

**Minutes of Regional Health Forum West Meeting held on
Tuesday, 25th March 2025 at 2.00pm in Room 1, Education Centre,
Merlin Park University, Galway.**

Chairperson: Cllr Ciaran Brogan

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

*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
Mary Warde, Integrated Health Area Manager, Mayo
John Fitzmaurice, Integrated Health Area Manager Sligo, Leitrim, South Donegal, West Cavan
Dermot Monaghan, Integrated Health Area Manager, Donegal
Maria Bridgeman Integrated Health Area Manager, HSE Mid West
Ian Carter, CEO Midwest Acute and Older People Services
Niall Colleary, Assistant National Director, Capital & Estates
Niall Murray, General Manager Area Operations, NAS
Marian Cavanagh, Regional Health Forum Office
Anna Lyons, Regional Health Forum Office

921/115/25 Minutes of previous meeting – 25th February 2025

The minutes of the previous meeting held on the 25th February 2025 were proposed by Cllr Gerry McMonagle, seconded by Cllr Michael Kilcoyne and adopted.

922/115/25 Matters Arising:

923/115/25 Chairman's Address:

Cllr Ciaran Brogan welcomed Niall Colleary, Assistant National Director, Capital & Estates to the Regional Health Forum meeting.

924/115/25 Questions:

W115Q4275 and W115Q4276 – Disposal of former Health Centres in Aughrim and Ballygar:

Action: If there is any update on the progress of the disposal of the above properties by the HSE, Cllr Alan Harney has requested an update.

W115Q4277 – Incidence rate of Hypoxic ischaemic encephalopathy:

Action: Cllr Alan Harney requested more up to date information on the data provided in the response to this question.

W115Q4279 – Invitation to HIQA:

Action: Cllr Ciaran Brogan to issue a further request to HIQA following his previous correspondence dated 5th March 2025 to attend a Regional Health Forum West Committee meeting.

W115Q4282 – Mayo University Hospital Policy:

Action: Mary Warde agreed to review the MUH Information Booklet in relation to Consultant presence at St. Johns and revert to Cllr Michael Kilcoyne.

W115Q4284 – Presentation on the National Women & Infants Health Programme:

Action: RHF office to arrange this presentation for a Regional Health Forum West Committee.

W115Q4287 – NAS five-year workforce plan:

Action: JJ McGowan to advise Cllr Evelyn Francis Parsons is the station supervisor post filled in NAS Ballinasloe.

W115Q4292 – County Clare Patients presenting at UHG ED:

Action: Ann Cosgrove to revert to Cllr Antoinette Baker Bashua regarding the following:

1. Of the total February 2025 presentations at the GUH ED; what percentage does the 160 represent?
2. Of the 160 attendees how many were admitted?
3. Of the 160 how many were discharged on the same day?

W115Q4295 – Visit to the new National Children's Hospital:

Action: RHF office to request a further visit to the new National Paediatric Hospital.

W115Q4300 – Vacant Consultant Post for the Pain Clinic at Sligo University Hospital:

Action: John Fitzmaurice to provide Cllr Edel McSharry with an update on the filling of the Consultant Post at the Pain Clinic, Sligo University Hospital.

W115Q4303 - Ambulance repair location:

Action: JJ McGowan to advise Cllr Shane Forde on the progress in securing a contact with Mercedes approved garage in Galway for Ambulance repairs.

W115Q4304 – Monies owed from Private Healthcare providers to all 3 Galway Hospitals:

Action: Ann Cosgrove to advise Cllr Shane Forde regarding the following:

1. Do you have a breakdown of the category of debt, after 2 years they won't pay?
2. What monies are lost in this respect?
3. How many staff in accounts are actively following up on this?
4. List of accounts awaiting approval?
5. What is the appeals process if a claim is refused?

W115Q4309 - Transfer of HSE Lands at Toghermore Tuam:

Action: Ann Cosgrove and Niall Colleary to update Cllr Shaun Cunniffe after reviewing what is the most appropriate use of the lands in Toghermore taking into account integrated approach to future service needs.

W115Q4314 – Dentists joining Dental Treatment Services Scheme:

Action: DTSS to provide Cllr Sean Moylan with information on any plans/incentives to improve the number of dentists joining the Dental Treatment Service Scheme.

W115Q4315 – Consultant CAMHS ID position in Sligo:

Action: John Fitzmaurice to advise Cllr Declan Bree regarding the following questions:

1. What is the progress in relation to the recruitment and the filling of the posts for the MDT to support the Consultant for CAMHS ID in Sligo? How many posts are approved? How many posts are filled?
2. What is the number of professionals that makeup the CAMHS MDT; Speech and Language Therapist, Health and Social care professionals, Social Workers, Psychologist and Administration?

W115Q4322 - Community based mobile X-Ray Service:

Action: Ann Cosgrove to revert to Cllr Eileen Mannion regarding are all GP's availing of this service.

W115Q4326 – Sligo Cancer Bus:

Action: John Fitzmaurice to keep Cllr Marie Casserly updated in relation to the Sligo Cancer Bus.

W115Q4327 – Information on the National Campaign on vaping:

Action: John Fitzmaurice to update Cllr Marie Casserly in relation to the launch of the national media awareness prevention campaign on vaping and young people.

W115Q4328 – Respite Beds available for Children in Donegal:

Action: Dermot Monaghan to keep Cllr Gerry McMonagle informed in relation to any developments for paediatric respite beds in Donegal.

W115Q4329 - CAMHS Service in Donegal:

Action: Dermot Monaghan to provide Cllr Gerry McMonagle with the staff vacancies in CAMHS Donegal.

W115Q4330 – Detox beds available in Donegal:

Action: Dermot Monaghan agreed to liaise with the Regional Drug and Alcohol Forum in relation to the 16 Donegal bed allocation and any further funding and revert to Cllr Gerry McMonagle.

W115Q4335 – Haematology Letterkenny University Hospital:

Action: Dermot Monaghan to provide Cllr Declan Meehan with the clarity on the waiting list number for Letterkenny University Hospital in relation to Haematology appointments and provide the information in a tabular form.

W115Q4336 – Purple Pathway LUH:

Action: Dermot Monaghan to provide Cllr Declan Meehan with the statistics for the last 30 days of how many days the purple pathway was available to patients.

W115Q4337 – Respiratory Services LUH:

Action: Dermot Monaghan to outline how the appointment of the third respiratory Consultant in Letterkenny University Hospital will make a drastic difference in the wait time and numbers and respond to Cllr Declan Meehan.

W115Q4339 – Updated report on the future masterplan for LUH:

Cllr Ciaran Brogan noted that the information provided at the Public Representative meeting on 24th March 2025 was very informative. Cllr Brogan requested that this information be made public and provided to all Public Representatives in Donegal.

Action: Dermot Monaghan to provide this information to the above mentioned representatives.

925/115/25 Motions:

The Motions were not addressed as a quorum was not present.

926/115/25 Any other Business:

927/115/25 Date & Time of Next Meeting:

The next **Regional Health Forum Committee Meeting** will take place on Tuesday, 15th April 2025 at 2pm in Manorhamilton.

The next **Regional Health Forum Meeting** will take place on Tuesday, 27th May 2025 at 2pm in Galway.

This concluded the business of the meeting.

Signed:

Cathaoirleach/Chairman

Adopted at the Regional Health Forum West meeting

QUESTIONS AND RESPONSES RECEIVED
REGIONAL HEALTH FORUM WEST – 27TH MAY 2025

Number:	QUESTION	RAISED BY	Page No.
W116Q4342	What steps are being taken to employ the class of 2025 graduates from colleges in all medical and therapeutic degree courses and what percentage will be offered employment within our health service in all disciplines.	Cllr D Killilea	4
W116Q4343	Use of Off-Site Medical Unit at St. John's Hospital Sligo.	Cllr M Casserly	4
W116Q4344	Food transport and costs for new off Site Medical Unit SUH.	Cllr M Casserly	4-5
W116Q4345	Update on the disposal of the St. Brigid's Hospital Campus.	Cllr A Harney	5
W116Q4346	Update on the disposal of the former health centres in Aughrim and Ballygar.	Cllr A Harney	5
W116Q4347	Alternative pathways for people with acute mental health issues to access healthcare?	Cllr A Harney	5-6
W116Q4348	What plans are in place to hire physician associations by the HSE?	Cllr A Harney	6-7
W116Q4349	Any response to the E tender for Abbeyfeale primary care centre?	Cllr L Galvin	7
W116Q4350	Accessing the Letterkenny-to-Galway HSE-funded transport.	Cllr M Casserly	7
W116Q4351	Additional resources for home care services in Sligo, Leitrim, and Donegal?	Cllr M Casserly	7-8
W116Q4352	What has the HSE paid to the private Hospitals Bon Secours and Galway Clinic for Bed capacity only since 2021.	Cllr S Forde	8-9
W116Q4353	Since 2021 how many patients have we sent to the North for Orthopaedic procedures, cost to the HSE Galway.	Cllr S Forde	9
W116Q4354	What has been the current cost for security for patients and staff paid to Private security companies who work in UCHG since 2020?	Cllr S Forde	9
W116Q4355	Any breach of Risk assessment Figures ED UHL and why? (30.05.17 – 01.04.24).	Cllr S Morris	10
W116Q4356	How is the integration of services and staffing of the new 96-bed block at UHL coming on in terms to timelines.	Cllr S Morris	10-11
W116Q4357	Integration of services between Nenagh Hospital and the new Primary care centre Tyone site.	Cllr S Morris	11
W116Q4358	Ensuring positive impacts locally from the expansion of healthcare service at Tyone site?	Cllr S Morris	11-13
W116Q4359	Decision on the proposed Multiservice Surgical block SUH.	Cllr D Bree	13
W116Q4360	Advised re makeup and staffing for multidisciplinary team for CAMHS ID service Sligo.	Cllr D Bree	13-14
W116Q4361	Update on the proposed 42 bed ward block at SUH, Surgical Hub decision?	Cllr D Bree	14
W116Q4362	Self-referrals to Sligo-Leitrim-Donegal area H.S.E.'s National Counselling Service.	Cllr D Bree	14-15
W116Q4363	Emergency mental health care, status of PUH enabling works for the ED expansion and a dedicated children's area due to begin in Q2 2025?	Cllr E F Parsons	15
W116Q4364	HSE Galway Roscommon "surplus"/offered for disposal properties on State Property Register.	Cllr E F Parsons	15-16

W116Q4365	Update on the proposed permanent ambulance base at St. Brigid's Hospital.	Cllr E F Parsons	16
W116Q4366	With Ballinasloe confirmed as the hub for East Galway & South Roscommon, can the HSE outline its development plan for the necessary infrastructure.	Cllr E F Parsons	16
W116Q4367	Elective surgical procedures, Galway area. Appointments offered places privately?	Cllr D Killilea	16-17
W116Q4368	NAS - waiting times for calls in the West of Co Galway area being met?	Cllr D Killilea	17-18
W116Q4369	Number of beds or wards currently not in use or not being used in Galway Hospitals and why.	Cllr D Killilea	18
W116Q4370	Any Plans to increase and mainstream CARE Virtual Ward and integrate into existing services like Cardiology and Diabetes?	Cllr G McMonagle	18
W116Q4371	Update on funding application for Full Time ANP Post for the Adult Type 1 diabetes service LUH.	Cllr G McMonagle	18-19
W116Q4372	Does the 2025 multi annual mental health capital plan confirm funding and support for DMHS to transition Radharc na Sleibhte Carndonagh from a residential model to a recovery-focused crisis intervention facility and have there been meaningful discussions with the HSE and the relevant Department Officials regarding project costings?	Cllr G McMonagle	19
W116Q4373	Can I get confirmation from LUH that they will make a Business Case for the Surgical Hub to be sighted at LUH and that the HSE will support their Proposal?	Cllr G McMonagle	20
W116Q4374	Current status of the planned new Community Hospital facility in Lifford?	Cllr G Doherty	20
W116Q4375	Any plans for a pharmacy facility in the planned Primary Care building in Lifford?	Cllr G Doherty	20
W116Q4376	Any plans to construct a 'Changing Places' facility in the Buncrana Primary Care Centre?	Cllr G Doherty	20
W116Q4377	A report on the temporary closure of the Buncrana Nursing Unit, including details of how residents will be accommodated during the construction phase.	Cllr G Doherty	20
W116Q4378	Has there been any change to protocols in the west of Ireland for managing people with suicidal ideation while awaiting psychiatry assessment.	Cllr M Loftus	21
W116Q4379	Orthopaedic Theatres SUH.	Cllr E McSharry	21-22
W116Q4380	Wait time for diagnostic tests for outpatients at SUH: CT Scan, MRI, Ultrasound.	Cllr E McSharry	22
W116Q4381	Any plans to upgrade the maternity suite at SUH?	Cllr E McSharry	22
W116Q4382	Usage of the new home from home delivery suite -The Suaimhneas Room SUH.	Cllr E McSharry	22-23
W116Q4383	Update on the proposed new regional ambulance base in Limerick.	Cllr E O'Donovan	23
W116Q4384	Update on the specialist CAMHS hub for the treatment of eating disorders in CHO.	Cllr E O'Donovan	23
W116Q4385	Update on paediatric Speech and Language Therapy Services for King's Island Primary Care Centre and current waiting list for same.	Cllr E O'Donovan	24
W116Q4386			24

W116Q4387	Mental Health Service Midwest region – breakdown of Staffing including CAMHS, number of children in TV the CAMHS service in the Midwest?	Cllr J Ryan	24-26
W116Q4388	Acute Mental Health Unit Ennis; number of beds and occupancy in 2024?	Cllr J Ryan	26
W116Q4389	Does the HSE record how many patients presenting at EDs with a mental health crisis and if so could we get a figure for the 2024 calendar year?	Cllr J Ryan	26
W116Q4390	Is there an HSE employed advocate for cancer patients in Clare?	Cllr Baker Bashua	26
W116Q4391	County Clare Patients admitted to GUH February 2025.	Cllr Baker Bashua	26-27
W116Q4392	Numbers availing of home care packages HSE Midwest region, how many home care hours are covered via these packages.	Cllr Baker Bashua	27-28
W116Q4393	ED Staff – formal training re identifying patients who may be victims of domestic/sexual or gender based violence?	Cllr Baker Bashua	28-29
W116Q4394	Date for recommencement of care respite services at the Joe and Helen O'Toole Community Nursing Home, Tuam.	Cllr S Cunniffe	29
W116Q4395	Hospital Dermatology Clinics; wait lists, staffing, number of weekly clinics, addressing of wait times?	Cllr D Meehan	29-30
W116Q4396	Hospital Audiology appointments; wait lists, staffing, number of weekly clinics, addressing of wait times?	Cllr D Meehan	30-31
W116Q4397	Will the HSE consider providing a Letterkenny-Sligo Bus service similar to the Letterkenny-Galway service?	Cllr D Meehan	31-32
W116Q4398	Update on Cancer treatment commencement times LUH.	Cllr D Meehan	32
W116Q4399	Any plans to directly employ Security Staff to protect patients and medical personnel in our hospitals?	Cllr E Mannion	32-33
W116Q4400	How many Social Workers are employed by HSE West? How many in Connemara? Any vacancies at present?	Cllr E Mannion	33-34
W116Q4401	Mental Health presentations via A & E pathway, any plans in place to change this practice?	Cllr E Mannion	34-35
W116Q4402	When the Recess Ambulance base comes into operation will there be an increased ambulance service for North Connemara?	Cllr E Mannion	35
W116Q4403	How many children in Mayo applied for a place in the existing Speech and Language Unit in Castlebar and Ballina but did not secure a place in 2024, 2023 and 2022 and how were their needs addressed?	Cllr A Gallagher	35-36
W116Q4404	Speech and Language Mayo, pressures on units, service for Children in East Mayo, equitable access to the service.	Cllr A Gallagher	36
W116Q4405	Update on progress of the Ballyhaunis Primary Health Care Centre.	Cllr A Gallagher	36
W116Q4406	Will there be a dentist located in Ballyhaunis Primary Health Care Centre and how are the needs currently being addressed.	Cllr A Gallagher	36
W116Q4407	Updated report on the proposals for additional respite facilities for Donegal?	Cllr C Brogan	37-38
W116Q4408	Updated report on the delayed discharges at LUH and the capacity and availability of beds at our community nursing units in Donegal?	Cllr C Brogan	38
W116Q4409	Update on the services at the Errigal chronic disease hub in Letterkenny?	Cllr C Brogan	38-40
W116Q4410	HSE engagement with Donegal County Council design team re providing services at the new proposed Creeslough regeneration and community development?	Cllr C Brogan	40

Number:	QUESTION	RAISED BY
W116Q4342	Could I ask the HSE what steps are being taken to employ the class of 2025 graduates from colleges in all medical and therapeutic degree courses. Known as dormant graduates pending qualifications? For the Galway area. Given there are 1000's of students coming off courses what percentage will be offered employment within our health services in all disciplines.	Cllr D Killilea
<p>The HSE continues to operate in a highly competitive global employment market. In this context, it is essential that we continue to work collaboratively to retain graduates from Irish colleges in 2025, and where possible, to offer contracts of employment which are attractive to our graduates wishing to take up employment with our services.</p> <p>The retention of graduates across our services is a key objective, acknowledging that we are operating within our approved WTE (Whole time equivalent) limits across the region. We are fully committed to implementing the provisions of various HR circulars, including those which commit the HSE to offering permanent contracts to Nursing and Health and Social Care Professional (HSCPs) grade. These opportunities will be offered to approved vacancies and service developments across HSE and S38 organisations.</p> <p>Our local Recruitment Departments are at advanced stages in establishing new recruitment panels for graduate nurses and HSCPs across our services.</p> <p>Following graduation Medical Interns are recruited nationally by our HBS Recruit partners for placement in our services via the normal HSE recruitment processes.</p> <p>At this time it is not possible to indicate the exact number of graduates who will opt to take up a role in our Galway services.</p> <p>We continue to promote our opportunities to work in our services via our recruitment and jobs platforms, and the HSE Career Hubs.</p> <p><i>M Ferguson, Regional Director of People HSE West and North West</i></p>		
W116Q4343	Can the new Off-Site Medical Unit at St. John's Hospital Sligo be used for the medical patients in SUH who must wait on corridors and treatment rooms in the hospital as there is no capacity for them in the wards?	Cllr M Casserly
<p>Since opening in January 2025, the 26-bedded Medical Off-Site Unit has provided medical care to patients who meet specific criteria and benefit from continued clinical supervision. Between January and March 2025, 167 patients were admitted to this unit, with an average occupancy of 17 beds and an average length of stay of 16 days.</p> <p>While occupancy levels have been affected by a number of outbreaks within the hospital and ward respectively, the unit is already contributing to improved patient flow across Sligo University Hospital (SUH). This is reflected in a reduction in the March trolley count from 369 in 2024 to 340 in 2025.</p> <p><i>J Fitzmaurice, Integrated Health Area Manager, Sligo, Leitrim, South Donegal, West Cavan</i></p>		
W116Q4344	Instead of food being transported by taxi from SUH kitchen to the new Off-Site Medical unit, can a chef or catering staff be employed to prepare hot food in the kitchen facilities in the new unit as happened in the past on the old site? How much does it cost per annum to transport food between the two locations?	Cllr M Casserly
<p>Meeting the Food and nutritional requirements of medical patients who present with diverse and complex dietary needs such as special diets, modified consistency diets and allergens require specialist food production/food safety considerations and multi-disciplinary team input including dietetic, speech & language (risks with swallowing), nursing and chef support. The kitchen in SUH medical offsite unit operates the same as all ward kitchens in Sligo University Hospital (SUH). Food is produced in SUH Central Production Unit for all wards in keeping with the dietary requirements of patients, food safety standards and regulations. Food is distributed from the central production unit to the small ward kitchens for service to patients by catering</p>		

attendants. It would not be feasible for the kitchen in the medical offsite unit, or for any ward kitchen in SUH, to produce food in keeping with required regulatory standards within the small footprint, limited facilities and staffing of a ward kitchen.

Daily transport of medical supplies, pharmaceutical supplies, laboratory samples, patient files and food supplies are provided seven days per week by a dedicated bus service at a cost of €400 per day.

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

W116Q4345	Please provide an update in relation to progress with the appointment of an agent for the disposal of the St. Brigid's Hospital Campus. Can the HSE demonstrate how it is in compliance with Section 58 of the Planning and Development Act 2000 with regard to these protected structures and the need to protect them from endangerment	Cllr A Harney
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The HSE are aiming to have a sales agent selected before the end of June to manage the disposal process for St Brigid's. The campus is not in compliance with Section 58 of the Planning and Development Act 2000, as the HSE has recently been served with a Derelict Sites notice. The HSE have engaged with the local authority in relation to this matter with a view to reaching agreement on a pragmatic approach to addressing the issues.

N Colleary, Assistant National Director, Capital & Estates

W116Q4346	Please provide an update on the disposal of the former health centres in Aughrim and Ballygar.	Cllr A Harney
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Ballygar is not on the vacant list for disposal as of yet. We await submission from PC to support the disposal and confirmation from service management that the property is surplus to HSE requirements.

Aughrim HC – HSE are in the process of appointing a sales agent to manage the disposal of this centre. It is hoped that this will be on the market in Q3 2025.

N Colleary, Assistant National Director, Capital & Estates

W116Q4347	There is a clear need for alternative pathways to be put in place for people with acute mental health issues to access healthcare. It is clear that accessing such care through A&E is an inappropriate pathway. People in this region could previously access such services at St. Brigid's Hospital in Ballinasloe without the need to go through A&E. The service provision has taken a step in the wrong direction, can plans be put in place for an improved model of care which does not require a visit to A&E?	Cllr A Harney
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In general, emergency departments (EDs) prioritise and treat the most unwell patients and those with life-threatening illnesses first. For people presenting at an emergency department when in crisis, following self-harm or with suicidal ideation, all such presentations will follow the emergency care pathway.

In relation to persons presenting to A&E with Mental Health issues it is imperative that peoples physical as well as mental health state are assessed and triaged before being admitted to the appropriate Unit. People presenting with Self Harm or suspected overdose for example, need to have their physical needs addressed in a general hospital setting before potentially being admitted to an Acute Inpatient Unit for further treatment.

Some people who present to an ED may be known by community mental health services and there may be enhanced coordination and care planning between ED staff and both inpatient and outpatient mental health services required.

Liaison mental health services (LMHS) provide a specialist service for individuals attending EDs in a crisis and is available to all age groups. LMHS manage ED presentations which occur in areas overlapping mental and physical healthcare.

In 2016 the National Clinical Programme for the Assessment and Management of Patients who present to the Emergency Department (NCPSH) Model of Care (MOC) was introduced. This MOC was subsequently updated in 2022 and a National Clinical Programme for Self-Harm and Suicide-related Ideation Operational Guidance Document for the Emergency Department Programme was published in January 2024.

HSE West & Northwest Community Mental Health Services (Galway, Mayo, Roscommon) follows the National Clinical programme for self-harm and suicide related ideation operational guidance document for the Emergency Department programme.

Community Healthcare West welcomes the recommendations for 24/7 senior nurse presence in EDs, from the Acute Mental Healthcare in Hospital EDs in Ireland National Survey, from the Office of the Inspector of Mental Health Service and request that appropriate funding is provided to implement this.

As part of NSP 2025 we were delighted to receive 2 SCAN Nursing posts specific for Traveller Health that will be located in Portiuncula Hospital which is the area with the highest rate of self-harm and suicide in the country at present in this particular category.

All guidance documents and protocols are contingent on appropriate staffing levels and we will continue to advocate through the estimates process for the additional resources required to fully staff our ED departments to the staffing levels required to fully implement.

The Mental Health Commission report also highlights the need for timely access to CAMHs at all times for children attending the ED with a mental health crisis and a key focus of the 2024-2027 Child & Youth Mental Health Action Plan is the development of Child & Youth Integrated Crisis Response Pathway including the development of CAMHS liaison services nationally, that will allow young people experiencing a mental health crisis access to care 24/7

A Cosgrove, Integrated Health Area Manager, Galway Roscommon

W116Q4348	What plans are in place to hire physician associations by the HSE? People are training as PA's at present in Irish Universities and need certainty that there will be jobs available once they graduate.	Cllr A Harney
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There has been significant discussion and deliberation regarding the grade of the Physician Associate/Assistant across multiple stakeholders including with the Department of Health and Trade Unions. These discussions are focused on ensuring the appropriate clinical governance supervision arrangements are in place for the role across our HSE services.

While there are currently no Physician Associates/Assistants employed in the HSE West and North West Health Region, in light of the ongoing work and consultation with Unions, we are open to considering this role as part of an agreed National Framework.

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

The role of Physician Associate (PA) is currently not a sanctioned grade within the HSE. To further develop this role the HSE will commission an independent expert, who will carry out a comprehensive assessment of the physician assistant role internationally and make recommendations for standardisation and scope of practice. The recommendations from this review will be incorporated into the role of the PA in the future.

Recruitment is managed at a local level and there are an estimated 40 PAs currently employed within the HSE. In light of the ongoing work in relation to the PA role within the HSE, the Regions were advised to pause recruitment of the Physician Associate.

As part of the HSE commitment to further enhance the workforce, we have provided a contribution to the education of the Physician Associates Masters programme, the details of which are commercially sensitive. Following the independent review the HSE will commence the appropriate deployment of the role.

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

W116Q4349	I will ask at the next meeting if there was any response to the E tender for abbeyfeale primary care centre, as the closing date was last August. It was v vague, just build 1000-1250sqm building. No drawing or location.	CIlr L Galvin
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The HSE acknowledges that the matter of new primary care centre accommodation for Abbeyfeale, Co Limerick has been on the agenda for a number of years. It is intended to deliver such accommodation via the Operational Lease Model. A number of interested bidders have been identified and have put forward sites for the project following the most recent expression of interest process, following advertisement on e-tenders last year. Primary Care Services in Abbeyfeale are currently delivered from various locations in the town so the development of a new primary care centre in this location would allow for both the co-location and expansion of services. The intention is to complete a final review of both the current and future service needs over the coming weeks in order to validate the overall staffing needs and the size requirement for the proposed centre arising. It is then the intention of the HSE to progress with the seeking of priced offers from the identified bidders via the E-Tenders Procurement Platform. HSE will be in contact with the bidders who have expressed an interest in this project shortly on this matter. Further information will be available on the project delivery plan once the tender process has been completed.

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

W116Q4350	Can the Regional Forum clarify why passengers south of Donegal Town are excluded from accessing the Letterkenny-to-Galway HSE-funded transport, and whether there are any plans to revise this policy to better serve patients along the N15 corridor between Ballyshannon and Rathcormac?	CIlr M Casserly
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In August 2024, Letterkenny University Hospital with the assistance of The Friends of Letterkenny University Hospital commenced a new patient transport service for patients who need to travel to Galway for appointments or treatment. The service runs 3 days per week, Monday, Tuesday & Wednesday.

- Depart Letterkenny University Hospital @ 6.30am
- On request stops at Ballybofey Bus stop (beside McElehinneys) @7am
- Stop at Supermacs Donegal Town @ 7.25am
- Comfort break – mid way
- Arrive in Galway at approximately 10.45am
- Depart Galway @ 4pm (or earlier if all passengers onboard)

There is no charge, and patients along with one carer / companion can travel for free. The bus is wheelchair accessible. Please also note that SUH have access to a daily bus service which leaves SUH to travel to Galway.

D Monaghan, Integrated Health Area Manager, Donegal

Please be advised that all patients receiving treatment for Cancer in Galway have access to Oncology bus service which picks up from SUH on a daily basis.

The provision of a bus service in Donegal is provided on a voluntary basis and organised within the local community as per the information provided above.

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

W116Q4351	Considering the urgent and escalating demand for home care services in Sligo, Leitrim, and Donegal—counties with the highest proportion of residents aged over 65—will the HSE commit to increasing the 2024 home care budget for this region and revising the current staff allocation cap of 125,420? The current budget and	CIlr M Casserly
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staffing levels are insufficient to meet the needs of both new applicants and existing service users, as evidenced by the unacceptable waiting lists. Additional resources are essential to address this shortfall and to meet the growing demographic demand in the northwest.

Funding allocation for the Home Support Services is provided for through the National Service Plan (NSP) 2025. The overall 2025 Home Support Target hours provides for 1,452,172 hours in Donegal and 683,454 hours in Sligo Leitrim.

Outlined below are details for the 2025 home support Allocation and associated targets for the area.

Area	2025 Home Support Opening Allocation (€)	2025 Home Support Hours (full year)	2025 Target No of people in receipt (at year end)
Donegal	47,119,656	1,452,712	2,258
Sligo Leitrim	23,136,039	683,454	1,631

Data currently available reflects the period to the end of March 2025 (qt1). As of this date, 516,187 home support hours were delivered across North West to 3751 people. Also, as of this date, there were 551 people waiting for funding for new (348) or additional (203) home support.

The Qt1 2025 forecast projects delivery of Home Support in the North West will be 2,093,427 hours in 2025. This would indicate Home Support Services in North West are operating in line with the 2025 targets set.

While there is a significant level of service provision across the area, the demand for Home Support continues to grow and waiting lists for services are in place. Clients who are assessed and approved for home support, and who are not being provided immediately with a service, are risk assessed and placed on a waiting list for a resource as it becomes available. In addition, people being discharged from acute hospitals, who are in a position to return home with supports, are prioritised.

HSE North West is fully committed to supporting older people to return home, or remain at home, for as long as possible where this is their wish. However it is important to note that while the resources allocated for home care across the system is substantial, it is finite and service delivery must therefore be delivered within the funding available, which may lead to delays occurring. The level of activity and associated costs must be managed in a way that ensures people with the greatest need are supported and that the overall expenditure on home care services does not exceed the available funding allocated to HSE West.

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

W116Q4352

What has the HSE paid to the private Hospitals Bon Secours and Galway Clinic for Bed capacity only since 2021.

ClIr S Forde

The Department of Health confirmed agreement to establish a National Framework Agreement for Private Hospital Capacity, as part of the HSE's plans to address Urgent and Emergency Care (UEC).

Year	GUH Payments processed for Bon Secours Frailty Beds	HSE National Payments
2021	€4,232,656.00	
2022	€5,366,374.55	
2023	€6,219,849.17	
2024	€793,470.00	€7,854,087
2025	€100,996.83	€2,165,800

Year	GUH Payments processed for Acute Medical Beds – Galway Clinic	HSE National Payments
2023	€3,831,225.32	
2024	€498,418.62	€7,673,310
2025	€84,910.80 €64,506.01 (To be processed for payment)	€2,240,000

A new SLA was introduced in 2024 whereby GUH pay for the provision of additional services for users of the UEC Framework for Private Medical Beds in the Galway Clinic however HSE National pay the daily cost of €1400 per day. GUH pay any additional approved charges for tests /procedures which explains the reduced amounts in 2024 & 2025.

A Cosgrove, Integrated Health Area Manager, Galway Roscommon

W116Q4353	Since 2021 how many patients have we sent to the North for Orthopaedic procedures and what is the cost to the HSE Galway.	Cllr S Forde
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Please see below the number of patients outsourced for Orthopaedic procedures to Kingsbridge Private Hospital, Belfast and Kingsbridge Private Hospital, North West.

	2021	2022	2023	2024	2025
Outpatients	0	3	1854	1620	302

Galway University Hospitals does not incur a cost as the capacity provided is funded through the National Treatment Purchase Fund (NTPF).

A Cosgrove, Integrated Health Area Manager, Galway Roscommon

W116Q4354	What has been the current cost for security for patients and staff paid to Private security companies who work in UCHG since 2020?	Cllr S Forde
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Total (UHG & MPUH)	2020	2021	2022	2023	2024	Q1 2025
BIDVEST NOONAN GROUP LTD	€ 1,590,949.19	€ 1,834,520.15	€ 1,816,118.17	€ 1,517,081.32	€ 1,701,844.00	€ 798,836.64
GOLDEN EYE SECURITY	€123,674.30	€31,296.16	€33,695.68	€1,742.88		
TOTAL	€1,714,623.49	€1,865,816.31	€1,849,813.85	€1,518,824.20	€ 1,701,844.00	€ 798,836.64

A Cosgrove, Integrated Health Area Manager, Galway Roscommon

W116Q4355	In May 30 th 2017, the management of UHL agreed on an escalation plan and risk assessment for the Newly Opened Emergency Department(ED) of UHL to the Fire Department, which stated that the number of trolleys that could be safely accommodated in the corridors within the new ED to be 29 trolleys. This was in addition to the permanent single bays with a limit on the total number of trolleys within the ED to 78. How many times since then (May 30 th 2017, to April 01 st 2024, broken down by trolley numbers, dates and actions, has the Management of UHL breached their risk assessment figures and why?	CLlr S Morris
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Table 1 identifies over period 2017 – 2025 daily number of patients accommodated on corridor trolleys.

Year	Daily no. of patients accommodated on corridor trolleys average
2017	18
2018	22
2019	23
2020	15
2021	16
2022	22
2023	19
2024	17
2025	16

To date in 2025, there has been 16 instances where 20 value was exceeded (last breach 06.02.25).

In regard to overall access/egress designed to reduce overall ED occupancy in terms of discharges, UHL's average duration for non-admitted patients (registration → exit) is 6.4 hours. This being lower than 5 of the 8 major academic teaching hospitals in Ireland.

In terms of managing patient flow we have developed a daily operational fire safety checklist to ensure compliance with fire safety regulations, this checklist is checked by the CNM2 shift lead at intervals across the day and night to ensure compliance.

We have provided both basic and fire marshal training for all grades of staff working in the ED.

We have carried out a number of fire evacuation drills both days and nights to ensure staff are familiar with the evacuation process and with one being witnessed by the Chief Fire Officer and his team. Continuous improvements in the evacuation times of the drills has been noted. We have been subject to regular unannounced fire inspections by the fire officers, one as recent as the 21.05.2025 and deemed to be in compliance with necessary fire safety plan

The work and engagement on fire safety within the department and with support of the local fire service has resulted in the withdrawal of the fire safety notice on 07.04.25.

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

W116Q4356	How is the integration of services and staffing of the new 96-bed block at UHL coming on in terms to timelines	CLlr S Morris
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The construction of the first 96-bed block at University Hospital Limerick remains on track.

Following completion of construction and commissioning, the block will be fully operational by September 2025.

Recruitment remains on track and we are utilising both local and international recruitment campaigns across all grades and disciplines. The recruitment status is reviewed on a bi-weekly basis to ensure that challenges are addressed in a timely manner.

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

W116Q4357	With the development of the new facilities at the Tyone site, how will the integration of services between Nenagh Hospital and the new Primary care centre be managed to ensure seamless patient care and efficient use of resources.	Clr S Morris
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Nenagh Hospital and primary care services are separately resourced.

There are currently no plans to change how these services operate once the new primary care centre open, however, there is already considerable integration between acute and primary care services.

The development of the Nenagh Primary Care Centre will support capacity in University Hospital Limerick and the acute hospital network through the development of integrated pathways between the acute setting and the primary care teams based in Nenagh Primary Care Centre.

The community intervention team (CIT) and multi-disciplinary CIT facilitate early discharge from the acute hospital group as well as hospital avoidance pathways in urology, oncology and OPAT programmes.

The planned expansion of the chronic disease programme will ensure that general practitioners (GPs) have access to community based specialist teams in Nenagh Primary Care Centre, therefore, reducing the need for referral to the acute hospital network including Nenagh Hospital.

There will be a number of bookable clinical rooms within the Primary Care Centre which will be made available for the provision of acute outpatient department clinics to the population of Nenagh and the surrounding areas closer to where they live.

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

W116Q4358	What measures are being taken to ensure that the expansion of healthcare service at the Tyone site will positively impact the local community, including job creation, accessibility improvements and community health initiatives.	Clr S Morris
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The new Primary Care Centre in Nenagh is scheduled to become fully operational in Quarter 1, 2026 and will serve a population of 22,500 in Nenagh and the surrounding areas.

The following primary care services will be provided from the new centre. Please note that these services and the staff (administrative and clinical) aligned to these services are relocating to the Primary Care Centre from existing HSE sites:

- public health nursing: wound management clinics/child welfare clinics/child health clinics/school screening service
- community medical doctor clinics
- community intervention team (CIT)
- ophthalmology services
- audiology service
- dental services
- speech and language therapy service
- occupational therapy service (adult & paediatric)
- physiotherapy service (adult & paediatric)
- podiatry service
- psychology service
- dietetics service
- social work service

- chronic disease services encompassing podiatry services, nurse-led clinics, cardiac rehab programmes, pulmonary rehab programmes, diabetes education programmes.

Enhanced Community Care (ECC) Services at Nenagh Primary Care Centre

The ECC community healthcare network team for North Tipperary will have 22 staff moving from the current Tyone health centre to the new primary care centre. The network team includes the following clinical staff: podiatry, dietetics, occupational therapy, speech and language, physiotherapy and primary care social work. This multi-disciplinary team will work together with their primary care colleagues in the provision of care.

Co-location of the ECC community healthcare network team in the primary care centre will facilitate collaborative interprofessional service delivery to the population of Nenagh and surrounding areas. The primary care centre will be the hub for paediatric occupational therapy and physiotherapy services in the Nenagh area with two purpose built gymnasiums for use by these services. The enhanced facilities also include a gymnasium and meeting rooms for group education for service users.

ECC – Chronic Disease Management Clinical Specialist Team

The Nenagh primary care centre has been designed to incorporate the clinical specialist team for chronic disease management. The team includes the following specialist services:

- **Diabetes Team:** clinical nurse specialists who provide nurse-led care for patients with type 2 diabetes who have been referred by their general practitioners (GPs). This is supported by dietitians delivering self-management education programmes such as Discover Diabetes and offering individual consultations. Podiatry services will also be provided for the treatment and prevention of diabetes-related foot complications. It is intended, pending staffing, that diabetes services will expand to include diabetes prevention, weight management and consultant-led clinics.
- **Respiratory Team:** physiotherapists will deliver pulmonary rehabilitation programmes and provide access to respiratory optimisation clinics for GPs in the relevant community health networks (CHNs) in North Tipperary and East Limerick. A number of consultant and nursing posts have been approved to lead these new respiratory services and the recruitment process is underway.
- **Cardiology Team:** services will include clinical nurse specialist-led clinics, cardiac rehabilitation programmes and direct GP access to echocardiography diagnostics. These nursing staff are in post.

The following services will relocate their clinics to the primary care centre when it becomes operational:

- diabetic retinopathy screening (8 clinics per month)
- counselling in primary care (weekly)
- consultant-led paediatric clinics (twice monthly)
- womens' health clinic (3 days per week)
- Parkinsons' Support Group sessions (twice per month)
- breastfeeding clinic (weekly)

When the primary care centre becomes fully operational, it will enable multi-disciplinary services which are currently being delivered from a number of locations to be delivered from a single site, ensuring strong multi-disciplinary working arrangements.

The development of the Nenagh Primary Care Centre will support capacity in the acute hospital network through the development of integrated pathways between the acute setting and the primary care teams based in Nenagh Primary Care Centre.

The community intervention team (CIT) and multi-disciplinary CIT facilitate early discharge from the acute hospital group as well as hospital avoidance pathways in urology, oncology and OPAT (outpatient antibiotics) programmes.

The planned expansion of the chronic disease programme will ensure that general practitioners (GPs) have access to community-based specialist teams in Nenagh Primary Care Centre, therefore, reducing the need for referral to the acute hospital network including Nenagh Hospital.

There will be a number of bookable clinical rooms available in the primary care centre for the provision of acute outpatient department clinics.

The new centre has been developed to meet the highest infection control, safety and energy standards in a bright and modern environment.

Other HSE services such as mental health services, disabilities services, will be able to avail of these bookable treatment rooms, providing services locally and maximising the occupancy and use of the facilities available.

Maria Bridgeman, IHA Manager, HSE Mid West

W116Q4359	Noting that a Consultant Orthopedic surgeon in Sligo University Hospital has described the Orthopedic theatre in the hospital as “not fit for purpose”, “archaic, falling down, ramshackle”; can the Forum be advised if any decision or commitment has been made regarding the provision of the proposed Multiservice Surgical block at the hospital.	Cllr D Bree
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An issue arose in Orthopaedic Theatre on 18th April as a result of water leak from the roof. This resulted in Ortho Theatre closure from 18th April until 26th April, due to cleaning and air sampling being undertaken. The theatre was cleared by Microbiology for use on the 26th, after being free of aspergillus. Air monitoring is ongoing to ensure air quality is maintained.

There have been numerous water leakages in recent years which has caused service interruptions. As a result, flat roof replacement is to be planned for through HSE Estates. Additionally space for storing of Ortho equipment (medical and surgical supplies) is very challenging in this older part of the building. A design team has just been engaged to carry out a feasibility study on the potential options to expand the theatre accommodation. Once completed this will inform the decision around the most suitable option to progress with. An additional project for orthopaedic storage space is being considered under Minor Capital allocation in 2025. A design for this is being worked on currently by HSE Estates.

Consultant Orthopaedic Surgeons remain concerned about the increasing likelihood of surgical infections due to aging infrastructure and lack of space in Theatre. A meeting with members of Regional Management team, HSE Estates, Consultant Microbiologist and Orthopaedic Consultants is planned to take place in the coming weeks to discuss these matters.

The progression of a surgical hub for the North West will provide greater surgical capacity which will support the Orthopaedic service for day case activity. In 2024, SUH was the only public hospital in Ireland providing same day hip replacement using direct anterior minimally invasive surgical approach, a surgical hub would be significant in expanding access to this service. A business case supporting the implementation of a West and North West Surgical Hub was submitted to HSE in February 2024. Within the business case a greenfield site has been identified as potential development location for a Surgical Hub if this was approved in due course.

Plans are also being progressed for a multi-service block development at SUH which will encompass a wide range of services including a theatre department. Plans for this block, which will encompass a Ward Block, HDU/ICU, Radiology, Paediatric, Maternity/Obs, Theatre Department, ED/AMAU/CDU, are currently at detailed design stage. Strategic Assessment Report/Preliminary Business Case is currently in process of been updated before we can proceed to Stage 2b.

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

W116Q4360	Aware that the Consultant CAMHS ID post in Sligo was filled by an Agency consultant who commenced employment in the service on the 19th of November 2024, and aware that the consultant resigned from the service on the 26th of	Cllr D Bree
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	November when he discovered there was no multidisciplinary team in place to operate the service; can we now be advised (1) as to the number of psychologists, clinical nurse specialists, social workers, occupational therapists, speech and language therapists and administrators that will be required to make up the multidisciplinary team; (2) how many of these posts have been approved and how many, if any, have been filled.	
<p>The National Model of Care for CAMHS-ID outlines the roles of MDT members trained in supporting children with intellectual disabilities and mental disorders. The team includes a Consultant Psychiatrist, health and social care professionals, medical and nursing staff, and administrative support. While not all teams will start with full membership, the national CAMHS ID programme aims to establish baseline teams in all areas, including a Consultant Psychiatrist, Senior Psychologist, Clinical Nurse Specialist, and administrative support. All posts have been submitted for approval, to date no approval has been received.</p> <p>In relation to the Consultant position the PAS advertisement closed on 31st January 2025 with one application received. The post progressed to shortlisting which took place in April 2025, the candidate withdrew from the post at the end of April 2025. We are in the process of getting the post re-advertised.</p> <p><i>J Fitzmaurice, Integrated Health Area Manager, Sligo, Leitrim, South Donegal, West Cavan</i></p>		
W116Q4361	Can the Forum have an up to date report indicating (1) when work is expected to commence on the proposed 42 bed ward block at Sligo University Hospital and when it is expected to be completed; (2) if any decision or commitment has been made regarding the provision of a Surgical Hub at the hospital.	Cllr D Bree
<p><u>42 Bed Medical Block:</u></p> <p>The DCP provides for the development of a 42 bed medical block development, the design for which was approved with associated planning during the Covid 19 pandemic. This development will provide 42 additional bed spaces and additional shell-and-core area for future development of Cardiology CT and Expansion of Day Services.</p> <p>The HSE have entered into contract with the Main Contractor, who are currently working through the submittals process associated with the various works packages. The Contractor is due to mobilise on site in Q3 2025. This will take 24 months approximately to build so an expected completion of Q3 2027.</p> <p><u>Surgical Hub:</u></p> <p>A business case supporting the implementation of a West and North West Surgical Hub was submitted to HSE in February 2024. Under the current programme for Government, it is noted the requirement to “explore the provision of an additional Surgical Hub for the Northwest”.</p> <p>HSE West North West has submitted a business case for consideration at National level, to assist with this decision making process. Also of note, within the business case a greenfield site has been identified as potential development location for a Surgical Hub if this was approved in due course.</p> <p><i>J Fitzmaurice, Integrated Health Area Manager, Sligo, Leitrim, South Donegal, West Cavan</i></p>		
W116Q4362	Aware that the H.S.E.’s National Counselling Service (NCS) accepts self-referrals from people age 18 or older who are former residents of a mother and baby home or who experienced childhood abuse or neglect; can the Forum be advised as to why the Service in the Sligo-Leitrim-Donegal area is now refusing to accept self-referrals and is insisting that people who need the service must be referred to the Service by a G.P or Consultant.	Cllr D Bree
<p>The HSE National Counselling Service (NCS) does not refuse to accept any referrals concerning those affected by the Mother and Baby Homes issue. The NCS provides priority counselling to anyone affected via the Counselling in Primary Care (CIPC) service pathway.</p>		

CIPC is a GP-referral service for medical card holders which provides up to 10 sessions free of charge. For those affected by Mother and Baby Home issues, the medical card restriction is not applied and priority is given on the waiting list, where clinically appropriate.

Self-referrals are accommodated, but the service does recommend to anyone querying access to counselling to use the CIPC service pathway as it is important for the service to have links with the relevant family GP in terms of any wider medical and/or mental health issues arising.

Where someone is already attending Mental Health Services, it is best practice to seek an update from Mental Health as to the Service's ongoing involvement with the client. In complex cases, counselling may only be part of the services required and it is important that the NCS provides input in a collaborative and integrative manner along with Mental Health colleagues so that the client's wider needs are met. Good governance, patient safety and risk management require that HSE services work closely together particularly where significant mental health problems arise.

The NCS offers two distinct counselling service options, including the following:

1. The Counselling in Primary Care (CIPC) service is a dedicated service for mild to moderate issues of recent origin. It offers 8 to 10 sessions for adults with a medical card, who are referred by their GP. CIPC is not suitable for more complex, chronic cases involving a history of difficulties over many years.
2. The Counselling and Psychotherapy for Adults (CaPA) *who experienced childhood abuse or neglect* Service is a bespoke counselling service for adults with a history of abuse, specifically Institutional Abuse, Mother and Baby Homes, etc., as well as familial and extra familial Child Sexual Abuse. CaPA is longer term work offering up to 25 sessions for those with complex needs involving developmental trauma. Many referrals to CaPA come from Adult Mental Health Services and present with co-morbid mental health issues which Mental Health services continue to manage and support in parallel with the NCS's counselling work. CaPA is limited to adults with extensive histories of childhood abuse and developmental trauma.

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

W116Q4363	Following the Mental Health Commission's review highlighting the lack of an on-site crisis unit at Portiuncula Hospital, and with 25% of 2023 self-harm cases involving children under 15, can the HSE confirm what immediate steps are being taken to improve emergency mental health care — including the status of enabling works for the ED expansion and a dedicated children's area due to begin in Q2 2025?	Cllr E F Parsons
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The enabling works for the extension to the Emergency Department is at procurement stage and it envisaged that works will commence in the 3rd Quarter of 2025.

Currently paediatric presentations have a dedicated separate stream from the main Emergency Department with individual cubicles. It is planned to upgrade this area to incorporate a waiting area for parents/guardians during the expansion stage of the Emergency Department.

Under 18s presenting to ED Portiuncula are seen by the CAMHS liaison Advanced Nurse Practitioner during the working week. This nurse is based in GUH and travels to PUH to review. Out of hours young people are seen by the Duty Doctor PUH who liaises with the on call CAMHS team. A new Consultant Child and Adolescent Psychiatrist will take up post in July in GUH who will also cover PUH. We welcome the Child and Youth Mental Health Action Plan which has prioritised CAMHS liaison services and look forward to new development funding to enhance the service.

A Cosgrove, Integrated Health Area Manager, Galway Roscommon

W116Q4364	Could the HSE please provide a comprehensive list and corresponding map of all its properties in Galway Roscommon area currently identified as "surplus" as listed	Cllr E F Parsons
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	on the State Property Register and offered for disposal, in compliance with DPER Circulars 11/2015 and 17/2016 and as reflected in the OPW's Property Mapping Register Viewer?	
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Below is the list of properties in Galway Roscommon that are identified as vacant for disposal.

Galway

1. Aughrim Health Centre, Aughrim, Galway H53 PT02
2. Loughrea Health Centre - Store & Playschool, 60 Main Street, Loughrea, Galway, H62T851
3. Tynagh Former Health Centre, Tynagh, Co. Galway, H62 FX45

Roscommon

4. Former Health Centre, Ballyforan, Co. Roscommon, H53 WV12
5. Renbrack House, Drum Road, Deerpark, Boyle, Co. Roscommon, F52 NH94
6. Former Lissdaly Health Centre, Lisadaly, Lisacul, Castlerea, Co. Roscommon, F45 VR74
7. St Brigid's, Ballinasloe (partial)

N Colleary, Assistant National Director, Capital & Estates

W116Q4365	Can the HSE provide a detailed update on the proposed permanent ambulance base at St. Brigid's Hospital in Ballinasloe, including size, timelines, location, facility specifications, staffing plans, and expected operational start date?	Cllr E F Parsons
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The National Ambulance Service (NAS) have been engaging with the local HSE Capital & Estates Office in reviewing the potential use of lands currently owned by the HSE at St. Brigid's Hospital site in Ballinasloe, Co. Galway.

NAS have indicated the requirement for a new Ambulance Base to replace the current facility in Ballinasloe and this requirement has been included in the lands to be retained by the HSE.

NAS continues to provide College facilities in Ballinasloe from the existing Ballinasloe Enterprise Centre building.

As part of the long-term strategy for the provision of education both regionally and nationally, NAS requires a purpose specific facility in Ballinasloe and will continue to engage with local HSE Capital & Estates Office on available options.

JJ McGowan, Chief Ambulance Officer - West

W116Q4366	With Ballinasloe confirmed as the hub for East Galway & South Roscommon, 50,000 population, can the HSE outline its development plan for the necessary infrastructure to include new Primary Care Centre, Community Care Hub, and Disability Services Accommodation, use of St. Brigid's for mental health and addiction services?	Cllr E F Parsons
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The current proposal is to split this development into two phases. Phase one will provide accommodation for Primary Care and Enhanced Community Care Services in a 4,000m² new capital build on HSE owned land. Phase two will also be a capital build on a HSE site and will include accommodation for Mental Health Services, Disability Services, Older Persons Services, Health & Wellbeing, QSSI, National Ambulance Services and Maintenance.

A Cosgrove, Integrated Health Area Manager, Galway Roscommon

W116Q4367	Could I ask the HSE to confirm progress on elective surgical procedures being carried out in the Galway area. What number of appointments are being offered places privately.	Cllr D Killilea
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Galway University Hospitals:

Please see below table which provides the number of patients who were offered treatment via outsourcing and also the number of patients who accepted treatment via outsourcing.

Year	Active at year end*	Outsourcing – Nationally (Over the year)	Outsourcing in Galway Private hospitals (Over the year)	GUH Activity Inpatient Elective	GUH Activity Day Case Elective
2023	11,253	4,674 Offered treatment 2,660 Accepted Treatment	242 Offered treatment 201 Accepted treatment	36,669	94,952
2024	12,510	4,504 Offered treatment 1,802 Accepted Treatment	857 Offered treatment 539 Accepted treatment	38,201	102,882
				Increase of 7% total elective activity in GUH 2024 v 2023 (All procedures including dialysis, chemo, scopes etc)	

*Active = Patients waiting on a date for surgery, (excludes patients who have been given a date or patients already sent out to the private sector).

Portiuncula University Hospital:

Year	Active at year end*	Outsourcing –Nationally (Over the year)	Outsourcing in Galway Private hospitals 2023 (Over the year)
2023	806	1259 Offered Treatment 274 accepted Treatment	41 Offered Treatment 14 accepted Treatment
2024	1021	1109 Offered Treatment 192 accepted Treatment	7 Offered Treatment 0 Accepted Treatment

Year	PUH IP	PUH DC	Total	Variance from Previous Year
2023	12696	9754	22450	
2024	12901	10136	23037	+2.6%

*Active = Patients waiting on a date for surgery, (excludes patients who have been given a date or patients already sent out to the private sector)

A Cosgrove, Integrated Health Area Manager, Galway Roscommon

W116Q4368	Does the NAS believe that waiting times for calls in the West of Co Galway area are being met especially for Carraroe, Maam Cross, Spiddal and Roundstone areas.	CLlr D Killilea
In line with International Best Practice, the NAS operates a dynamic deployment model which results in the closest ambulance being tasked to respond to high acuity Purple calls (Life Threatening cardiac or respiratory) or Red calls (life threatening illness or injury other than cardiac or respiratory arrest). This call taking and dispatch function is operated by the NAS National Emergency Operations Centre (NEOC) which operates across two sites, Dublin and Ballyshannon. All NAS resources are dispatched to calls across the country from the NEOC on a nearest available (to the incident) basis and not on a county boundary basis.		

Response times per county are not deemed a Key Performance Indicator (KPI) for the Health Information Quality Authority (HIQA), the Department of Health (DoH) or the National Ambulance Service (NAS). Therefore, reporting and publishing of response times on a county-by-county basis is not a requirement. The NAS report monthly on PURPLE calls (Life Threatening cardiac or respiratory) and RED calls (life threatening illness or injury other than cardiac or respiratory arrest) on a regional basis.




The table below details the average percentage of calls that were responded to within 19 minutes for the first three months of 2025 for the HSE West and North-West Region, which covers County Galway. Purple calls are life threatening – cardiac or respiratory arrest. Red calls are Life threatening other than cardiac and respiratory arrest.

	January 2025	February 2025	March 2025
RED	41%	45%	45%
PURPLE	64%	62%	69%

JJ McGowan, Chief Ambulance Officer - West

W116Q4369	Can the HSE confirm the number of beds or wards currently not in use or not being used in Galway Hospitals and why (including day care services or post elective care recovery).	CLlr D Killilea
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Galway University Hospitals:

-  ICU –Staff are in place for 9 of 12 beds in ICU.
-  Cardiothoracic ICU – Staff are in place for 4 of 6 beds in CTICU.
We do not currently have funding to provide staffing resources for these beds. We continue to seek funding for same and recruit for current vacancies.
Whilst previously, national funding was in place to increase Level 3 bed capacity, there were difficulties in sourcing critical care staff with recruitment sought from both a national and international source.
Current Pay funding is based on posts which were in place at December 2023. Development posts and non pay is based on expenditure in our run rate at March 2024. As these funded posts were not filled at the time, we no longer have the funding in our base. We will continue to seek funding through the estimates process and service planning.
We also continue to recruit for current vacancies.
-  Hospital Ground MPUH (4 beds) - Funding has recently been approved to provide staff for these beds and recruitment for same is currently in progress.

Portiuncula University Hospital:

All PUH beds and wards are in use.

A Cosgrove, Integrated Health Area Manager, Galway Roscommon

W116Q4370	With the success of the COPD Virtual Ward at the Errigal CDM Hub in Donegal has the HSE any Plans to increase and mainstream the CARE Virtual Ward and integrate into existing services like Cardiology and Diabetes?	CLlr G McMonagle
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The decision to mainstream the Care Virtual Ward rests with the HSE National team. Currently, all virtual wards across the country are under review, and the findings from this process will guide any potential expansion into areas such as Cardiology and Diabetes.

D Monaghan, Integrated Health Area Manager, Donegal

W116Q4371	Can I have an update and confirmation that LUH has made an application to the HSE to provide funding for a Full Time ANP Post for the Adult Type 1 diabetes service and what has been the HSE response to the Application?	CLlr G McMonagle
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LUH has over the past two years been prioritising the ANP for Adult Type 1 diabetes; a new National ANP funding stream became available in March and LUH has now been informed we will receive funding for one ANP Type 1 diabetes post as this was our number one priority. LUH will now proceed to recruit.

D Monaghan, Integrated Health Area Manager, Donegal

W116Q4372	Does the current multi annual mental health capital plan 2025 confirm funding, enable and allow DMHS to progress need to transition Radharc na Sleibhte Carndonagh from a residential model to a recovery-focused crisis intervention/set down facility and has there been any meaningful engagements with the HSE and the relevant Department Officials around costings to enable the project at Radharc na Sleibhte to progress?	Cllr G McMonagle
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Donegal Mental Health Services have identified the need to transition Radharc na Sleibhte from a residential model to a recovery-focused crisis intervention/ set down facility. A feasibility study was undertaken by HSE Estates to incorporate a 10-bed crisis/step-down and respite facility supported with 24-hour staff cover. This phase was completed in December 2024.

A seven-day outreach service will support those who require it to remain in their own home and integrate with their local community. This is a recovery-based model promoting independence, hope, and choice for all and will be a further development of initiatives such as the wellness café that have been developed over the last few years. We now plan to use part of the building to provide this service.

Included in the plan is a Day Hospital service for more acute short-term service users, which will reduce the number of admissions to the Department of Psychiatry. This will support a number of service users with acute conditions to receive appropriate interventions while continuing to live in their own home. Provision will also be made for the current long term residents.

The design team has completed and presented the initial drawings including floor plans for the

- Outpatients Department, talking therapies, OT kitchen (all a shared space)
- Upstairs (1st floor) is a 10 bedded ensuite facility for service users
- A further section downstairs is for a therapeutic space for our 10 service users including a dining facility.

Meetings were held on Friday the 8th of November 2024 and 23rd January 2025 to update all relevant stakeholders including service user representatives, families, and elected representatives.

HSE Estates have completed the plans and the costings, and have presented them to Donegal Mental Health Services. These were discussed with the IHA Manager on 7th February 2025 and then forwarded as requested to the Head of Service and the General Manager on 13th February 2025 and to the IHA Manager on the 26th February 2025. Both the IHA Manager and the Head of Service have given this project their full support and we continue to await confirmation of the necessary capital funding, prior to our next engagement meeting with relevant stakeholders.

As per National HSE agreed processes, a SHIF Alignment Form has been completed by Donegal Mental Health Management Team. This is an application to National Capital Estates to allocate the requested funding based on the identified need in Carndonagh, Co Donegal.

Donegal Mental Health Services await the capital approval and continue to support the development of Mental Health Services in the Inishowen area.

The timeline for this project is 18 months from date of commencement. The start date will depend on the confirmation of the funding.

D Monaghan, Integrated Health Area Manager, Donegal

W116Q4373	Now that the Minister of Health during her visit to Donegal has said that no decision has been made yet on the sighting of the proposed Surgical Hub for the North West can I get confirmation from LUH that they will make a Business Case for the Surgical Hub to be sighted at LUH and that the HSE will support their Proposal?	Cllr G McMonagle
<p>LUH has identified the need for a stand-alone facility to be developed on the Letterkenny campus to provide ambulatory (non-inpatient) care. The hospital is currently working with HSE Capital & Estates to develop a business case for this development in line with the capital approvals protocols, which would include all of the additional surgical capacity being provided by the proposed surgical hubs being created elsewhere (ie theatres and treatment rooms for day surgery treatments). The Ambulatory Centre will need to provide additional functionality and capacity to meet the needs of County Donegal in the form of additional ambulatory cancer capacity (including much larger Haematology Oncology Day unit) and additional diagnostic facilities. Work has already commenced on the clinical health planning study for LUH and this standalone facility will align with the strategic vision of the follow on Development Control Plan (DCP) for the campus. The hospital will be making every effort to secure the funding to allow it to be delivered.</p> <p><i>D Monaghan, Integrated Health Area Manager, Donegal</i></p>		
W116Q4374	What is the current status of the planned new Community Hospital facility in Lifford?	Cllr G Doherty
<p>The proposed development of the Community Nursing Unit and Primary Care Centre in Lifford Co. Donegal has been included on the Capital Plan 2025 and has been granted capital allocation to progress feasibility and Design.</p> <p>There are ongoing discussions and negotiations with Donegal County Council in relation the purchase of land for the development and the completion of enabling works. The initial stages of the appointing a suitable design team are underway. Once appointed the design process will commence and will follow the appropriate steps for capital and statutory approvals in line with Capital Works Management Framework.</p> <p><i>N Colleary, Assistant National Director, Capital & Estates</i></p>		
W116Q4375	Does the HSE plan to accommodate space for a pharmacy facility in the planned Primary Care building in Lifford?	Cllr G Doherty
<p>There are no current plans to include a pharmacy in the new Primary Care and Community Centre (PCCC).</p> <p><i>D Monaghan, Integrated Health Area Manager, Donegal</i></p>		
W116Q4376	Does the HSE have plans to construct a 'Changing Places' facility in the Buncrana Primary Care Centre?	Cllr G Doherty
<p>A changing places facility was incorporated into the Buncrana PCC development, located within the Accessible WC in the public toilet block at ground floor. The HSE is currently looking at options for a fixed bed and hoist to be installed.</p> <p><i>N Colleary, Assistant National Director, Capital & Estates</i></p>		
W116Q4377	Can the HSE provide a report on the temporary closure of the Buncrana Nursing Unit, including details of how residents, both long-term and short-term respite patients, will be accommodated during the construction phase?	Cllr G Doherty
<p>Buncrana Community Hospital will be undergoing major refurbishment works, commencing June 2025, to enhance the quality of life for residents in the Buncrana catchment area.</p> <p>During the refurbishment period, 11 long-term residents will remain in Buncrana Community Hospital and will be accommodated in the Ash Ward. All short-term patients will be accommodated in Carndonagh Community Hospital for the duration of the refurbishment work, which is expected to take from 12 to 18 months.</p> <p><i>D Monaghan, Integrated Health Area Manager, Donegal</i></p>		

W116Q4378	Has there been any change to protocols in the west of Ireland for managing people with suicidal ideation while awaiting psychiatry assessment.	Cllr M Loftus
<p>In 2016 the National Clinical Programme for the Assessment and Management of Patients who present to the Emergency Department (NCPSE) Model of Care (MOC) was introduced. This MOC was subsequently updated in 2022 and a National Clinical Programme for Self-Harm and Suicide-related Ideation Operational Guidance Document for the Emergency Department Programme was published in January 2024.</p> <p>HSE West & Northwest Community Mental Health Services (Galway, Mayo, Roscommon) follows the National Clinical programme for self-harm and suicide related ideation operational guidance document for the Emergency Department programme.</p> <p>Community Healthcare West welcomes the recommendations for 24/7 senior nurse presence in EDs, from the Acute Mental Healthcare in Hospital EDs in Ireland National Survey, from the Office of the Inspector of Mental Health Service and request that appropriate funding is provided to implement this.</p> <p>As part of NSP 2025 we were delighted to receive 2 SCAN Nursing posts specific for Traveller Health that will be located in Portiuncula Hospital which is the area with the highest rate of self-harm and suicide in the country at present in this particular category.</p> <p>All guidance documents and protocols are contingent on appropriate staffing levels and we will continue to advocate through the estimates process for the additional resources required to fully staff our ED departments to the staffing levels required to fully implement.</p> <p><i>A Cosgrove, Integrated Health Area Manager, Galway Roscommon</i></p>		
W116Q4379	<p>As a result of the ongoing problem at the Orthopaedic theatres in SUH (the leaking roof, capacity and deteriorating building)</p> <p>(a)How many elective surgeries have been postponed as a results of theatre closures due to the leaking roof at the Orthopaedic theatre at SUH (b) Has a formal risk assessment being carried out on the roof and the impact of the continuous leaks on patient care and work activity and what are the results of this assessment?</p> <p>(c)What immediate plans to address these issues (d) is there a long-term plan to build a multi surgical building to include orthopaedic theatre beds and if so what stage are these plans at?</p>	Cllr E McSharry
<p>There were 9 patients who had been scheduled to have their procedures in the first week after the leak. These nine patients were postponed as a result of the leak. These patients will be prioritised for theatre once service is resumed.</p> <p>Immediate actions were carried out by HSE Maintenance team week after Easter break following water leak on Good Friday from Orthopaedic Theatre roof. HSE Maintenance team identified water ponding on roof after heavy rainfall. HSE maintenance appointed a Roofing Contractor to install drainage channels within existing roof build up to take excess water to gully outlets. This work was completed week ending 9th May. The Roofing contractor also identified other potential water ingress points at junction of plant room louvres and roof upstands. Additional screening has been installed on the plant room wall to divert water away from the upstand to the outside.</p> <p>In the medium term HSE Estates are progressing with detailed design for the replacement of the existing roof over Orthopaedic theatres with a new bituminous waterproofing membrane on 200mm PIR insulation which will significantly improve the U value of the existing roof and waterproofing. This project will be funded through the SUH Pathfinder project which is currently on the capital plan. Full design team is appointed and are currently working on tender package for this section of the roof. These works should begin late Q3 2025 and be completed by end of 2025. Part of the brief for the SUH pathfinder project will involve review of building envelope and mechanical ventilation systems. Recommendations will include replacement of windows and facades to existing 1960 block and upgrade of mechanical ventilation systems. It would be our intention to progress with these proposals in 2026.</p>		

As part of the wider issues raised in relation to current constraints in Orthopaedic theatres, an architect is currently appointed to carry out a feasibility study on various options available to improve some infrastructure concerns. These options will consider extension on roof of Orthopaedics ward to provide additional accommodation, provide additional modular storage in close proximity and directly connected to orthopaedic theatres and look at reconfiguration of existing space, new standalone purpose built Orthopaedic Surgical Wing. Completion of this report will take approximately 2 months. A project team will work with Estates to input this feasibility study.

The progression of a surgical hub for the North West will provide greater surgical capacity which will support the Orthopaedic service for day case activity. In 2024, SUH was the only public hospital in Ireland providing same day hip replacement using direct anterior minimally invasive surgical approach, a surgical hub would be significant in expanding access to this service. A business case supporting the implementation of a West and North West Surgical Hub was updated in April and is now at the final stage of consideration by HSE before being submitted to the Dept of Health. Within the business case a greenfield site has been identified as potential development location for a Surgical Hub if this was approved in due course.

Plans are also being progressed for a multi-service block development at SUH which will encompass a wide range of services including a theatre department. Plans for this block, which will encompass a Ward Block, HDU/ICU, Radiology, Paediatric, Maternity/Obs, Theatre Department, ED/AMAU/CDU, are currently at detailed design stage. These specialties reflect the main priorities for development as identified in the DCP brief.

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

W116Q4380	How long are is the waiting time for diagnostic tests for the following diagnostic tests for outpatients at SUH 1. Ct Scan 2. MRI 3. ultrasound	Cllr E McSharry
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Please see below waiting times for Outpatient Diagnostics:

	CT	MRI	US
Urgent OP	2 weeks	3 weeks	2 weeks
Semi urgent OP	6 weeks	6 weeks	6 weeks
Routine OP	15 months	26 months	13 months

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

W116Q4381	Are there plans to upgrade the maternity suite at Sligo university so each existing birthing /labour suite has a private ensuite toilet?	Cllr E McSharry
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Funding was only secured in recent weeks. The SUH team are currently coordinating with the estates team to finalise plans for the tendering process. The planned upgrade will involve modernising the existing infrastructure, which will include painting, redesigning the room, installing mood lighting, and adding Bluetooth capabilities, among other improvements.

Due to the limited size of the current maternity area, it is currently not feasible to provide a private ensuite toilet for every labour suite.

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

W116Q4382	Has an audit been done on the usage of the new home from home delivery suite - The Suaimehneas Room. What is the usage of this room and have any evaluation surveys been done on patient satisfaction with it?	Cllr E McSharry
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The HSE as recommended in the National Maternity Strategy, has a number of care pathways in place for women accessing maternity services. These care pathways, namely the supported, assisted and specialised care pathway, have been developed and designed to meet the needs of women, taking into account the level of clinical risk that may be associated with the health and wellbeing of the mother and her unborn child during the pregnancy and birth. The HSE also has in place a HSE Homebirth Service which is delivered by qualified midwives in the community and overseen by the relevant maternity services.

At present, no formal audit on the use of the Suaimhneas Room has been undertaken. The room, including the pool for water immersion, was opened on the July 31st 2023 and the suite is in active use by maternity services in the hospital.

Decisions around a mother's suitability to safely use the birthing pool are determined in line with SUH Clinical Practice Guideline for Water Immersion/Hydrotherapy in the birthing pool. The safety and well-being of the mother and their unborn child are central to all clinical determinations and criteria applied in this regard. Furthermore, some women may begin their labour in this room but may require transfer to a birthing suite if their risk status changes. As a result, the room is used by more women than those who ultimately give birth in it.

It is important to note that not all women will meet the criteria or indeed wish to use the room.

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

W116Q4383	I will ask for an update on the proposed new regional ambulance base in Limerick including location of same and long-term plans for the current ambulance base across from UHL.	Clr E O'Donovan
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The location of the new NAS HSE MW Regional Ambulance base is just off the Rosbrien entrance to the Limerick Southern Ring road at the end of the R526. A specific set of Co-Ordinates for the site is: 52.643872, -8.621580. The building does not have an Eircode identifier yet.

Niall Murray, General Manager Area Operations, NAS

Construction works commenced on site at the start of February 2025 and works are currently ongoing. It is intended that the building will be ready of occupancy by the National Ambulance Service before the end of Q4 2026. The specific long term plans for the current ambulance base site are not yet confirmed. The intention is that the site will be used to support the operations of the UHL campus across the road from the site. The HSE has noted the concerns of local residents regarding the impact of any new build on the ambulance site and would advise that there are no immediate plans for additional builds on that site.

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

W116Q4384	I will ask for an update on the specialist CAMHS hub for the treatment of eating disorders in CHO and pathway of care for people who turn 18 within this service as eating disorders is typically a life-long chronic condition.	Clr E O'Donovan
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The Minister for Mental Health, Mary Butler has announced an eating disorder team for the HSE Mid West, funded under Budget 2025. The commencement of the team in the Mid West is part of the nationwide rollout of the HSE's national clinical programme on eating disorders.

The following posts have been approved for the team:

Consultant child & adolescent psychiatrist	1 WTE
Senior dietician	1 WTE
Senior clinical psychologist	1 WTE
Clinical nurse specialist	1 WTE
Senior social worker	1 WTE
Administration (Grade IV)	1 WTE
Advanced nurse practitioner	1 WTE

We have established a working group and are engaging with the national clinical programme on the development of this specialist team for the Mid West. Primary notifications have been received this month and the recruitment process is commencing.

Maria Bridgeman, IHA Manager, HSE Mid West

W116Q4385	I will ask for an update on paediatric Speech and Language Therapy Services for King's Island Primary Care Centre and current waiting list for same.	Cllr E O'Donovan
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The staff grade paediatric speech and language therapist post in King's Island became vacant in January 2024.

The vacant position was subsequently approved and following a successful recruitment campaign, the post has been offered out and accepted. The speech and language therapist commenced in the post in King's Island on the 28th April 2025.

A number of interim contingency measures were put in place to support paediatric speech and language therapy services at the primary care centre in King's Island over the period in question.

- The community healthcare network manager and speech and language therapy manager continued to monitor service provision.
- All new paediatric speech and language therapy referrals received by the primary care team were triaged by senior speech and language therapists within the North Limerick City Network.
- Urgent referrals were escalated and speech and language therapy supports/interventions arranged.
- A level of service was provided for the King's Island paediatric caseload based on risk assessment until the post could be filled permanently.

The current paediatric speech and language therapy caseload in King's Island is broken down as follows:

No. of children awaiting initial SLT assessment	48
No. of children awaiting further SLT intervention	43
No. of children currently accessing SLT intervention	9
No. of children who are open inactive (i.e. child is currently unable to receive intervention e.g. medically unwell or awaiting a medical/surgical procedure, intervention will commence post surgery)	6
Total Paediatric caseload in Kings Island	106

Maria Bridgeman, IHA Manager, HSE Mid West

W116Q4386		
W116Q4387	Can we get a breakdown of staffing under mental health services including CAMHS in the Midwest region? How many children are currently in TV the CAMHS service in the Midwest?	Cllr J Ryan

The HSE Mid West CAMHS service is delivered across seven CAMHS community teams. CAMHS provide specialist mental health services to children and young people with moderate to severe mental health needs.

Reducing overall waiting times for CAMHS continues to be a key priority for Mid West Mental Health Services, and we have progressed a number of additional posts through the HR process to strengthen CAMHS teams across the Mid-West.

There are now 123.5 funded posts within the CAMHS service in the Mid West (inclusive of new development posts allocated to CAMHS in 2025).

There are currently 34 vacant posts within the service, all of which are currently approved and going through a recruitment process.

Additional staffing within Mid West CAMHS in recent years have supported a number of improvements, including:

- Waiting lists reduction.
- CAMHS Hub now fully operational.
- Child MHID (intellectual disability) operational with additional resources identify to enhance service capacity.

- Primary notifications received for Paediatric Liaison Team
- Primary notifications received for CAMHS Eating Disorder Team
- CAMHS Day Hospital planning permission obtained.
- Social Farming pilot – successful in North Tipperary and now approved for all CAMHS teams.

See below a breakdown of staff within the seven CAMHS teams and regional services

HSE MW CAMHS Staffing	Posts per discipline
CAMHS Consultants	16
NCHD Posts	13
Nursing	27
Social Workers	17
Psychologists	16.5
Occupational Therapists	8
Speech & Language Therapists	7
Dietitian (Snr)	1
Social Care Workers	2
Admin /Medical Secretaries	16
Total Staffing	123.5 posts

The current caseload for each of the MW CAMHS team is as follows:

1. Central Limerick CAMHS Team

Open caseload: 198

2. East Limerick CAMHS Team

Open caseload: 249

3. West Limerick CAMHS Team

Open caseload: 180

4. North Tipperary West CAMHS Team

Open caseload: 195

5. North Tipperary East CAMHS Team

Open caseload: 204

6. West Clare CAMHS Team

- Open caseload: 160

7. East Clare CAMHS Team

- Open caseload: 167

8. CAMHS ID (intellectual disability)

Open caseload: 26

CAMHS Hub – Emergency referrals

The total caseload for MW CAMHS is:

1,379 Children and Young People

Maria Bridgeman, IHA Manager, HSE Mid West

W116Q4388	How many beds in the acute mental health unit in ennis and what was the occupancy of the unit in 2024?	Cllr J Ryan																										
<p>The Ennis Acute Psychiatric Unit is registered for 39 beds With 14,135 inpatient days of care and 14,274 bed days available, the bed occupancy rate was 99% for 2024.</p> <p>Maria Bridgeman, IHA Manager, HSE Mid West</p>																												
W116Q4389	Does the HSE record how many patients presenting at EDs with a mental health crisis and if so could we get a figure for the 2024 calendar year?	Cllr J Ryan																										
<p>HSE Mid West Mental Health Services provides a 24-hour crisis liaison service at the Emergency Department (ED) at UHL. This service is provided by a specialist team that includes nursing, non-consultant hospital doctors and a consultant psychiatrist.</p> <p>People who present to the ED are triaged and, if required, are referred to the ED crisis liaison service for assessment. The ED crisis liaison team refers patients directly to the community mental health services, acute inpatient units or other community services as appropriate to their assessed need.</p> <p>Presentations to ED assessed by the mental health services in ED are captured on the IT system EPEX.</p> <p>The table below shows the amount of people who presented to ED and were assessed there by the mental health services in 2024</p> <table><tr><td>January</td><td>216</td></tr><tr><td>February</td><td>205</td></tr><tr><td>March</td><td>238</td></tr><tr><td>April</td><td>212</td></tr><tr><td>May</td><td>261</td></tr><tr><td>June</td><td>203</td></tr><tr><td>July</td><td>206</td></tr><tr><td>August</td><td>210</td></tr><tr><td>September</td><td>174</td></tr><tr><td>October</td><td>235</td></tr><tr><td>November</td><td>184</td></tr><tr><td>December</td><td>181</td></tr><tr><td>Total</td><td>2,525</td></tr></table>			January	216	February	205	March	238	April	212	May	261	June	203	July	206	August	210	September	174	October	235	November	184	December	181	Total	2,525
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<p>Maria Bridgeman, IHA Manager, HSE Mid West</p>																												
W116Q4390	Is there an HSE employed advocate for cancer patients in Clare.	Cllr Baker Bashua																										
<p>There is no HSE employed advocate specifically for cancer patients at University Hospital Limerick (UHL).</p> <p>The UHL Patient Advocacy and Liaison Service (PALS) team support all patients in UHL including cancer patients. PALS work with patients and their families to improve the patient experience.</p> <p>The Irish Cancer Society also has a base at University Hospital Limerick and work with cancer patients and their families as advocates making sure they receive the best care and support during and after their cancer treatment.</p> <p>I Carter, CEO Mid West Acute and Older People Services, HSE Mid West</p>																												
W116Q4391	How many patients from County Clare were admitted to GUH in February 2025 All discharged patients are admitted first so can you clarify what you mean by 59 admitted patients and 95 discharged	Cllr Baker Bashua																										
<p>A total of 6,575 Patients attended the Emergency Department in February 2025.</p>																												

170 of these patients had an address from County Clare.

59 of these patients were further admitted, to a bed on a ward.

95 of these patients did not require admission to a bed on a ward and were discharged from the ED on the same day.

Please note for the remaining presentations to ED (16), the admitted/discharge time may be later (>24 hours) for reporting purposes or the patient may not have waited to be seen.

A Cosgrove, Integrated Health Area Manager, Galway Roscommon

W116Q4392	How many people are availing of home care packages via the HSE in the Midwest region & how many home care hours are covered via these packages	Cllr Baker Bashua
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Disability Services

The home care service for people with disabilities in the Mid West is delivered through the provision of personal assistant (PA) hours and home support hours. The service is delivered in the main by agencies/private providers, on behalf of the HSE, with a small number of hours delivered by HSE healthcare support assistants.

1,130 disability client in the Mid West received a total of 732,587 PA and home support hours in 2024 comprising:

- 396,559 PA hours delivered to 485 clients.
- 336,028 home support hours delivered to 645 clients.

There are currently 50 people waiting for services totalling 593 hours.

Please note the key reason for these unfilled hours is due to significant staff deficits, difficulties with recruitment in specific geographical areas.

We continue to be challenged on the availability of carers in this sector. HSE disability services engage with the agency providers on a weekly basis to support the recruitment of new carers across the MidWest.

The breakdown per county is as follows:

Clare

In Clare, 268,091 hours were delivered in 2024, representing 37% of the total hours delivered across the Mid West. 287 people with a disability are in receipt of this home-based service.

22 people are waiting for services waiting (295 hours)

North Tipperary

In North Tipperary, 237,361 hours were delivered in 2024, also 32% of the total hours delivered in the Mid West. 567 clients are in receipt of the services.

20 people are waiting for services (240 hours)

Limerick

In Limerick, 227,135 hours were delivered to 274 people in 2024, representing 31% of the total hours delivered.

8 people are waiting for services (58 hours).

Please note the key reason for these unfilled hours is due to significant staff deficits, difficulties with recruitment in specific geographical areas.

We continue to be challenged on the availability of carers in this sector. HSE disability services engage with the agency providers on a weekly basis to support the recruitment of new carers across the Mid West.

Maria Bridgeman, IHA Manager for Limerick City and North Tipperary

Older Persons

Home support for older persons is provided in the Mid West through a mixture of direct provision (directly employed healthcare support assistants or HCSAs) and indirect direct provision (private providers).

	Clients March 2025	Hours March 2025
Clare	1,734	56,316
Limerick	1,864	58,842
North Tipp	1,767	48,200
Total	5,365	163,358

	Clients Waiting March 2025
Clare	326
Limerick	290
North Tipp	147
Total	763

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

W116Q4393	Have staff in the EDs across the western region received any formal training in the identification of patients who may be victims of domestic/sexual or gender based violence	ClIr Baker Bashua
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All medical staff in the Emergency Department (ED) at University Hospital Limerick (UHL) receive training on patterns of injury in adults and children which may indicate non-accidental injury.

A baseline understanding is also provided to all nurses during their induction.

The National Sexual Assault Unit also run an online course for all staff which is available on the HSE's online learning and development portal HSEland.

It is envisaged that all nursing staff in the ED will have this course completed by the end of 2025.

In addition, Adapt House run two training sessions every year in UHL for ED staff.

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

Galway University Hospitals:

The Emergency Department Clinicians have undergone formal teaching on awareness of domestic and sexual violence which included a formal teaching session provided to all Emergency Department NCHDs provided by the Galway Sexual Assault Treatment Unit Consultant.

Emergency Department Nursing staff would not have received formal training however they do undergo Manchester Triage System training which includes assessing patients who may have been assaulted.

Portiuncula University Hospital:

While Emergency Department staff have received no formal training for domestic/sexual or gender based violence - staff engage appropriately in relation to any issues or concerns identified with Social Workers, Gardai, the Sexual Assault Treatment Unit and Tusla.

A Nurse from the Sexual Assault Unit in Galway is scheduled to provide an education session for Emergency Department staff in the coming weeks.

A Cosgrove, Integrated Health Area Manager, Galway Roscommon

Mayo University Hospital:

At present, staff in Mayo University Hospital Emergency Department have not undertaken any formal or specialist training specifically focused on the identification of patients who may be victims of domestic, sexual, or gender-based violence. However, general clinical experience and existing protocols support the recognition and management of vulnerable patients. While there is no structured, dedicated training program specifically for this area at present, staff are guided by established procedures and their clinical judgment in identifying and responding to these cases.

M Warde, Integrated Health Area Manager, Mayo

W116Q4394	Joe and Helen O'Toole Community Nursing Home, Tuam. In relation to the care respite services that have been paused, can you please confirm the date they will recommence. I have previously been told that the end of June 2025 is the resumption date.	Cllr S Cunniffe
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It is planned to re-commence the Day Care Centre services on Tuesday 3rd June, 2025 in the Joe & Helen O'Toole Community Nursing Unit (CNU).

A Cosgrove, Integrated Health Area Manager, Galway Roscommon

W116Q4395	What is the current wait time for first and review dermatology appointments in all hospitals across the region, and what level of staffing is provided in each hospital? How many people are waiting on appointments? How many dermatology clinics are run in each hospital on a weekly basis? What is hospital management doing to drive down these wait times in each hospital?	Cllr D Meehan
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Dermatology	GUH	LUH	MUH	PUH	SUH	
Wait time for first appointment by month.	15.4	5.9	16.6	4.3	15.1	
Wait time for review appointment	No waiting list for review appointments patients are scheduled as per review times determined by the Consultant					
Number and grade of staff	6.5 consultants – 2 Specialists 4 Registrars 1 SHO – 4 GP's attend clinics Nursing 5.3 wte	Nursing 4 WTE			1 consultant 1 Specialist Registrar 1 SHO. 2 GP's attend clinics. Nursing 4.5 wte	
Total wait list	3,840	1,083	661	236	2,794	
Number of clinics	18 clinics per week.	LUH patients attend 1 clinic per week in SUH	2 GUH Consultants hold clinics in MUH – 1 per week.	3 GUH Consultants hold clinics in PUH - Clinics on the 1 st 2 nd & 4 th weeks	3 clinics per week 1 LUH clinic	
What is being done to reduce waiting lists?	<p>GUH. We have been utilising outsourcing and insourcing opportunities available to us to try and reduce the number of patients waiting to be seen in Dermatology. Several hundred patients accepted the opportunity for assessment and treatment through All View and several hundred more through the Bons in Tralee (appointments were made available locally so update rates were relatively good.</p> <p>We have also run a number of in-house additional clinics out of hours in the evenings and weekends to try and reduce the numbers of patients waiting. There has been relatively</p>					

	<p>low numbers seen to date however if we are able to continue with these additional clinics we would hope to see the numbers increase.</p> <p>Dermatology is fully embedded in the National Validation Unit process which means all patients waiting are validated at least once a year, making sure that the waiting lists are as up-to-date an accurate as possible and capacity is focussed on the patients who require to be seen.</p> <p>As part of the waiting list action plan we have recently been allocated funding under Access to Care for the purchase of equipment to allow for additional OPD/diagnostic appointments.</p> <p>LUH. LUH in conjunction with Access to Care have outsourced a number of patients in 2024 and in 2025 have obtained funding from the NTPF to support additional in-house initiative sessions.</p>
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*Total Outpatient Attendances for the Region - 2,242 new and 5437 Review – Overall Total = 7679 for the period - 2025 YTD.

*A review of Dermatology Services for West North West Region is being carried by the Medicine MCAN.

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

W116Q4396	What is the current wait time for first and review audiology appointments in all hospitals across the region, and what level of staffing is provided in each hospital? How many people are waiting on appointments? How many audiology clinics are run in each hospital on a weekly basis for adults and children? What is hospital management doing to drive down these wait times in each hospital?	Cllr D Meehan
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Audiology assessments within the acute hospital settings are carried out as part of the ENT service (Ear, Nose, Throat), when a patient is seen at the ENT clinic they are triaged, and if audiology assessment is required it is generally carried out on the same day as the ENT appointment.

Galway University Hospitals:

Audiology in UHG run directly with ENT clinics and as such we don't run our own clinics or have a waiting list. The only patients we see out of ENT clinics come from Roscommon and Castlebar ENT clinics and the wait time for Audiology is approx 1 month for these.

UNHSP are our only direct referrals and are seen within a month as per NHSP guidelines.

Portiuncula University Hospital:

Not relevant to this site as we do not have the service.

Roscommon University Hospital:

There are no Audiology Clinics or service at RUH. We do not have any Audiologists employed at RUH.

RUH has an ENT outreach OP service x 2 times per month. I understand that any referrals from that clinic for an Audiologist is made by the Consultant to some of the other hospitals.

A Cosgrove, Integrated Health Area Manager, Galway Roscommon

Mayo University Hospital:

Audiology clinics are not run in Mayo University Hospital but are in the Community.

M Warde, Integrated Health Area Manager, Mayo

Sligo University Hospital:

The Audiology Department in SUH currently does not have an adult wait time, as they are booked in as soon as the referral is received for hearing testing. Although there is no waiting list, paediatric and vestibular patients are booked in 3 to 4 weeks in advance. The paediatric wait is due to inadequate infrastructure for testing and the wait time for vestibular testing is due to lack of clinical space. Pending assessment findings, there is no wait period for review appointments for adult testing, with a 2-3 week waiting period for paediatric and vestibular reviews. Auditory Brainstem Response (ABR) / Auditory Steady State Response (ASSR) testing patients do not have an Audiology wait time, but depend on the ENT consultants' theatre schedule.

There are 7 audiology clinics in total per week.

To drive down the wait times in Audiology, the clinic schedules were formalised and centrally booked. Each Audiologist is responsible for their clinics to ensure that all referrals are followed up with a first appointment and a review appointment. New equipment was procured which reduces the time it takes to conduct testing.

The staffing in the Audiology Department is as follows:

Audiology	
Grade	WTE
Senior Audiologist	3
Chief Audiometrician	1
Total	4

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

Letterkenny University Hospital:

Audiology in LUH run directly with ENT clinics and as such we don't run our own clinics or have a dedicated audiology waiting list. Patients referred for audiology are booked in as soon as the referral is received for hearing testing.

D Monaghan, Integrated Health Area Manager, Donegal

W116Q4397	Is it possible to facilitate the bus which travels to Galway from Donegal for patients' appointments to make a stop at Sligo University Hospital? If there is insufficient capacity for this to happen, will the HSE consider providing a Letterkenny-Sligo service similar to the Letterkenny-Galway service, so that patients who have to travel to Sligo for appointments might be accommodated?	CIlr D Meehan
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In August 2024, Letterkenny University Hospital with the assistance of The Friends of Letterkenny University Hospital commenced a new patient transport service for patients who need to travel to Galway for appointments or treatment. The service runs 3 days per week, Monday, Tuesday & Wednesday.

- Depart Letterkenny University Hospital @ 6.30am
- On request stops at Ballybofey Bus stop (beside McElehinneys) @7am
- Stop at Supermacs Donegal Town @ 7.25am
- Comfort break – mid way
- Arrive in Galway at approximately 10.45am
- Depart Galway @ 4pm (or earlier if all passengers onboard)

There is no charge, and patients along with one carer / companion can travel for free. The bus is wheelchair accessible. Please note that SUH have access to a daily bus service which leaves SUH to travel to Galway.

We will consider the position with regards to additional transport arrangements for drop offs in Sligo, taking account of logistical opportunities and challenges.

D Monaghan, Integrated Health Area Manager, Donegal

W116Q4398	Since my question regarding cancer treatment times in Letterkenny University Hospital in February, what measures have been taken by hospital management to improve KPIs regarding treatment commencement? Since the working group has been established has there been any improvement?	Cllr D Meehan
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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.

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.

It has resulted in significant improvements in the KPIs in Q1 of 2025. In both March and April 2025 79% of patients received their SACT within the KPI, personal choice and medical reasons accounted for the outliers.

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

D Monaghan, Integrated Health Area Manager, Donegal

W116Q4399	Nursing unions have recently stated that medical personnel are regularly the victims of assaults in our hospitals and they have called for extra security staff to be hired to ensure they are protected. It has been reported this week that up to 12 nurses are assaulted each day, in our hospitals. One in five nurses state they have experienced physical violence in the workplace. Many doctors have been victims of assault in hospitals. Are there plans in place to directly employ Security Staff and train them to the highest standards so that they are equipped to protect patients and medical personnel from the every increasing levels of violence in our hospitals?	Cllr E Mannion
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Galway University Hospitals:

There is a HSE campaign in progress to recruit Security Officers to fill vacant posts in Galway University Hospitals. Interviews will be held on 20/05/25 and 21/05/25. It is the intention to create a panel so that any future vacancies which may arise, can be filled.

All HSE Security Staff are trained in Therapeutic Management of Violence (TMV).

Nursing staff also undertake 'Management of Violence and Aggression' training within six months of employment. This is available via the HSE Learning & Development training site.

Security officers are present 24/7 on the GUH grounds with panic alarms available in some areas such as the Emergency Department for staff. Staff are advised Inform security personnel of concerns relating to staff/ patient safety. GUH operates a zero tolerance policy and any threatening behaviour or physical abuse will be reported to Gardaí. Signage is in place throughout the Hospital Departments to inform the public that violence is not tolerated.

GUH maintains a close working relationship with An Garda Síochána e.g. the Hospital Watch Committee where incidents are discussed and risk management measures recommended and implemented.

Portiuncula University Hospital:

Portiuncula University Hospital has 24/7 security staff employed on the hospital site and they are based in the Emergency Department.

We have recently upgraded our emergency response personal alarm system and these alarms are available to staff in high risk areas such as the Emergency Department, Ward Areas and for lone workers. This system, when activated, alerts security, portering staff, nursing staff in the relevant area and the site operational nurse manager all who respond immediately to the situation.

All frontline staff in the Emergency Department all clinical areas are offered Crisis Intervention Protection training (MAPA) and there has been good uptake of this training since its implementation 3 years ago.

A Cosgrove, Integrated Health Area Manager, Galway Roscommon

W116Q4400	How many Social Workers are employed by HSE West? How many are employed in Connemara? Are there vacancies at present?	Cllr E Mannion
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Please see below latest data in relation to employment of Social Workers and vacancies in response to the above question.

- **Number of WTE Social Workers employed by HSE West Community (Mayo, Galway, Roscommon)**

Staff Category	Grade	Census WTE APR 2025
Health & Social Care Professionals	Social Worker	21.98
	Social Worker, Senior Medical	22.67
	Social Worker, Psychiatric Senior	11.56
	Social Worker, Principal	10.80
	Social Worker, Medical	0.96
	Social Work Practitioner, Senior	4.00
	Social Worker, Team Leader	10.15
	Social Worker, Psychiatric	1.00
Overall Result		83.12

- Number of WTE Social Workers employed by HSE Hospital Services (Mayo, Galway, Roscommon)

Hosp/LHO/Net		Census WTE APR 2025
Galway University Hospital	Social Worker, Senior Medical	12.17
	Social Worker, Principal	1.00
	Social Worker, Medical	20.18
	Social Work Practitioner, Senior	0.89
Total		34.24
Portiuncula University Hospital	Social Worker, Senior Medical	1.91
	Social Worker, Principal	1.00
	Social Worker, Medical	2.23
Total		5.14
Roscommon University Hospital	Social Worker, Senior Medical	1.20
	Social Worker, Medical	1.00
Total		2.20

- Number of WTE Social Workers employed in Connemara Community Services

Staff Category	Grade	Census WTE APR 2025
Health & Social Care Professionals	Social Worker	3
	Social Worker, Senior Medical	1
Overall Result		4

There are currently 12 approved vacancies for Social Workers (7 of which are at Social Worker grade and 5 at Social Worker Principal and Senior Medical grades) in Community Services across the HSE West region (Galway, Mayo and Roscommon).

There are currently 2 approved vacancies for Social Worker, Medical in Galway University Hospital. There is one upcoming vacancy arising from a retirement in Portiuncula University Hospital.

Recruitment efforts are underway and continuing in an effort to fill these vacancies.

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

W116Q4401	A person presenting to A & E with mental health issues are treated the same as a person presenting with a physical health issue. Why should persons who present with a mental health issue have to go through the Emergency Department rather than a dedicated Mental Health Unit? Are there plans in place to change this practice?	Cllr E Mannion
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In general, emergency departments (EDs) prioritise and treat the most unwell patients and those with life-threatening illnesses first. For people presenting at an emergency department when in crisis, following self-harm or with suicidal ideation, all such presentations will follow the emergency care pathway.

In relation to persons presenting to A&E with Mental Health issues it is imperative that peoples physical as well as mental health state are assessed and triaged before being admitted to the appropriate Unit. People presenting with Self Harm or

suspected overdose for example, need to have their physical needs addressed in a general hospital setting before potentially being admitted to an Acute Inpatient Unit for further treatment.

Some people who present to an ED may be known by community mental health services and there may be enhanced coordination and care planning between ED staff and both inpatient and outpatient mental health services required.

Liaison mental health services (LMHS) provide a specialist service for individuals attending EDs in a crisis and is available to all age groups. LMHS manage ED presentations which occur in areas overlapping mental and physical healthcare.

In 2016 the National Clinical Programme for the Assessment and Management of Patients who present to the Emergency Department (NCPSH) Model of Care (MOC) was introduced. This MOC was subsequently updated in 2022 and a National Clinical Programme for Self-Harm and Suicide-related Ideation Operational Guidance Document for the Emergency Department Programme was published in January 2024.

HSE West & Northwest Community Mental Health Services (Galway, Mayo, Roscommon) follows the National Clinical programme for self-harm and suicide related ideation operational guidance document for the Emergency Department programme.

Community Healthcare West welcomes the recommendations for 24/7 senior nurse presence in EDs, from the Acute Mental Healthcare in Hospital EDs in Ireland National Survey, from the Office of the Inspector of Mental Health Service and request that appropriate funding is provided to implement this.

As part of NSP 2025 we were delighted to receive 2 SCAN Nursing posts specific for Traveller Health that will be located in Portiuncula Hospital which is the area with the highest rate of self-harm and suicide in the country at present in this particular category.

All guidance documents and protocols are contingent on appropriate staffing levels and we will continue to advocate through the estimates process for the additional resources required to fully staff our ED departments to the staffing levels required to fully implement.

The Mental Health Commission report also highlights the need for timely access to CAMHs at all times for children attending the ED with a mental health crisis and a key focus of the 2024-2027 Child & Youth Mental Health Action Plan is the development of Child & Youth Integrated Crisis Response Pathway including the development of CAMHS liaison services nationally, that will allow young people experiencing a mental health crisis access to care 24/7

A Cosgrove, Integrated Health Area Manager, Galway Roscommon

W116Q4402	When the Recess Ambulance base comes into operation will there be an increased ambulance service for North Connemara?	Cllr E Mannion
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The increase in ambulance service provision in North Connemara has already been implemented. Since December 2020, an additional Emergency Ambulance (EA) and Rapid Response Vehicle (RRV) have been operating in the region, based out of Clifden. This arrangement serves as a temporary measure pending the availability of suitable facilities in Recess.

The permanent location for these resources is intended to be Recess; however, progress has been delayed due to challenges in securing an appropriate building and associated planning issues. Once Recess facilities become operational, both the EA and RRV will be permanently stationed in Recess to ensure enhanced emergency medical coverage for the area.

JJ McGowan, Chief Ambulance Officer - West

W116Q4403	How many children in Mayo applied for a place in the existing Speech and Language Unit in Castlebar and Ballina but did not secure a place in 2024, 2023 and 2022. How were these children's needs meet?	Cllr A Gallagher
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Please see below the number of children who did not secure a place:

	Castlebar	Ballina
2022	7	4
2023	4	4
2024	5	3

Children who do not secure a place in the language classes are seen by SLT in their local Primary Care Centre. These children are categorised as high priority. They receive blocks of therapy, and the SLT liaises with the school to ensure that SLT goals are aligned with the curriculum.

M Warde, Integrated Health Area Manager, Mayo

W116Q4404	Given the challenges faced by families in East Mayo whose children have Speech and Language difficulties, including lengthy travel times to the Speech and Language units in Castlebar and Ballina and the need for many parents to sacrifice their jobs, what measures are being considered by the HSE to alleviate the pressure on existing units, ensuring that children in East Mayo have equitable access to vital speech and language services’.	Cllr A Gallagher
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The Language Classes are run by the Department of Education and Youth. The HSE funds the SLT posts that provide a service to the children in the language classes. The Department of Education and Youth provides a transport service to children in language classes, so that parents do not need to travel long distances to drop their child to school.

M Warde, Integrated Health Area Manager, Mayo

W116Q4405	Please provide me with an update of building progress of Ballyhaunis Primary Health Care Centre, what works have to be completed and when now is the expected completion date?	Cllr A Gallagher
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All main structural works and underground civil works from the building have been completed. Mechanical & electrical works are sufficiently advanced to allow ceilings to be installed with finishes to follow. External works will be completed following exit of heavy machinery and external painting will follow. It is anticipated that practical completion will be achieved mid to late Q3 2025 with handover to the HSE following agreement/snagging. HSE occupancy is expected in mid Q4 2025 following installation of equipment.

N Colleary, Assistant National Director, Capital & Estates

W116Q4406	Given the shortage of dentists serving the needs of medical card holders in East Mayo, will there be a dentist located in Ballyhaunis Primary Health Care Centre and how are these needs currently being addressed	Cllr A Gallagher
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The Dental Service to the school going population of eligible children in Ballyhaunis will recommence when the new Primary Care Centre is open.

With regard to Medical Card holders in the region; joining the scheme is optional, however the online approval system shows that contractors in Mayo are seeing Medical Card patients for treatment. Some Medical Card holders have opted to travel outside of the county to access Dental Services where there are more contractors available. Following approval by the Minister, the HSE introduced a package of interim measures in May 2022 to support the scheme, which resulted in fee increases and the expansion of treatments available i.e. reintroduction of Scale and Polish. There were significant fee increases of up to 60% in some treatment items including restorations, routine extractions and dentures. These measures are intended to help address the immediate problem of access to services for medical card holders.

The HSE’s expenditure on the DTSS rose from €39,595,484 in 2021 to €49,437,639 in 2022 and to €64,792,282 in 2023. Last year in 2024, the expenditure was €69,317,246. It is also worth noting that a review of the DTSS will be carried out as part of the phased implementation of the National Oral Health Policy, ‘Smile agus Sláinte’. This root-and branch review, in line with the National Oral Health Policy, will examine all aspects of the Scheme, including fees and allocated budget, which one hopes will attract others to join the scheme in the future.

M Warde, Integrated Health Area Manager, Mayo

W116Q4407	Can we have updated report on the proposals for additional respite facilities for Donegal?	Clr C Brogan
<p>There are four centres in Donegal that are registered to provide respite services for children and adults with disabilities on alternate weeks. The four centres are as follows:</p> <ul style="list-style-type: none"> ➤ Drumboe Respite House, Stranorlar ➤ Riverwalk Respite House, Carndonagh ➤ Ballymacool Respite House, Letterkenny ➤ Seaview Respite House, Mountcharles <p>Drumboe Respite House</p> <p>Respite services at Drumboe Respite House were suspended in March 2020 to accommodate emergency placements for four individuals with disabilities requiring urgent support at that time.</p> <p>Since then, progress has been made in transitioning these individuals to more appropriate long-term accommodation:</p> <ul style="list-style-type: none"> ➤ One individual has successfully moved to their new home. ➤ Suitable accommodation has been secured for two others, who are expected to transition once staffing arrangements are in place. ➤ Efforts are ongoing to identify alternative accommodation for the fourth individual currently residing at Drumboe House. <p>It is planned to resume respite services in Drumboe House in the first quarter of 2026. Five respite places will then become available for children and adults on alternative weeks, when respite services resume.</p> <p>In the interim, Donegal Disability Services has continued to support service users and families through alternative respite options, including direct payments, intensive support packages, and access to centre-based respite at Ballymacool Respite House in Letterkenny.</p> <p>Ballymacool Respite House</p> <p>Ballymacool Respite House currently operates seven nights per week, alternating weekly between five adult and five child service users. This schedule provides a maximum capacity of 35 bed nights per week.</p> <p>The service continues to face challenges related to compatibility among service users, particularly due to the complex needs and behaviours presented by some individuals. These factors have contributed to the under-utilisation of available bed capacity, despite the centre's operational readiness.</p> <p>Seaview Respite House</p> <p>Rehab Care Seaview Respite House in Mountcharles provides respite services to 50 children and adults on seven nights per week, operating alternate weeks for adults and children. Seaview Respite service was recently extended to six and then seven days per week on the 15th July 2023 and 14th August 2023 respectively in response to the reduction in Drumboe and Riverwalk respite provision.</p> <p>Riverwalk Respite House, Carndonagh</p> <p>Donegal Disability Services resumed respite provision at Riverwalk Respite House on 3rd April 2025, operating four days per week. The service currently alternates weekly between three adults and three children, utilising the centre's three available beds.</p> <p>Recruitment for vacant posts is actively underway, with the aim of expanding service delivery to a seven-day model once staffing is in place. In the interim, the HSE workforce at Riverwalk is being supported by agency and bank staff to maintain safe staffing levels and ensure continuity of care.</p>		

Donegal Disability Services remains firmly committed to the restoration and expansion of respite provision as a strategic priority. To advance this goal, business cases are currently being developed and submitted to secure additional funding aimed at increasing respite capacity across the region.

- To provide single-occupancy accommodation at Ballymacool Respite House for service users with identified needs requiring individual living arrangements.
- To provide evening and weekend respite services in the service's Ballaghderg facility in Letterkenny.

D Monaghan, Integrated Health Area Manager, Donegal

W116Q4408

Can we have an updated report on the delayed discharges at LUH and the capacity and availability of beds at our community nursing units in donegal?

ClIr C Brogan

The updated report on the delayed discharges at LUH and the capacity is as follows:

	Year		
	2024	2025	
Month	Average of DTOCs	Average of DTOCs	2024 vs. 2025
Jan	18.8	19.0	1.20%
Feb	15.9	31.9	93.29%
Mar	22.6	33.3	47.36%
Apr	21.8		
May	27.1		
Jun	27.7		
Jul	26.9		
Aug	31.0		
Sep	30.1		
Oct	25.9		
Nov	26.4		
Dec	24.2		
Grand Total	24.9	28.0	-72.20%

The full capacity of Older Persons Bed availability within Co Donegal is currently 358 beds. Of these beds 285 beds are operational at present. The remaining beds are temporarily closed due to a number of factors which include essential fire works, Infection Prevention and Control works and staffing.

Please note that 22 beds have yet to become operational in Ballyshannon Community Hospital and recruitment remains ongoing. A further 23 beds at St Joseph's Community Hospital are planned to open in late June / early July once HIQA approval is obtained.

D Monaghan, Integrated Health Area Manager, Donegal

W116Q4409

Can we can an updated on the services being provided by the Errigal chronic disease hub in Letterkenny?

ClIr C Brogan

Key Operational Services - Errigal Chronic Disease Management (CDM) Hub, Letterkenny

1. Cardiology – Governance from Interventional Cardiologist

Heart Failure Pathway

- Direct referral from GPs via Healthlink or identified in Emergency Department (ED) / Acute Medical Assessment Unit (AMAU)
- Patients are triaged by a Consultant/Advanced Nurse Practitioner (ANP) and seen within 4-8 weeks for ECHO and review.
- Care plan initiated, and patients are followed up by ANP/Clinical Nurse Specialist (CNS) in community clinics until discharge back to GP.

Atrial Fibrillation (A-Fib)

- Direct referral for new onset A-Fib via Healthlink or identified in ED/AMAU.
- Patients are reviewed by an ANP or Cardiologist, medication titration and elective cardioversion are considered and completed, where required.
- Weekly elective cardioversion in Letterkenny University Hospital (LUH) with no inpatient admission required.

Non-Acute Palpitations

- Nurse-led service using the AliveCor device.
- Patients record rhythm strips at home and email them to the CNS for review.
- Triage and management include medication titration and potential elective cardioversion.

Virtual Heart Clinic

- GPs refer patients with complex cardiology issues for virtual consultations.
- Care plan is developed based on virtual consultation between GP and Cardiologist.

Cardiac Rehabilitation

- Integrated Care Cardiac Rehab Team supports Cardiac Rehab services in LUH.
- Plans to establish a Community Cardiac Rehab service are underway when administration resource can be identified.

Diagnostic ECHO Service

- Direct access for GPs to diagnostic ECHO via the above outlined pathways.
- Offers virtual monitoring of implantable devices, with follow-up by ANP/CNS.

2. Diabetes – Governance from IC Endocrinologist**CNS Service**

- Review and support for Type 2 diabetics in community clinics, with appointment waiting times of approximately 20 days.
- High patient satisfaction rate (<10% DNA).
- 10 community locations for diabetes care.

ANP Service

- 2 Registered ANPs managing complex cases, including poorly controlled Type 2 diabetes and complications.
- Reduced waiting times for appointments, from three years (on LUH Consultant waiting lists) to less than four weeks.
- Registered Advanced Nurse Practitioner services include rapid access, management of urgent cases, and clinical support for CNS.

Podiatry Service

- One-on-one consultations for diabetic foot care for patients deemed high risk or in remission. Services provided in community clinics and the Errigal CDM hub.
- 492 referrals and 1,056 patient contacts in 2024.
- Podiatry patients with active foot disease cared for by LUH Podiatry team.

Dietetic Service

- 1:1 consultation for Type 2 diabetes patients.
- DESMOND education courses running in 2024 with significant patient engagement. 36 Desmond Courses, 52% seen within 12 weeks of referral, 15 Desmond Refresher Courses ran, with 362 patients attending and 612 patient contacts within 2024.
- Best Health Weight Management Programme and Diabetes Prevention Programme (DPP) operational with 599 patient contacts in 2024.

Integrated Endocrinology Consultant

- Consultant reviews for high-risk Type 2 diabetes patients in Errigal CDM hub.
- Reduced waiting times for patient reviews (3-4 weeks from referral).
- Administrative support for consultant services is a limiting factor for expansion.

3. Respiratory

Respiratory/Physiotherapy-led Service

- Assessment and Management clinics - Full comprehensive respiratory assessment to include diagnosis via spirometry, Inhaler reviews and airway clearance support.
- Pulmonary rehabilitation services available in all four community health networks and on Aranmore Island.
- Oxygen Clinics
- Physiotherapy Clinics – Airway Clearance, Dysfunctional Breathing.
- COPD Outreach – Expansion to all geographical locations in 2024 using CARE Virtual Ward as an enabler.

Integrated Respiratory Consultant

- Weekly multi-disciplinary team meetings
- Consultant follow-up and escalation to acute consultant pathways, where required, due to inability to operate community clinics due to admin resource availability.
- Administrative support for consultant services is a limiting factor for expansion.

Spirometry Service

- Operational with referrals from RIC and acute consultants only.
- Aiming for direct GP access to spirometry when administrative resources allow.

CARE Community Virtual Ward Pathway

The CARE Virtual Ward (VW) in Donegal offers remote monitoring for COPD patients using continuous Respiratory Rate (RR) monitoring, focusing on early identification of exacerbations and preventing hospital admissions. By monitoring patients at rest, particularly overnight, it identifies trends that spot monitoring cannot. The service is designed for high-acuity COPD patients, GP-referred exacerbations, assisted discharges from LUH, and ED avoidance.

Since its launch in November 2023, the CARE VW has significantly improved patient outcomes, with 205 patients enrolled. Key results include an 18% reduction in COPD-related hospital admissions, a 50% reduction in re-admissions, and an 88% decrease in ED attendance reported by patients enrolled in the pathway.

D Monaghan, Integrated Health Area Manager, Donegal

W116Q4410	Can we ask that the HSE to engage with Donegal County Council design team with a view to providing services at the new proposed Creeslough regeneration and community development?	Cllr C Brogan
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A representative from Donegal Primary Care Services will engage as part of the initial process.

D Monaghan, Integrated Health Area Manager, Donegal