendered under the umbrella of the National Transport Authority (NTA).

The initial tender was agreed for a six-month period up to 30 June 2025 and has since been extended for a further six months to 31 December.

As with any new service, ongoing reviews are being conducted to determine whether demand is being met and how the service can be configured based on established norms.

The HSE have carried out a cost comparative and the cost of providing the service.

J Fitzmaurice, Integrated Health Area Manager, Sligo, Leitrim, South Donegal, West Cavan

W119Q4611	Aware that a candidate has accepted the position as Consultant with the CAMHS ID team in Sligo, can the Forum be advised (1) how many other people are currently on the CAMHS ID team and what posts have yet to be filled on the multidisciplinary team; (2) how many children who have been referred to the CAMHS ID Service are currently on the waiting list for appointments and assessment and what length of time have they been on the waiting list; (3) what is the expected waiting time for appointments and assessment for children on the waiting list; (4) can children on the waiting list in Sligo be referred for appointment and assessment to the CAMHS ID Service in other counties in the region and what arrangements, if any, does the HSE have with the Department of Health to refer children on the Sligo CAMHS ID waiting list for appointment and assessment to the CAMHS ID Service in Mayo/Roscommon or other counties.	Cllr D Bree
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- (1) Following commencement of duty, one nurse will be assigned to work with the new CAMHS-ID consultant to support the initial establishment of the service.
- (2) Currently, there are no children on the waiting list for appointments and assessment, as referrals to the CAMHS-ID service have not yet been accepted.
- (3) An estimate of Waiting times for appointments and assessments will be clarified in consultation with the CAMHS-ID service once the Consultant has commenced duties.
- (4) As per part two above, referrals to the CAMHS ID service have not yet been accepted. There is no formal arrangement for children to be referred for appointment and assessment to CAMHS ID in other counties.

J Fitzmaurice, Integrated Health Area Manager, Sligo, Leitrim, South Donegal, West Cavan

W119Q4612		
W119Q4613	Can you provide an update on the risk assessment undertaken on the impact of transferring women from Portiuncula University Hospital to alternative hospitals? Who is being transferred and who can remain at PUH?	Cllr V Duffy

Well-established pathways were already in place for the transfer of care for women with high-risk pregnancies from PUH to Galway University Hospital (GUH). This has been expanded to higher-risk women whose care will be transferred to GUH or a hospital of their choice.

The Implementation Team, established to progress the transfer of higher risk categories of pregnancies, have defined the categories of higher risk which are:

- Multiple births (already in place since May 2025).
- Women with a BMI of 40kg/m² or more at booking.
- Women aged 42 years or older at booking.
- Women with an obstetric history of unexplained stillbirth or neonatal death, or death related to intrapartum difficulty.
- Women with a history of significant or chronic medical disease relevant to pregnancy.

- Women with a history of major obstetric haemorrhage (greater than 2,000ml and requiring blood transfusion).

From 28th October 2025 PUH no longer provides maternity care to women with pregnancies in the higher risk categories. Correspondence in this regard has been issued to GPs.

The GUH fetal medicine unit continues to accept all referrals from PUH.

A new maternal medicine clinic has been established in GUH and are accepting referrals from PUH. Women who are accepted to the Maternal Medicine clinic have their care managed through the specialised clinic. The plan of care may involve the GUH maternal medicine clinic taking over the care of the woman or the woman may be referred back to PUH with advice/plan for ongoing care through the PUH specialised clinic.

A Cosgrove, Integrated Health Area Manager, Galway Roscommon

W119Q4614	Is the HSE aware of when work will begin on a new Maternity Strategy for Ireland given that the current one extends from 2016 - 2026, do they envisage that there will be much change in the new strategy given the current demographics in the region/country (births, older mothers, etc) and reviews underway in hospitals, etc, and will there is an opportunity by the public and public representatives to feed into and shape a new maternity strategy?	Cllr V Duffy
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The National Maternity Strategy “Creating a Better Future Together” was published in early 2016, and runs for 11 years, ending at the end of 2026. The Strategy implementation is very well advanced, and over 95% on the recommendations are either complete or ongoing.

The Programme for Government has committed to a “successor to the National Maternity Strategy”. The exact timeline for the publication of the new document is not specified, but the HSE expects that work will start in 2026. The development of the successor to the National Maternity Strategy will be led by the Department of Health.

National Women & Infants Health Programme

W119Q4615	Can the HSE confirm the number of people per county in the region (Galway, Mayo, Roscommon) who are waiting on Home Help/Support, the number of people waiting on additional Home Support hours, and the plans, if any, to meet the need and address this issue e.g. hiring more care workers in the HSE, using private contractors, developing a public communications strategy to recruit more carers, the intention to provide hoists and other equipment to carers without/with limited home support particularly those who are elderly and looking after others in their homes, and any plans to increase the pay and conditions to encourage people into this area of work?	Cllr V Duffy
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Waiting List for Counties Galway/Roscommon/Mayo:

County	New clients awaiting service	Clients awaiting additional service
Galway	91	240
Roscommon	25	108
Mayo	120	128

A Cosgrove, Integrated Health Area Manager, Galway Roscommon/ M Warde, Integrated Health Area Manager, Mayo

W119Q4616	Can I have an updated report on capital plan in Donegal the on-going works and future plans for this area?	Cllr C Brogan
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There has been significant investment in the healthcare infrastructure in Donegal in 2025, with in excess of €4.5M anticipated to be expended through minor capital expenditure this year. The list below identifies the capital investment projects in Donegal and the status of each.

Facility	Project	Current Status
Letterkenny University Hospital	Fire Safety Works to Medical Ward Block (scope of works under review, may not be required - possible fire engineering solution)	Tender to be issued in Q1 2026.
Letterkenny University Hospital	Development Control Plan for LUH campus including Health Planners and Design Teams	It is expected that the DCP would be finalised in Q1 2026.
Letterkenny University Hospital	Renal Dialysis expansion. Increasing Capacity from 14 to 21.	Stage 2c to commence in Quarter 1 2026 with the construction commencing later in 2026.
Cleary Centre, Donegal Town	New ID Adult Day Services facility	Planning granted. Due to go to tender in Q1 2026.
Letterkenny University Hospital	Electrical Infrastructure Upgrade, 1980's building. Phases 2 & 3. Equipment purchase in 2021	Detailed design underway.
Letterkenny University Hospital	Boiler replacement (Enabling works 2022, new gas tank)	Contractor to be appointed in Q4 2025 and construction to commence Q1 2026.
Letterkenny University Hospital	Accommodation for Physio and OT dept at LUH (420sqm). This accommodation is to reinstate accommodation dispersed due to flooding at LUH.	To be progressed further pending the completion of the LUH DCP.
Letterkenny University Hospital	New Aseptic Compounding unit. Extension and reconfiguration of the existing	Stage 2C due Q1 2026.
Donegal Hospice	New extension to Donegal Hospice to provide 4 No. bedrooms with family/visitor accommodation. 4 No. existing bedrooms are to be converted for administration/clinical use.	Fire safety certificate and Disability Access Certificate applications lodged in November 2024. Completion of detailed design in 2026.
Letterkenny University Hospital	Weather proofing: Flat roof covering repair and balcony spalling repair works, phased project.	Ongoing project with multiple phases. Phase one to be completed in Q4 2025. Other phases in detailed design.
Lifford	Proposed 25 bed Community Nursing Unit (approx 1827sqm) at Lifford to replace the existing.	Appraisal- negotiations ongoing to purchase site from Donegal County Council. Design Team to be appointed in Q1 2026.
Lifford	Proposed new Primary Care Centre (approx 3000sqm) at Lifford.	Appraisal- negotiations ongoing to purchase site from Donegal County

		Council. Design Team to be appointed in Q1 2026.
Letterkenny University Hospital	Relocate existing AMAU and admin accommodation to a new extension (538sqm) providing 6 no. single rooms.	ED capacity and interim expansion to be considered in conjunction with the DCP deliverables.
Buncrana	Renovation of an existing old HSE health centre at McGinn Avenue, Buncrana (190sqm) and conversion to an ambulance base.	Design Team to be appointed in Q2 2026 further to formation of the Design Team Framework.
St Conal's Hospital	St. Conal's Refurbishment - Redevelopment of existing building (3000sqm) to provide a permanent Admin Hub. This will allow the relocation of administration services from the St. Conal's Main Building and thus allow that building to be refurbished. It is proposed that Tusla will also relocate to this building.	Options appraisal ongoing.
Letterkenny CNU	110 Bed CNU & Medical Rehab to replace existing beds and address capacity deficit as per Service Priority List (formerly PPP). Board Decision no: 300623/42	Under Construction- Due for completion Q3 2026
Falcarragh CNU	Refurbishment (HIQA agreement to follow Dungloe) - 35 beds	Phase 3 on site, project completion in Q1 2026.
Buncrana CNU	Refurbishment (To follow Carndonagh) - 30 beds	Construction to commence in Q1 2026
Ramelton CNU	HIQA Compliance - Refurbishment - 30 beds	Ongoing
St Joseph's Stranorlar	HIQA Compliance - Refurbishment - 67 beds	Substantial works carried out with reconfiguration. Review of brief
Ballinacor, Killygordon, Lifford, Co. Donegal	Purchase and refurbishment of residential dwelling at Ballinacor, Killygordon, Lifford	To go to tender Q1 2026 and construction to commence in 2026.
Tiernaleague, Carndonagh, Co. Donegal	Purchase and refurbishment of residential dwelling at Tiernaleague, Carndonagh, Co. Donegal for four residents	Planning decision due Dec 2025.
Mol an Oige, Stranorlar	Refurb and extend HSE-owned property to decongregate 4 residents from Ard Greine Court	Detailed Design underway, construction to commence in 2026
Cavan Lower, Stranorlar	Refurb and extend HSE-owned property to decongregate 4 residents from Ard Greine Court	Detailed Design
Old Girls' School, Carndonagh	Build on HSE-owned site to decongregate 4 residents from James Connolly Memorial.	Detailed Design underway, construction to commence in 2026.
HUB 01 - St. Conals, Letterkenny	Extension (200sqm) to existing Chronic Disease Management Hub to provide support accommodation	Fire safety certificate and Disability Access Certificate applications lodged in October 2024. To go to tender in 2026.
HUB 01 - St. Conals, Letterkenny	New building to house ECC Hub (2824sqm) to include ICPOP, ICPCD, Diagnostics etc. A road realignment is required as enabling works	Options appraisal ongoing. Design Team to be appointed in Q2 2026.

N Colleary, Assistant National Director, Capital & Estates

W119Q4617	<p>In relation to Crohn's Disease and Ulcerative Colitis can the HSE Mid West please:</p> <p>a) Provide an update on the number of approved but unfilled IBD nurse posts and set out a clear timeline for increasing specialist IBD nurse staffing levels in the Mid West to meet clinical need; and</p> <p>b) Ensure equitable access to timely gastroenterology and IBD nurse-led services across the Mid-West, by outlining actions to address current disparities in patient support and outcomes?</p>	Cllr R McNerney
<p>There are two candidate advanced nurse practitioners (cANP) who specialise in IBD in post at University Hospital Limerick. There is also one IBD clinical nurse specialist due to commence post in the near future. There are no nursing vacancies in the service.</p> <p>The CANPs provide patient support by attending clinics and through a monitored phone and email service. Patients can contact the IBD service by phone on 087 3421788 or email ibdlimerick@hse.ie . The telephone service is used in many cases to support admission avoidance and for facilitating care in the community.</p> <p>In addition, the CANPs are undertaking a MSc in Advanced Practice and once qualified, the availability of nurse-led clinics at University Hospital Limerick will increase.</p> <p>The IBD nurses are actively engaged with the voluntary patient support network Crohn's Colitis Ireland.</p> <p><i>I Carter, CEO Mid West Acute and Older People Services, HSE Mid West</i></p>		