

Miontuairiscí cruinniú ginearálta bliantúil
an Fhórait Sláinte Réigiúnaigh a tionóladh Dé Máirt, 24ú Meitheamh, 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 Annual General Meeting held on
Tuesday, 24th June 2025 at 2:00pm in Room 1, Education Centre,
Merlin Park University Hospital, Galway.

Chairperson Cllr Ciaran Brogan followed by incoming Chairperson Cllr Gerry McMonagle

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

* Denotes virtual attendance

In attendance:

Tony Canavan, Executive Lead, Regional Health Forum/ Regional Executive Officer, HSE West and North West
Ann Cosgrove, Integrated Health Area Manager, Galway Roscommon
John Fitzmaurice, Integrated Health Area Manager Sligo, Leitrim, South Donegal, West Cavan
Dermot Monaghan, Integrated Health Area Manager, Donegal
Ian Carter, CEO Midwest Acute and Older People Services
Niall Colleary, Assistant National Director, Capital & Estates
Marian Cavanagh, Regional Health Forum Office
Anna Lyons, Regional Health Forum Office

935/117/25 Call to Order

Chairpersons Cllr Ciaran Brogan called the room to order and welcomed everybody to the AGM. Cllr Brogan thanked the Elected Members and the Executive for their co-operation during his term as Chairperson of the Regional Health Forum West.

Members paid tributes to the outgoing Chairperson, Cllr Ciaran Brogan, commending his exemplary leadership and the efficient, fair and balanced manner in which he presided over the Regional Health Forum meetings.

Cllr Brogan handed over to Tony Canavan, Executive Chairperson to proceed with the nominations and voting for the new Chairpersons and Vice Chairpersons for the Regional Health Forum West.

936/117/25 Nominations for Chairpersons of Regional Health Forum

Cllr Donagh Killilea nominated Cllr Gerry McMonagle who was seconded by Cllr Michael Kilcoyne.
Cllr Gerry McMonagle was unopposed and deemed elected as the Chairperson of the Regional Health Forum West.

937/117/25 Nominations for Vice Chairperson of Regional Health Forum

Cllr Donagh Killilea nominated Cllr Michael Kilcoyne and he was seconded by Cllr Ciaran Brogan.
Cllr Michael Kilcoyne was unopposed and deemed elected as Vice Chairperson of the Regional Health Forum West.

938/117/25 Nominations for Chairperson of Regional Health Forum Committee

Cllr Francis Foley nominated Cllr Bridie Collins and he was seconded by Cllr Michael Kilcoyne.
Cllr Bridie Collins was unopposed and deemed elected as Chairperson of the Regional Health Forum West Committee.

939/117/25 Nominations for Vice Chairperson of Regional Health Forum Committee

Cllr Gerry McMonagle nominated Cllr Gary Doherty and he was seconded by Cllr Ciaran Brogan.
Cllr Gary Doherty was unopposed and deemed elected as Vice Chairperson of the Regional Health Forum West Committee.

940/117/25 Adjournment

Adjournment for official photographs of Chairs/Vice-Chairs.

941/117/25 Welcome Address by new Chairperson Cllr Ciaran Brogan

Cllr McMonagle thanked his colleagues for his nomination as Chairperson of the Regional Health Forum, that it was an honour to be elected as Chair of the Regional Health Forum and looked forward to the year ahead.

942/117/25 Matters Arising:

Cllr Donagh Killilea requested that the attendance at Regional Health Forum Members be listed at the next Committee meeting.

Action: RHF Office to circulate the Standing Orders to the Regional Health Forum Members and include the attendances at the next Committee Meeting.

Cllr Eileen Mannion asked has the Ambulance base gone out to tender in Recess and what is the situation regarding the Ambulance Staff who start in Clifden; why are they sent to Ballinrobe, Galway, Mayo and Roscommon?

Action: RHF to contact Cllr Mannion and request the specific questions in relation to the National Ambulance Service.

943/117/25 Minutes of previous meeting – 21st May 2024

The minutes of the previous meeting held on the 27th May 2025 were proposed by Cllr Ciaran Brogan, seconded by Cllr Michael Kilcoyne and adopted.

944/117/25 Questions:

W117Q4413 - Fair Deal Scheme County Mayo:

Action: Cllr Michael Kilcoyne to send on the details of the constituent who had an issue regarding the 3 year cap for the Fair Deal Scheme to Mary Warde for review and response to Cllr Kilcoyne.

W117Q4416 - Tender for Taxi service to Galway University Hospitals:

Action: Ann Cosgrove to provide Cllr Shane Forde with the previous date for the taxi tender.

W117Q4417 – CT Colonoscopy service at UCHG:

Action: Cllr Shane Forde to provide the details of the specific constituent awaiting a CT Colonoscopy at Galway University Hospital and Ann Cosgrove will review and revert.

W117Q4422 – POTTS (Partnering for Occupational Therapy Telehealth Services):

Action: Ann Cosgrove to revert to Cllr Evelyn Francis Parsons on when the review on the waiting lists will be completed and the numbers involved.

Action: Ann Cosgrove to provide Cllr Evelyn Francis Parsons with any information (if available) on the success of POTTS pilot in any of the other areas.

W117Q4430 – Orthopaedic Theatre Sligo University Hospital:

Action: John Fitzmaurice to revert to Cllr Edel McSharry with the number of cancelled cases while surgery was paused at the Orthopaedic Theatres at Sligo University Hospital.

W117Q4431 – Student Nurses training and Clinical Placement Coordinators:

Action: Cllr Edel McSharry to provide the data discussed at the Regional Health Forum West meeting to the Regional Health Forum Office for forwarding to the service for review and response to Cllr McSharry.

W117Q4434 – Rapid Access Prostate Clinic - Donegal attendees and appointment scheduling:

Action: Ann Cosgrove to ask the service to review the scheduling of appointments/clinics to allow for travel time and to accommodate patients wishing to use the LUH to GUH Bus service and revert to Cllr Declan Meehan.

W117Q4434 – Rapid Access Prostate Clinic – attendance figures in relation to GP referrals:

Action: Ann Cosgrove will request a review of the figures provided in relation to the number of Donegal attendees referred by GPs to the Rapid Access Prostate Clinic (145 total figure for June 2024 – May 2025), and revert to Cllr Declan Meehan.

W117Q4435 – Bus Service LUH to GUH:

Action: Dermot Monaghan agreed to review the logistics of the pickup points and the times of relevant clinics under review in relation to the LUH – GUH Bus service and revert to Cllr Declan Meehan.

W117Q4436 – St Brigid’s Hospital Campus:

Action: Ann Cosgrove to revert to Cllr Alan Harney with more detail on Phase 1 of the Enhanced Community Care Hub when it is available.

W117Q4437 – DAS costing at Portiuncula University Hospital 50 bed ward block:

Action: Ann Cosgrove to provide Cllr Alan Harney with the costing for the Distributed Antenna System installed in the new 50 bed block at PUH to ensure delivery of phone signal.

W117Q4437 - PUH – Additional Treatment Bays in ED Portiuncula University Hospital:

Action: Niall Colleary to provide Cllr Alan Harney with an update in relation to the Statutory submissions including planning permission for the new extension due to be submitted in the next 2 weeks.

W117Q4438 – Home Support Service Galway:

Action: Ann Cosgrove agreed to request if a further summary or a more meaningful breakdown of the figures could be provided to Cllr Alan Harney in relation to the average days of absence which resulted in people who have a home support service being left without care.

Action: Ann Cosgrove invited Cllr Alan Harney to send in the details of a constituent who is 3 months without their Home Support Service. Cllr Harney agreed to send in these details to Ann Cosgrove.

W117Q4439 – Disposal of Properties in Galway/Roscommon area:

Action: Niall Colleary to provide Cllr Alan Harney with a complete list of the 8 properties identified for disposal.

W117Q4444 – St. Joseph’s Hospital Ennis – Retirement/Leaving Figures:

Action: Ian Carter agreed to provide Cllr Rita McInerney with the turnover of staff leaving the service rather than retiring figures.

W117Q4448 – CAMHS – ID Multidisciplinary Team Sligo:

Action: Cllr Declan Bree requested a comprehensive reply to both parts of the Question;

- What specific CAMHS-ID multidisciplinary team posts in Sligo have been submitted for approval;

- and on what date/s were the posts submitted for approval.

The Standing Orders were suspended due to time; Cllr Ciaran Brogan proposed the continuation and it was seconded by Cllr Sean Moylan and carried. The meeting resumed.

W117Q4458 - Can we have an updated report on a schedule of work in all areas and in our capital investment programme in Donegal?:

Action: Response was not available at time of issue. Niall Colleary agreed to send on the response to Cllr Ciaran Brogan.

W117Q4464 - A&E attendees with Mental Health issues, 10 - 24 years of age, Galway/Roscommon region:

Action: Ann Cosgrove agreed to request if the information can be sourced for the number of patients who present to the Emergency Department with mental health issues at weekends for GUH and likewise if this is the same situation for PUH and revert to Cllr Valerie Duffy.

945/117/25 Motions:

Motions: A quorum was not in place so the Motions could not be heard.

Cllr McSharry requested that her Motion W117M209 be carried to the next Regional Health Forum West Meeting on Tuesday 23rd September 2025.

Action: RHF Office to include in list of Motions for the Regional Health Forum West Meeting on Tuesday 23rd September 2025.

946/117/25 Any other Business:

947/117/25 Date & Time of Next Meeting:

The next **Regional Health Forum Meeting** will take place on Tuesday, 23rd September at 2pm in Galway.

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

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 – 23^RD SEPTEMBER 2025

Number:	QUESTION	RAISED BY	Page No.
W118Q4466	Consultant Dermatologist at Sligo University Hospital.	Cllr M Casserly	4
W118Q4467	HSE information campaign on the dangers of sunbed usage.	Cllr M Casserly	4
W118Q4468	Sacred Heart Church at the Sacred Heart Hospital, Roscommon.	Cllr E Kelly	4
W118Q4469	Parking at Roscommon Hospital.	Cllr E Kelly	4-5
W118Q4470	Portiuncula University Hospital Maternity Services.	Cllr E Kelly	5-6
W118Q4471	Portiuncula University Hospital Maternity Services.	Cllr E Kelly	6
W118Q4472	Portiuncula University Hospital Maternity Services.	Cllr E F Parsons	6-8
W118Q4473	Portiuncula University Hospital Maternity Services.	Cllr E F Parsons	8-9
W118Q4474	Croi (Galway) funding.	Cllr S Forde	9-10
W118Q4475	Accommodation for Doctors and Nurses.	Cllr S Forde	11
W118Q4476	Income so far for paid parking on the Merlin Park Campus.	Cllr S Forde	11
W118Q4477	Drug and vaccine expiry in Galway.	Cllr S Forde	11-12
W118Q4478	Regional Health Forum Structure.	Cllr E F Parsons	12-13
W118Q4479	St Brigid's Hospital Ballinasloe.	Cllr E F Parsons	13
W118Q4480	Sligo to Galway Cancer Bus.	Cllr M Casserly	13
W118Q4481	Birth Activity.	Cllr A Baker Bashua	13-14
W118Q4482	Clinical Incidents.	Cllr A Baker Bashua	14-15
W118Q4483	Major Obstetric Events.	Cllr A Baker Bashua	15-17
W118Q4484	Perinatal Mortality.	Cllr A Baker Bashua	17
W118Q4485	St Brigid's Hospital Ballinasloe.	Cllr A Harney	17
W118Q4486	Portiuncula University Hospital Maternity Services.	Cllr A Harney	18
W118Q4487	Capital investment and staffing allocations for PUH and GUH.	Cllr A Harney	18-19
W118Q4488	Portiuncula University Hospital Maternity Services.	Cllr A Harney	19
W118Q4489	Emergency Aeromedical Service (Air Ambulance)	Cllr R McInerney	19-21
W118Q4490	Surgical Treatment Numbers.	Cllr R McInerney	21-23
W118Q4491	GP Coverage in Clare.	Cllr R McInerney	23-24
W118Q4492	Locum GP Employment in Clare.	Cllr R McInerney	24
W118Q4493	Mayo University Hospital ED extension.	Cllr M Kilcoyne	24-25
W118Q4494	Mammography service in Mayo.	Cllr M Kilcoyne	25

W118Q4495	Outstanding public charges letters issued.	Cllr M Kilcoyne	25-26
W118Q4496	Mobile breast check in Mayo.	Cllr M Kilcoyne	26-27
W118Q4497	St. Conlon's Nenagh.	Cllr S Morris	27-28
W118Q4498	HSE Mid-West breakdown of agency staff costs.	Cllr S Morris	28-34
W118Q4499	Unfilled Nursing, Midwifery, Specialist AN/MP, and student roles in Mid-West.	Cllr S Morris	34
W118Q4500	Ballinamore Community Hospital County Leitrim.	Cllr I Reynolds Flynn	35
W118Q4501	Transition from CAMHS to adult Mental Health services.	Cllr G McMonagle	35
W118Q4502	Respite Services in Donegal.	Cllr G McMonagle	35-37
W118Q4503	Letterkenny Surgical Hub.	Cllr G McMonagle	37-38
W118Q4504	LUH Cancer services.	Cllr G McMonagle	38-39
W118Q4505	Portiuncula University Hospital.	Cllr D Killilea	39
W118Q4506	Portiuncula University Hospital Maternity Services.	Cllr D Killilea	39-40
W118Q4507	Toghermore House.	Cllr D Killilea	40
W118Q4508	Vacancies in Galway, Mayo and Roscommon.	Cllr D Killilea	40-42
W118Q4509	MRI scans were carried out in Sligo University Hospital.	Cllr D Bree	42
W118Q4510	Cost of transferring files from SUH to the Benbulbin Hub	Cllr D Bree	42
W118Q4511	Transporting of food trolley by minibus from SUH to St John's campus.	Cllr D Bree	43
W118Q4512	CAMHS-ID multidisciplinary team posts in Sligo.	Cllr D Bree	43
W118Q4513	Ballyhaunis Primary Care Centre.	Cllr A Gallagher	43-44
W118Q4514	Ballyhaunis Primary Care Centre.	Cllr A Gallagher	44
W118Q4515	Ballyhaunis Primary Care Centre.	Cllr A Gallagher	44
W118Q4516	Portiuncula University Hospital Maternity Services.	Cllr V Duffy	44
W118Q4517	Portiuncula University Hospital HIQA inspections.	Cllr V Duffy	44-45
W118Q4518	Portiuncula University Hospital Maternity Services.	Cllr V Duffy	45-46
W118Q4519	Portiuncula University Hospital Maternity Services.	Cllr V Duffy	46
W118Q4520	Home support packages.	Cllr D Meehan	46-47
W118Q4521	Triage time, in each hospital in the West and North West Region.	Cllr D Meehan	48-49
W118Q4522	Maxillofacial referrals for hospitals in HSE West and North West.	Cllr D Meehan	49-51
W118Q4523	Letterkenny Surgical Hub.	Cllr D Meehan	51
W118Q4524	Suamhneas Respite Centre in Sligo.	Cllr M Casserly	51-52
W118Q4525	Early-intervention youth mental health service for Sligo, Leitrim, and South Donegal.	Cllr E McSharry	52

W118Q4526	Orthopaedic infrastructure at SUH.	Cllr E McSharry	52-53
W118Q4527	Cancer care in HSE West and North West.	Cllr E McSharry	53
W118Q4528	Delayed Transfer of Care.	Cllr E McSharry	53-54
W118Q4529	Update on the Cleary Centre, Donegal Town.	Cllr M Naughton	54
W118Q4530	List of property owned by HSE in South Donegal, not in use.	Cllr M Naughton	54-55
W118Q4531	Plans for HSE building in Pettigo.	Cllr M Naughton	55
W118Q4532	Staffing for new Ballyshannon Community Hospital.	Cllr M Naughton	55
W118Q4533	Letterkenny Surgical Hub.	Cllr C Brogan	55
W118Q4534	Proposed renal dialysis expansion in LUH.	Cllr C Brogan	56
W118Q4535	Donegal disability service expansion plans.	Cllr C Brogan	56
W118Q4536	Home help hours in each IHA (Sligo/Leitrim, Donegal and Mayo.	Cllr C Brogan	56-57
W118Q4537	Staffing in Emergency Department of Galway University Hospital.	Cllr E Mannion	57
W118Q4538	Psychiatric beds in University Hospital Galway.	Cllr E Mannion	57-58
W118Q4539	Recess Ambulance Base.	Cllr E Mannion	58
W118Q4540	Proposed new Emergency Department at Galway University Hospital.	Cllr E Mannion	58

Number:	QUESTION	RAISED BY
W118Q4466	Is there a new Consultant Dermatologist at Sligo University Hospital to fill any positions arising due to retirements?	ClIr M Casserly
Extensive recruitment activity has been undertaken in 2025 in effort to fill the approved two Dermatology consultant posts. Unfortunately we have not recruited any suitable candidates. We are now in the process of reshaping the job profiles of these two positions, with a view to one being full time in LUH and one in SUH. Once this is completed, the posts will be resubmitted to the Consultant Applications Advisory Committee for revised approval before proceeding to Public Jobs for recruiting. <i>J Fitzmaurice, Integrated Health Area Manager, Sligo, Leitrim, South Donegal, West Cavan</i>		
W118Q4467	Please can the Forum be advised if there is any HSE information campaign on the dangers of sunbed usage?	ClIr M Casserly
The HSE's National Cancer Control Programme (NCCP), in collaboration with Healthy Ireland and cross-sectoral partners are working together to support people to reduce their risk of skin cancer by raising awareness of the dangers of using sunbeds. The Dangers of Sunbeds Awareness campaign is running from January to December 2025 and aims to raise awareness that sunbeds emit UV radiation and increase your risk of developing skin cancer. This risk can be avoided by not using sunbeds. There is no such thing as a healthy sun tan. Social media advertising is running on TikTok, Twitter and Snapchat since February and is supported by organic social media content. TikTok is the primary channel being used. There have been 17,410,125 impressions to date on TikTok and 6,133,595 impressions to date on Snapchat. There is also a range of press activity planned throughout the year. <i>Head of Campaigns, Communications Department</i>		
W118Q4468	<u>Sacred Heart Hospital & Home Church, Roscommon</u> What is the current status on the Sacred Heart Church at the Sacred Heart Hospital, Roscommon? The church has been closed for some time now. This was raised as an urgent concerns at a Roscommon County Council meeting. HIQA report identified a positive in the facility was the attendance of a local priest regularly to celebrate mass. The absence of an appropriate church facility is a concern to all users of the service.	ClIr E Kelly
The chapel at the Sacred Heart Hospital in Roscommon was closed in September 2023. The Fire Regulation Authority (FRA) identified significant deficits with compartmentation in the workhouse building and the adjoining chapel attached to it. The decision was made to clear and separate the workhouse and adjoining chapel from the designated centre. This ensured the designated centre could secure HIQA compliance and allowed the centre to re-open up to admissions. At this present time, there are no plans to reopen the chapel. The HSE would be open to revisiting the possibility of looking at the restoration of the chapel/workhouse area when work on the current replacement bed project is completed. A room is currently provided as a prayer space for private prayer and where mass can be said for the residents of the home. <i>A Cosgrove, Integrated Health Area Manager, Galway Roscommon</i>		
W118Q4469	<u>Parking at Roscommon Hospital</u>	ClIr E Kelly

	Can the Health Forum please provide an update and timeline on the parking situation at Roscommon hospital? This is a worsening issue for both staff and service users. Roscommon County Council are completing work towards making Roscommon an Age Friendly town. The parking at Roscommon Hospital has been identified as an issue again.	
At RUH, the range of services offered, staffing levels and activity levels have all increased year on year, unfortunately this has contributed to pressure on car parking capacity. We understand the challenge this presents to some staff and patients. There have been a number of off-site parking options explored within Roscommon town, however, no arrangements have been agreed to date. A Spatial Plan for the whole RUH campus is being developed in conjunction with HSE Estates and a design team. Additional car parking for the site is a key part of the Spatial Plan and has been prioritised by RUH as an urgent and essential requirement in any future funding and development for the site. Health Planners have recently been appointed to support the development and delivery of the Spatial Plan. They were on site on 30th July, 2025 to get their work underway. It is anticipated this will be a 20–26-week process. Currently we are submitting a wide range of data and information to them to support the process. The hospital does not charge for parking on any part of the campus. We also have the support of our Security Officer who meets and greets patients and travelling companions at the set down area immediately adjacent to the Urgent Care Centre building. Patients can be dropped off there or accompanied into the hospital to register or go to their appointment. The hospital uses approximately 75 spaces of public parking at the nearby Hyde Park GAA Pitch and this is full to capacity on most days. We are currently working with Age Friendly committee and will be conducting a mobility audit in order to try to secure Age Friendly accreditation for the site. This may identify opportunities to make the campus more accessible. <i>A Cosgrove, Integrated Health Area Manager, Galway Roscommon</i>		
W118Q4470	Portiuncula University Hospital Maternity Services Can the Forum please provide a clear outline of how the decision was reached to downgrade maternity services at Portiuncula Hospital in Ballinasloe and move high risk pregnancies to Galway? How has the impact this will have on surrounding maternity units been risk assessed and analysed? Neither the 2018 Walker review or the 2025 external review recommended a downgrade of services.	Cllr E Kelly
The decision to transfer higher risk maternity care from PUH to GUH or another unit of a woman's choosing was communicated by the HSE West and North West REO on the 9th July 2025. This decision was made following a significant number of adverse clinical outcomes in PUH from late 2023 up to the second quarter of 2025. To date seven of twelve external reviews into the care provided to women and their babies at PUH are completed and have been shared with the families. One of the review teams also prepared an overarching summary document. In this summary the review team laid out four common themes of concern: • Communication. • Governance. • Clinical care, Leadership and Clinical Governance. • Infrastructure.		

A previous review of maternity care in PUH took place in 2018 (Walker report 2018) which highlighted similar concerns around governance, training and consultant presence. The Walker report also highlighted concerns in relation to reliance on locum consultants, communication and timely recognition of deteriorating clinical situations.

Although changes were made following the Walker review, similar issues have been identified by the current review process.

Well-established pathways are already in place for the transfer of care for women with high-risk pregnancies to GUH. Considering the safety issues highlighted in these reviews an implementation team has been established to expand this to other groups of higher-risk women whose care will be delivered in GUH or the hospital of their choice.

The implementation team, which is led by the Clinical Director for the HSE WNW Women's and Children's Network, includes representation from GUH, PUH, the external management team, the National Women's and Infants Health Programme (NWIHP) and a service user representative.

The implementation team have agreed the expanded categories of higher risk women and will be issuing communications to GPs in the coming weeks. The implementation team is conducting a full and comprehensive risk assessment of the impact of the transfer of women and will develop plans on how to mitigate this risk.

T Canavan, Regional Executive Officer, HSE West and North West

W118Q4471	<u>Portiuncula University Hospital Maternity Services</u> Can the Forum please outline what plans and funding will be allocated to Portiuncula University Hospital to address the recommendations outlined in the recent reviews? What is the expected timeframe?	Cllr E Kelly
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An implementation team has been established to oversee the implementation of recommendations made by review teams. A comprehensive Quality Improvement Plan has been developed to address recommendations, which is being led by the External Management Team working closely with the clinical leadership and management in PUH.

There are **52** current recommendations, many of which overlap, contained in these seven recent reviews. Much of this work in implementing these is already well advanced through the external team which was put in place in January to oversee all aspects of maternity and neonatal care.

This team remains in PUH and is providing an additional level of supervision, oversight and governance to the maternity services. 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.

Many of the recommendations relate to clinical care, communication, education and training with work underway across all of these areas. Minor infrastructural works to enhance clinical care pathways have been funded.

Please see attached summary document with an outline of all 52 recommendations (see Appendix 4).

A Cosgrove, Integrated Health Area Manager, Galway Roscommon

W118Q4472	In her reply to Galway County Council, the Minister's office stated: "A plan is in development to create a Level 4 campus at Galway University Hospital, focusing on several key developments, including improvements to the maternity unit, and consideration for the future direction of maternity service development will require an extensive evidence base, of	Cllr E F Parsons
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	which a review of the implementation of the current National Maternity Strategy will form part.” How can the HSE stand over the downgrading of maternity services at Portiuncula without any such evidence base being published, while expansion in Galway is being advanced which "will require an extensive evidence base", and what assurance can be given that this does not reflect a wider policy agenda of centralising services in Galway at the expense of accessible local care in Portiuncula University Hospital Ballinasloe?	
PUH is a Model 3 hospital operating a 24/7 Emergency Department (ED) with over approximately 32,500 emergency attendances per year. PUH provides acute Surgery, Medicine, Critical Care, Day Care Oncology, Maternity, Neonatal and Paediatric services. The Hospital has 178 inpatient beds with an additional 23 day care beds (17 general procedure beds and 6 oncology day care beds). The hospital is integral to providing care to our diverse geographic communities. A number of infrastructural improvements are in progress or recently completed at PUH. In the maternity services these include - the development of a dedicated area for an Early Pregnancy Unit and a 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. - 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. - Work is progressing on the conversion of a procedure room into an additional theatre which will be used for emergency caesarean sections. 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. Other Capital Infrastructure Projects that have recently been funded at PUH include the 12 bed Dunlo Ward which opened in September 2023, this is a new additional 12 bed ward comprising of eight single ensuite rooms and two double ensuite rooms. A new 50 bedded replacement ward block was officially opened on the 11th September 2024. This €35m development provides 50 en-suite single rooms allowing for the relocation of two medical wards from the existing main hospital building. Portiuncula University Hospital is progressing with plans for an extension to the Emergency Department at Portiuncula University Hospital. The 12 million euro development will consist of a new single-story extension to the existing ED at the Ballinasloe hospital. It will provide nine new patient cubicles, gynaecology treatment room, accessible reception, and a reconfigured ambulance area. Further enhancements in maternity services at PUH include: Ambulatory Gynaecology Unit The National Women’s and Infants Programme (NWIP) funded a new service provision Ambulatory Gynaecology Unit in PUH which is operational since February 2025. This Unit allows direct and prompt referral for women who require ultrasound or Ambulatory Hysteroscopy to out-rule Endometrial Cancer. There are key performance indicators associated with the service. The ambulatory nature of this service creates additional Theatre Capacity for patients requiring General Anaesthetic allowing PUH to increase In-patient or day case activity across specialities.		

Referrals to the service have increased month on month January 2025. Plans to further expand the Ambulatory Gynaecology service are in progress – an additional Ultrasound has been funded by NWIHP which will allow ANP clinics to run concurrently with consultant-led clinics. Additional consultant clinics commenced in July with a further consultant due to commence clinics in the coming weeks.

Pilot for new Midwifery Service to Enhance Postnatal Care

PUH was selected as a pilot site for enhanced postnatal care (Postnatal Hub) by the HSE's National Women and Infants Health Programme and secured funding for two additional midwives and part-time administrative support to roll out this pilot. This service is a core component of the National Maternity Strategy's Model of Care of establishing a community midwifery service, as an outreach service from the hospital. Working alongside Public Health Nursing colleagues and GPs, it assists with providing women with integrated care as close to home as possible. The post-natal hub had a very first successful year with positive feedback from patients. A Post-natal Support Group for Mothers is also established.

The Postnatal Hub has been operational since October 2023 and offers postnatal clinic appointments to all women on day five and day ten after their baby is born. This is in addition to the service currently provided by GPs and Public Health Nursing.

Women are invited to attend a clinic in Athlone, Loughrea or Ballinasloe depending on where they live. Each appointment consists of a 45 minute consultation with a midwife who will carry out a full mother and baby check. Referrals and follow-up care will be provided as clinically required. In addition, a midwife is available two hours a day, 7 days a week, to provide postnatal support over the phone to the women.

Early Transfer Home

PUH is at an advanced stage with introduction of an early transfer home service. This pilot service will be part of the offering of the Supported Care Midwifery team. Women and their babies, post birth who are deemed eligible, fit the inclusion criteria and reside within the designated geographical location (20kms of PUH) will be offered this service.

The development of ETH, provided by skilled, safe and competent midwives ensures women have access to safe, high quality, nationally consistent, woman-centred maternity care. Early discharge from hospital post birth has become an ever increasing phenomena in modern maternity services, with women opting for early discharge from hospital for many reasons. Returning to her family, and home, is associated with nurture and comfort for most women and begins the transition to family life. A structured follow-up from the midwife, with assessments and support, ensures a smooth succession into motherhood and increases their sense of security. Midwives are experts in postnatal care, breastfeeding, recognising signs of concern and evidence of wellness. The schedule of care, up to day 7, will be decided in collaboration with the women, identifying her individual needs and wants.

Maternity Handheld Chart Pouch

A Spark funding initiative in maternity facilitated the development of a handheld chart pouch to protect clinical information and the pouch contains useful information for expectant mothers including clinic check-in information, signs of labour, monitoring baby's movements, how to book antenatal classes, looking after yourself, when to call the maternity unit, foods to avoid.

T Canavan, Regional Executive Officer, HSE West and North West

W118Q4473	In her reply to Galway County Council, the Minister's office referred to investment in a creating a Level 4 campus in Galway University Hospital referencing key development of Galway maternity improvement and the need for an extensive evidence base, yet PUH is being downgraded without any such evidence being published. How does the HSE ensure that the same governance structure overseeing both the downgrade of PUH and the expansion of GUH is acting transparently, and what assurances can	ClIr E F Parsons
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	be given that women and families in this region are not disadvantaged by a policy that appears to prioritise centralisation in Galway over local care in Ballinasloe?	
Following a significant number of adverse clinical outcomes in PUH from late 2023 up to the second quarter of 2025, the decision to transfer higher risk maternity care from PUH to GUH or another unit of a woman's choosing was made. On 9th July the HSE WNW announced that higher risk categories of women would be transferred from PUH to GUH or another unit of women's choice. This work began immediately with the establishment of the Implementation Team and the two local working groups in PUH and GUH. The Implementation Team will progress the transfer of higher-risk maternity care from PUH and to progress the implementation of recommendations arising from twelve external reviews, seven of which have been received to date. The implementation team is chaired by the Clinical Director for the Women's & Children's Network and includes representation from PUH and GUH Maternity and Management, the External Management Team, West and North West Communications and NWIHP. The membership also includes a service user representative and will include a GP representative. The Implementation Team reports to the HSE West and North West Regional Clinical Director and Galway Roscommon IHA Manager, who report to the West and North West REO. The Implementation Team is being supported by the Regional Project Management Office and a detailed project plan has been developed. Working/operational groups have been established in PUH and GUH. The PUH group is co-chaired by the Hospital Manager and External Management Team GM. GUH have also established their local working group which is chaired by the Hospital Manager. Both groups report to the Implementation Team. The EMT and PUH teams have developed detailed quality improvement plans (QIPs) and are responsible for progressing all identified actions in response to each recommendation made by external review teams. Many of the actions have been complete/ are in progress through the work of the EMT since January. Bimonthly progress update reports are provided by the EMT and the Women's and Children's Network. The third such report (August report) has recently been finalised and circulated. <i>T Canavan, Regional Executive Officer, HSE West and North West</i>		
W118Q4474	How much in Funding has the HSE supplied to Croi (Galway) over the last 12 years.	Cllr S Forde
<u>Older People's Services:</u> Croí is a registered Irish heart and stroke charity committed to excellence in cardiovascular disease, prevention, early detection, rehabilitation, education and research. Croí have many years of experience of collaborating and working in partnership with the Integrated Health Area Galway, Roscommon in particular the HSE Carers Department, Galway to deliver training and to empower family carers to take action to save lives due to stroke, heart attack, cardiac arrest and choking.		

Below table is the total amount of funding from Older People's Services in relation to Croí (Galway) from 2013-2025 included:

Year	Total funding
2013	€10,800.00
2014	€5,400.00
2015	€10,080.00
2016	€6,120.00
2018	€9,900.00
2019	€9,900.00
2020	€4,500.00
2023	€4,950.00
2024	€4,950.00
2025	€4,950.00

Health & Wellbeing:

Please see attached breakdown of funding for Galway, Mayo and Roscommon from Health & Wellbeing West Division.

Croi funding, 2019 -2025:

Year	Total Funding
2019	€68,380.00
2020	€58,626.00
2021	€73,683.00
2022	€44,000.00
2023	€48,000.00
2024	€45,000.00
2025	€43,000.00

Primary Care:

Primary Care allocated a total of €280,000 to Croi during the period 2014 - 2024. Of this €280,000, €150,000 was allocated to Galway Primary Care. **The remaining €150,000 was allocated in 2024 by National Primary Care to Galway, Mayo and Roscommon.** We cannot breakdown what percentage was allocated to Galway only as this was regional funding from former Community Healthcare west.

Primary Care funding	
Year	Total funding
2014	€50,000
2015	€65,000
2016	€15,000
2024	€150,000 (National PC allocated to PC Galway, Mayo and Roscommon)
TOTAL FUNDING	€280,000

Galway University Hospital pays for services supplied in the case of the CLANN Programme under an SLA, Room Rental or training for GUH Staff in Advanced Cardiac Life Support (ACLS) a set of guidelines and training for healthcare professionals to manage serious cardiovascular emergencies.

A Cosgrove, Integrated Health Area Manager, Galway Roscommon

W118Q4475	Have the HSE any plans to build accommodation for Doctors and Nurses who currently can't get accommodation in Galway to help with the accommodation crisis either in Merlin or other HSE lands.	Cllr S Forde												
While there are currently no plans to build staff accommodation the HSE acknowledges that Galway, along with every city in the country, is facing accommodation challenges which are impacting on staff. GUH provide staff notice boards where local accommodation options are posted. All new starters are also provided with information on local letting agencies and local papers where house rentals are updated regularly. Recruitment agencies who assist the HSE with recruiting overseas staff can also provide support to staff with accommodation challenges. International staff who are recruited directly though HSE campaigns are eligible for a relocation package which is €4160 for EU/UK and €4710 non EU to assist with accommodation and relocation costs. A Cosgrove, Integrated Health Area Manager, Galway Roscommon														
W118Q4476	What Is the income so far for paid parking on the Merlin Park Campus and is further paid parking due on site in 2025 or 2026?	Cllr S Forde												
The car park adjacent to the Outpatients building is designated as a patient parking area and there are two ‘Pay and Display’ machines in operation at this carpark. We can confirm that the income from the Outpatients Paid Parking in Merlin Park University Hospital is €36,870 since opening in February 2025. There are no further plans for paid parking in 2025. Additional parking will be provided in the near future on the site as part of the Surgical Hub project. It has not yet been determined if this will include paid parking. There are also various open parking spaces located at various areas around the site. A Cosgrove, Integrated Health Area Manager, Galway Roscommon														
W118Q4477	What money has the HSE lost over the last 5 years on drugs and vaccines in Galway that have either expired or maybe no longer needed.	Cllr S Forde												
Galway University Hospitals: GUH Pharmacy Department currently use the national HSE pharmacy system HMMS since May 2023. Previously, the (Cliniscript) ledger software was used however both systems differ in both functionality and actual operational usage. To clarify, Cliniscript was not operated with live stock levels compared to our current system and the cost centre was not used strictly for out of date stock. We must note that these cost centres were historically used for transactions of stock levels other than expired pharmaceuticals. Out of date stock – Estimated costs <table><tr><td>2020</td><td>€43,042</td></tr><tr><td>2021</td><td>€65,269</td></tr><tr><td>2022</td><td>€34,790</td></tr><tr><td>2023</td><td>€28,766</td></tr><tr><td>2024</td><td>€46,430</td></tr><tr><td>2025</td><td>€34,929 (to 31/07/2025)</td></tr></table>			2020	€43,042	2021	€65,269	2022	€34,790	2023	€28,766	2024	€46,430	2025	€34,929 (to 31/07/2025)
2020	€43,042													
2021	€65,269													
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2024	€46,430													
2025	€34,929 (to 31/07/2025)													

Portiuncula University Hospital:

Portiuncula University Hospital does not specifically separate out vaccines and medicines – the below is an overall combined report for drugs and medicines destroyed.

Year	Value €
2020	92682
2021	89888
2022	106514
2023	215021
2024	155893

Primary Care:

Over the past five years, Public Health Nursing has had no waste of vaccines due to expiry or no longer being required. Vaccines are ordered based on school cohort numbers at the start of each term. The only drug that expires is adrenaline for anaphylaxis, which has never been used. Each staff member carries three vials, with a unit cost of €0.50. As adrenaline is short-dated (approximately 8–9 months), a new supply is purchased each school year. Typically, 10 boxes are purchased at a total cost of €50 annually.

A Cosgrove, Integrated Health Area Manager, Galway Roscommon

W118Q4478	When will this Forum cease to exist in its current form and be superseded by the new West/North West Regional Health Area structure, and can the HSE confirm that the Standing Orders of the new body will include a mechanism to recall the Forum in the event of major service reconfiguration — such as the downgrading of maternity services at Portiuncula — which affects eight counties, a third of the total counties for which the HSE has responsibility to provide services?	Cllr E F Parsons
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The four Health Forums were established in 2006 to promote democratic representations and feedback from people on the range and operation of health and personal social services in their area.

As you are aware, the HSE was restructured into six Health Regions on the 4th March 2024. These regions are now responsible for the planning and coordinated delivery of health and social care services within their respective geographies.

In light of the introduction of the new Health Regions, the Department of Health are increasing the number of Regional Health Forums from four to six to align with the new Health Region geographies. Consequently, the membership of the Health Forums will need to be aligned to these geographies.

It is intended that the new structure will reflect the six HSE Health Regions:

- HSE Dublin and North East
- HSE Dublin and Midlands
- HSE Dublin and South East
- HSE Mid-West
- HSE South West
- HSE West and North West

The Department of Health undertook an analysis to determine how many councillors and from which councils, should sit on each Health Forum.

The Regional Health Forum West will be divided into two areas: **HSE West and North West** and **HSE Mid-West**. Work has begun to put in place the structures and resources to support the new Regional Health Forum in HSE Mid-West,

to help ensure members have the support they need. It is anticipated this will be established in the first quarter of 2026. Under the proposed structural changes, there will be no increase in the number of meetings held each year. Between meetings, members have the option of submitting representations as usual. Alongside the Regional Health Forum, each IHA Manager has a schedule of planned engagements with elected representatives to help keep them updated on current developments. While politicians are also updated on service as developments arise and specific briefings are scheduled including topical issues.

T Canavan, Regional Executive Officer, HSE West and North West

W118Q4479	Can the HSE provide an update on the progress and current status of the St Brigid's Hospital site in Ballinasloe, including progress made by the appointed agent, the position regarding any sale or development plans, and how the community will be kept informed and consulted throughout the process?	CLlr E F Parsons
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O'Donnellen & Joyce (ODJ) have been appointed as the sales agent and they are currently finalising their procurement strategy which will outline their recommendations regarding the disposal process.

Title rectification is progressing following engagement with Tailte Eireann and the support of the HSE's legal advisor. In parallel consultation has commenced with the HSE's legal advisors in relation to the terms of the contract/s.

Depending on progress with the title rectification process, it is hoped that the HSE will be in a position to bring the property to market in Q1 2026.

N Colleary, Assistant National Director, Capital & Estates

W118Q4480	To request an update on the new Sligo to Galway Cancer Bus.	CLlr M Casserly
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The process for securing a bus with toilet and wheelchair access is near completion. It is expected that a service arrangement for this 5 day service will be finalised in the next month. The current bus remains operational and in place until this fixed service arrangement is finalised.

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

W118Q4481	Birth Activity: What was the total number of babies born across all maternity hospitals within the RHF West region for 2024 and in Q1 2025?	CLlr A Baker Bashua
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The total number of births at University Maternity Hospital Limerick for 2024 and Q1 2025 is as follows:

2024	3,892
Q1 2025	910
Total	4,802

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

Site	Total Births 2024	Total Births 2025 Q1 (Jan-March)
GUH	2,630	676
MUH	1,387	319
PUH	1,308	348
SUH	1,229	291
LUH	1,469	343
WNW	8,023	1,977

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

W118Q4482	Clinical Incidents: How many clinical incidents were reported to NIMS for all Maternity Services in the RHF West region during 2024 and Q1 2025?	Cllr A Baker Bashua
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It is the policy of the Health Service Executive (HSE) and within the MidWest that all incidents are identified, reported and reviewed so that learning from events can be shared. We actively encourage our staff to report incidents, so we can identify and change the individual or system-level factors contributing to the incident. By systematically documenting and analysing all incidents, from Minor/Negligible to adverse events, we can identify patterns, uncover root causes, and implement strategies to prevent reoccurrence. Incidents are categorised based on the level of harm Category 1 (Major/Extreme), Category 2 (Moderate), or Category 3 (Minor/Negligible), with Category 1 incidents being the most serious.

The total number clinical incidents reported to NIMS at University Maternity Hospital Limerick for 2024 and Q1 2025 is as follows:

2024	674: Category 3= 611 Category 2=40 Category 1=23
2025	194: Category 3=177 Category 2=12 Category 1=5

There are no comparative national figures.

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

The data below relate to the five maternity units in the West and North West Region.

Letterkenny University Hospital	
2024	759
Q1 2025	171
Sligo University Hospital	
2024	479
Q1 2025	83
Mayo University Hospital	
2024	598
Q1 2025	174
Galway University Hospital	
2024	123
Q1 2025	127
Portiuncula University Hospital	
2024	467
Q1 2025	90

These data have been compiled from the National Incident Management System (NIMS) database in accordance with the query submitted. It should be noted that point of occurrence direct data entry to the NIMS only became available in GUH in January 2025 and in MUH in February 2025. Consequently, not all incidents would have been uploaded to the NIMS during 2024 and Q1 2025 as this required manual transfer of data from the Q Pulse System

to the NIMS. This was dependent on the availability of trained data entry staff which was an issue at GUH during that period and accounts for the relatively low number of incidents uploaded to NIMS by that site in 2024.

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

W118Q4483	Major Obstetric Events: What was the combined rate (per 1,000 births) of major obstetric events in the RHF West region for 2024 and Q1 2025?	Cllr A Baker Bashua
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According to the latest available data from the Irish Maternity Indicator System National Report (Oct. 2024), University Maternity Hospital Limerick was in line or below the national average for major obstetric events for that year.

Please see details below for the four major obstetric events group per 1,000 births compared to national data:

	University Maternity Hospital Limerick	National
Eclampsia	0	0.04
Uterine rupture	0.26	0.21
Hysterectomy	0.26	0.47
Pulmonary Embolism	0	0.39

The combined rate of major obstetric events at University Maternity Hospital Limerick for 2024 and Q1 2025 was 1.4 per 1,000 births

There are no comparative national figures as tertiary and referral maternity centres will care for a higher complexity of patients (mothers and babies), therefore clinical activity in these centres will be higher and therefore comparisons cannot be drawn with units that do not look after more complex cases.

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

The HSE collates information on Major Obstetric Events on a monthly basis via Maternity Safety Statements. The major obstetric events included in this metric are a range of rare but potentially life-threatening events that could occur in maternity services. These include eclampsia, uterine rupture, peripartum hysterectomy and pulmonary embolism only. As the numbers for these rare events are small, they are reported and published as a combined rate per 1,000 mothers delivered

Site	Major Obstetric Event (Rate per 1,000) Jan-December 2022	Major Obstetric Event (Rate per 1,000) Jan-December 2023	Major Obstetric Event (Rate per 1,000) Jan-December 2024	Major Obstetric Event (Rate per 1,000) Jan-May 2025
GUH	3.1	2.7	3.9	0.9
LUH	1.4	0.0	2.1	3.3
MUH	0.0	0.7	0.7	1.8
PUH	0.8	3.0	0.0	0.0
SUH	2.4	0.0	0.0	0.0

***The above data refers to eclampsia, uterine rupture, peripartum hysterectomy and pulmonary embolism only, as per the classification of Major Obstetric Events under NWIHP MSS reporting template.**

The HSE and the Women's and Children's Network in the region collate a range of outcome measures in maternity service these include Irish Maternity Indicator Systems and other recognised quality indicators for perinatal data, such as Whole body neonatal cooling (WBNC) (Inborn).

WBNC refers to therapeutic 'active' (not passive) cooling administered during the current birth episode as a treatment for Hypoxic Ischemic Encephalopathy (HIE). HIE is a type of brain damage. It's caused by a lack of oxygen to the brain before or shortly after birth. It affects the central nervous system. Babies born with HIE may have neurological or developmental problems. WBNC is conducted at the four large maternity hospitals in Dublin and Cork. Babies may be transferred from smaller maternity units around the country via the National Neonatal Transport Programme, which operates 24 hours a day, seven days a week. As shown in the table below, the rate at which WBNC has been required for births at PUH is much higher than at other hospitals in the region.

Whole body neonatal cooling (Inborn)					
Site		2022	2023	2024	2025 (end of August)
GUH	Number	3	1	3	2
	Total Births	2,634	2,611	2,630	1,958(approx)
	per 1,000 total births	(1.13)	(0.38)	(1.14)	(1.02)
LUH	Number	1	0	1	2
	Total Births	1,495	1,576	1,469	1,101(approx)
	per 1,000 total births	(0.67)	(0.0)	(0.68)	(1.8)
PUH	Number	0	1	5	2
	Total Births	1,327	1,368	1,308	979(approx)
	per 1,000 total births	(0.0)	(0.73)	(3.82)	(2.04)
MUH	Number	1	2	0	0
	Total Births	1,375	1,345	1,387	1,041(approx)
	per 1,000 total births	(0.73)	(1.49)	(0.0)	(0.0)
SUH	Number	2	1	0	0
	Total Births	1,240	1,211	1,229	921(approx)
	per 1,000 total births	(1.61)	(0.82)	(0.0)	(0.0)
HSE West and North West Total	N	7	5	9	6
	Total Births	7,979	8,076	8,023	6,000
	per 1,000 total births	(0.88)	(0.62)	(1.12)	(1.0)
National	N	58	51	U/A	(U/A)
	per 1,000 total births	(1.06)	(0.94)		

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

W118Q4484	Perinatal Mortality: What was the perinatal mortality rate across all maternity hospitals within the RHF West region in 2024?	Cllr A Baker Bashua
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The adjusted perinatal mortality rate for University Maternity Hospital Limerick for 2024 was 0.8 per 1,000 births. According to the latest available data from the [Irish Maternity Indicator System National Report](#) (2023), this is in line with the national average of 0.83 per 1,000 for adjusted perinatal deaths.

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

Site	Perinatal mortality rate 2024 (adjusted per 1000 births**)
GUH	1.14
MUH	1.4
PUH	0.8
SUH	1.6
LUH	0.7

****Adjusted perinatal deaths -**

Number of perinatal deaths (stillbirths and early neonatal deaths combined) weighing 2.5kg or more without a congenital anomaly.

Congenital anomalies are physiological or structural abnormalities that develop at or before birth and are present at the time of birth

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

W118Q4485	Please provide an update on the disposal of the St Brigid's hospital campus and the plan to remediate the campus in the interim to comply with the derelict sites legislation including the removal of weeds and vegetation, painting of roadside walls and securing roofs.	Cllr A Harney
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O'Donnellen & Joyce (ODJ) have been appointed as the sales agent and they are currently finalising their procurement strategy which will outline their recommendations regarding the disposal process for the campus.

Title rectification is progressing following engagement with Tailte Eireann and the support of the HSE's legal advisor. In parallel consultation has commenced with the HSE's legal advisors in relation to the terms of the contract/s.

Depending on progress with the title rectification process, it is hoped that the HSE will be in a position to bring the property to market early in Q1 2026.

HSE had commissioned an Architectural Heritage report which has only recently been concluded and will inform discussions with GCC regarding the derelict sites legislation. HSE will be meeting with GCC in the coming weeks to agree an approach to address the deterioration of the infrastructure

N Colleary, Assistant National Director, Capital & Estates

W118Q4486	Please provide information on the risk-analysis that was undertaken to ground the decision to move women in the higher risk category from	Cllr A Harney
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	Portiuncula University Hospital to Galway University Hospital, including the assessment of the risk that has been created by forcing women in this category to travel long distances to avail of maternity services.	
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 twelve external reviews into the care provided to women and their babies at PUH are completed and have been shared with the families. One of the review teams also prepared an overarching summary document. In this summary the review team laid out four common themes of concern: • Communication. • Governance. • Clinical care, Leadership and Clinical Governance. • Infrastructure. A previous review of maternity care in PUH took place in 2018 (Walker report 2018) which highlighted similar concerns around governance, training and consultant presence. The Walker report also highlighted concerns in relation to reliance on locum consultants, communication and timely recognition of deteriorating clinical situations. Although changes were made following the Walker review, similar issues have been identified by the current review process. Well-established pathways are already in place for the transfer of care for women with high-risk pregnancies to GUH. Considering the safety issues highlighted in these reviews an implementation team has been established to expand this to other groups of higher-risk women whose care will be delivered in GUH or the hospital of their choice. The implementation team, which is led by the Clinical Director for the HSE WNW Women's and Children's Network, includes representation from GUH, PUH, the external management team, the National Women's and Infants Health Programme (NWIHP) and a service user and GP representative. The implementation team have agreed the expanded categories of higher risk women and will be issuing communications to GPs in the coming weeks. The implementation team is conducting a full and comprehensive risk assessment of the impact of the transfer of women and is developing plans on how to mitigate this risk. <i>T Canavan, Regional Executive Officer, HSE West and North West</i>		
W118Q4487	Please provide details including capital investment and staffing allocations for both Portiuncula and Galway University Hospital arising from the decision to move higher risk births away from Portiuncula.	Clr A Harney
The HSE West and North West recognises that the transfer of higher risk pregnancies from PUH will require careful consideration and planning, which is being managed through the PUH Implementation Oversight Team. The implementation team, which is led by the Clinical Director for the HSE WNW Women's and Children's Network, includes representation from GUH, PUH, the external management team, the National Women's and Infants Health Programme (NWIHP) and a service user representative. This group has been established to oversee the implementation of all recommendations made by review teams, and to coordinate and lead on the transfer of care of higher risk women in pregnancy from PUH.		

The implementation team will address the capacity issues and operability of this project as well as ensuring the necessary pathways, supports and resources are in place in GUH to achieve a smooth transition of service with minimal disruption for pregnant women while maintaining the appropriate standard of care.

Since the publication of the Walker Review the workforce has been expanded. There has been an increase in **midwifery staffing by 25%**. PUH has approval for 6 WTE Consultant Obstetrician & Gynaecologists which represents an increase from 5 in 2022, and an increase from 3 at the time of the Walker Report.

One WTE of these appointments is a joint appointment between PUH and GUH (2 people, 50% time each on both sites). Currently 5.5 WTE Consultant Obstetrician positions are permanently filled. The recently vacated 0.5 WTE is currently in the recruitment process.

The National Women's and Infants Health Programme (NWIHP) in 2022 reviewed funding for small maternity units in Ireland and standardised the Consultant Obstetrician WTE to 6.

A Cosgrove, Integrated Health Area Manager, Galway Roscommon

W118Q4488	Please provide a comparison of the current 52 actions arising from the most recent reviews at Portiuncula with the recommendations of the Walker report in 2018.	Cllr A Harney
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To date seven of twelve external reviews into the care provided to women and their babies at PUH are completed and have been shared with the families. One of the review teams also prepared an overarching summary document. In this summary the review team laid out four common themes of concern:

- Communication.
- Governance.
- Clinical care, Leadership and Clinical Governance.
- Infrastructure.

A previous review of maternity care in PUH took place in 2018 (Walker report 2018) which highlighted similar concerns around governance, training and consultant presence. The Walker report also highlighted concerns in relation to reliance on locum consultants, communication and timely recognition of deteriorating clinical situations.

Although changes were made following the Walker review, similar issues have been identified by the current review process.

In total, 154 recommendations emanated from the Walker review – all 154 recommendations have been implemented and independently verified as implemented by both HIQA and an independent national HSE team.

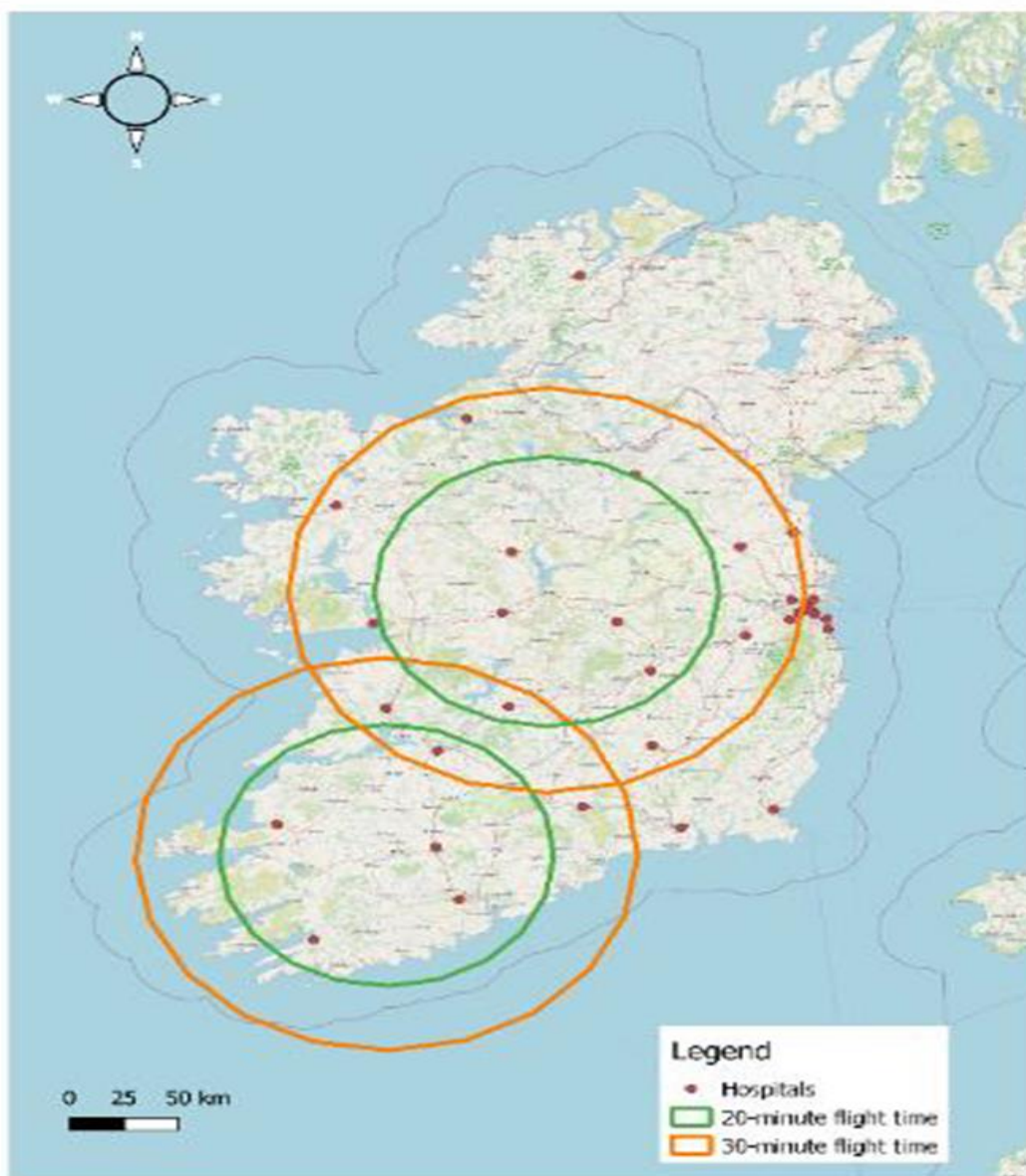
Please find attached

1. Summary update on the implementation of the 18 full systems analysis in PUH at the close of the LIMT, quarter 4, 2019 (see Appendix 1)
2. Update on implementation of Walker key points identified and recommendation's at close of LIMT in quarter 4 2019 (see Appendix 2)
3. Excel log with update on each recommendation of 18 fully systems analysis reviews (see Appendix 3)
4. Summary of 52 recent recommendations (see Appendix 4).

T Canavan, Regional Executive Officer, HSE West and North West

W118Q4489	Emergency Aeromedical Service (Air Ambulance) Can the HSE provide a report on the operational capacity, utilisation, and coverage of the Emergency Aeromedical Service within the Mid-West region, including details on deployment criteria, current capacity,	Cllr R McInerney
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	response times, limitations (such as weather and operational hours), and any contingency arrangements when the service is unavailable?																					
The National Ambulance Service provides two dedicated HEMS (Helicopter Emergency Medical Service) responses in Ireland. The Emergency Aeromedical Service is provided in conjunction with the Irish Air Corps, is based at Custume Barracks, Athlone and is staffed by Air Corps flight crews and NAS Specialist Paramedics HEMS (Air Corps 112). The NAS provides a dedicated Helicopter Emergency Service using a commercial aviation provider, which operates from a base at Rathcool Aerodrome in North Cork and is staffed with NAS Specialist Paramedics HEMS (Aeromed 01). The Irish Coast Guard (IRCG) also provides additional HEMS support using their SAR Helicopters based at Shannon, Dublin, Sligo and Waterford on an “as available” basis. All aircraft are tasked through the 999/112 system by a specialist aeromedical desk in the NAS National Emergency Operations Centre (NEOC) as part of the national emergency response framework. The decision to mobilise the HEMS is based on international dispatch criteria, considering factors such as the patient's condition, proximity of emergency ambulance services, availability of the HEMS, weather conditions, suitable landing sites, and the potential benefits of helicopter transport. By the end of Q2 of this year, a total of 310 requests for HEMS support had been made. HEMS in Ireland is subject to robust governance, performance and regulatory oversight requirements. Governance and performance oversight of HEMS is provided through the HSE by the Clinical Director for the clinical care and the Director of Operations for operational matters, on behalf of the NAS. Details on deployment criteria • National Emergency operations Centre in Tallaght has a dedicated Aeromedical Dispatch desk which are involved in all dispatch nationally of all Aircraft available to NAS to support patient care pre hospital. • Rotary wing resources include Helicopter Emergency Medical Services (HEMS) and aeromedical retrieval services. HEMS brings clinical teams who provide specialist and time-critical care directly to the scene, and expedite patient transport. • Current rotary wing aeromedical services are provided by the NAS in collaboration with the Irish Air Corp (IAC) and a commercial provider as daytime only services, with essential out of hours resilience provided by the Irish Coast Guard (IRCG). Current capacity • South West HEMS Service out of Rathcoole daylight hours. • Athlone based (Aircorp)112 Emergency Aeromedical Service daylight hours. • Coast Guard Support as available from Waterford, Sligo, Dublin, Shannon. Breakdown of Air Corp and Aeromed HEMS Missions – Counties Clare, Limerick and Galway <table><tr><th colspan="4">Air Corp and Aeromed HEMS Missions - At Scene Total</th></tr><tr><th>County</th><th>2023</th><th>2024</th><th>2025 (Jan – May)</th></tr><tr><td>Clare</td><td>41</td><td>51</td><td>18</td></tr><tr><td>Limerick</td><td>26</td><td>35</td><td>18</td></tr><tr><td>Tipperary</td><td>42</td><td>53</td><td>14</td></tr></table> Response times			Air Corp and Aeromed HEMS Missions - At Scene Total				County	2023	2024	2025 (Jan – May)	Clare	41	51	18	Limerick	26	35	18	Tipperary	42	53	14
Air Corp and Aeromed HEMS Missions - At Scene Total																						
County	2023	2024	2025 (Jan – May)																			
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Tipperary	42	53	14																			



Limitations (such as weather and operational hours)

- Irish Aviation Authority Rules apply. Poor visibility affects and decision based on weather case by case.
- Daylight Hours apply to the service and is supported Night time by Coast Guard as available.

Contingency arrangements when the service is unavailable

- Supported by Coast Guard from Waterford, Sligo, Dublin and Shannon.
- Medics from the Aircrafts are redeployed to Rapid Response Vehicles if Aircraft is unavailable as standard to respond by road if required.

Niall Murray, General Manager Area Operations, NAS

W118Q4490	Surgical Treatment Numbers In 2024 and in Q1/Q2 of 2025, how many patients with a Clare address received surgical treatment in University Hospital Limerick and in Galway	Cllr R McNerney
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	University Hospital, with a breakdown provided per hospital and per specialty?	
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The table below outlines the number patients with an address in Clare who attended University Hospital Limerick for a surgical procedure between January 2024 and June 2025. This data relates to unique individual patients and does not include multiples surgical discharges over the time period concerned.

Please note, this data includes elective, day case and emergency cases for adult, paediatric and maternity patients. The dataset, taken from the Hospital Inpatient Enquiry (HIPE) system, records procedures as opposed to “surgical treatments” and therefore includes interventions/procedures not always regarded as surgical (e.g. diagnostic biopsies, endoscopy, angiography etc).

Cardiology		727
Dermatology		176
Endocrinology		53
Diabetes Mellitus		1
Otolaryngology		262
Gastroenterology		294
Geriatric Medicine		34
Haematology		8
Neurology		8
Obstetrics/Gynaecology		58
Obstetrics		11
Gynaecology		94
Oncology		40
Ophthalmology		682
Orthopaedics		445
Paediatrics		18
Oral & Maxillofacial surgery		100
Nephrology		30
Respiratory Medicine		384
Rheumatology		8
General Surgery		944
Vascular Surgery		77
Breast Surgery		32
Infectious Diseases		1
Accident & Emergency		3
General Medicine		207
Dental Surgery		156
Urology		326
TOTAL		5,179

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

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

Please note, we have included all surgical inpatient and day case procedures/treatments for GUH in the table below.

This can include diagnostic procedures such as biopsies. It also includes treatments for Medical Oncology, Haematology and Radiation Oncology patients receiving chemotherapy or radiotherapy. Anaesthesia may include treatments such as hyperbaric oxygen therapy.

We cannot exclude these figures from each specialty and have highlighted as such, these specialties which may include treatments/diagnostics, in yellow.

<u>Procedure (Public Patients)</u>	<u>GUH Data</u>
Anaesthesia	210
Breast Surgery	11
Cardiology	158
Cardiothoracic Surgery	22
Clinical Immunology	131
Dermatology	53
Ear Nose and Throat (ENT)	270
Emergency Medicine	4
Endocrinology	103
Gastroenterology	633
General Medicine	223
General Surgery	527
Geriatric Medicine	111
Haematology	652
Infectious Diseases	44
Medical Oncology	952
Nephrology	88
Neurology	176
Obstetrics	354
Ophthalmology	540
Oral And Maxillofacial Surgery	80
Orthopaedics	275
Paediatric Medicine	226
Pain Relief	40
Pathology	9
Plastic Reconstructive and Aesthetics Surgery	645
Radiation Oncology	1086
Radiology	71
Respiratory Medicine	351
Rheumatology	157
Urology	355
Vascular	33
Grand Total	8590

A Cosgrove, Integrated Health Area Manager, Galway Roscommon

W118Q4491	GP Coverage in Clare	Clr R McInerney
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	Can the HSE provide a breakdown of GP coverage across County Clare?																																											
There are currently 53 General Practitioners (GPs) based in Co. Clare who hold a General Medical Services (GMS) Contract with the HSE. All GPs are private practitioners and it is a matter for each individual GP whether or not they wish to hold a GMS contract with the HSE. The table below provides a breakdown of the location of the General Practitioners located in Co. Clare who hold a GMS contract with the HSE Mid West: <table><tr><th>Location in Co. Clare</th><th>No. of General Practitioners</th></tr><tr><td>Ballyvaughan</td><td>2</td></tr><tr><td>Carrigaholt</td><td>1</td></tr><tr><td>Clarecastle</td><td>1</td></tr><tr><td>Corofin</td><td>2</td></tr><tr><td>Doonbeg</td><td>1</td></tr><tr><td>Ennis</td><td>17</td></tr><tr><td>Ennistymon</td><td>1</td></tr><tr><td>Kildysart</td><td>1</td></tr><tr><td>Kilkee</td><td>1</td></tr><tr><td>Killaloe</td><td>2</td></tr><tr><td>Kilmihil</td><td>2</td></tr><tr><td>Kilrush</td><td>4 (1 Doctor in Charge)</td></tr><tr><td>Lahinch</td><td>2</td></tr><tr><td>Lisdoonvarna</td><td>1</td></tr><tr><td>Miltown Malbay</td><td>2</td></tr><tr><td>Newmarket on Fergus</td><td>1</td></tr><tr><td>Scariff</td><td>2</td></tr><tr><td>Shannon</td><td>5</td></tr><tr><td>Sixmilebridge</td><td>3</td></tr><tr><td>Tulla</td><td>2</td></tr></table>			Location in Co. Clare	No. of General Practitioners	Ballyvaughan	2	Carrigaholt	1	Clarecastle	1	Corofin	2	Doonbeg	1	Ennis	17	Ennistymon	1	Kildysart	1	Kilkee	1	Killaloe	2	Kilmihil	2	Kilrush	4 (1 Doctor in Charge)	Lahinch	2	Lisdoonvarna	1	Miltown Malbay	2	Newmarket on Fergus	1	Scariff	2	Shannon	5	Sixmilebridge	3	Tulla	2
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Shannon	5																																											
Sixmilebridge	3																																											
Tulla	2																																											
Maria Bridgeman, IHA Manager, HSE Mid West																																												
W118Q4492	Locum GP Employment in Clare How many locum GPs are currently employed by the HSE in County Clare, and how many of these undertake duty as part of the Shannondoc service?	Cllr R McInerney																																										
There is currently one locum GP based in Co Clare, attached to a GP practice in Kilrush. The GP has been in place since May 2021. The GP has been secured through an agency and is not directly employed by the HSE. The service is provided through a Doctor in Charge arrangement to ensure continuity of GP services for both public and private patients who attend this practice. Despite several recruitment campaigns, the post has not yet been filled on a permanent basis, but it remains our intention to appoint a permanent GP to the practice. Locum GPs who work with the ShannonDoc Out of Hours Service are contracted directly to ShannonDoc not the HSE. At present, ShannonDoc have confirmed that 60 GPs located in Co Clare are members of the service.																																												
Maria Bridgeman, IHA Manager, HSE Mid West																																												
W118Q4493	What is the up to date position in regard to the extension to the Accident & Emergency Unit at Mayo University Hospital. When were the plans for	Cllr M Kilcoyne																																										

	this extension first drafted and what are the remaining stages before construction can commence and the expected completion date?	
Planning permission was granted for the Emergency Department and Acute Medical Admissions Unit project at Mayo University Hospital on 11th March 2024. There are multiple phases of works planned to deliver this project, with the first enabling commencing construction in Q2 2024. The first phase of enabling works is completed. The second phase of enabling works to construct the ambulatory ED modular building are ongoing, all ground works completed, and on programme for completion in Q4 2025 and will be operational at the end of Q4 2025/start Q1 2026. The Detailed design is now completed and the tender documentation is being finalised in order to issue to tender for the main Contractor. Construction of the main building extension works is anticipated to commence by the end of Q1 2026 following completion of the tender and approvals. The completion date will be updated following appointment of the main Contractor on receipt of the Contract Programme. M Warde, Integrated Health Area Manager, Mayo		
W118Q4494	Mammograms for Mayo women are now not available in the Primary Care Centre, Castlebar and they have to go to Galway to have the service. Why has this service been withdrawn and what plans are in place to return the service to Castlebar and the date by when this will happen.	Cllr M Kilcoyne
The Mayo University Hospital Mammography Service is provided by the hospital in Castlebar Primary Care Centre. The service is currently experiencing staff shortages due to leave. As a result, patients are being offered appointments in University Hospital Galway. The initial vacancy arose in the Mayo service as a result of a retirement. A recruitment campaign has been carried out and a successful candidate was appointed. This radiographer is currently on leave and is due to take up post in early 2026. In the interim the service is seeking to fill this role on a temporary basis. Approval has been granted for same. While a recruitment campaign has been initiated for this temporary post, to date we have not been successful in filling it. This post has been advertised again. As it is a priority for us to recommence offering this service in Mayo, we are exploring temporary agency cover. While the above is being progressed, we have also explored the possibility of temporarily reorganising working schedules to allow these clinics to take place in Mayo, within the existing resources of HSE West and North West. To date, these efforts have been unsuccessful. There have also been discussions with BreastCheck to see if they have any capacity to assist in providing clinics in Mayo. This has not been successful to date. Patients will continue to be offered appointments in UHG until this service recommences in Mayo. M Warde, Integrated Health Area Manager, Mayo		
W118Q4495	How many patients who availed of HSE services in the Saolta area received invoices from the HSE in the recent mailing from "Pay a Bill"? When was the decision made that representations being made by public representatives on behalf of a constituent would not be accepted in these cases?	Cllr M Kilcoyne
The HSE issued reminder letters regarding outstanding public charges which may relate to a visit to the Emergency Department, a visit to a Local Injury Unit, an inpatient stay prior to May 2023, charges applicable to non-EU residents in the HSE West and North West area between June 30th and August 5th as follows:		

Portiuncula	5,257	June 30 th
Roscommon	2,906	July 7 th
Letterkenny	2,409	July 10 th
Sligo	9,058	July 15 th
Mayo	7,970	Aug 5 th

We anticipate that reminder letter will issue to patents in the Galway area in Sept/Oct 2025.

If any patient wished to query a bill they received, they can email payabill@hse.ie or call the HSE on **1800852445** and the team will be happy to assist in any way possible.

The HSE has a statutory obligation to levy and collect charges with regards to Emergency Dept or Local Injury Unit presentations, coupled with Inpatient charges where appropriate (Inpatient charges were levied only up to 16th April 2023).

We are happy to address representations from elected officials through the Regional Health Forum office or the usual representation process, in line with the policies in place to govern that process.

S Redmond, Head of Order to Cash, Finance Shared Services, National Finance and Procurement Division HSE

W118Q4496	When was the mobile breast check unit last in Co. Mayo and in what locations. How many of women in Mayo availed of this service in 2020, 2021, 2022, 2023,2024 and to date in 2025? What is causing the delay in women of eligible age being called for breast check?	Cllr M Kilcoyne
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About BreastCheck

BreastCheck is Ireland's free breast screening programme. We screen women who have no symptoms of breast cancer so that we can find and treat breast cancer at the earliest possible stage. We aim to invite women for their screening test by age 52 and every two years after that, up to the age of 69. Some women may be 53 when they are offered their first appointment and some will have three years between appointments, depending on when we are screening in their area.

We work to make BreastCheck services accessible to all, for example, providing longer or group appointments, and information in braille and international languages.

There are four regional centres responsible for the delivery of BreastCheck throughout the country: Eccles Street and Merrion Road in Dublin; Newcastle Road in Galway; and Infirmary Road in Cork.

Each of the four screening units operates in tandem with our mobile units. Most women participating in BreastCheck have their mammogram in one of these 24 mobile units that move between 54 different locations across the country. Mobile units stay in each place until we have invited eligible women in that area. The length of time spent in each location is dependent on the population size and the time taken to screen eligible women when we are in each location.

Screening in Mayo

We do not report screening numbers or invitations by county. Our mobile units move from place to place, so while a woman may live in Mayo, her screening may take place in another county. Similarly, a woman who lives in another county may have her screening in Mayo. You can read more about [mobile units and how they work to improve access for women who choose screening](#).

We provided screening in Ballina from August 2023 to May of this year; and in Castlebar from January 2023 to April 2024. We expect to resume screening in Castlebar before the end of this year.

Women living in Mayo who have been unable to take up a previous screening appointment when we were screening in their area can contact the BreastCheck Western Unit at 091 580 600, Monday to Friday from 9am–5pm. We will aim to find the most suitable place, date and time for them to attend. Our list of current locations is available on [our website](#).

Women being called to breast screening

We are facing several challenges that mean some women face a delay in being called for breast screening.

Challenges affecting breast screening invitations

- **COVID-19 impact:** Screening time lost during the pandemic and the catch-up programme when [we offered screening to more women](#) led to some women waiting longer than the standard two years.
- **Population growth:** More women are now eligible for BreastCheck, but staffing has not grown at the same pace. Global shortages of radiology and radiography staff also affect delivery.
- **Missed appointments:** Almost half of women invited for their first mammogram don't attend, meaning valuable screening time is lost that could be offered to others.

How we are addressing these challenges

- **Expanding our team:** Since 2023 we have recruited new consultants and senior radiographers, gained approval to fill key posts, and secured funding for further recruitment in 2025. We are also expanding training places and advertising internationally.
- **More mobile units:** Three new mobile screening units have been added since 2020, with plans for more as funding and staffing allow.
- **Better technology:** A new patient database launched in 2024 is freeing up staff time for direct patient care. We are also preparing to pilot AI to continue to improve efficiency and quality.
- **Maximising appointment use:** We now send text reminders and appointment details through the HSE Health App, making it easier for women to confirm, change or consent to appointments and helping ensure no screening slot goes unused.
- **Prioritising access:** We are focused on inviting women at higher risk, those waiting longest, newly eligible women, and women from marginalised groups who may face barriers to screening.

Being breast aware

We continue to emphasise that BreastCheck is a screening service for women aged 50-69 who do not have symptoms of breast cancer. If a person has any concerns or symptoms concerning their breast health, they should not wait for or attend screening and should instead contact their GP who will give them the appropriate advice.

It is important that every woman is breast aware. This means knowing what is normal for her so that if any unusual change occurs, she will recognise it. If cancer is found early, treatment is more likely to be successful. It is therefore important for women to get into the habit of looking at and checking their breasts, at least on a monthly basis. More information on checking your breasts, and on how you can reduce your risk of breast cancer, is available on hse.ie/breastcheck.

Women who have additional questions regarding breast screening can contact Freephone 1800 45 45 55 from 9am-6pm, Monday to Friday; or email info@breastcheck.ie.

National Screening Service

W118Q4497	Could you please inform me of the handover date for the new St. Conlon's 50-bed Nursing Home in Nenagh? Additionally, I would like to know how the HSE plans to address the loss of beds as a step-down facility, especially	Cllr S Morris
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	considering the consistently high trolley numbers at UHL, which exceed 100 daily.		
HSE Mid West is working towards a HSE-led model of service delivery at Nenagh CNU, which will include long-term residential care services, commencing in the last quarter of this year. There is no confirmed date for the handover as it is subject to inspection and registration by HIQA. In relation to hospital overcrowding, University Hospital Limerick continues to experience high demand at its Emergency Department and 62,459 attendances have been recorded in the year-to-date (August 31st), more than any other hospital in the country. The increase of 11% in ED attendances so far this year is also the highest in the country, compared to a national average of under 3.6% In addition to our escalation policy for responding to high demand for emergency care, we have enhanced and expanded access to urgent care facilities as alternate pathways to ED. Injury Units and GP-referral Medical Assessment Units in Ennis, Nenagh and St John’s Hospitals are managing an average of approximately 1,300 patients per week. A substantial capital investment program is underway at UHL to increase acute inpatient capacity: • 16-bed block A opened December 2024 • 16-bed block B opened June 2025 • 96-bed Block A to open September 2025 We expect that this investment programme will assist in meeting demand for inpatient and emergency care. To further improve access at UHL, additional consultants are on duty at weekends and bank holidays. <i>I Carter, CEO Mid West Acute and Older People Services, HSE Mid West</i>			
W118Q4498	I request a detailed monthly breakdown of the amounts paid by HSE Mid West for agency staff from January 2023 to the present. Please separate the data by hospital and type of service (e.g., Emergency Department or Mental Health), and include the monthly agency fees paid per service. An explanation of the necessity and utilization of agency staff would also be greatly appreciated.	Cllr S Morris	
The tables below outline the agency spend for HSE Mid West acute hospitals and older persons services inclusive of the fees paid. Recruitment and retention of key clinical and patient-facing staff is a challenge for healthcare providers the world over. As such, agencies are utilised to provide rapid staffing solutions during crises or unexpected surges in demand or when permanent staff are unavailable due to illness, leave, or vacancies. Agency staff are also used to help maintain service continuity. In healthcare this is a necessary staffing solution to ensure patient safety and care standards are upheld.			
University Hospital Limerick			
	2023	2024	YTD 2025
January	1,703,571	1,497,136	1,843,243
February	1,668,549	1,637,148	1,789,126
March	1,471,066	1,671,088	1,553,922

April	1,520,790	1,547,742	1,323,475
May	1,517,663	1,689,325	1,696,962
June	1,529,319	1,729,461	1,686,991
July	1,557,234	1,722,133	1,665,958
August	2,027,071	1,596,930	N/A
September	1,637,035	1,744,844	N/A
October	1,560,901	2,180,713	N/A
November	1,475,233	1,605,782	N/A
December	1,568,031	2,403,652	N/A

Ennis Hospital			
	2023	2024	YTD 2025
January	199,755	186,713	297,927
February	181,090	190,880	286,030
March	228,667	160,618	233,601
April	284,597	178,466	296,637
May	189,512	199,959	370,569
June	219,822	149,357	246,522
July	235,546	278,490	395,055
August	249,507	248,212	N/A
September	260,922	246,702	N/A
October	264,669	319,388	N/A
November	183,579	306,352	N/A
December	201,237	290,835	N/A

Nenagh Hospital			
	2023	2024	YTD 2025

January	271,173	208,163	310,672
February	174,068	162,485	214,464
March	201,325	203,138	143,249
April	222,380	118,811	210,432
May	201,475	193,919	88,451
June	184,991	175,625	233,180
July	235,215	242,139	256,403
August	218,616	212,958	N/A
September	151,618	232,609	N/A
October	220,351	239,055	N/A
November	131,773	338,156	N/A
December	208,894	344,753	N/A

Croom Orthopaedic Hospital			
	2023	2024	YTD 2025
January	48,902	7,561	28,902
February	35,539	12,721	47,463
March	40,923	13,013	51,745
April	17,722	27,074	88,603
May	24,422	19,465	87,422
June	11,448	20,524	-25,775
July	46,357	19,232	78,540
August	53,918	30,009	N/A
September	15,168	33,679	N/A
October	23,905	48,140	N/A
November	25,086	51,638	N/A

December	41,111	46,687	N/A
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University Maternity Hospital Limerick			
	2023	2024	YTD 2025
January	90,863	148,553	125,480
February	63,584	105,511	120,428
March	55,624	111,238	126,971
April	100,481	108,607	175,965
May	58,606	100,632	178,317
June	85,766	79,134	138,207
July	113,853	39,735	225,519
August	136,275	76,143	N/A
September	102,239	57,084	N/A
October	74,828	103,219	N/A
November	119,947	107,110	N/A
December	96,871	119,685	N/A

St John's Hospital			
	2023	2024	YTD 2025
January	301,985	521,313	201,046
February	298,952	370,326	185,822
March	326,669	373,133	198,058
April	535,268	428,404	175,481
May	523,513	365,233	179,963
June	380,581	201,923	198,619
July	430,436	190,826	262,756
August	497,650	188,029	N/A
September	403,049	158,139	N/A
October	425,316	144,875	N/A
November	417,133	131,327	N/A
December	408,620	121,518	N/A

Older Persons Services			
	2023	2024	YTD 2025
January	702,427	793,429	1,175,773
February	502,541	680,466	855,548
March	989,528	1,021,506	1,184,317
April	755,169	841,489	973,191
May	740,096	892,872	1,132,473
June	779,929	1,000,293	1,152,907
July	774,182	981,225	1,734,475
August	887,931	1,136,896	N/A
September	665,394	1,058,553	N/A
October	664,872	1,148,002	N/A
November	711,532	1,139,011	N/A
December	598,136	1,170,497	N/A

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

The tables below outline the agency spend for HSE Mid West Community services inclusive of the fees paid.

Recruitment and retention of key clinical and patient-facing staff is a challenge for healthcare providers the world over.

As such, agencies are utilised to provide rapid staffing solutions during crises or unexpected surges in demand or when permanent staff are unavailable due to illness, leave, or vacancies. Agency staff are also used to help maintain service continuity. In healthcare this is a necessary staffing solution to ensure patient safety and care standards are upheld.

Mental Health Services			
	2023	2024	YTD 2025
January	558,316	437,222	621,339
February	407,769	455,853	685,842
March	711,252	601,013	759,740
April	580,385	514,888	777,781
May	583,008	581,953	858,816
June	613,451	621,506	697,072
July	683,068	632,374	1,515,705
August	793,195	717,416	1,367,116
September	725,331	703,166	NA
October	698,786	698,129	NA
November	476,434	760,586	NA
December	580,410	721,668	NA

Primary Care Services

	2023	2024	`YTD 2025
January	248,015	383,888	378,370
February	223,046	291,216	350,040
March	439,299	340,567	394,439
April	272,223	274,106	487,471
May	317,979	333,957	421,393
June	368,882	475,611	615,738
July	388,703	148,630	572,037
August	340,724	279,876	523,991
September	307,685	253,228	NA
October	320,305	376,310	NA
November	393,992	334,738	NA
December	220,668	369,580	NA

Health & Wellbeing Services

	2023	2024	`YTD 2025
January	4,637	504	91,242
February	1,502	976	78,238
March	19,481	41,815	29,550
April	8,632	164,702	120,034
May	17,428	325,207	60,556
June	20,412	89,099	15,602
July	0	58,872	120,159
August	17,248	100,805	55,633
September	16,579	76,697	NA
October	26,455	173,271	NA
November	13,768	116,903	NA
December	4,835	60,590	NA

Disability Services

	2023	2024	`YTD 2025
January	42,146	25,711	51,165
February	37,028	36,993	34,465
March	53,153	35,141	30,322
April	33,904	25,058	37,210
May	42,924	40,766	27,027
June	35,091	36,191	30,055
July	34,641	36,897	15,808
August	43,157	36,502	29,595
September	40,611	49,760	NA
October	52,085	68,648	NA
November	12,707	66,802	NA
December	28,487	51,870	NA

Corporate Services

	2023	2024	`YTD 2025
January	0	0	1
February	0	0	-1
March	0	0	1
April	0	0	0

May	0	0	0
June	1,633	0	0
July	74	0	0
August	0	0	0
September	41,713	0	NA
October	169,208	0	NA
November	150,295	0	NA
December	0	0	NA

Maria Bridgeman, IHA Manager, HSE Mid West

W118Q4499	Could you provide a breakdown of unfilled Nursing, Midwifery, Specialist AN/MP, and student roles in the Mid West region, categorized by hospital?	Cllr S Morris
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The HSE Mid West Region 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.

With continued recruitment across all staff categories, including nursing, the above approach ensures that services continue to meet the evolving needs of the population. The strategy supports a proactive and sustainable approach to building strong, skilled teams across the region.

The table below outlines the total number of funded nursing WTEs at HSE Mid-West acute hospitals, along with current WTE in progress for filling as of August 2025. Within the PNS2024 framework, the HSE recruits, replaces and prioritises roles as vacancies arise enabling a more responsive and dynamic workforce planning process.

Hospital	WTE August 2025	WTE in Progress
University Hospital Limerick	1,613.26	93.17*
University Maternity Hospital Limerick	221.93	19.69
Croom Orthopaedic Hospital	109.73	6.75
Nenagh Hospital	152.11	11.80
Ennis Hospital	119.87	7.67
Total	2,216.90	139.08

** This figure includes capacity to accommodate annual nursing graduates within our PNS WTE limits, initially at 0.5 Whole-Time Equivalent (WTE) whilst in pre-registration placement and thereafter as a 1 WTE following professional registration. This is an essential step taken to align workforce growth and service delivery whilst retaining college graduates each year.*

HSE Mid West Region has seen remarkable 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, supporting enhanced patient care and service delivery.

Employment reports published on the HSE website, demonstrate overall staffing numbers in the region rose by 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.

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

W118Q4500	Can I request that the HSE look at an extension to Ballinamore Community Hospital County Leitrim. The Community hospital has a capacity of 20 beds presently. The need within the area is at least double that amount. I would greatly impress upon Forum to look on this request favourable.	Cllr I Reynolds Flynn
At this stage, there are no plans to increase the size of the Ballinamore 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 can only be considered once this new facility is operational. <i>J Fitzmaurice, Integrated Health Area Manager, Sligo, Leitrim, South Donegal, West Cavan</i>		
W118Q4501	Is there a signposted transition process for Children in the Care of CAMHS entering mainstream Mental Health support when they become adults?	Cllr G McMonagle
CAMHS services within Sligo Leitrim Mental Health Service (SLMHS) and Donegal Mental Health Service (DMHS) have a specific policy called the Transition of Care from Child and Adolescent Mental Health Services (CAMHS) to Adult Mental Health Services (AMHS). This policy provides a clear framework to safeguard continuity of care, minimise disruption at a critical developmental stage, and ensure that only those with significant ongoing needs transition to adult services. The "Transition to Adult Mental Health Services Policy" ensures that young people approaching their 18th birthday receive appropriate assessment and, where necessary, a structured handover from Child and Adolescent Mental Health Services (CAMHS) to Adult Mental Health Services (AMHS). For SLMHS this policy was last updated in April 2025 and sets out a planned, supported and structured transfer of care. For DMHS this policy is currently being updated and will be aligned with the new National CAMHS clinical operating guidelines (COG). It should be noted that not all young people in CAMHS will require transition or referral to Adult Mental Health Services upon reaching eighteen years of age. Where transfer of care is not clinically indicated, the young person will be directed or referred to appropriate community-based supports in accordance with their individual care needs. <i>J Fitzmaurice, Integrated Health Area Manager, Sligo, Leitrim, South Donegal, West Cavan/ D Monaghan, Integrated Health Area Manager, Donegal</i>		
W118Q4502	As Respite Services are widely considered to be one of the most critical supports offered to those with a disability and their families which is also noted by the HSE and our Government in the HSE 2024 Respite Plan surely it is incumbent on the HSE to ensure that adequate beds are available for Respite especially for Children should the Business Case being submitted for five bed facility for children's Respite beds in Donegal not be increased to at least a ten bed facility?	Cllr G McMonagle
The HSE aims to deliver disability respite services in line with its budget allocation, national policy and standards and in compliance with the Health Act 2007 regulatory requirements as assessed and monitored by the Health Information and Quality Authority. The following provides a background to the respite services that are currently being delivered for children and adults by the HSE in Donegal and the plans in place to maximise operational capacity.		

There are six Respite Houses in Co. Donegal registered with the Health Information and Quality Authority (HIQA) to provide respite services for children and adults as outlined below:

- Ballymacool Respite House, Letterkenny, HSE service
- Seaview Respite House, Mountcharles, Rehab Care service on behalf of HSE
- Riverwalk Respite House, Carndonagh, HSE service
- Drumboe Respite House, Stranorlar, HSE service
- Fernhill Respite House, Letterkenny, HSE service
- Cheshire Respite House, Letterkenny, Cheshire Ireland service on behalf of the HSE

Ballymacool Respite House, Letterkenny: Ballymacool Respite House operates alternate weeks for 5 adults and 5 children on 6 nights per week = 30 bed nights per week. Bed night capacity is regularly reduced in Ballymacool Respite House from five places to one place per week, to facilitate respite for service users who require single occupancy respite.

HSE Donegal Disability Services have proposed the development of a separate single occupancy annex internally within Ballymacool Respite House to accommodate people with more complex needs who require tailored environments. A business case and a SHIF application for capital funding has been completed between HSE Donegal Disability Services and HSE Estates for submission for HSE funding approval for this proposed development.

Seaview Respite House, Mountcharles:

Seaview Respite House normally operates alternate weeks for 4 adults and 4 children on 7 nights per week = 28 bed nights per week. However, since August 2025 respite provision reduced to a six nights per week due to staff shortages. Rehab Care is currently undertaking a wide reaching recruitment campaign to increase staffing levels and restore a 7 night per week respite service as soon as possible. Rehab Care's recruitment campaign includes the use of online and social media platforms, local radio and via Higher Education Institutions.

Riverwalk Respite House, Carndonagh:

Riverwalk Respite House operates alternate weeks for 3 adults and 3 children on 4 nights per week = 12 bed nights per week. The extension of respite service provision in Riverwalk Respite House to 7 nights per week is planned pending the filling of a number of vacant positions for this service. HSE Donegal Disability Services are liaising closely with the HSE Human Resource Department to recruit the required number of additional staff to provide the extended service.

Drumboe Respite House, Stranorlar:

Respite services at Drumboe Respite House were suspended in March 2020 due to the need to provide emergency residential placements for four people with disabilities at that time. Two of these people currently remain living in Drumboe Respite House. Alternative HSE accommodation has been identified for one of the people who remain in Drumboe Respite House. This person will move from Drumboe House to their new home when the required number of staff have been recruited to support this person in their new home. The Multi-Disciplinary Team (MDT) supporting the second person residing in Drumboe Respite House are actively assessing the suitability of alternative accommodation options for this person.

Once the remaining resident has transitioned to their alternative home, Drumboe Respite House will reopen and operate alternative weeks for both 4 children and 4 adults on 7 nights per week = 28 bed nights per week.

At present, a definitive timeframe for the re-opening of respite services at Drumboe Respite House cannot be given, however, once the remaining two residents have transitioned to alternative homes, respite services for both children and adults will resume at this centre.

The people with a disability who have been impacted by the suspension of respite services at Drumboe Respite House have been supported with home care packages and offered alternative centre-based respite services at Ballymacool Respite and Seaview Respite Houses and more recently at Riverwalk Respite House.

Fernhill Respite Centre, Letterkenny:

Fernhill Respite Centre, operates respite for 2 - 3 adults with a physical and sensory disability on 3 nights per week = 6 - 9 bed nights per week. Due to Infection Prevention & Control recommendations, the number of adults varies based on need and staffing requirements.

Cheshire Respite House, Letterkenny:

Cheshire Respite House operates 1 respite bed 52 nights per year for adults with physical and sensory disabilities who can avail of pre-planned respite breaks of varying durations.

Dedicated Children's Respite House in Donegal:

There need for a dedicated children's respite centre in Donegal is recognised with the increasing demand for respite services. Such a centre would provide specialised respite care, tailored specifically to the needs of children with disabilities, promoting their independence and psychological well-being. It would also offer families a reliable and consistent option for respite care within the county.

In this regard, HSE Donegal Disability Services have submitted a business case to National HSE Disabilities Access & Integration seeking funding to secure a dedicated respite service for children. National HSE has confirmed it views the development as a priority for development funding allocations to the HSE in its 2026 budget and has brought the business case forward to the Department of Children, Disabilities and Equality under the 2026 budgetary estimates processes.

Respite Centre Bed Capacity:

The HSE acknowledges the increased demand for respite care but in line with regulatory standards as per the Health Act 2007 and national policy in respect of congregated settings, a centre based respite service can operate on a maximum five bedded basis. This ensures compliance with national standards while promoting a safe, person-centred and community-inclusive model of respite care. New development respite services are being progressed on the basis of five bedded capacity.

HSE Disability Services remain committed to continuing collaborative efforts with all stakeholders to ensure that respite provision in Donegal is responsive, inclusive, and sustainable across the county.

D Monaghan, Integrated Health Area Manager, Donegal

W118Q4503	Now that the Surgical Hub has been announced for Letterkenny and Sligo can I be updated on the next steps and timeline for development and building and delivery date of this much needed service at LUH?	Clr G McMonagle
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A Capital Programme Oversight Board has been established in Letterkenny University Hospital (LUH) to oversee the creation of the Development Control Plan (DCP) for the LUH campus. The Health Planning Consultancy team, led by PWC, commenced work earlier this summer and have begun working with the Project Team and User Groups within the Hospital. The Design Team for the DCP have now been appointed and will be focusing on the development of a comprehensive masterplan / DCP for the campus. This is expected to be completed in Q1 2026.

The Ambulatory Care Hub, which will provide additional ambulatory cancer capacity and additional surgical facilities, is one of the key priority projects and the DCP design team has brought this element forward in terms of the sequencing of the DCP to develop some preliminary option appraisal proposals to inform the detailed design of the Ambulatory Care block.

A separate design team will be engaged for the detailed design of the ambulatory block and it is anticipated that they will be appointed in Q1 2026 to advance the project through the required design stages and tender process.

N Colleary, Assistant National Director, Capital & Estates

W118Q4504	What are the Short, medium and long term Plans for LUH to meet the Targets set Nationally for Cancer patients to access cancer treatment in a timely fashion ensuring an increase in cancer survival rates and prevention?	Clr G McMonagle
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The LUH Haematology / Oncology Day Ward is particularly challenged with respect to meeting the KPI targets for SACT start times. We have been working with the HSE West North West Cancer MCAN to address this situation. The engagement between the Cancer MCAN and the Hospital has concluded that there are multiple factors contributing to the delays in SACT start times. These range from capacity deficits in the face of increasing demand and practice and process factors within the current service delivery model at LUH. In order to address these challenges as effectively and as timely as possible we have established a small multidisciplinary Working Group comprised of the members of the Cancer MCAN Management Team and Hospital Clinical and Management Teams which have commenced instigating measures to improve chemotherapy start times with the objective of returning performance to KPI targets within the shortest possible timeline.

After reviewing the KPI for Systemic Anti Cancer Therapy (SACT) for the first seven months of the year, there were 153 referrals to commence treatment, of these 112 patients (73%) received their treatment within the KPI of 15 days, 9 patients (6.5%) declined treatment within the time frame – patient choice, 12 patients (7.5%) were not medically fit for treatment and the remainder 20 patients (13%) were delayed due to capacity. The majority of the capacity issues were in the first quarter.

Improvement Measures:

A dedicated 4 chaired area within the inpatient oncology ward has been designated as a Day Unit extension for the delivery of SACT to enable timely access to treatment. This has increased capacity and enhanced the ability to deliver care.

A Business Case has been prepared for submission to extend the opening hours of the Haematology Oncology Day Ward.

In addition to the above there has been Ministerial commitment at the end of July to deliver 15 replacement and 15 additional chairs for chemotherapy provision.

D Monaghan, Integrated Health Area Manager, Donegal

Please see below the Improvement measures to improve SACT KPI's on the other sites within HSE West and North West:

Galway University Hospital:

GUH plan to add 6 new treatment chairs in OPD to increase capacity. 2 of the 6 are currently in place with maintenance works required and planned for the additional 4 chairs.

The SACT outreach programme run from the infusion unit in Merlin Park, designed to release treatment spaces in the HODW, has expanded the treatment profile of drugs administered with 2 additional treatments moving from the day ward to MPUH. Also the process of setting up 5 day stable vidaza clinic in merlin is progressing.

Further outreach options are also in place e.g. the infusion unit in RUH is also being used for some low risk treatments

Currently, stakeholder engagement around opening on bank holidays is taking place.

The long term solution lies with the development of the Ambulatory Cancer Centre at UHG as part of the Model 4 Hospital capital development.

Sligo University Hospital:

SUH has a capital project at initial design stage to expand the Day Oncology Ward as an interim measure to address demand as part of the new block development but again the long term solution lies with the development of the Ambulatory Cancer Facilities at SUH in line with the National Development Plan 2021 - 2030.

Mayo University Hospital:

The plan for MUH is to build an Ambulatory Cancer Facility including day ward and outpatients in line with the National Development Plan 2021 - 2030

Portiuncula University Hospital:

PUH Plan to increase the day ward footprint with the addition of 2 treatment chairs later in the year but this is dependent on upgrading works in an adjacent ward.

HSE West and North West Cancer Network of Care

W118Q4505	Can the HSE quantify the decision to build a 40 bed inpatient acute psychiatric unit on the Roscommon campus, when there is only a minor injury unit that operates from 8-8, this contradicts "Sharing the Vision" policy, the updated version of Vision for Change especially when there is a fully functioning 24 hour A&E department attached to Portiuncula University Hospital, there are continuous staff retention issues with Roscommon services and they cannot recruit or retain staff of all disciplines, Ballinasloe is off the M6 and seems to be a more suitable location for shared services.	CLlr D Killilea
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This is a replacement build for the longstanding Dept of Psychiatry Acute Inpatient Service, Roscommon University Hospital. There are currently no medical vacancies in Psychiatry service in Roscommon. Roscommon has continued to offer 24 hour, seven day a week, acute mental health assessments on site, and is co-located with an excellent working relationship with our general hospital colleagues, to the benefit of our patients and staff.

A Cosgrove, Integrated Health Area Manager, Galway Roscommon

W118Q4506	Can the HSE confirm that all necessary equipment is in place in the maternity services at Portiuncula to operate a safer maternity service. Have any requests for equipment or updating equipment been made in the last 3 years and not delivered on for example is there a blood gas analyser based in the maternity unit and how long is it there.	CLlr D Killilea
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A structured annual equipment replacement programme (National Equipment Replacement programme) is in place in the HSE. Equipment for Maternity and SCBU in PUH is replaced under the NERP, which is coordinated by the Department of Medical Physics and Clinical Engineering.

Separate to the NERP, where equipment is required for the maternity service, a business case is submitted through the hospital expenditure approval committee. The External Management Team, along with the clinical leadership and hospital management, meet regularly with the Department of Medical Physics and Clinical Engineering to review and prioritise equipment needs for the service.

A comprehensive equipment plan is in place for the maternity service, incorporating equipment replacement under the NERP and additional equipment which has been identified as required. This includes equipment for the newly developed Maternity Day Assessment Unit, a second Neonatal Video Laryngoscope System (C-MAC), equipment for the new emergency Obstetric theatre and CTG archiving/central monitoring equipment.

Following the birth of a baby paired cord gases are taken, which involves taking blood samples from the umbilical cord of a newborn to assess the baby's condition at birth, especially in high-risk deliveries. A blood gas analyser is required to analyse blood samples taken. In PUH there is a blood gas analyser in the maternity unit.

For babies delivered by caesarean section, in theatre, a blood gas analyser, is available in the ICU which is located adjacent to theatre.

A Cosgrove, Integrated Health Area Manager, Galway Roscommon

W118Q4507	Is there any update on the feasibility study for Toghermore House and campus and can expressions of interest be made by interested parties on the lands there.	Cllr D Killilea
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The future use of existing HSE owned facilities in the Tuam area is still under review by the service which includes the Toghermore campus.

The HSE will not be making a decision regarding the future use of the lands until this review has concluded.

N Colleary, Assistant National Director, Capital & Estates

W118Q4508	What job vacancies are there in the HSE West area (Galway Mayo and Roscommon) by county or division, when is it expected offers will be made, please include agency staff being used (Medical & Health and Social Care Profession only).	Cllr D Killilea
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Please find below details of vacant Health and Social Care Profession and Medical posts in the Galway Roscommon and Mayo IHAs as of today, 12th September 2025. These posts have been approved for filling and are being actively recruited. A number of posts have agreed start dates, and details regarding same are included in the tables below.

Table 1: Medical Dental Vacancies

Location	Medical Dental	Expected Start date
Galway University Hospital	5	Start dates have been agreed for October, November 2025 and one post in January 2026
Mayo University Hospital	3	Start dates have been agreed for 2 x posts commencing in Sept 25 and Oct/Nov 25, remaining post is going through the recruitment process.
Portiuncula University Hospital	2.5	One post will be filled in September 2025, remaining 2 x posts are going through the recruitment process and are partially filled by agency.

Roscommon University Hospital	3	1 x post with start date late September 2025, remaining posts currently going through the recruitment process. 1 post is filled by agency at present
Galway Roscommon IHA - Community	11	Currently agreeing a start date for one post, 3 posts are going through pre clearances and a start date will be agreed shortly. the remaining posts going through the recruitment process
Mayo IHA - Community	3	All posts going through the recruitment process
	27.5	

Table 2: Health & Social Care Professional grade funded approved vacancies in active recruitment

Location	HSCP
Galway University Hospital	63.39
Mayo University Hospital	7.8
Galway Roscommon IHA - Community	97
Mayo IHA - Community	20
	188.19

Galway University Hospital – HSCP Recruitment Update

- 8.1 WTE posts have confirmed start dates and the successful candidate will be commencing in the coming weeks
- Candidates are currently going through the pre-employment clearance process for 36 posts, and on completion of the clearance process, start dates will be agreed between the candidate and the Line Manager
- Campaigns are underway for Pharmacists, Social Care Workers, Clinical Specialist Radiographer, and Senior Medical Scientists, once interviews have concluded the vacant posts for these disciplines will be offered out immediately
- GUH hold panels for Phlebotomy, Physiotherapy, SLT & Radiotherapy, and 6.9 posts have been offered to these panel, we would envisage these posts being filled in the within the coming months

Mayo University Hospital

- Campaigns are underway for Senior/Staff Grade Medical Scientists, Radiographers, Senior Physiotherapists, Cardiac Physiologist; once interviews have concluded the vacant posts for these disciplines will be offered out immediately

Galway, Roscommon, Mayo IHA – HSCP Recruitment Update

- There are 26 HSCP posts with the National Recruitment Service mainly Senior Clinical Psychologists and Clinical Psychologists, Social Care Workers, Occupational Therapists and Speech and Language Therapists to

be offered. We have two posts, a basic grade physiotherapist and a Clinical Psychologist which NRS were unable to fill, but with new campaigns being formed we are hopeful that these will be accepted.

- Locally we have six campaigns underway for Senior Speech and Language Therapists, Senior Counsellor Therapist, Dietician Managers, Social Care Managers and Senior Play therapist – Once interviews have concluded the vacant posts for these disciplines will be offered out immediately.
- We are preparing paperwork to launch a Senior OT and a Senior Psychologist Campaign and vacant posts for these categories will be offered to the panel formed.
- Three campaigns need to be re advertised for Social Care Leader, Senior Medical Officer, and Orthoptist Senior as we were unable to source suitable applicants to fill these posts from previous Campaigns.
- We have 16 x posts at Offer Stage which includes Senior OT, Senior Physiotherapist, Senior Audiologist, Senior SLT, and Senior Dieticians and an additional 9 posts have been sent to the Transfer Panel and we anticipate that the majority of these should be filled shortly,
- 14 x Posts have been offered to the HSCP Career Pathway and to date two posts have been filled through the Pathway - 1 x Senior Medical Social Worker and 1 x Social Care Manager 1, both for Galway Roscommon IHA. Posts not accepted are being moved to Normal Recruitment and are at various stages of the Recruitment process.
- Recruitment are actively launching campaigns to fill all posts when unable to fill from existing panels, however there are a shortage of applicants and some posts remain unfilled despite numerous attempts

We are also running recruitment campaigns to fill new development posts in addition to the replacement posts included in the template.

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

W118Q4509	How many MRI scans were carried out in Sligo University Hospital in the week commencing 9th June 2025; the week commencing 16th June 2025; the week commencing; 7th July 2025 and the week commencing 14th July 2025. How many MRI scans were carried out on inpatients in each of those weeks.	Cllr D Bree
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Please see below data for MRI Exam Numbers (Mon-Fri), as requested:

Week Beginning	8am-5pm	Of which In-patients
June 9th	114	51
June 16th	112	50
July 7th	104	41
July 14th	111	37

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

W118Q4510	What was the daily cost of transferring files by minibus from the Medical Records Department in Sligo University Hospital to the Diabetic Centre located in the car park and to the Benbulbin Hub Clarion Road, in the period 1st July 2024 to the 31st December 2024; and what was the daily cost in the period 1st January 2025 to 30th June 2025.	Cllr D Bree
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What was the daily cost of transferring files by minibus from the Medical Records Department in Sligo University Hospital to the Diabetic Centre located in the car park and to the Benbulbin Hub Clarion Road, in the period 1st July 2024 to the 31st December 2024	Daily cost in 2024 was €8 per day to 2 centres (Diabetes and Benbulbin Hub).
What was the daily cost in the period 1st January 2025 to 30th June 2025.	Daily cost in 2025 is €20 per day. (Cost increase in 2025 linked to Medical Offsite ward, which

	opened in January 2025). Tender process in 2025 determined economic cost for this service going forward.
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J Fitzmaurice, Integrated Health Area Manager, Sligo, Leitrim, South Donegal, West

W118Q4511	What was the daily cost in the period 1st January 2025 to 30th June 2025 of transporting the food trolley by minibus from Sligo University Hospital to the satellite ward on the St John's campus and is a member of the hospital staff obliged to accompany the trolley each day; and what was the daily cost of having a bus on standby for staff transfers between Sligo University Hospital and the Satellite ward during the same period, and how many staff transfer bus journeys were undertaken during that period.	Cllr D Bree
What was the daily cost in the period 1st January 2025 to 30th June 2025 of transporting the food trolley by minibus from Sligo University Hospital to the satellite ward on the St John's campus	€400 per day	
Is a member of the hospital staff obliged to accompany the trolley each day;	No	
What was the daily cost of having a bus on standby for staff transfers between Sligo University Hospital and the Satellite ward during the same period.	It is important to note that the bus provides vital services on a number of levels specific to the Medical Offsite ward. This is not specific to staff transfers. The cost is €400 per day. Bus service is primarily used to transport lab samples, files, food trolleys, letters, and pharmaceuticals between SUH and the offsite ward, with occasional staff transfers.	
How many staff transfer bus journeys were undertaken during that period.	Average 6 per week, as per records.	

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

W118Q4512	(A) What specific CAMHS-ID multidisciplinary team posts in Sligo have been submitted for approval; (B) on what date in June of 2025 were the positions for the Multidisciplinary Team submitted for approval; (C) why was approval for the posts not sought before June 2025; (D) have the posts been approved to date, (D) and if not, when is it expected that the posts will be approved.	Cllr D Bree
No specific MDT posts have been submitted for approval as there is currently no means to submit for approval. The estimates process 2025 did not allow for such a submission as the primary focus of this is on Capital Developments and existing levels of service. The only approved post remains a Consultant post and the population of an MDT team, Nursing, OT etc. will have to be achieved within existing resources. The CAMHS ID Consultant post is at recruitment phase with a successful candidate being processed. We currently do not have funding and primary notifications for posts to populate the remaining team. We will look to re-engineer some existing resources to support the Consultant coming into post but this will be limited. We will continue to advocate for the importance of the MHID Team in supporting priority service delivery and will incorporate it into future budget estimates when the opportunity presents.		
<i>J Fitzmaurice, Integrated Health Area Manager, Sligo, Leitrim, South Donegal, West</i>		

W118Q4513	I seek an update on the progress of Ballyhaunis Primary Health Care Centre that has now been at a standstill for at least the past two months. The HSE West forum confirmed to me that a full return to site would take place in September 2024. I now request a programme of works with timeframes that I have requested on numerous occasions be furnished to me immediately.	Cllr A Gallagher
The site closed for an extended period in July/August which encompassed the traditional two weeks builders' holidays. The extended closure was to facilitate the developer putting the finances in place to finish out the project. This has now been completed and the site has reopened following the summer break. The programme has been revised to account for the break with construction completion due in Q4 2025. Handover to and occupancy by the HSE will therefore stagger the end of 2025 and the beginning of 2026 with centre opening Q1 2026.		
M Warde, Integrated Health Area Manager, Mayo		
W118Q4514	What date will the HSE occupy the building. On the 24 th of September I was informed that it was a ten-month building programme and the practical completion date is May 2025.	Cllr A Gallagher
Handover to and occupancy by the HSE will stagger the end of 2025 and the beginning of 2026 with the Ballyhaunis Primary Health Care Centre opening Q1 2026.		
M Warde, Integrated Health Area Manager, Mayo		
W118Q4515	Why are deadlines continuously been broken and what is the HSE doing, if anything, to ensure that this project will be completed in 2025?	Cllr A Gallagher
Financial and market issues were the original causes of the project stalling. Following negotiations the developer agreed to complete the project under the original terms agreed. A full return to site in late 2024 followed a period of inspection and remediation of the existing building. The subsequent closure this summer has resulted in the programme revisions as noted above.		
M Warde, Integrated Health Area Manager, Mayo		
W118Q4516	What is the breakdown of the implementation of the Walker Report, line by line?	Cllr V Duffy
In total, 154 recommendations emanated from the Walker review – all 154 recommendations have been implemented and independently verified as implemented by both HIQA and an independent national HSE team.		
Please find attached		
1. Summary update on the implementation of the 18 full systems analysis in PUH at the close of the LIMT, quarter 4, 2019 (see Appendix 1) 2. Update on implementation of Walker key points identified and recommendation's at close of LIMT in quarter 4 2019 (see Appendix 2) 3. Excel log with update on each recommendation of 18 fully systems analysis reviews (see Appendix 3) 4. Summary of 52 recent recommendations (see Appendix 4).		
T Canavan, Regional Executive Officer, HSE West and North West		
W118Q4517	What is the number of HIQA visits and reports from these visits to Portiuncula University Hospital between 2018 and 2025 and are all available to the public?	Cllr V Duffy
Please see below list of HIQA inspections at Portiuncula University Hospital from 2018 to date in 2025.		
All recent reports are published on the HIQA website and can be accessed by any member of the public.		

Portiuncula University Hospital		
Year	Date of Inspection	HIQA Inspection
2018	06 February 2018	Unannounced Inspection against Monitoring programme undertaken against the National Standards for the prevention and control of healthcare associated infections in acute healthcare services
2019	10 and 11 April 2019	Unannounced inspection of maternity services Monitoring programme against the National Standards for Safer Better Maternity Services with a focus on obstetric emergencies
2020	4 February 2020	Announced assessment of compliance with Medical Exposure to Ionising Radiation Regulations
2021	No inspection	
2022	No inspection	
2023	9 and 10 May 2023 15 November 2023	Announced Inspection against the National Standards for Safer Better Healthcare Announced Assessment of compliance with Medical Exposure to Ionising Radiation Regulations
2024	No inspection	
2025	No inspection (up to the 8 th September 2025)	

A Cosgrove, Integrated Health Area Manager, Galway Roscommon

W118Q4518	Can information be provided on the various training and retraining provided to the staff in the maternity unit in Portiuncula University Hospital by management, Saolta group, and HSE between 2018 and 2025?	Cllr V Duffy
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All staff in the maternity unit, midwives and obstetric staff, are required to undertake mandatory training at regular intervals. Such training include Fetal Monitoring/CTG, PROMPT and BLS training. Compliance with mandatory training is monitored closely by line managers to ensure that staff are compliant with mandatory training compliance. Mandatory training KPIs are also reported monthly to the HSE West and North West Women's and Children's Network.

In addition to mandatory training regular ward based education/ skills and drills take place on the maternity ward and in the SCBU in PUH. Attendance at skills and drills is monitored by line management and by the External Management Team.

Weekly Neonatal Resuscitation (NRP) multidisciplinary skills and drills have been extended from one per week to three per week. Two sessions take place on the labour ward and one session in theatre. This arrangement ensures that staff that do not work full-time are in attendance. Records of attendance are maintained and monitored by line management and the External Management Team.

PUH maternity services have developed a multidisciplinary simulation programme supported by the PUH management and the external management team. A number of multidisciplinary simulations on clinical scenarios have taken place with a further two planned for 2025.

Training in communication (HSE National Healthcare Communication Programme), human factors training and open disclosure training is being facilitated for the service and attendance at all programmes is being monitored by the line managers and the external management team.

A Cosgrove, Integrated Health Area Manager, Galway Roscommon

W118Q4519	The number of student midwives and other students who are serving/served in Portiuncula University Hospital since 2018 and how they have been accounted for in staffing numbers?	Cllr V Duffy
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Please find below the number of Student Nurses in General nursing, and Midwifery who served, or are currently serving in Portiuncula University Hospital since 2018.

The table includes the number of nurses, and the WTE reported in the staffing census for each year. Student Nurses are recorded as 0.5 WTE on the staffing census. Please note the below table only records student nurses and midwives in their internship year.

	2018		2019		2020		2021	
Grade	Number of Students	WTE in Staffing Numbers	Number of Students	WTE in Staffing Numbers	Number of Students	WTE in Staffing Numbers	Number of Students	WTE in Staffing Numbers
Student Midwifery	3	1.46	2	0.99	4	1.97	4	1.94
Student Gen Nursing	13	6.68	14	7.13	15	7.64	13	6.62
Total	16	8	16	8	19	10	17	9

	2022		2023		2024		2025	
Grade	Number of Students	WTE in Staffing Numbers	Number of Students	WTE in Staffing Numbers	Number of Students	WTE in Staffing Numbers	Number of Students	WTE in Staffing Numbers
Student Midwifery	2	1.02	4	2.08	4	2.04	4	2
Student Gen Nursing	15	7.78	16	8.00	13	6.46	13	6.5
Total	17	9	20	10	17	9	17	9

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

W118Q4520	What are the waiting list numbers for new home support service packages, or an increase in existing packages, in each of the healthcare areas of Donegal, Sligo-Leitrim, Mayo and Galway-Roscommon, and can we provided with the breakdown of public and private provision in each area? What measures have been put in place to drive down waiting lists in Donegal since a similar question was asked in February 2025?	Cllr D Meehan
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Donegal Home Support Service:

As of 31st August 2025, 334 people were awaiting a home support service in Co. Donegal, a breakdown of which is as follows;

- 221 of whom were awaiting the provision of a new home support service.
- 113 of whom were awaiting an increase to an existing home support service.

In August 2025, the Donegal Home Support Service delivered 129,000 hours to 2,266 service users, which can be broken down as follows;

- 110,682 hours (approx. 85.8%) were delivered by HSE HCAs.
- 18,334 hours (approx. 14.2%) were delivered by HCAs from private providers.

The demand for home support continues to increase with the level of individual need becoming more complex requiring on occasions the attendance of two HCAs. Recruitment for additional homecare assistants is ongoing and the HSE Home Support Service engages with existing and new private providers on a regular basis to ascertain their capacity to supplement HSE services.

There are multiple recruitment campaigns being run by all providers, with some companies having a designated recruiter which has resulted in increased capacity. While recruitment of HCAs continues to be a challenge for the HSE Home Support Service, it remains a service priority.

Sligo/Leitrim Home Support Service:

As of 31st August 2025, 184 people were awaiting a home support service in the Sligo/Leitrim area, a breakdown of which is as follows;

- 98 of whom were awaiting the provision of a new home support service.
- 86 of whom were awaiting an increase to an existing home support service.

In August 2025, Sligo/Leitrim Home Support delivered 62,200 hours to 1,536 service users, which can be broken down as follows:

- 35,907 hours (57.72%) were delivered by HSE healthcare assistants (HCAs), i.e. direct service provision.
- 26,293 hours (42.28%) were delivered by HCAs from private providers, i.e. indirect service provision.

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

Mayo & Galway/Roscommon Home Support Service:

Waiting list numbers for new home support service packages

	Waiting for new home supports packages	Waiting for an increase	Total
MAYO IHA	118	112	230 clients
Galway/Roscommon IHA	112	279	391 clients

Breakdown of Public/Private Provision

	Direct Staff	Private Providers (indirect)
MAYO IHA	43%	57%
Galway IHA	21%	79%
Roscommon IHA	41%	59%

Measures put in place to recruit more HCA staff

Recruitment is underway following a campaign in Mayo IHA and Galway Roscommon IHA. Interview boards are currently being set up.

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

W118Q4521

What is the current time between when a referral is sent by Health Link, and thus received by the HSE, to the time it is triaged and assessed by a consultant, i.e. the triage time, in each hospital in the West and North West Region, for each of the following specialties:

- Haematology
- Oncology
- Breast
- Gastroenterology
- Neurology
- Respiratory
- Orthopaedics
- Urology
- Gynaecology
- Maxillofacial
- ENT

Cllr D Meehan

Letterkenny University Hospital:

All referrals received via Healthlink are entered into the hospital management system and forwarded to the relevant clinical teams for triage within 24 hours of receipt, during the working week.

The triage process and associated timelines are influenced by a range of factors, including:

- The completeness and clarity of information provided in the referral, which is essential for informed clinical decision-making.
- Clinician availability, including on-call commitments and leave arrangements.
- Services where clinicians operate off-site.
- Requests for additional information or diagnostic tests to support effective triage decisions.

At present, it is not technically feasible to provide accurate triage time data broken down by specialty.

D Monaghan, Integrated Health Area Manager, Donegal

Sligo University Hospital:

All referrals received via Healthlink are entered into IPMS and forwarded to the relevant clinical teams for triage within 24 hours of receipt, during the working week.

The triage process and associated timelines are influenced by a range of factors, including:

- The completeness and clarity of information provided in the referral, which is essential for informed clinical decision-making.
- Clinician availability, including on-call commitments and leave arrangements.
- Services where clinicians operate off-site.
- Requests for additional information or diagnostic tests to support effective triage decisions.

At present, it is not technically feasible to provide accurate triage time data broken down by specialty.

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

Galway University Hospital:

Referrals are generally received via Healthlinks (electronic) or post (hard copy), we aim to have these put up on our patient management system within 24hrs of receiving the referral. The NTPF Outpatient protocol outlines that the triage should be completed within 5 working days of the referral being received.

There are fields on our patient management system which enable the collection of triage timescales however these are not routinely completed so at present, it is not technically feasible to provide accurate triage time data broken down by specialty.

Roscommon University Hospital:

The services listed hereunder are outreach services, provided by GUH consultants. They triage their referrals when they are on site at Roscommon University Hospital.

- Gastroenterology – triaged on a daily basis by CNM2 triage nurse and given directly to Endoscopy
- Respiratory – we don't accept Respiratory referrals from GP's – only Consultant to Consultant internally
- Orthopaedics – Consultant has OP once a month but might not attend due to getting Theatre space in GUH so triage times can be from 4 weeks to 8 weeks.
- Urology – When the consultant attends RUH once a month, they carry out triage, and the Consultant will triage when they are in RUH Op and Theatre each month.
- ENT – attends 1st and 3rd Monday each month so triages then

Portlincula University Hospital:

Time stamps for triage turnaround times for OPD referrals are not captured on a consistent basis on our Patient Administration System and any metric presented would be based on a partial data set and may not give a true representation of the actual average turnaround time.

A Cosgrove, Integrated Health Area Manager, Galway Roscommon

The only specialties relevant to MUH from the list are:

- Haematology
- Oncology
- Gastroenterology
- Neurology
- Respiratory
- Orthopaedics
- Gynaecology
- ENT

At Mayo University Hospital (MUH), referrals submitted via the Healthlinks platform are received electronically but are subsequently printed and managed through a paper-based triage process. Consultant teams review these printed referrals to assign clinical priority. This manual workflow limits the hospital's ability to electronically track, audit, or report on the specific time interval between referral receipt and triage. As a result, performance data on triage timelines is not currently available from MUH in relation to the specialties below. Plans to transition to a fully digital triage system are under consideration as part of broader outpatient reform efforts which will allow greater visibility in terms of reporting.

M Warde, Integrated Health Area Manager, Mayo

W118Q4522	Can the HSE clarify what the current arrangement for maxillofacial referrals is for each of the hospitals within the group? Who and when are the referrals being triaged by and what arrangements are being made to have these referrals followed up on, including those red flagged as a suspected cancer? What arrangements are being put in place to have maxillofacial cover in Letterkenny University Hospital and is there a formal arrangement for support from Altnagelvin Area Hospital, and if so in what capacity?	Clr D Meehan
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Letterkenny University Hospital:

Referrals received for Letterkenny University Hospital are added to the waiting list and currently triaged by a member of the Oral and Maxillofacial team based at Galway University Hospital.

In cases where a referral raises concerns about a potential red flag or suspected cancer, the clinician may arrange for the patient to be scheduled for a clinic appointment within the region. If a dental practice has concerns regarding a possible cancer diagnosis, this can be escalated directly to the on-call registrar at Galway University Hospital. Where appropriate, and upon acceptance, a clinic appointment will be scheduled accordingly.

The existing Service Level Agreement with the Western Trust is currently under review. In the interim, Letterkenny University Hospital is scheduling initiative clinics, supported by the Oral and Maxillofacial team at Galway University Hospital, to accommodate patients currently on the LUH waiting list.

D Monaghan, Integrated Health Area Manager, Donegal

Sligo University Hospital:

Sligo University Hospital receives triaged Oral Max Referrals for addition to Day case Surgery list from GUH. These are listed and scheduled Chronologically.

We do not receive OPD Referrals for Oral Max as this list is held in GUH.

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

Galway University Hospital:

Referrals for the Maxillofacial service are received through Healthlinks or via Post (for Dentists/GPs who don't have access to Healthlinks).

Once a referral is received, the patient is placed on the waiting list. The referral is sent to the Consultant each week for triage. Once the referral is returned from triage, the Patient Information Management system is updated with the categorisation/outcome advised.

If the outcome of the triage is that the patient is to be seen, then the patient may be booked directly into the clinic if the Consultant specifies a date (in particular for time critical referrals).

However most likely, the patient will be placed on the waiting list until such time as capacity is available to schedule the patient for an appointment (in order of their categorisation i.e. Urgent, Semi-Urgent, Non-Urgent).

Some referrals which are received via the post are addressed directly to the Consultant rather than to the Central Referrals Office (CRO), these will be triaged by the Consultant on receipt and then returned by the Secretary to the Central Referrals Office. At that point, the patient is then added to the waiting list (from the date the referral was received into GUH) and the triage categorisation will be updated at the same time.

If there are concerns in dental practice regarding a potential cancer arrangements are made for follow up appointments. If cancer is confirmed by another Hospital, patient details are sent to the Maxillofacial Consultants to be listed for Multidisciplinary Team meetings for discussion.

Portlincula University Hospital:

Portlincula University Hospital does not have a maxillofacial waiting list. The hospital facilitates 1 full day maxillofacial day surgery session per week and these patients come from the Galway University Hospital waiting list.

Roscommon University Hospital:

Referrals from Galway University Hospital to Roscommon University Hospital for Maxillofacial procedures are initially triaged by the Maxillofacial Team at GUH.

Any red flagged as suspected cancer are not sent to RUH. Occasionally, the consultant may request that the patient attend a Pre-Operative Assessment at RUH.

In such cases, GUH contacts the Pre-Op Nurse at RUH, who then arranges the assessment directly with the patient. Once the Pre-Op Assessment is complete, the RUH Pre-Op Nurse communicates the outcome to GUH. Based on this assessment, the patient may be:

- Deemed suitable for surgery at RUH,
- Deemed unsuitable and returned to GUH for further management

Referrals are submitted by GUH to the Inpatient Patient Waiting List (IPWL) Office, where they are added under the relevant consultant on the Maxillofacial IPWL.

The administration staff in the IPWL Office manages the waiting list, maintains communication with patients, and schedules a suitable surgery date. Appointment letters are then issued accordingly.

The final theatre list is circulated to both GUH and RUH teams. Following surgery at RUH, any Did Not Attend (DNA) cases are escalated to the relevant consultant and clerical staff at GUH for review and further action.

A Cosgrove, Integrated Health Area Manager, Galway Roscommon

Mayo University Hospital:

Mayo University Hospital currently does not offer maxillofacial services. Plans to establish this service with the available funding at Mayo are underway, with ongoing discussions involving Consultants. In the meantime, these services are being provided at Sligo University Hospital, where Mayo patients have access.

M Warde, Integrated Health Area Manager, Mayo

W118Q4523	Can we be provided with an update on progress made on plans for the surgical hub at Letterkenny University Hospital, as well as an indicative timeline with key milestones?	Clr D Meehan
A Capital Programme Oversight Board has been established in Letterkenny University Hospital (LUH) to oversee the creation of the Development Control Plan (DCP) for the LUH campus. The Health Planning Consultancy team, led by PWC, commenced work earlier this summer and have begun working with the Project Team and User Groups within the Hospital. The Design Team for the DCP have now been appointed and will be focusing on the development of a comprehensive masterplan / DCP for the campus. This is expected to be completed in Q1 2026. The Ambulatory Care Hub, which will provide additional ambulatory cancer capacity and additional surgical facilities, is one of the key priority projects and the DCP design team has brought this element forward in terms of the sequencing of the DCP to develop some preliminary option appraisal proposals to inform the detailed design of the Ambulatory Care block. A separate design team will be engaged for the detailed design of the ambulatory block and it is anticipated that they will be appointed in Q1 2026 to advance the project through the required design stages and tender process.		
<i>N Colleary, Assistant National Director, Capital & Estates</i>		
W118Q4524	The Suamhneas respite centre in Sligo is fully completed and equipped but remains closed due to a lack of staff recruitment. Given the urgent need for respite services for families in the Northwest, when will the HSE recruit	Clr M Casserly

	the necessary staff and ensure this vital facility opens without further delay?	
The Suaimhneas Respite Centre will be operated by the Section 39 organisation, Rehab Care, which is an independent, non-profit, community based organisation, partially funded by the HSE under Section 39 of the Health Act 2004, to provide community and social care services. Rehab Care was identified as the service provider of choice following a competitive procurement process undertaken by the HSE. Contractual and lease arrangements are currently being worked on by the HSE and Rehab Care. Rehab Care is also funded and contracted to deliver the respite service at Tullaghan Respite House which delivers respite care to children and adults on alternate weeks. Tullaghan Respite House will become an adult respite service when the Suaimhneas Respite Centre for children becomes fully operational. Rehab Care is currently running an extensive recruitment campaign to fill the necessary posts required to progress with the opening of the Suaimhneas Respite Centre. When the post of Suaimhneas Respite Centre Manager has been filled, Rehab Care will register the respite service with the Health Information and Quality Authority (HIQA). Registration of a service provider by HIQA is required to legally operate a residential respite centre as per the Health Act 2007. Plans are in place to begin the induction and familiarisation of children in the Sligo/Leitrim area to the Suaimhneas Respite Centre. It is envisaged that the Suaimhneas Respite Centre will be operational before the end of Quarter 4, 2025. <i>J Fitzmaurice, Integrated Health Area Manager, Sligo, Leitrim, South Donegal, West Cavan</i>		
W118Q4525	When will the HSE put in place an early-intervention youth mental health service for Sligo, Leitrim, and South Donegal? What model of care is in place or planned? What services and resources currently exist? Are early intervention services youth mental health available in other regions or within areas in this region Galway and Mayo? why has a model not yet been implemented in the Sligo–Leitrim area?	Cllr E McSharry
Within Sligo Leitrim Mental Health Services (SLMHS) there is an Early Intervention Youth Mental Health (EIYMH) initiative in place. This initiative under SLMHS provides brief psychology led/specific signposting, assessment and intervention to children and young people aged 12-25 years referred by Foroige and Youth Work Ireland North Connaught (YWINC). The model of care replicates key aspects of service models provided by other services across the Regional Health Area (RHA) in relation to the service criteria, target population, the young person's support needs and what the therapeutic offer is for those accessing the service. The current task is to scale up and resource the current initiative. One Senior Clinical Psychology grade staff currently provides the Early Intervention Youth Mental Health service locally (WTE 1.0). This staffing will be increased by an incoming Psychologist in training who will work in the Early Intervention Youth Mental Health service for twelve months beginning 1st October 25. The HSE in partnership with Jigsaw and Mindspace provide Early Intervention Youth Mental Health services in Donegal/Galway and Mayo respectively. Key stakeholders in Sligo Leitrim community and mental health services are engaging with providers in other parts of the RHA as part of an active options appraisal process looking at Early Intervention Youth Mental Health service delivery in this area. This process is advancing as a priority locally. <i>J Fitzmaurice, Integrated Health Area Manager, Sligo, Leitrim, South Donegal, West Cavan</i>		

W118Q4526	When will the immediate repair works be complete in place to address the roof leaks at orthopaedic theatre? What plans are in place to address the serious orthopaedic units infrastructure deficits at Sligo University Hospital, which currently do not comply with healthcare standards and have already caused and are causing cancellations in elective surgeries? Have design options been identified to provide either a temporary solution or a new build?	Cllr E McSharry
The works to replace the existing roof are due to be completed by the end of October 2025 and HSE Capital & Estates are currently in process of carrying out a feasibility study in conjunction with the service to explore potential longer term solutions. <i>N Colleary, Assistant National Director, Capital & Estates</i>		
W118Q4527	In light of recent research findings highlighting a ‘postcode lottery’ in cancer care across the West—where treatment targets are routinely missed, such as chemotherapy delays stretching to seven or eight weeks—what concrete plans are in place to elevate regional performance to national benchmarks? Specifically, is there a proposal to implement a hub-and-spoke model that empowers Sligo University Hospital and Letterkenny University Hospital to deliver diagnostics, ongoing assessments, and certain treatments in prostate and breast cancer care closer to home for patients in the North-West, as partial satellites of the centre in Galway?	Cllr E McSharry
The West & North West regional cancer programme is delivered in a hub and spoke model of care in line of the National Cancer Strategy with high volume complex cancer care delivered at the designated cancer centre in University Hospital Galway and an extensive programme of cancer care delivered across the region at Letterkenny University Hospital, Sligo University Hospital, Mayo University Hospital and Portlinculla University Hospital. The key objective across the region is to provide safe, high quality cancer care to all patients regardless of where they live, as close to home as clinically appropriate, but within the parameters of the National Cancer Strategy. Sligo University Hospital and Letterkenny University Hospital deliver an extensive programme of high quality medical oncology and haematology care on an ongoing basis. LUH is a satellite of the breast cancer programme at University Hospital Galway, quality assured through the weekly Breast Multidisciplinary Meeting hosted from UHG in line with the National Cancer Strategy. In a first of its kind in Ireland, the HSE West North West, University of Galway cancer network has been awarded OECl Cancer Centre status across multiple hospital sites in the region. The accreditation confirms that our cancer network meets the highest international standards in cancer care and research, placing it among just 20 designated OECl Cancer Centres across Europe. Achieving this recognition involves a rigorous, multi-year review and quality improvement process aimed at enhancing cancer services for patients throughout the region. The OECl is a leading European organisation dedicated to ensuring equal access to high-quality, multidisciplinary cancer care. Oncology Day Wards across the region are particularly challenged in delivering Systemic Anti-Cancer Therapy (SACT) to national key performance indicators (KPI’s) due to capacity constraints and interim solutions are being implemented to expand day ward capacity with the addition of treatment chairs. However, the long term solution is to progress new Ambulatory facilities across the network to future proof the cancer programme, empowering it to respond to increased demand in the years ahead. <i>HSE West and North West Cancer Network of Care</i>		
W118Q4528	What is The number of DTOC (Delayed Transfer of Care) patients recorded each month since January 2025 and the cumulative DTOC bed-days lost (i.e. bed-days lost due to delayed discharges) in Sligo University hospital. ✓ are shortages of residential/step-down beds for complex cases are the principal cause of the DTOC figures reported and knock on ED overcrowding during the recent summer period, if so, what	Cllr E McSharry

	immediate and medium-term steps (with timelines and resource commitments) are being taken to address this shortfall. ✓ To address the bed capacity are the 52 long stay and 20 shortstay beds fully open at the Ballyshannon Community Hospital	
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2025	Bed Lost Days	Avg Number of DTOC
January	837	29
February	771	29
March	848	30
April	703	25
May	704	24
June	715	24
July	715	24

Please find below the latest Hospital Patient Safety Indicator Report for each of our sites. The aim of these reports is to assure the public that the indicators selected and published for this report are monitored by senior management of both the hospital and hospital group as a key component of clinical governance.

[Hospital Patient Safety Indicators Reports Saolta University Healthcare Group 2025 - HSE.ie](#)

There is an ongoing significant demand on residential and step down beds for Older People. These demands are as a result of an aging population. Research confirms that older people are staying at home longer within their communities assisted by community supports and those seeking long term care placements are generally more complex in nature due to an increased level of frailty, multiple co-morbidities and clinical diagnosis such as dementia.

In some instances this cohort of patients can result in becoming delay transitions of care within the acute setting. This is due to the requirement to source a suitable placement for the person in order to ensure their needs are comprehensively met.

Currently within the Sligo Leitrim area there is 197 operational long term residential beds and 32 operational short term care beds. In addition the HSE have contracted a number of beds in Private Nursing Homes as to assist with immediate transitions of care.

The new 90 bedded Carrick on Shannon, Community Hospital which is currently under construction will result in an additional 32 beds being available in 2027 to Older People for Long Term/ Short Term and Dementia Care.

Ballyshannon Community Hospital

All of the 52 long term beds are now operational at Ballyshannon Community Hospital.

Of the 20 short stay beds, 10 beds are operational with the remaining beds vacant due to ongoing recruitment. There is an expectation that these beds will be operational by Q4, 2025 dependant on successful recruitment.

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

W118Q4529	What is the update on the Cleary Centre for Donegal Town?	Cllr M Naughton
The Cleary centre is progressing through detailed design stage. Currently the SAQ (Suitability Assessment Questionnaire) is out on e-tenders in order to identify suitable contractors and expected to go out to tender Q4 2025, depending on approvals. <i>N Colleary, Assistant National Director, Capital & Estates</i>		
W118Q4530	Can I receive the list of property owned by the HSE that is currently not in use in South Donegal	Cllr M Naughton

The only building currently not in use in South Donegal is The Rock, Ballyshannon. HSE are currently developing an accommodation strategy reviewing the long term requirement for this property and possible future uses.		
<i>N Colleary, Assistant National Director, Capital & Estates</i>		
W118Q4531	What are the HSE plans for their building in Pettigo that has been closed for years?	Cllr M Naughton
The terraced property at Mill Street, Pettigo, Co. Donegal, formerly in use as a HSE Health Centre, is deemed surplus to the requirements of the HSE. HSE Solicitors are currently addressing outstanding title matters. Once these issues have been resolved, the property will be dispossessed of in line with the HSE Property Protocol. A BER certificate has been obtained, and mapping is in preparation to facilitate progression of the disposal process.		
<i>N Colleary, Assistant National Director, Capital & Estates</i>		
W118Q4532	What is the update in relation to the recruitment of staff for the new Ballyshannon Community Hospital	Cllr M Naughton
Recruitment for the 52 long- term care beds and 10 short terms care beds at at Ballyshannon Community Hospital (BCH) has been completed, and these beds are now fully operational. The remaining 10 short-terms care beds and 8 dementia care beds will be opened on a phased basis, once recruitment for the necessary staff grades has been finalised. Recruitment continues to be a key priority for the service. However, challenges remain in filling certain posts, particularly in Nursing, Nurse Management, and Multi-Task Attendant roles. The service is actively prioritising resources and exploring all available avenues to progress recruitment.		
<i>J Fitzmaurice, Integrated Health Area Manager, Sligo, Leitrim, South Donegal, West Cavan</i>		
W118Q4533	Following on from the recent very positive announcement about future development at Letterkenny University Hospital of the development of two -theatre surgical hub beside the existing hospital building along with the addition of 30 ambulatory day oncology chairs-15 new -15 replacement and the commitment of a full development control plan for LUH to guide the future development at the hospital, can we have a schedule of the time -frame involved in this process with short, medium and long term?	Cllr C Brogan
A Capital Programme Oversight Board has been established in Letterkenny University Hospital (LUH) to oversee the creation of the Development Control Plan (DCP) for the LUH campus. The Health Planning Consultancy team, led by PWC, commenced work earlier this summer and have begun working with the Project Team and User Groups within the Hospital. The Design Team for the DCP have now been appointed and will be focusing on the development of a comprehensive masterplan / DCP for the campus. This is expected to be completed in Q1 2026. The Ambulatory Care Hub, which will provide additional ambulatory cancer capacity and additional surgical facilities, is one of the key priority projects and the DCP design team has brought this element forward in terms of the sequencing of the DCP to develop some preliminary option appraisal proposals to inform the detailed design of the Ambulatory Care block. A separate design team will be engaged for the detailed design of the ambulatory block and it is anticipated that they will be appointed in Q1 2026 to advance the project through the required design stages and tender process.		
<i>N Colleary, Assistant National Director, Capital & Estates</i>		

W118Q4534	Can we have an updated report on the proposed renal dialysis expansion in LUH and if we have of now all the resources available to allow for the patients attending the service?	Cllr C Brogan
The renal dialysis expansion project is coming to the end of Stage 2b – Developed Design and Planning. Planning permission was granted by Donegal County Council in August 2025, and the Fire Safety and Disability Access Certificate applications have been made. We anticipate the project commencing on site in 2026. The Renal Dialysis Unit is open 7 days per week and remains open until 22.30 on a Monday Tuesday & Wednesday. The current capacity is for up to 68 patients. <i>D Monaghan, Integrated Health Area Manager, Donegal</i>		
W118Q4535	Can we have an updated report on the Donegal disability service expansion plans for future investment extensions of services in areas for example, Ballymacool house and Ballaghderg pre-school?	Cllr C Brogan
Ballymacool Respite House, Letterkenny is a HSE delivered respite service and has the capacity to provide respite care and support for five adults or five children, with intellectual disabilities and complex medical needs, on alternate weeks, six nights per week. However, this capacity is regularly reduced from five places to one place to facilitate respite for people who require single occupancy respite. Single occupancy is typically required for safeguarding reasons. In response, HSE Donegal Disability Services have proposed the development of a separate single occupancy annex internally within Ballymacool Respite House to accommodate people with more complex needs who require tailored environments. A business case and a SHIF application for capital funding has been completed between HSE Donegal Disability Services and Estates seeking funding approval for this proposed development. The service will increase to seven nights per week when a full staffing complement is in place. Recruitment continues to be progressed by HSE Human Resources. Ballaghderg Special Needs Preschool provides specialist HSE services for preschool-aged children with moderate to severe intellectual disability and complex care needs. HSE Donegal Disability Services were allocated additional funding to expand specialist support services for children with disabilities and their families in 2024. This money was used to fund the Bluestack Foundation to deliver an expanded specialist children's service in the Donegal North Network. This service currently operates from the Ballaghderg Special Needs Preschool in Letterkenny each Saturday and services will be commencing there late afternoons and evenings on weekdays to support children identified as a priority. The Bluestack Foundation plan to further expand the number of places and locations that offer support services to children with disabilities and are currently recruiting the additional staff required to offer this service. <i>D Monaghan, Integrated Health Area Manager, Donegal</i>		
W118Q4536	What are the current levels of home help hours in each IHA (Sligo/Leitrim, Donegal and Mayo) and what are the current levels of vacant posts in the HSE directly delivered services?	Cllr C Brogan
<u>Donegal</u> In August 2025, the Donegal Home Support Service delivered 129,000 hours to 2,266 service users, which can be broken down as follows: • 110,682 hours (approx. 85.8%) were delivered by HSE healthcare assistants (HCAs), i.e. direct service provision. • 18,334 hours (approx. 14.2%) were delivered by HCAs from private providers, i.e. indirect service provision. Currently there are 42 HCA posts vacant in the service. Recruitment for additional homecare assistants in Co. Donegal is ongoing and the HSE Donegal Home Support Service also engages with existing and new private providers on a regular basis to ascertain capacity to deliver services.		

The demand for home support continues to increase in Co. Donegal with the level of individual need becoming more complex requiring on occasions the attendance of two HCAs. There are multiple recruitment campaigns being run across the county by all providers, with some companies having a designated recruiter which has resulted in increased capacity. While recruitment of HCAs continues to be a challenge for the Donegal Home Support Service, it remains a service priority.

Sligo/Leitrim

In August 2025, Sligo/Leitrim Home Support delivered 62,200 hours to 1,536 service users, which can be broken down as follows:

- 35,907 hours (57.72%) were delivered by direct service provision.
- 26,293 hours (42.28%) were delivered by indirect provision.

Currently there are 15 vacant HCA posts in the Sligo Leitrim area. A HSE rolling recruitment campaign is in place for HCAs across the Sligo Leitrim area. Interviews have taken place and it is envisaged that additional staff will be recruited in the near future.

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

	Mayo
Current levels of home support hours	50,376 hours/month
Current levels of vacant post in the HSE directly delivered services	9 vacant posts in Mayo

M Warde, Integrated Health Area Manager, Mayo

W118Q4537	Are there adequate nursing staff in the Emergency Department of Galway University Hospital to ensure the clinical needs of patients can be met ahead of the anticipated winter surge.?	Cllr E Mannion
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Galway University Hospitals:

- We continue to experience high numbers of attendances to our ED Department and are working to address the sustained pressure on UHG which is ongoing. We continue to focus on a number of issues including trying to reduce numbers of patients on trolleys in ED, reduced wait times for bed allocation for the longest waiting patients in ED and a reduction of > 24 hour ED breaches.
- We do currently have vacant nursing posts which we continue to try and recruit. We have a number of graduate nurses due to commence in September which will assist in filling some of the current vacancies in the hospital. Recruitment is ongoing for Staff Nurses to fill these vacant posts and ED specific campaign Interviews are taking place. We continue to use Agency staff to support where required. We also have two Operational Assistant Director of Nursing rostered Day & Night to support on site.

A Cosgrove, Integrated Health Area Manager, Galway Roscommon

W118Q4538	Are there plans to increase the number of psychiatric beds in University Hospital Galway to cater for the number of persons seeking residential treatment?	Cllr E Mannion
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Currently there are no plans for additional beds in the AAMHU. However there will be a process to review the requirement of additional beds with the increased population within the catchment area. The process will start

towards the last quarter of 2026 and will take approximately 4/6 months to complete. Currently a development team have not been identified to provide same

A Cosgrove, Integrated Health Area Manager, Galway Roscommon

W118Q4539	The ambulance crew for the Recess Ambulance Base at present start their shift at Clifden awaiting the delivery of their own base. In the last six months how many times has this crew been sent to Mayo instead of being left at their base in Clifden?	Clr E Mannion
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As outlined, the Recess crew currently start and finish their shift in Clifden while awaiting their new base. This results in three crews being present in Clifden each day.

The National Ambulance Service operates a dynamic deployment model, meaning crews are dispersed to ensure wider coverage rather than remaining static in one location. In this context, Ballinrobe, Co Mayo serves as the nearest standby point for Connemara, which is why the Recess crew is sent there daily.

Please note that if Clifden or Carraroe are assigned calls, the Recess crew is moved back accordingly to maintain cover across the Connemara area.

JJ McGowan, Chief Ambulance Officer - West

W118Q4540	Is it true that the footprint for the proposed new Emergency Department at Galway University Hospital is being turned into a carpark, thus delaying further the future hope for this much needed Emergency Department?	Clr E Mannion
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In 2024, by agreement with the Department of Health and under the governance of the GUH Capital Programme Oversight Board, a new Campus Development Control Plan (DCP) for UHG was developed to provide the required capacity across all healthcare services on the campus to 2045.

The 'Mid-Stage' Development Control Plan identifies a number of key major projects to be delivered in a programmatic, sequential fashion over the next 10-12 years. These projects include additional Bed Capacity (270 new beds), Maternity Facilities, a new Medical Laboratory, Ambulatory Cancer Unit and a new Emergency Department including additional critical care beds and Theatres.

The Temporary ED Department will remain in its current location until the new ED is delivered and the provision of additional bed capacity in the meantime will reduce existing strains on Emergency Services.

Under the new DCP, a new Acute Bed Block is proposed for the site originally identified for the ED Department and a tender process for a Design Team to deliver this block is currently underway.

Enabling works are now also progressing in a number of locations on the campus to clear sites in advance of delivery of the new major projects. In the period between clearance of these sites and commencement of construction of the new blocks, temporary car parks may be provided on cleared sites to counteract the loss of parking spaces elsewhere on the campus.

A Cosgrove, Integrated Health Area Manager, Galway Roscommon