

**Minutes of Regional Health Forum West Meeting held on  
Tuesday, 27<sup>th</sup> June 2023 at 2.00pm in Room 1, Education Centre,  
Merlin Park, Galway.**

Miontuairiscí chruinniú an Fhóraitm Sláinte Réigiúnaigh a tionóladh Dé Máirt, 27ú  
Meitheamh 2023 ag 2.00 i.n, i Seomra 1 an tIonad Oideachais,  
Feidhmeannacht na Seirbhíse Sláinte, Ospidéal Páirc Mheirlinne, Gaillimh

**Chairperson:** Cllr Donagh Killilea

<b>Members Present</b>	<b>Members Present (continued)</b>	<b>Members Apologies</b>
Cllr Finola Armstrong McGuire	Cllr Mary Howard	Cllr Albert Doherty
Cllr Declan Bree	Cllr Michael Kilcoyne	
Cllr Ciaran Brogan	Cllr Seamus Morris	<b>Members Absent</b>
Cllr John Carroll	Cllr Dara Mulvey	Cllr Bill Chambers
Cllr Liam Carroll	Cllr Cillian Murphy	Cllr Tom Crosby
Cllr Tom Conaghan	Cllr Declan McDonnell	Cllr Frankie Daly
Cllr John Connolly	Cllr Gerry McMonagle	Cllr John Egan
Cllr Gerry Crawford	Cllr Martin McLoughlin	Cllr Francis Foley
Cllr John Cummins	Cllr Daithí Ó Cualáin	Cllr Sean Hartigan
Cllr Paddy Farrell	Cllr John O'Hara	Cllr Dan McSweeney
Cllr Blackie Gavin	Cllr Dr Evelyn Francis Parsons	Cllr Martina O Connor
Cllr Donal Gilroy	Cllr Peggy Ryan	Cllr Peter Roche
Cllr Liam Grant	Cllr Tony Ward	Cllr John Sheahan
Cllr Felim Gurn		Cllr Kevin Sheahan

**In attendance:**

Tony Canavan, Executive Lead, Regional Health Forum/CEO, Saolta University Health Care Group  
Ann Cosgrove, COO, Saolta University Health Care Group  
John Joe McGowan, Chief Ambulance Officer- West, NAS  
Niall Murray, General Manager, Area Operations, NAS  
Colette Cowan, CEO, UL Hospitals Group  
John Fitzmaurice, CO, Community Healthcare West  
Cara O' Neill, Acting Chief Officer, Community Healthcare Cavan, Donegal, Leitrim, Monaghan, Sligo  
Maria Bridgeman, Chief Officer, HSE Mid West Community Healthcare  
Marian Cavanagh, Regional Health Forum Office  
Anna Lyons, Regional Health Forum Office  
Pauline Clerkin, Regional Health Forum Office

**851/106/23 Nominations for Chairperson of Regional Health Forum**

Cllr Donal Gilroy nominated Cllr Donagh Killilea who was seconded by Cllr Ciaran Brogan.  
Cllr Donagh Killilea was unopposed and deemed elected as the Chairperson of the Regional Health Forum.

**852/106/23 Nominations for Vice Chairperson of Regional Health Forum**

Cllr Gerry Crawford nominated Cllr Ciaran Brogan and he was seconded by Cllr Blackie Gavin.  
Cllr Ciaran Brogan was also elected unopposed.

### **853/106/23 Nominations for Chairperson of Regional Health Forum Committee**

Cllr Michael Kilcoyne nominated Cllr Declan McDonnell and he was seconded by Cllr Tony Ward. Cllr Declan McDonnell was elected unopposed.

### **854/106/23 Nominations for Vice Chair of Regional Health Forum Committee**

Cllr Donagh Killilea nominated Cllr Michael Kilcoyne and he was seconded by Cllr Blackie G. Gavin. Cllr Michael Kilcoyne was elected unopposed as Vice Chair of the Regional Health Forum Committee.

Cllr McMonagle took the opportunity to give an update to the members on the highlights of his year as Chairperson outlining the special events and official openings he attended on their behalf and thanked the Members and Executive for their support during the year.

**The meeting was adjourned for 10 minutes to facilitate the taking of official photographs of the Chairpersons and Vice Chairpersons of both the Forum and Committee.**

Mr. Tony Canavan, on behalf of the Executive and the Members, thanked the previous Chairs and Vice Chairs for their work during the past year and welcomed Cllr Donagh Killilea as the new Chairperson. A number of Councillors added their appreciation and thanks to the Chairs and Vice Chairs, all Councillors wished to be associated with this sentiment. Cllr Killilea thanked the Members for his nomination and election, noting his deep honour to be in the role as Chairperson following in the footsteps of his late Father and Grandfather.

### **855/106/23**

#### **Minutes of previous meeting – 23<sup>rd</sup> May 2023**

The minutes of the previous meeting held on the 23<sup>rd</sup> May 2023 were proposed by Cllr Ciaran Brogan, seconded by Cllr Blackie Gavin and adopted.

### **856/106/23 Matters Arising:**

#### **W105Q3683 - Day Centre in Aras Mhic Dara, CNU in An Cheathrú Rua:**

**Action:** John Fitzmaurice to revert to Cllr D Ó Cualáin regarding if there is a room available in Aras Mhic Dara CNU to facilitate the Day Centre and to clarify the referral pathway to this.

### **857/106/23 Chairman's Business:**

### **858/106/23 Questions:**

#### **W106Q3696 - Lands at Toghermore, Tuam:**

**Action:** Joe Hoare to update Cllr D Killilea regarding the overall HSE property and accommodation plans for the Tuam area.

#### **W106Q3699 - Ability West:**

**Action:** John Fitzmaurice agreed to relay the concerns of the families of service users to Ability West regarding issues with communication.

#### **W106Q3700 - Ambulatory Gynaecology Portiuncula University Hospital:**

**Action:** Ann Cosgrove to revert to Cllr E Francis Parsons with the summary of works involved and how the Ambulatory Gynaecology unit will be operating.

**W106Q3701 - Dental Treatment access for people with Disabilities:**

**Action:** John Fitzmaurice agreed to provide Cllr E Francis Parsons with information regarding Dentists from the provided list who can support patients with Disabilities.

**W106Q3702 - Update on Easkey and Enniscrone Day Centre, West Sligo:**

**Action:** Cara O'Neill to revert to Cllr D Mulvey regarding the progress on recruitment to enable full resumption of services at Easkey and Enniscrone Day Centres.

**W106Q3703 - Specialist Memory Assessment and Support Services in Community Healthcare West:**

**Action:** John Fitzmaurice will revert to Cllr E Francis Parsons with what locations have been explored to facilitate the clinical assessment space for teams working in the area of MASS.

**W106M163 & W106Q3704: Seven Springs Day Care Centre:**

This motion was proposed by Cllr Donagh Killilea and seconded by Cllr Evelyn Francis Parsons and agreed by all Councillors present.

**Action:** John Fitzmaurice agreed to review the overall approach and meet with Cllrs D Killilea, L Carroll and E Francis Parsons at the site in Loughrea.

**W106Q3710 - Provision of public information regarding Lyme Disease:**

**Action:** Tony Canavan to feedback to the Director of Public Health regarding engagement with local authorities, to provide information on early detection, diagnosis and treatment of Lyme Disease.

**W106Q3715 - Dedicated car parking spaces at the back of the hospital for discharge of patients:**

**Action:** Cllr Declan McDonnell's suggestion would be included in the review and Tony Canavan will revert with an update in September regarding designated car parking spaces.

**W106Q3716 - Update on the Review of the Now Doc Service for Donegal:**

**Action:** Cara O'Neill to provide an update to Cllr G McMonagle regarding NoWDOC services in Donegal and the timeframe when discussions will be concluded.

**W106Q3718 - Crisis Resolution Team for North and West Donegal:**

**Action:** Cara O'Neill to revert to Cllr McMonagle regarding the progress on a Crisis Resolution Team for Donegal and when will it be operational.

**W106Q3723 - Ballina District Hospital:**

**Action:** Joe Hoare to update Cllr J O'Hara regarding the project proposal on Ballina District Hospital for submission onto the HSE Capital Plan 2024.

**W106Q3726 - Minor Injury Unit:**

**Action:** Regional Health Forum office to circulate the link to the HSE Integrated Planning Full Report Review of Injury Units April 2023 to all RHF West members.

**W106Q3729 - Public transport access to Ennis Hospital:**

**Action:** Colette Cowan will follow up with Ennis County Council regarding the provision of a Bus Stop at Ennis Hospital.

**W106Q3730 - NAS Co. Clare statistics comparison:**

**Action:** Niall Murray to provide Cllr Cillian Murphy with a comparison of a regular weekend against the total of 113 emergency calls activated on over the five day period (2nd – 6th June 2023) within County Clare.

**W106Q3731 - Ambulance presentations to Ennis MAU:**

**Action:** Niall Murray to provide Cllr Cillian Murphy with the number of patients brought by Ambulance to Ennis MAU, out of the 3,640 patients treated to date in 2023.

**W106Q3738 - Child Disability Network Teams:**

**Action:** John Fitzmaurice to provide Cllr J Connolly with the mapping data for each of the CDNTs including the population and caseload for each area.

**W106Q3742 - Oncology Day Unit at Letterkenny University Hospital:**

**Action:** Joe Hoare to provide Cllr C Brogan with the timeframe on the extension and reconfiguration of the existing Oncology Unit.

**W106Q3744 - Services provided by Westdoc:**

**Action:** John Fitzmaurice to ask if Westdoc can look into facilitating Tetanus injections and revert to Cllr D Ó Cualáin.

**W106Q3747 - G.P vacancy in An Cheathrú Rua:**

**Action:** John Fitzmaurice to feedback to colleagues regarding the need to review the recruitment process in order to successfully fill the permanent G.P vacancy in An Cheathrú Rua and revert to Cllr D Ó Cualáin.

**W106Q3750 - Designated parking for people with mobility issues:**

Tony Canavan will highlight the issue regarding the availability of designated disabled car parking spaces to the provider at Sligo University Hospital.

**Standing Orders were suspended due to time; Cllr Dáithí Ó Cualáin proposed the continuation and it was seconded by Cllr Donal Gilroy.**

**859/106/23 Motions**

**Motions:**

**W106M164 - Reconfiguration of Acute Health Services in the Mid West:**

This motion was proposed by Cllr Seamus Morris, seconded by Cllr Declan Bree and agreed by all Councillors present.

**Action:** Motion to be forwarded to the Minister for Health, Department of Health.

**W106M165 - Phlebotomy Services for Medical Card Holders for people with Disabilities:**

This motion was proposed by Cllr Evelyn Francis Parsons, seconded by Cllr Liam Carroll and Cllr Dáithí Ó Cualáin and agreed by all Councillors present.

**Action:** Motion to be forwarded to the Minister for Health, Department of Health.

**W106M166 - CT scanner and Computerised Tomography Cardiac Angiogram service in Sligo University Hospital:**

This motion was proposed by Cllr Declan Bree, seconded by Cllr Donal Gilroy and agreed by all Councillors present.

**860/106/23 Any Other Business:**

**Any other Business:**

**Action:** Tony Canavan agreed to follow up on the issue Cllr Bree was having with representing a constituent at SUH.

**861/106/23 Date & Time of Next Meeting:**

The next **Regional Health Forum Meeting** will take place on Tuesday, 26<sup>th</sup> September 2023 at 2pm in Galway.

The next **Regional Health Forum Committee** meeting will take place on Tuesday, 24<sup>th</sup> October 2023.

This concluded the business of the meeting.

Signed:

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Cathaoirleach/Chairman  
*Adopted at the Regional Health Forum West meeting*

**QUESTIONS AND RESPONSES RECEIVED**  
**REGIONAL HEALTH FORUM WEST – 26<sup>th</sup> SEPTEMBER 2023**

<b>Number:</b>	<b>QUESTION</b>	<b>RAISED BY</b>	<b>Page No.</b>
<b>W107Q3753</b>	Biodiversity Guidelines- Merlin Park lands/ use of weedkiller.	<b>ClIr M O'Connor</b>	<b>4</b>
<b>W107Q3754</b>	Engagement with local biodiversity officer.	<b>ClIr M O'Connor</b>	<b>4</b>
<b>W107Q3755</b>	Climate and biodiversity crisis- government guidelines and updated practices.	<b>ClIr M O'Connor</b>	<b>4</b>
<b>W107Q3756</b>	Helicopter landing site UHG- Negotiations with GCC re Shantalla Community	<b>ClIr M O'Connor</b>	<b>5</b>
<b>W107Q3757</b>	Home care supports Clare, Galway, Limerick & Tipperary, 2021, 2022 and 2023	<b>ClIr C Murphy</b>	<b>5-6</b>
<b>W107Q3758</b>	Numbers receiving dialysis treatment. Any plans to provide dialysis in Ennis.	<b>ClIr C Murphy</b>	<b>6-7</b>
<b>W107Q3759</b>	Emergency call outs Kilrush June- Aug '23? Median "on scene" response time?	<b>ClIr C Murphy</b>	<b>7</b>
<b>W107Q3760</b>	Update on motion passed at the May 2023 meeting re pilot project UHL ED.	<b>ClIr C Murphy</b>	<b>7-8</b>
<b>W107Q3761</b>	CAMHS CHO1 - Use of private psychiatrist be to speed up the waiting list.	<b>ClIr F Gurn</b>	<b>8-9</b>
<b>W107Q3762</b>	Retention of graduate doctors - Two year minimum stay in system.	<b>ClIr F Gurn</b>	<b>9-10</b>
<b>W107Q3763</b>	GP for Laherdaun, Mayo. Steps taken to fill the vacancy.	<b>ClIr M McLoughlin</b>	<b>10</b>
<b>W107Q3764</b>	Measures adopted to address GP shortages in rural areas.	<b>ClIr M McLoughlin</b>	<b>10-13</b>
<b>W107Q3765</b>	Number of people on trollies for more than 24 hrs in MUH.	<b>ClIr M Kilcoyne</b>	<b>13</b>
<b>W107Q3766</b>	Progress of proposed new A&E and additional patient accommodation, MUH.	<b>ClIr M Kilcoyne</b>	<b>13-14</b>
<b>W107Q3767</b>	Community based mobile X-ray, rollout in Mayo and Galway & cost to patients.	<b>ClIr M Kilcoyne</b>	<b>14</b>
<b>W107Q3768</b>	Kidney dialysis MUH and numbers travelling outside Mayo for dialysis.	<b>ClIr M Kilcoyne</b>	<b>14</b>
<b>W107Q3769</b>	Day Care Centre, Our Lady's Hospital Manorhamilton resumption of service?	<b>ClIr F Gurn</b>	<b>14-15</b>
<b>W107Q3770</b>	When will the refurbishment works begin at Donegal Town Community hospital?	<b>ClIr T Conaghan</b>	<b>15</b>
<b>W107Q3771</b>	Criteria used to prioritize Children to speech therapy in Donegal East.	<b>ClIr G Crawford</b>	<b>15</b>
<b>W107Q3772</b>	Proposals to facilitate speech and occupational therapy in Donegal.	<b>ClIr G Crawford</b>	<b>15-17</b>
<b>W107Q3773</b>	Current position in plans to restore Community Hospital services to Lifford.	<b>ClIr G Crawford</b>	<b>17</b>
<b>W107Q3774</b>	Day care services - Lifford and Stranorlar areas.	<b>ClIr G Crawford</b>	<b>17</b>
<b>W107Q3775</b>	Ambulances requested to travel outside designated areas, details and criteria.	<b>ClIr S Morris</b>	<b>17-18</b>
<b>W107Q3776</b>	Protocols in the Mid-West LIUs for dealing with sprains or breaks.	<b>ClIr S Morris</b>	<b>18-19</b>
<b>W107Q3777</b>	What are the daily trolley gar numbers for UHL from January 2019	<b>ClIr S Morris</b>	<b>19-20</b>
<b>W107Q3778</b>	Emergency department UHL conditions, safety for staff and patients.	<b>ClIr S Morris</b>	<b>20-22</b>
<b>W107Q3779</b>	Satellite haemodialysis unit promised for Ennis, current status and start dates?	<b>ClIr M Howard</b>	<b>22-23</b>
<b>W107Q3780</b>	CAMHS, steps been taken, waiting list numbers, comparison with 2022 and 2021.	<b>ClIr M Howard</b>	<b>23-26</b>

<b>W107Q3781</b>	Progress re Consultant Radiologist, PUH.	<b>Cllr E Francis Parsons</b>	<b>26</b>
<b>W107Q3782</b>	Update and timescale re disposal of lands, St Brigid's Hospital Property.	<b>Cllr E Francis Parsons</b>	<b>26</b>
<b>W107Q3783</b>	Date set for the open day at Tuam Health Campus (Hospital & CNU)?	<b>Cllr D Killilea</b>	<b>26</b>
<b>W107Q3784</b>	Progress re staffing for new Tuam Health Campus? Expected date to open?	<b>Cllr D Killilea</b>	<b>26</b>
<b>W107Q3785</b>	Confirmation re meeting request from Galway Co Co re Toghermore.	<b>Cllr D Killilea</b>	<b>27</b>
<b>W107Q3786</b>	Co Clare orthodontist retirement, when will he be replaced?	<b>Cllr M Howard</b>	<b>27-28</b>
<b>W107Q3787</b>	UHG review re babies with subgaleal haemorrhage during 2022.	<b>Cllr E Francis Parsons</b>	<b>28</b>
<b>W107Q3788</b>	Support services for adults living with acquired brain injuries in CHO2.	<b>Cllr E Francis Parsons</b>	<b>28-29</b>
<b>W107Q3789</b>	Old Health Centre, Binion, Clonmany.	<b>Cllr A Doherty</b>	<b>29</b>
<b>W107Q3790</b>	Disability Services & Respite, Riverwalk House & Milltown House Carndonagh.	<b>Cllr A Doherty</b>	<b>29-30</b>
<b>W107Q3791</b>	CNDT vacancies- review effectiveness of panel system and provision of services.	<b>Cllr A Doherty</b>	<b>30-32</b>
<b>W107Q3792</b>	Day care centre restoration at Carndonagh Community Hospital.	<b>Cllr A Doherty</b>	<b>32-33</b>
<b>W107Q3793</b>	Home help in Co Mayo.	<b>Cllr J O Hara</b>	<b>33</b>
<b>W107Q3794</b>	Cregg Campus Hydrotherapy Pool, outcome of negotiations.	<b>Cllr D Bree</b>	<b>33-34</b>
<b>W107Q3795</b>	FOI requests SUH in 2022 & 2023 and current waiting time.	<b>Cllr D Bree</b>	<b>34</b>
<b>W107Q3796</b>	CAMHS-ID, average time a child in the RHFV waits before assessment.	<b>Cllr D Bree</b>	<b>34-35</b>
<b>W107Q3797</b>	Data Protection access requests 2022 & 2023 and the current waiting time.	<b>Cllr D Bree</b>	<b>35</b>
<b>W107Q3798</b>	Update re what stage in the process is the Primary care centre for An Spidéal	<b>Cllr D Ó Cualáin</b>	<b>35-36</b>
<b>W107Q3799</b>	Paediatric ophthalmologist G.U.H vacancy, procedures carried out since June.	<b>Cllr D Ó Cualáin</b>	<b>36</b>
<b>W107Q3800</b>	Update on progress re additional beds/day centre in Aras Mhic Dara Carraroe.	<b>Cllr D Ó Cualáin</b>	<b>36</b>
<b>W107Q3801</b>	NTPF patients referred to Kingsbridge Hospital Derry, numbers and specialities.	<b>Cllr D Ó Cualáin</b>	<b>36-38</b>
<b>W107Q3802</b>	Update on 110 bed CNU, Letterkenny?	<b>Cllr C Brogan</b>	<b>38</b>
<b>W107Q3803</b>	CAMHS-MHID/CAMHS-ID in CHO2, numbers and waiting lists, comment re Ballard House and steps taken.	<b>Cllr J Connolly</b>	<b>38</b>
<b>W107Q3804</b>	Measures taken to establish a CAMHS Liaison Service for the Emergency Paediatric Unit at UHG?	<b>Cllr J Connolly</b>	<b>38-39</b>
<b>W107Q3805</b>	CT, MRI/MGRA and Ultrasound scans at Galway University Hospitals in 2023? Relationship between Saolta Group and Alliance Medical Diagnostic Imaging?	<b>Cllr J Connolly</b>	<b>39-40</b>
<b>W107Q3806</b>	Numbers fit for discharge but remain in hospital due to lack of the much needed alternative placements to meet their needs?	<b>Cllr J Connolly</b>	<b>40-42</b>
<b>W107Q3807</b>	Locations of the PCCs in Donegal, services provided & vacant posts.	<b>Cllr G McMonagle</b>	<b>42-44</b>
<b>W107Q3808</b>	CAMHS vacant posts, advertising and recruitment, Donegal.	<b>Cllr G McMonagle</b>	<b>44</b>
<b>W107Q3809</b>	Update re efforts to replace the retiring Consultant Endocrinologist at LUH.	<b>Cllr G McMonagle</b>	<b>44-45</b>
<b>W107Q3810</b>	Any consideration to establishing a Minor Injuries Clinic in Donegal?	<b>Cllr G McMonagle</b>	<b>45</b>

<b>W107Q3811</b>	Current status of the proposed Primary Health Care Centre in Oranmore.	<b>Cllr L Carroll</b>	<b>45-46</b>
<b>W107Q3812</b>	Payments - Cregg House, comparison with payments to the Sisters of Wisdom.	<b>Cllr D Gilroy</b>	<b>46</b>
<b>W107Q3813</b>	Amount paid to external interview panel members on each of the last four years	<b>Cllr D Gilroy</b>	<b>46-47</b>
<b>W107Q3814</b>	Appointment- Advanced Nurse Practitioner in Insulin pump therapy to SUH.	<b>Cllr D Gilroy</b>	<b>47</b>
<b>W107Q3815</b>	Sligo community houses- staff unable to take breaks due to lack of staff.	<b>Cllr D Gilroy</b>	<b>47</b>
<b>W107Q3816</b>	Agency staff at LUH in the last three years and steps taken to recruit staff.	<b>Cllr C Brogan</b>	<b>48</b>
<b>W107Q3817</b>	Capital projects in Donegal, timeframe for works and completion dates.	<b>Cllr C Brogan</b>	<b>48-53</b>
<b>W107Q3818</b>	Updated report on the NAS Alternative care pathway pathfinder.	<b>Cllr C Brogan</b>	<b>53-55</b>



Number:	QUESTION	RAISED BY
<b>W107Q3753</b>	<p>Walkers are reporting weed killer is being spread all over the grounds, this is an outdated and unnecessary practice It is contrary to national Biodiversity Guidelines, they are known poison to humans and wildlife, in an effort to control nature. Weed killer is being sprayed around flower beds, trees, even potholes where wildlife and dogs drink from they are now pools of water with poison. Again this is an unnecessary and completely outdated practice which is contributing to Biodiversity loss on the Merlin lands.</p> <p>Why can't the practices of land /forest management be updated in line with National Guidelines, similar to the Merlin lands in the care of Galway City Council? Why can't you listen to the public who find these outdated practices i.e. weed killer use in forests abhorrent and distressing?</p>	<b>Cllr M O'Connor</b>
<p>The HSE, through HSE Estates and the Buildings and Maintenance Department of Galway University Hospitals, have engaged with a qualified Arborist and a qualified Ecologist to complete respective assessments of the HSE lands at Merlin Park University Hospital, Galway. This includes the HSE owned lands zoned as Recreational and Amenity (R&amp;A) and the development zoned lands within MPUH. These specialists will provide detailed reports with guidance and recommendations on the correct approaches to ongoing and seasonal landscaping and maintenance of the HSE lands, to be managed by the Buildings and Maintenance Department, GUH with HSE Estates</p> <p><i>T. Canavan, CEO, Saolta University Health Care Group</i></p>		
<b>W107Q3754</b>	<p>What are your plans to learn from the Local Biodiversity officer that you previously committed to engaging with?</p>	<b>Cllr M O'Connor</b>
<p>The HSE has recently engaged with the Biodiversity Officer in Galway City Council in regard to maintenance of the lands. This engagement will continue and HSE Estates and Buildings &amp; Maintenance, GUH will continue to link directly with the Biodiversity officer in GCC. Once the assessments have been drafted, the HSE will engage with the Biodiversity officer. It is essential that MPUH provides the healthcare infrastructure and services for Galway and the region now and into the future. The lands at MPUH have clear use zoning separations and it is important that this fact is not lost in all discussions and observations. The R&amp;A lands extend to a significant portion of MPUH and HSE lands.</p> <p>The HSE will engage with Galway City Council and the Biodiversity Officer to agree on a clear programme and policy for management and maintenance of these lands. This is very important given the serious ash die back disease in particular and the associated risks to walkers and users of these lands and liabilities to the HSE.</p> <p><i>T. Canavan, CEO, Saolta University Health Care Group</i></p>		
<b>W107Q3755</b>	<p>Why do you think you are an exception to all Government guidelines and updated practices re land and forest management in the care of public bodies? I worked in the HSE for 30 years, I know you have other priorities, but this is hugely important and a type of health neglect.</p> <p>Do you realise there is a Climate and Biodiversity Crisis as declared by our Government and European Union?</p> <p>You only have to adjust practices more in keeping with the rest of Merlin forest management to contribute hugely to Galway's efforts to halt the Biodiversity decline, but you consistently plough ahead with outdated deadly practices despite every effort and offer of support from Galway City Council and your local community. Why?</p>	<b>Cllr M O'Connor</b>
<p>The review of the completed assessments by the Arborist and Ecologist will assist in the development of a policy document for MPUH with healthcare development and biodiversity working together to deliver a better MPUH campus. Once we have the reports, HSE Estates and Buildings &amp; Maintenance GUH will engage with the Biodiversity Office, GCC.</p> <p><i>T. Canavan, CEO, Saolta University Health Care Group</i></p>		

<b>W107Q3756</b>	What are the results of negotiations with GCC to recompense the Shantalla Community for take over of land now used for the helicopter landing site at UHG that was previously in possession of Galway City Council and formed part of the Shantalla Community Park?	<b>Cllr M O'Connor</b>
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University Hospital Galway is one of the busiest helipad sites in the country. This is due to the large geographical nature of the region, its designation as the primary PCI centre for the region, the number of off-shore islands and its role as a trauma centre etc. The options in respect of helipad facilities adjacent to University Hospital Galway both in the immediate future and in the longer term require review and further feasibility study. A design team has now been appointed to progress the matter. Some site investigation works are also planned over the coming months. Once the feasibility work by the design team has advanced the HSE intends to re-engage with Galway City Council and put forward proposals for consideration.

**Joe Hoare, Assistant National Director, Capital & Estates West**

<b>W107Q3757</b>	Can I be provided with a list of all the types of home care supports provided by the HSE, and the numbers of staff for each type that are directly employed by the HSE in Clare, Galway, Limerick and Tipperary for the years 2021, 2022 and 2023.	<b>Cllr C Murphy</b>
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Home Support for Older Persons is provided by HSE Mid West Community Healthcare through a mixture of direct provision (directly employed Health Care Support Assistants or HCSAs) and indirect direct provision (private providers).

The following table provides details of the number of staff employed by Older Persons Services as of September 2023.

HSE Mid West	No. of HCSA's 2021	No. of HCSA's 2022	No. of HCSA's 2023	Direct Hours 2023	Indirect Hours 2023
Limerick	218	215	267	27,767	36,000
North Tipperary	176	176	180	27,177	16,542
Clare	28	75	86	12,020	40,863
<b>TOTAL</b>	<b>422</b>	<b>466</b>	<b>533</b>	<b>66,964</b>	<b>93,405</b>

Recruitment campaigns have been ongoing to recruit additional Health Care Support Assistants and will continue in 2023 and 2024.

Historically, home support was solely provided by private providers in County Clare. The HSE has begun recruiting directly-employed HCSAs in the Clare area over the last number of years, hence the lower numbers of directly-employed HCSAs in Co. Clare. We are continuing to recruit to increase these numbers further in Co. Clare and across the Mid West.

Whilst there are more directly employed health care support assistants in Limerick and North Tipperary than in Clare, the number of home support hours delivered to clients in Clare (by both HSE staff and private providers) was proportionally higher in 2022 and continues to be so in 2023.

In relation to Disability services in the Mid West region, the HSE has no directly employed HSE staff. All home support is delivered by Section 39 agencies and private providers.

**Maria Bridgeman, Chief Officer, HSE Mid West Community Healthcare**

#### **Disability Services**

The home care supports provided by Disability Services are delivered through the provision of Personal Assistant (PA) hours. The role of a Personal Assistant (PA) is to assist a person with a disability to maximise their independence through supporting them to live in integrated settings and to access community facilities. The PA works on a one to one basis, in the home and/or in the community, with a person with a physical or sensory disability. The Personal Assistant (PA) hours support

individuals with personal care, light household / domestic support and social / community support in their community. They are not confined to support within the home and may support individuals outside their homes in the community as well.

This service is provided to people between the ages of 18 – 65 years with a physical and / or sensory disability. Disability Services Galway do not directly employ staff to provide this service. PA Supports are delivered by private providers and not for profit agencies under a Service Level Agreement on behalf of the HSE.

**Older People’s Services**

Home Support is provided directly by HSE Health Care Support Assistant( HCSA) in Galway as follows

**2021**

- 317,346 direct provision (home support provided by HSE). The number of HSE directly employed - 199.

**2022**

- 310,217 direct provision (home support provided by HSE). The number of HSE directly employed - 199.

**2023 Jan to July inclusive**

- 178,604 direct provision (home support provided by HSE). The number of HSE directly employed - 192.

We have recently recruited 20 HCSA and have interviewed this week to fill an additional 15 HCSA posts across Galway.

***J Fitzmaurice, Chief Officer, Community Healthcare West***

<b>W107Q3758</b>	Can I be provided with the number of people from County Clare that are currently receiving dialysis treatment from the HSE, and are there any plans to provide those people with their dialysis treatment in Ennis, either at the primary care unit or within the general hospital and if not, what are the justifications for that decision?	<b>Clr C Murphy</b>
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There are currently 57 patients with an address in Co Clare receiving dialysis treatment from UL Hospitals Group.

At present, patients with an address in Co Clare are seen in the Renal Department at University Hospital Limerick or in our satellite dialysis centre located on the Dock Road, Limerick. We are however undergoing a tender process for a contracted satellite haemodialysis unit to be located in Ennis and which will serve patients from County Clare. Neither Ennis Hospital nor the Primary Care Centre in Ennis is considered suitable due to capacity/demand issues within those facilities.

We envisage that this unit will be similar to the satellite centre already in place on the Dock Road, Limerick.

The tender process for the Contracted Satellite Haemodialysis Unit is progressing and we have met with a number of potential providers.

The shortlisted companies will be invited to present their proposals in October 2023. As part of the contract, the successful company will provide the dialysis machines. UL Hospitals Group will work with National Procurement with a view to having the contract awarded by Q1 2024.

Governance of this unit will be provided for by UL Hospitals Group with a designated Consultant Nephrologist from the Renal Department at University Hospital Limerick providing the overall clinical governance.

The development of the unit in Ennis will allow patients to benefit from better quality of life by being able to avail of treatments closer to home. The development of this unit will also help ease pressure on the Renal Department at University Hospital Limerick and on the satellite unit on the Dock Road, Limerick.

The tender specification document provides for four isolation rooms, a gowning area suitable for patients with blood-borne viral illnesses including Hepatitis B in line with national guidelines and will facilitate 1:1 and 1:2 nursing.

It is envisaged that the satellite facility will provide the following services:

- Consultant-directed medical care for chronic haemodialysis patients
- Nurse-delivered / supervised haemodialysis delivery and care with regular consultant led reviews
- Regular dietetic review and support
- Other clinical supports as required, such as pharmacy services
- Administrative support

UL Hospitals Group is committed to working with all relevant stakeholders to ensure the delivery of this unit.

**C. Cowan, CEO, UL Hospitals Group**

There would be a number of dialysis patients from Co. Clare that receive Dialysis treatment in Galway.

**A. Cosgrove, COO, Saolta University Health Care Group**

<b>W107Q3759</b>	How many 999/112 emergency call outs did the NAS respond to in the Kilrush electoral area for the months of June, July and August of this year? What was the median ambulance “on scene” response time for those call outs?	<b>ClIr C Murphy</b>
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The data collected with regards to regions and response times is only recorded at a regional level for category one calls and is not recorded in relation to electoral areas. The average response times for Cat 1 calls in Mid-West Region are as follows:

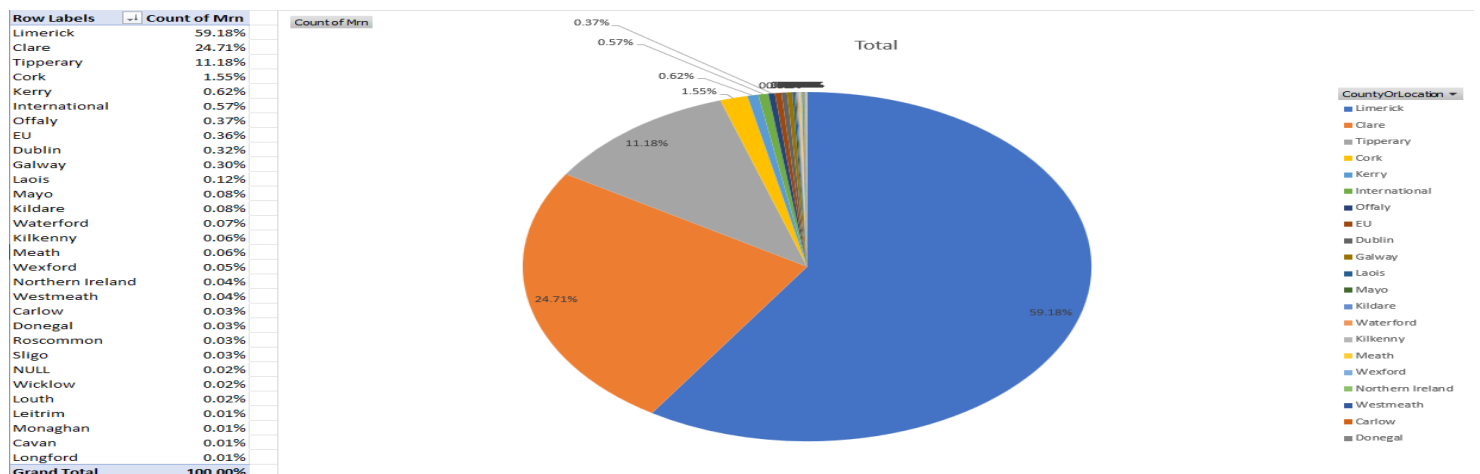
	Jun	Jul	Aug
<b>Avg. Response Time (hh:mm)</b>	00:23	00:27	00:27

**Niall Murray, General Manager Area Operations, NAS**

<b>W107Q3760</b>	Can I be provided with an update on progress of the joint motion passed at the May 2023 meeting, “That UHL group undertake, as a pilot project over 6 months, the necessary monitoring to determine the county of origin of each attendee to the ED at UHL and report the results to this forum”	<b>ClIr C Murphy</b>
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UL Hospitals Group has commenced work to review the county of origin data available on our patient information systems (iPMS and Maxims) which are used in the Emergency Department at University Hospital Limerick.

We have commenced data mining to review the county of origin recorded for each individual Emergency Department presentation for 2023. The extracted data is illustrated in the graph below:



\* The above county breakdown of patients attending the Emergency Dept has been sourced through iPMS for 2023 YTD

Please see below for the approximate total number of presentations for patients with an address in Limerick, Clare and Tipperary as reflected in the above graph:

County of origin	ED presentations
Clare	13,607
Limerick	32,594
Tipperary	6,158
Other	2,714
Total	55,073

Please note, this data is preliminary and there is a small margin of error. Some factors for this margin of error include:

- This is an initial extract of the 2023 available data.
- We have only looked at the current address of each patient and not the address recorded at the time of their ED attendance.

No comprehensive data quality validation has been carried out to ensure accuracy in the event of an address being inputted incorrectly.

**C. Cowan, CEO, UL Hospitals Group**

<b>W107Q3761</b>	The latest report on CAMHS. Patients on waiting list of 4K nationally and areas of concern CHO1 Sligo/Leitrim /Donegal /Cavan /Monaghan that one team had no occupational therapist or psychiatrist where there was serious concerns on management of clinical files and not having up to date files or reviews of some patients need to be addressed for strategy to deal with these concerns . Could private psychiatrist be payed by HSE to speed up the waiting list for urgent cases where unfortunately where patients are in need of urgent help and unfortunately our suicidal rate keeps increasing because of lack of services in CAMHS.	<b>Clr F Gurn</b>
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CAMHS is a specialist service providing clinical assessments and therapeutic interventions for young people under the age of eighteen, who are experiencing moderate to severe mental health difficulties. It is not for everyone; only a small percentage (approx. 2%) of the population would require access to this service.

CAMHS in Donegal have from the onset acknowledged that significant improvements are required for the service and have invested regionally funded resources in the absence of national funding. Donegal Mental Health Management team continue to advocate for additional funding for our CAMHS teams through the annual national service planning process. All of the teams are experiencing an increase in the volume and complexity of referrals, with services under pressure as demand continues to exceed capacity. Additional recurring investment is required to build capacity to keep pace with the growing demands and increased complexities experienced by our CAMHS teams.

The CDLMS (Cavan/Donegal/Leitrim/Monaghan/Sligo) Executive Management Team is committed to strengthening clinical governance and has decided to progress with the recruitment of a CAMHS Clinical Director and Practice Managers as key elements of the service improvement plan subject to national approval.

Where concerns were raised by the Inspector of Mental Health Services regarding specific service users, immediate actions were taken to seek and provide assurances to the Mental Health Commission (MHC) regarding the safety of those service users. An immediate review of the identified cases was undertaken by an external review team, under the stewardship of a senior and experienced lead clinician. Confirmation was provided to the MHC that the five cases identified were reviewed regularly by their CAMHS team during 2023, with follow-up appointments documented in their files. To provide additional assurances, an additional two hundred and ninety-one open files and twenty closed files were also reviewed by the lead clinician and the review team confirmed that they did not identify any young people whose care was found to be of serious

concern. The MHC was provided with the findings of the external review and it is welcomed that they have acknowledged this in their report.

CAMHS have initiated a service improvement plan to improve the quality of service to children and young people who have moderate to severe mental health difficulties. Funding was received in 2021, 2022 and 2023 for this purpose. The Donegal Mental Health Management Team have agreed to fund a number of Quality Improvement Projects for the CAMHS service this year and are in the process of securing services through third party providers and private providers. The services will deliver interventions such as anxiety management, DBT, as well as the provision individual support as appropriate. In addition the CAMHS service is in the process of securing software packages which will assist in wait list management and care planning. These interventions will be in addition to services delivered by CAMHS.

CAMHS also continues to respond to the most urgent and emergency cases which makes up a large proportion of the referrals we receive, we also continue to liaise regularly with other mental health service providers in Donegal to ensure that the referrals we receive are directed to the most appropriate service, this helps to reduce waiting time overall for CAMHS.

The Donegal CAMHS Services are delivered by three multidisciplinary teams. Unfortunately, the Consultant Psychiatrist post for the South Donegal CAMHS team became vacant at the end of August 2023. Every effort is being made by the HSE Medical Manpower Office (HR) to recruit a replacement and this includes engaging with other recruitment agencies.

The CAMHS service are also pursuing the recruitment of a 4th Consultant Psychiatrist on a temporary basis through the additional funding allocated to the Quality Improvement Projects as they feel an additional Consultant would be of benefit.

***D Monaghan, Chief Officer, Community Healthcare Organisation, (Cavan, Donegal, Leitrim, Monaghan, Sligo)***

<b>W107Q3762</b>	We continue to train doctors who graduate yearly through our colleges who are payed by the state were out of class of 120 graduate doctors, 90 have emigrated to help out in other health care jurisdictions due to better pay and conditions and less stress in a broken Health care system in Ireland can we try to retain them by putting in place like the NHS were graduate doctors have to stay in health care system for minimum of 2 years before going to other health care jurisdictions.	<b>Cllr F Gurn</b>
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- Recruitment and retention across all disciplines and all aspects of the health sector are a challenge.
- All our medical doctor graduates work for one year in Ireland to complete an Internship and provide care to the Irish Population during that year. In the UK for training purposes the intern year has been extended to 2 years. The 2 foundation years are for intern level training and in Ireland it was decided that graduating to the next stage of training after 1 year is better for the doctor and patient, and reduces training by a year such that doctors are able to provide full care with less total years in training. This has longer term benefits.
- Many doctors travel for 1 (and sometimes 2) years to Australia and New Zealand after their intern year. The data shows that over 85% return to train in Ireland and provide care to the Irish population. Training duration is on average 7 years of clinical service.
- Of those doctors completing training (to consultant level) approximately 2/3 are working in Ireland 5 years later. While the health service would aspire to 100% retention this would not be realistic. However there must be a clear strategy to drive retention as close to 100% as possible.
- There are a number of initiatives:
  - The new consultant contract has removed any pay inequalities and is an attractive contract with interest from doctors in other jurisdictions (including UK).
  - The Minister has established a Taskforce to recommend actions to improve working and training conditions for all NCHDs. This taskforce released in interim recommendation report in April and changes have been actioned. The final report will be issued before the end of 2023.
  - The HSE are exploring advanced practice for non-doctor clinicians to improve care and support NCHDs.
  - Infrastructural working conditions must also improve.

- Relating to the question on ‘bonding’ doctors to work for longer periods in Ireland. While this is a consideration the overall sense is that it would negatively impact on the longer term retention of doctors and likely result in many fewer choosing to return to Ireland.
- We agree it is essential to continue to monitor trends in doctor retention (this is being undertaken by the National Doctors Training Planning in HSE) as similar to many professions in Ireland there is a growth in interest in working overseas. Saolta is aware of these issues and is engaging closely with the national work outlined above and also developing local processes to keep working in the west attractive.

Galway University Hospital and Saolta have a governance and support structure for NCHD medical education and training. The group was the first to recognise the need for department supporting NCHD education and has appointed a Professor of Postgraduate Clinical Education (Chief Academic officer) with administrative support from HSE, RCPI, NDTP and Clinical Simulation. The GUH education and training supports have expanded with a newly appointed Saolta Group Director for Doctor Education and Training and has developed a hub and spoke model for the group. Saolta is also leading on implementing the recommendations of the Ministers Taskforce on NCHD working and training.

***T. Canavan, CEO, Saolta University Health Care Group***

<b>W107Q3763</b>	To ask the HSE what steps are being taken to source a GP for Lahardaun in County Mayo and when will the vacancy be filled.	<b>ClIr M McLoughlin</b>
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The GP position in Lahardaun, which is becoming vacant on 1st October 2023, as a result of the current GP being successful following an interview process and accepting the upcoming vacant GP position in Crossmolina.

The Lahardaun position has been advertised on two occasions without success. No enquiries or applications were received on either occasion. Discussions took place with the GPs in Lahardaun and Crossmolina to consider the options available for maintaining a GP service to the people of Lahardaun following the departure of the current GP. The outcome of those discussions was to provide a service from a two doctor GP practice in Crossmolina which is less than 10 kilometres away. While this may cause inconvenience for a number of patients in Lahardaun, it is considered the best option available to the HSE due to its inability to fill the position in Lahardaun despite making efforts to do so.

***J Fitzmaurice, Chief Officer, Community Healthcare West***

<b>W107Q3764</b>	What measures are being adopted in the region and nationally to address GP shortages in rural areas.	<b>ClIr M McLoughlin</b>
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All GP vacancies in Community Healthcare West are advertised in National Newspapers, Medical Journals, GP Buddy and on the HSE Website. Details are also circulated to existing GPs in the region together with recently graduated trainees from the Western GP Training Scheme. It is becoming increasingly difficult to fill GP vacancies at the present time, particularly in rural areas. On occasions it is necessary to recruit GPs through Locum Agencies in order to maintain services.

In an effort to deal with the current shortage of GPs, Community Healthcare West recently collaborated with the Irish College of General Practitioners to attract candidates to work in rural GP practices through a “Rural Fellowship Programme”. This allowed doctors to work under the supervision of qualified GPs and time was also permitted for academic study. It was a two year programme and it was hoped that the successful candidates would choose to continue to work in rural General Practice at the end of the two year period. Two positions were approved for our area but unfortunately neither were filled.

Consideration is currently been given to collaborating again with the Irish College of General Practitioners on a “Non-EU Rural GP Programme” where Non-EU doctors would work in conjunction with trained GPs for a period of time but no decision has been taken on this matter yet.

In addition the new 2023 GP Agreement includes measures to try and maintain General Medical Services (GMS) GP services in isolated rural communities including initiatives targeted at addressing hard to fill vacancies and initiatives addressing the current challenges of filling vacancies in rural and deprived areas.

The number of doctors being accepted for training under the GP Training Schemes throughout the country has increased in recent years and is likely to continue to increase going forward. GP Training Programmes are four years in duration so it is hoped that the increase in the number of qualified GPs will assist with the manpower problems in the future.

***J Fitzmaurice, Chief Officer, Community Healthcare West***

The Health Service Executive is committed to ensuring that patients throughout the country will continue to have access to GP services, especially in rural areas and that general practice will be sustainable in such areas into the future.

It has and continues to be increasingly difficult to fill GP vacancies particularly in rural areas. In the past in Community Healthcare Cavan Donegal Leitrim Monaghan Sligo (CH CDLMS), following repeated failures to fill vacancies, we have had no option but to engage with the "Doctor in Charge" process and recruit GPs from locum agencies in order to maintain GP services in certain locations. This is despite the increased support which was offered through the Rural Practice Support Framework (RPSF) and criteria which was introduced in 2016. The RPSF replaced the 1972 rural practice allowance arrangements and circulars, which were outdated, lacked specificity, were open to different interpretations and were overly restricted in terms of residency.

In CH CDLMS we continue to offer ongoing support to GPs in organising and planning for future replacements. Vacant posts are widely advertised and details of all vacancies are circulated and communicated through the GP community and the GP training schemes network in Sligo and Donegal.

The number of doctors accepted into the GP training schemes across the country has increased substantially in the last number of years and are likely to continue to increase going forward. The training schemes operate over a four year cycle and it is hoped that a number of the newly qualified GPs will be attracted to take up GP posts in Ireland and that the GP training programme will go some way to addressing GP shortages especially in rural areas.

In addition the new 2023 GP Agreement includes measures to try and maintain General Medical Services (GMS) GP services in isolated rural communities including initiatives targeted at addressing hard to fill vacancies and initiatives addressing the current challenges of filling vacancies in rural and deprived areas.

Another initiative in place is the Irish College of General Practitioners (ICGP) Non EU Rural GP programme. This is a collaboration between the ICGP and HSE on a Non EU Rural GP Programme, where non EU doctors will work closely with trained GPs in rural practices over an agreed period of time providing additional manpower and support in practices who are struggling to attract and retain GPs and GP Locums.

***D Monaghan, Chief Officer, Community Healthcare Organisation, (Cavan, Donegal, Leitrim, Monaghan, Sligo)***

It is well recognised that there is currently an undersupply of General Practitioners (GPs) in Ireland. We are faced with a recruitment and retention challenge in the speciality. Many of the doctors delivering primary care are not on the specialist register, our population is growing and the extension of GP visit card eligibility on an incremental basis is Government policy.

Increasing demands on the health system as a direct result of the extension of free GP care, combined with an ageing population, will have a major impact on the future need for GPs.

Recruiting a single handed GP to take over as the sole GP in a practice is much more challenging than recruiting to a group practice. Working in a supported group practice environment with multiple GPs is a more attractive option for GPs and may be the future in attracting and retaining GPs in rural GP's practices.

There are 206 GPs contracted with the HSE to provide GP services to GMS patients (medical card holders) across the HSE Mid West area (Limerick City & County, Clare and Nth. Tipperary).



There are currently three GMS GP posts vacant across the HSE Mid West area (two in Co. Clare and one in Nth. Tipperary), all of which are located in rural areas. To ensure that GP services are maintained in these areas (for both GMS patients and private patients) the HSE have put Doctor in Charge arrangements in place in these practices. This means that the HSE assumes responsibility for the GP practice and puts a locum doctor/doctors in place to provide a GP service for patients.

### **Recruitment process**

Recruitment campaigns for all GP vacancies in the HSE Mid West area are advertised in the national newspapers, medical journals, GP Buddy and on the HSE Website. Details are also circulated to existing GPs in the region and recently graduated GP Trainees from the Mid West Training Scheme.

If a recruitment campaign is unsuccessful, the Primary Care Unit Manager engages with local GPs through an Expression of Interest process. This involves writing to GPs in the local area and also setting up meetings with GPs as appropriate.

There are a number of initiatives in place/underway to address the shortage of GPs in Rural areas. I am outlining these initiatives below:

### **Rural Fellowship**

In an effort to deal with the current shortage of GPs, HSE Mid West Community Healthcare has collaborated with the Irish College of General Practitioners (ICGP) to attract candidates to work in rural GP practices through a *Rural Fellowship Programme*.

This Scheme is funded by the HSE and forms part of a larger overall plan to address gaps in general practice service in rural areas in Ireland. The fellows are placed three days per week in rural general practice and two days per week in academia. They will be employed by the ICGP and their output will be monitored by a Steering Committee, Chaired by the ICGP and includes representatives of the HSE. The HSE Mid West was successful in securing a fellow through this initiative and the fellowship will commence in the coming weeks.

### **Non-EU GP Scheme**

A further initiative developed by the ICGP in collaboration with the HSE involves the establishment of a Non-EU GP Scheme. This collaboration has seen an addition of 50 GPs working since Q2, with a further 25 GPs identified for Q3 and 25 additional places in Q4 (this gives a total of 100 places in 2023).

The intention is to target these places during the training period to rural areas and areas of disadvantage, where it has been difficult to secure replacement GPs for retirements. It will also target other geographic areas of the country where the number of GPs are less than optimum. There are currently eight Non EU GP'S employed in the HSE Mid West area.

Consideration is currently been given to collaborating again with the ICGP on a "Non-EU Rural GP Programme" where Non-EU doctors would work in conjunction with trained GPs for a period of time but no decision has been taken on this matter yet.

### **Training Scheme**

The number of doctors being accepted for training under the GP Training Scheme throughout the country has increased in recent years and is likely to continue to increase going forward.

GP Training Programmes are four years in duration so it is hoped that the increase in the number of qualified GPs will assist in maintaining optimum GP staffing levels in the future.

### **Rural Practice Support Framework (RPSF) for GP Services in Remote Rural Areas**

This grant is in place since 2016 and allows for GMS practices who meet the criteria a financial allowance of up to €20,000 per annum.

All of the programmes and initiatives outlined above, will make an important contribution in developing a sustainable service model into the future.

### New GP Agreement

The new GP Agreement 2023 (available to read at <https://www.hse.ie/eng/about/who/gmscontracts/gp-agreement2023/gp-agreement-2023.pdf>) includes measures within the Agreement to support GP capacity.

In addition to these measures, the Agreement outlines a package of targeted solutions to maintaining GP services in isolated rural communities that will be available for application, as appropriate, to the GP practices in the pilot initiative. Under this Agreement, a ring fenced fund of €0.6m is being made available to support the delivery of the above initiatives.

### Support to GPs

The Primary Care Unit works collaboratively with GP practices across the HSE Mid West, providing support and advice as appropriate.

**Maria Bridgeman, Chief Officer, HSE Mid West Community Healthcare**

<b>W107Q3765</b>	Please list by month since 1 <sup>st</sup> January 2023 to date the number of people on trollies for more than 24 hours in Mayo University Hospital.	<b>Cllr M Kilcoyne</b>
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Month	Total Number of Patients that breached 24 hours in the Emergency Department (including +75 year olds)	Number of Patients that breached 24 hours in the Emergency Department +75 YEARS OLD ONLY	Total Number of Patients in extra capacity Ward Escalation beds*
Jan-23	27	11	31
Feb-23	7	0	28
Mar-23	30	12	31
Apr-23	41	18	29
May-23	38	18	31
Jun-23	19	6	28
Jul-23	15	7	31
Aug-23	Not available from MDR report yet	Not available from MDR report yet	31

\*The above data includes all LOS patients on ward escalation corridor beds, we do not currently have reporting in place for those specifically over 24 hours in escalation beds.

**A. Cosgrove, COO, Saolta University Health Care Group**

<b>W107Q3766</b>	Please let me have a detailed up to date report on the progress of the proposed new A&E Unit at Mayo University Hospital and also the proposed new additional patient accommodation facilities at Mayo University Hospital. When is the construction likely to commence and when are they likely to be operational?	<b>Cllr M Kilcoyne</b>
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A design team was appointed to progress this project and the design team have progressed the preliminary design (Stage 1). This work has taken account of the issues arising with the site such as works to clear the future building zone and relocation of existing site services to outside the footprint of the proposed building etc. A budget uplift has been sought for the project in line with the HSE Capital Protocol and engagement is planned in the coming weeks with the National Director of Capital & Estates on the matter. In the meantime, a preplanning meeting has recently been held with Mayo County Council. Consideration is also been given as to whether or not an enabling works contract will be progressed in advance of the main

works contract. It is anticipated that a planning permission application for the project will be lodged with Mayo County Council before the end of this year. Capital Funding will be sought in HSE Capital Plan 2024 to complete the design and tendering processes for the works. A construction timeline can be better established once the planning permission is in place and the approach to the works and funding determined.

**Joe Hoare, Assistant National Director, Capital & Estates West**

<b>W107Q3767</b>	In relation to the rollout of the new community based mobile X-ray service to help older patients avoid emergency departments when in 2024 will this service be rolled out for Mayo and Galway? Why is there such a delay in rolling out this service in the west when 14 other counties already have it? Will this service be available free of charge to all older patients?	<b>Cllr M Kilcoyne</b>
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The programme was commenced in December 2021 as a pilot programme in Dublin. This was expanded to Cork in the Spring of 2022. A procurement to go beyond the pilot and provide for a national rollout was conducted in 2022 and Mobile Medical Diagnostics (MMD) were awarded the contract. The HSE has adopted a phased rollout of the programme since then. The service was established in the MidWest in Summer/Autumn 2022 and the South East in Spring/Summer 2023. All the way through the HSE are evaluating the service for safety, quality and efficacy before we proceed to the next phase.

A meeting was held recently between National HSE colleagues, Community Healthcare West and SAOLTA with a view to rolling out the service over the coming weeks and months. There were some clinical questions that we will have addressed directly by the clinical team in Mobile Medical Diagnostics Ltd. (MMD) in a meeting which will be scheduled over the coming weeks.

The HSE can then start the process of rolling out the service in the West. We have already covered the acquisition of the necessary equipment and vehicle and MMD are starting the process of recruitment. Normally this whole process takes 12 weeks. We are endeavouring to expedite this.

The service is provided free of charge to the patient, i.e. the HSE pays for this service directly and does not pass on this cost. The service can only be referred to by a GP or Enhanced Community Care Team in line with a strict assessment protocol. This service cannot be sourced directly by patients.

The Saolta Hospital Group is supportive of this service and have included it as part of the Multi Annual Plan subject to funding.

**J Fitzmaurice, Chief Officer, Community Healthcare West (T. Canavan, CEO, Saolta University Health Care Group, D Monaghan, Chief Officer, Community Healthcare Organisation, (Cavan, Donegal, Leitrim, Monaghan, Sligo))**

<b>W107Q3768</b>	What number of patients per day, attend Mayo University Hospital for kidney dialysis treatment? What number of patients from Mayo have to travel each day to University Hospital Galway for dialysis or to other locations outside Mayo? Why is Mayo University Hospital not in a position to cater for all the patients from Mayo who need dialysis?	<b>Cllr M Kilcoyne</b>
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The total number of patients currently attending Mayo University Hospital for Kidney Dialysis treatment is 74, with a breakdown of attendance as follows:

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
44	30	44	30	44	30

There are currently 6 Patients travelling to Galway for kidney dialysis treatment, and we hope to have 1-2 of these patients returning to Mayo University Hospital for dialysis in the coming week.

**A. Cosgrove, COO, Saolta University Health Care Group**

<b>W107Q3769</b>	Due to the outbreak of Covid-19 the Day Care Centre in Our Lady’s Hospital Manorhamilton was closed and has not reopened. Is there any update on when the service will resume, as elected representatives we are being asked this by the general public	<b>Cllr F Gurn</b>
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Currently, the day hospital in Our Lady's Hospital, Manorhamilton provides services for patients as an extension of the acute care setting - SUH. Such services include clinics such as the Falls Team, Cardiology Clinic, Speech and Language Therapy and Pain Management Team.

Prior to COVID, service users attended a day centre type facility in the hospital. However, this day centre type service can be availed of in the Bee Park Centre, also known as the Kilgar Centre, and the referral pathway has remained unchanged (self-referral, GP, PHN, family).

Meals on wheels can be availed of from Our Lady's Hospital and the request can be made through the PHN. There is also a meals on wheels service operating from The Rainbow Ballroom of Romance in Glenfarne and is available to anyone within a 50k radius.

In relation to Day Hospital Services in OLH, both the acute hospital and community health organisation are working to provide new models of care that allow people to stay healthy in their homes and communities for as long as possible. As a result, the need for a medical model day service that was provided in Our Lady's Hospital prior to COVID has diminished. The Enhanced Community Care Programmes offer medical services to our local population with a focus on providing quality care in an appropriate setting. At this stage, we are in discussions with CHO service to identify any service gaps in the locality to see how best to bridge any gaps. A further update will be provided later in the year on this matter.

**A. Cosgrove, COO, Saolta University Health Care Group**

<b>W107Q3770</b>	When will the essential refurbishment works begin at Donegal Town Community hospital?	<b>Cllr T Conaghan</b>
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It is anticipated that these works at Donegal Community Hospital will be tendered during October 2023. A public works contract will then need to be awarded following the procurement process. It is hoped that the works will then start on site in late 2023.

**Joe Hoare, Assistant National Director, Capital & Estates West**

<b>W107Q3771</b>	What is the criteria being used to prioritize Children to the highest degree of complexity speech therapy in Donegal East.	<b>Cllr G Crawford</b>
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Paediatric services nationally and in Donegal examine children's presenting needs under the National Access Policy. Children who are deemed to have complex needs under this policy are assigned to Children's Disability Network Teams (CDNTs) for service provision. Those children deemed to have less complex needs and who do not require an interdisciplinary service are assigned to Primary Care Services. A Manitoba rating scale is implemented to identify the children with the highest level of clinical need for intervention.

Below is the ranked prioritisation criteria for children identified as requiring Speech and Language Therapy (SLT) services within the Donegal East & Inishowen CDNT:

1. Assessment Of Need (AON) assessments
2. FEEDS (Feeding, Eating, Drinking, Swallowing) issues
3. Augmentative and Alternative Communication (AAC) implementation and support
4. Autism Spectrum Disorder (ASD) assessment for school starters so that the appropriate educational supports can be applied for via the Department of Education and the National Council for Special Education
5. Significantly delayed early language development, i.e. 18 months - 5 years
6. Difficulties with functional communication
7. All other, i.e. social skills problems, language difficulties, pronunciation difficulties

**D Monaghan, Chief Officer, Community Healthcare Organisation, (Cavan, Donegal, Leitrim, Monaghan, Sligo)**

<b>W107Q3772</b>	Has the HSE any proposals to facilitate speech and occupational therapy to those affected by the difficulties being experienced by those in need of such services in Donegal .	<b>Cllr G Crawford</b>
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### **Speech and Language Therapy (SLT) Service**

The Donegal Primary Care SLT Service was significantly impacted by staff vacancies, resignations and lengthy waiting lists post-Covid pandemic.

Under the Enhanced Community Care Model, Donegal has received 9.4 WTE additional Adult SLT posts and 8 WTE of these positions have been permanently filled to date. Local recruitment campaigns are underway to recruit for vacant positions that have not been filled from national panels.

In Donegal Primary Care Paediatric services, 16 WTE of the 17 WTE positions have been recruited to and recruitment is underway to fill the final vacant position.

Waiting lists for paediatric services have reduced from 2.5 – 2 years and the Service is on target to have waiting lists reduced to six months by year end. Cross cover is currently being provided to areas with lengthy waiting lists.

### **Occupational Therapy (OT) Service**

Within Co. Donegal Primary Care and Social Care Occupational Therapy Services (excluding the Children's Disability Network Team - CDNT), there have been ongoing vacancies across all paediatric and adult services to date this year. This has had significant impact on service delivery but the dedication and commitment of the Occupational Therapy (OT) team has meant that those who most require the OT service due to their presenting clinical needs have received it in a timely manner.

There has been significant work on recruitment to these posts by both Occupational Therapy Managers and Community Healthcare Network Managers. This work has included recruitment via agency contracts, the completion of a National Staff Grade OT Panel of Candidates, an ongoing campaign for Donegal for Senior Occupational Therapists which is anticipated to be live by October 2023, recruitment of Occupational Therapy Assistants to support more senior grades in their clinical work and completion of a joint HSE, ATU Bursary Scheme for graduates of Coventry University in 2024 and 2025.

The OT Service has ongoing initiatives to assist with progress for clients who are availing of or who are waiting for the service, such as:

- Waiting list validation by Staff Grade or Occupational Therapy Assistants by network/service.
- Autism Spectrum Disorder Pathway: Clinical Referral screening and post diagnostic workshops for parents.
- Paediatric OT Service: Pathways for service provision for children with ASD and sensory processing difficulties in development phase.
- Integration of Communication/Pathways between Letterkenny University Hospital and Sligo University Hospital have been established between the occupational therapy departments for expedition/planning of discharges.
- Integration of Communication/Pathways between the Integrated Care Programme for Older Persons (ICPOP) and Falls OT/Community OT Services.
- OT Manager participation at Integrated Children Services Forum (ICSF) to identify service which best meet a child's presenting needs.
- OT Manager participation at local CDNT/Primary Care Forum to improve integrated working between services.
- Multi-disciplinary team (MDT) Developmental Coordination Disorder Clinics (OT/Physiotherapy/Consultant Paediatrician) for children who present with motor coordination issues.
- Planning Phase for Specialist Feeding Service in Primary Care (with Speech and Language Therapy and Dietetics).
- Planning Phase for Upper Limb Service in Primary Care.
- Integrated working with Donegal County Council for OT Assessment and Recommendation as part of Housing Adaptation Grant Process.
- Integrated working between HSE Home Support Services and OT Service to ensure clients can safely be supported within their homes.
- Additional Senior Occupational Therapist post to commence in Specialist Seating & Wheelchair Service, October 2023.
- HSE Aids and Appliances - Ongoing support and planning to instigate improvements to services by OT Managers in conjunction with Primary Care General Manager and Business Manager.

- Joint OT/Psychology Workshop for Emotional Regulation for Children in planning phase in East Donegal Network.
- Implementation of clinical and professional supervision for all OTs on an individual and peer level.
- Implementation of working groups to progress continuing professional development, equipment clinical reviews and assurances, prioritisation for adult primary care.

***Dermot Monaghan, Chief Officer, Community Healthcare Organisation, (Cavan, Donegal, Leitrim, Monaghan, Sligo)***

<b>W107Q3773</b>	What is the current position in plans to restore Community Hospital services to Lifford.	<b>Cllr G Crawford</b>
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HSE Estates have received Capital approval for a new 25 bed Community Hospital on a greenfield site, which is currently owned by Donegal County Council. HSE Estates are currently in discussions with Donegal County Council, following which a Design Team will be appointed.

HSE Estates are also currently reviewing Lifford Hospital, in order to repurpose it for other Community Healthcare requirements.

***Dermot Monaghan, Chief Officer, Community Healthcare Organisation, (Cavan, Donegal, Leitrim, Monaghan, Sligo)***

<b>W107Q3774</b>	What is the current position In relation to the return of the long awaited and much needed day care services to both the Lifford and Stranorlar areas.	<b>Cllr G Crawford</b>
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Habinteg, Ballyduff Park, Lifford has been identified as the site for the provision of Day Services in the area. HSE Property Management is currently drafting the lease/rent agreement. It is proposed to commence the Day Services in Q4 of 2023.

Clients have been given the option of availing of alternative Day Services in Letterkenny and Newtowncunningham.

The HSE Estates can also confirm that we are working in conjunction with Donegal County Council to identify a suitable site in the Lifford area for the proposed new 25 bed community Nursing Unit.

***Dermot Monaghan, Chief Officer, Community Healthcare Organisation, (Cavan, Donegal, Leitrim, Monaghan, Sligo)***

<b>W107Q3775</b>	For the Timeframe January 2022 to June 2023 for each ambulance station could NAS provide a breakdown of how many times ambulances have been requested to travel outside the designated area to provide emergency cover in other areas b/ how often while answering these calls have ambulances been stood down to provide and told to return to their own base or rediverted to other calls c/ how many times have retained or full time firefighters been requested to cover a call where an ambulance should have been available to cover d/ is there a limit to distances travelled to provide ambulance cover e/ is there any criteria to decide if diverting an ambulance is not viable	<b>Cllr S Morris</b>
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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 Echo calls (Life Threatening cardiac or respiratory) or Delta 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. In the Mid-West during the timeframe January 2022 to June 2023:

- 6,188 NAS resources were dispatched to locations outside of the MW, this makes up 11% of total number of resources mobile during that period.
- During this time frame there were a total of 2,011 incidents where a Mid-West resource was mobile to a location outside the Mid-West but did not arrive on scene.
- Fire fighters are primarily requested by NAS to attend calls to provide specialised services and are not sent in lieu of a NAS practitioner. The National Ambulance Service have agreements in place with a small number of fire services

nationally where the fire service personnel respond to cardiac arrest calls in a similar manner to our community first responders where they could potentially have a closer resource. Again this would not be sent in lieu of a NAS responder.

- d. The National Ambulance Service is a national service, the nearest and most appropriate available resources can be, and are, tasked to respond to calls.

The National Emergency Operations Centre have a policy of 'review and revise' which clearly outlines the criteria for resourcing a call and guidance for diverting of an ambulance. The principles support the NAS to respond to the most critical patients first and utilises a software system call Advanced Medical Priority Dispatch System which prioritises the acuity of the patients based on the information received from the scene.

**Niall Murray, General Manager Area Operations, NAS.**

<b>W107Q3776</b>	What protocols are in place in the Mid West local injury units for dealing with sprains or breaks from the time they present themselves to the LIU and when they are actually seen by a consultant.	<b>Cllr S Morris</b>
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The Injury Units in St John's Hospital, Ennis Hospital and Nenagh Hospital are open every day for injuries in adults and children aged 5 and upwards. Below are the opening hours of our three units:

- St John's Injury Unit Limerick - 8am - 7pm
- Ennis & Nenagh Injury Units - 8am - 8pm

In 2022, the Injury Units had their busiest year to date. During 2022, a total of 38,523 patients attended our Injury Units in Ennis, Nenagh and St John's, representing a 30% increase on 2021.

Please see below the average patient experience time (PET) for each of the Injury Units (up to the 14th September 2023). A patients PET is measured from their arrival to the Injury Unit to their departure time. As outlined below, the majority of patients attending the Injury Units complete their full episode of care in less than 1.5 hours.

	PET
Ennis Injury Unit	1hr 31mins
Nenagh Injury Unit	1hr 17mins
St John's injury	1hr 22mins

The Injury Unit teams are composed of emergency medicine physicians, advanced nurse practitioners, nurses, health care assistants and administrative support, working together to provide a high quality and timely service for people with a wide range of non-emergency injuries including:

- broken bones to legs, from knees to toes
- broken bones to arms, from collarbone (clavicle) to fingertips
- all sprains and strains
- facial injuries (including oral, dental and nasal injuries)
- scalds and burns
- wounds, bites, cuts, grazes and scalp lacerations (cuts)
- small abscesses and boils
- splinters and fish hooks
- things stuck in eyes, ears or nose
- head injuries (fully-conscious patients, who did not have loss of consciousness or vomit after the head injury)

For further information on what may and may not be treated at an Injury Unit, please visit the following link.

<https://www2.hse.ie/emergencies/when-to-visit-an-injury-unit/#What-injury-units-can-treat>

Staff also provide quick access to diagnostics and x-rays, make the necessary arrangements to refer patients to specialist care when required, and arrange follow-up appointments within the Injury Unit where necessary.

For patients presenting to one of the Injury Units with an injured limb the process is as follows:

- The patient is assessed and triaged based on their clinical need
- The patient is seen by a clinician (NCHD or Advanced Nurse Practitioner)
- The clinician assesses the patient and determines if an x-ray is required
- If no x-ray is required, the patient is discharged with appropriate treatment and a follow-up appointment is scheduled if necessary
- If an x-ray is required and a fracture is found, it is interpreted by the clinician and is managed as per our agreed pathways. If necessary, the fracture may be discussed with the orthopaedic on call doctor in University Hospital Limerick. From there, an appropriate management plan is agreed and treatment is administered
- In some instances, patients may be referred for further treatment in University Hospital Limerick in one of the following clinics:
  - Virtual fracture clinic
  - Acute Fracture Clinic
  - Early Reduction Clinic
  - Ambulatory Trauma Assessment Clinic
- If there is no acute bone injury, the patient will be treated as appropriate in the Injury Unit and scheduled for follow up treatment if necessary

**C. Cowan, CEO, UL Hospitals Group**

<b>W107Q3777</b>	What are the daily trolley gar numbers for UHL from January 2019	<b>Cllr S Morris</b>
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TrolleyGar figures are reported three times daily at 8am, 2pm and 8pm by all acute hospitals including University Hospital Limerick. Acute hospitals report the number of patients in Emergency Departments awaiting admission to an inpatient hospital bed.

These returns are counted as Trolley Returns. The system known as TrolleyGAR enables the hospitals' system performance and helps trigger the hospitals' response during busy periods.

TrolleyGAR reports the number of patients awaiting admission in the Emergency Department whose wait time exceeds 9 hours and 24 hours.

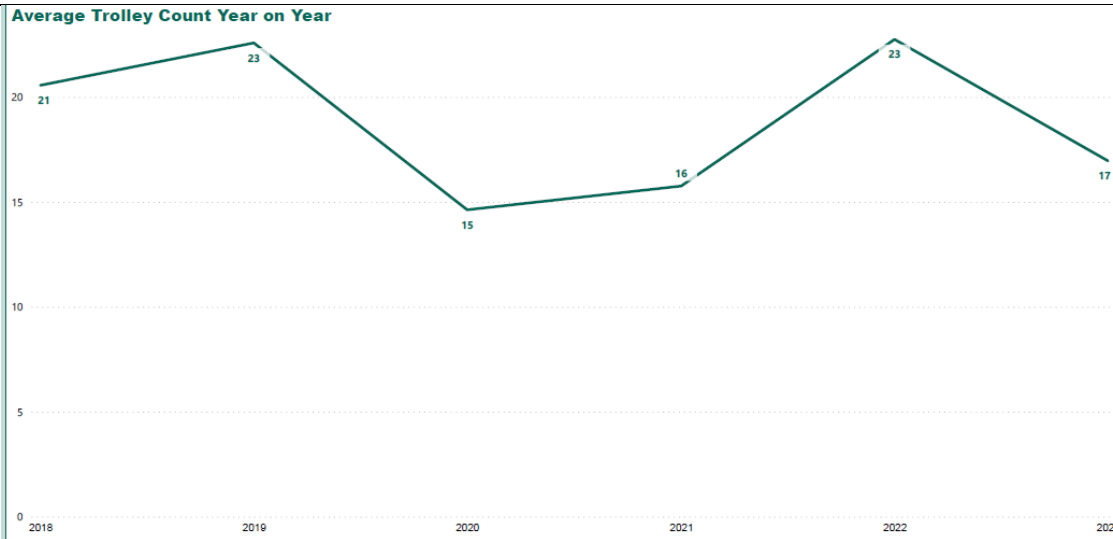
This data supports operational control and communication onsite, group and national levels in terms of meeting real time unscheduled care needs. It provides timely information on demand, and supports the use of timely, meaningful and robust data, to enable proactive responses to periods of additional 'surge' capacity in the system.

TrolleyGAR data is held centrally by the HSE and the daily returns can be accessed at the following link:

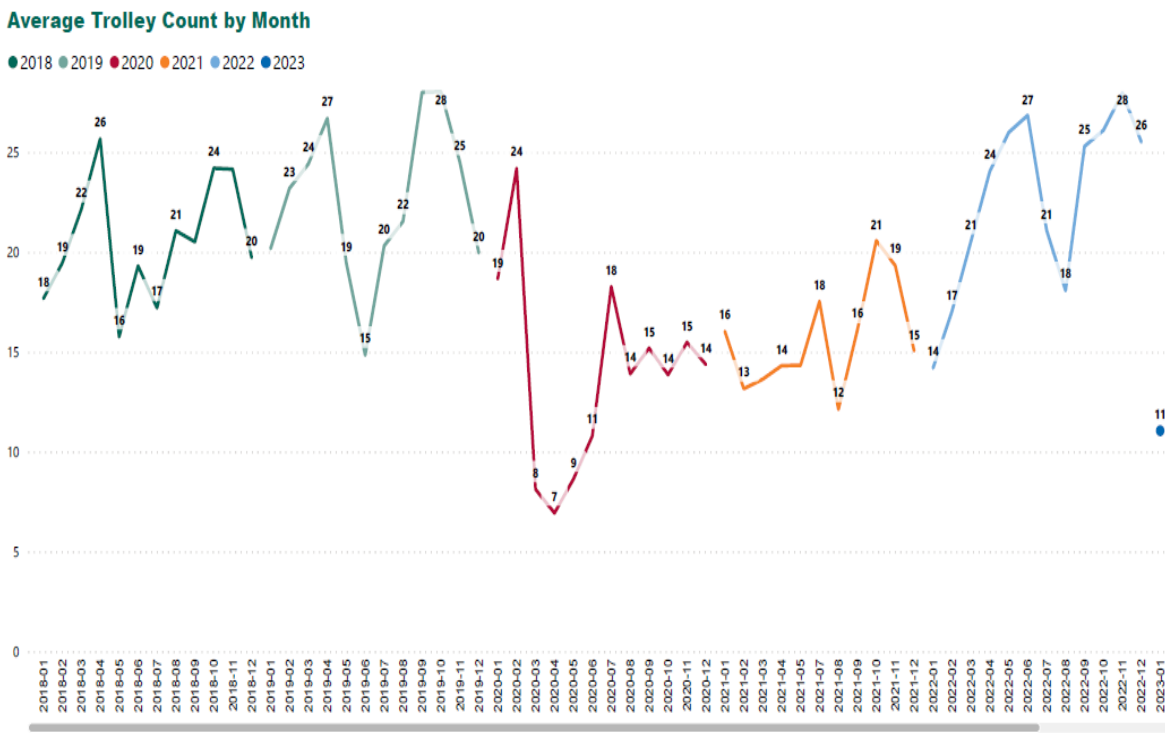
<http://137.191.241.85/ed/>

The below graph outlines the average TrolleyGar count for University Hospital Limerick between 2018-2023.





Also included below are the average TrolleyGar figures by month for University Hospital Limerick between 2018-2022.



In addition to TrolleyGAR reports for the ED, we continue to report through the daily HSE SBAR reports the number of admitted patients waiting for a bed in areas such as the Acute Medical Assessment Unit and Acute Surgical Assessment Unit and on our inpatient wards.

**C. Cowan, CEO, UL Hospitals Group**

<b>W107Q3778</b>	With the worsening of conditions of the Emergency department at UHL despite many investigations and interventions is Hospital management happy of the safety of the Emergency department for staff and patients alike?	<b>Cllr S Morris</b>
University Hospital Limerick continues to manage very high attendances at its Emergency Department. Provisional data shows a total of 6,692 attendances at the ED during the month of August, and an average daily attendance figure (223) that is approximately 15% greater than that of the pre-pandemic era.		

UHL's well documented shortfall in bed capacity remains the fundamental driver of overcrowding at UHL. Our teams must continually balance the needs of the most acutely ill emergency and urgent care patients against the needs of inpatients and those waiting for scheduled care.

We are following our hospital escalation plan to maximise patient flow and create additional capacity to manage the consistently high levels of activity in the hospital. Staff are focused on ensuring that emergency care is first received by the sickest patients.

Measures taken on a daily basis include opening surge capacity across all sites; transferring patients on trolleys to our inpatient wards; additional ward rounds by medical teams to expedite discharges or identify patients suitable for transfer to Ennis, Nenagh and St John's Hospitals; and working closely with our colleagues in HSE Mid West Community Healthcare in order to expedite discharges.

The publication of the HIQA report in June arising from its inspection at UHL in February 2023 provides some assurance that measures introduced to improve flow in the hospital and in the community are having a positive impact on patient care.

The report reflects an overall increase in compliance with the national standards since the previous inspection. Of the 15 standards assessed in the ED and across the hospital, UHL was found to be compliant in one instance, substantially compliant in seven, partially compliant in five and non-compliant in two. The areas of non-compliance relate in the main to physical infrastructure in our older nightingale wards and to patient dignity and respect in our Emergency Department.

The measures outlined below include progress made on the compliance plan arising from the HIQA report. They include:

- ED admission-avoidance for over-75s: In October 2022, UL Hospitals opened the new Geriatric Emergency Medicine (GEM) unit at UHL, and expanded the OPTIMEND Allied Health-led assessment & admission-avoidance service for the over-75s, through the recruitment of an additional 25 WTE staff. These include physiotherapy, occupational therapy, speech and language therapy who assess elderly patients in ED with a view to avoiding unnecessary admission to hospital.
- Safer Staffing: Safer Staffing levels for ED nursing staff have been reviewed and approval has been received nationally to recruit additional resources. Recruitment for these posts is in progress. Of the 21.5 nursing WTE approved under Safer Staffing, 17 are now in post and we look forward to welcoming four new staff nurses to the ED in September. In addition, UL Hospitals Group is recruiting all nursing graduates as they qualify from the University of Limerick in September 2023.
- Pathfinder: Q4 2022 saw the introduction of Pathfinder, a collaborative ED-avoidance programme run by the Group's allied health staff and the National Ambulance Service (NAS). Pathfinder aims to deliver safe alternative care at home for over-65s in the Limerick region, Monday to Friday, 8am-8pm. As of June 2023, the Pathfinder service has been extended to Clare and North Tipperary.
- A Head of Operational Services for UHL has been appointed
- A joint UL Hospitals Group and HSE Mid West Community Healthcare working group has been set up to enhance flow from our hospitals to rehab units across the Community Health Organisation. As part of addressing the unscheduled care demand, UHL has recruited additional staff to form a Discharge Co-Ordination Team.

Patient safety in the ED and across the hospital group is a constant area of focus for our staff. Examples of recent Quality and Patient Safety initiatives have been sepsis awareness events throughout the month of September and World Patient Safety Day on September 17<sup>th</sup>.

Sub-groups of our Deteriorating Patient Steering Committee have been established to oversee the rollout of training on sepsis and the various early warning systems used across the HSE.

In this manner, the committee ensures the implementation of the relevant early warning systems. Staff training on these early warning systems is ongoing with an increased focus in the last number of months on the following:

- The Irish National Early Warning System (INEWS)
- The Irish Maternity Early Warning System (IMEWS)
- The Paediatric Early Warning System (PEWS)

This training has been complemented by the completion of audits to ensure compliance with the national guidance.

As set out in the compliance plan included in most recent HIQA inspection report, training has commenced on the Emergency Medicine Early Warning System (EMEWS) and is now well advanced at UHL. More than 70 staff in our ED have been trained in this system to date and we expect this training will be fully implemented in the ED by September/October as we increase the complement of nursing staff in line with the Safer Staffing initiative.

These are only some recent examples of initiatives to keep patients safe in our ED and across our hospitals.

There is of course a growing body of evidence that lengthy waits for admitted patients on trolleys in our EDs are associated with poorer patient outcomes. This is why we maintain a constant focus on reducing PET times through the measures in our escalation plan, admissions avoidance and integrated care pathways such as those listed above while also focusing on delivering the additional inpatient bed capacity that is integral to addressing this problem.

It is important to acknowledge progress in the provision of care to the sickest patients in the region. For example, we have considerably increased our critical care capacity in recent years in one of the most modern ICU/HDU facilities in the country.

UL Hospitals Group has been part of the national success story in the introduction of national clinical programmes and advances in care for cancer, stroke and cardiology patients that have contributed to an unprecedented increase in life expectancy in Ireland.

We measure our performance and patient outcomes through our participation in regular clinical audit and other quality assurance initiatives. Forum members are encouraged to visit the website of the National Office of Clinical Audit or NOCA ([www.noca.ie](http://www.noca.ie)) to see how UHL compares to other centres against national standards and outcomes for stroke and heart attack patients. We have invested heavily in our cardiology and stroke services in UHL – new treatments, additional staffing and modern infrastructure - in recent years and these improvements in patient outcomes are reflected in the audit results.

NOCA also publishes an annual National Audit of Hospital Mortality, which captures data on inpatients. These audits are published on the NOCA website.

The latest available report, for 2021, shows that mortality rates at UHL, adjusted for co-morbidities, are within the expected range or better than expected in all the main disease categories, including stroke, heart failure, respiratory (COPD, pneumonia) etc.

The annual reports of the National Healthcare Quality Reporting System are available on the Department of Health website and are another useful resource on the quality and safety of services in UL Hospitals Group. These consistently show mortality rates in UHL to be on a par with comparator hospitals nationally and on a par with if not better than health systems across the OECD.

**C. Cowan, CEO, UL Hospitals Group**

<b>W107Q3779</b>	A new contracted satellite haemodialysis unit service has been promised for Ennis, What is the current status of this unit? Do we have a potential start date?	<b>Cllr M Howard</b>
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UL Hospitals Group is seeking to establish a contract for the provision of a haemodialysis service with a suitably qualified renal provider for a Contracted Satellite Haemodialysis Unit service in Ennis. We envisage that this unit will be similar to the satellite centre already in place on the Dock Road, Limerick.

The tender process for the Contracted Satellite Haemodialysis Unit is progressing and we have met with a number of potential providers. The shortlisted companies will be invited to present their proposals in October 2023. As part of the contract, the successful company will provide the dialysis machines.

UL Hospitals Group will work with National Procurement with a view to having the contract awarded by Q1 2024. The opening date of the unit will be determined by the successful tender and their proposal. For example, a new build would take approximately 24 months to complete while the reconfiguration of an existing building would take between 12-18 months to complete.

Governance of this unit will be provided for by UL Hospitals Group with a designated Consultant Nephrologist from the Renal Department at University Hospital Limerick providing the overall clinical governance.

The development of the unit in Ennis will allow patients to benefit from better quality of life by being able to avail of treatments closer to home. The development of this unit will also help ease pressure on the Renal Department at University Hospital Limerick and on the satellite unit on the Dock Road, Limerick.

The tender specification document provides for four isolation rooms, a gowning area suitable for patients with blood-borne viral illnesses including Hepatitis B in line with national guidelines and will facilitate 1:1 and 1:2 nursing.

It is envisaged that the satellite facility will provide the following services:

- Consultant-directed medical care for chronic haemodialysis patients
- Nurse-delivered / supervised haemodialysis delivery and care with regular consultant led reviews
- Regular dietetic review and support
- Other clinical supports as required, such as pharmacy services
- Administrative support

UL Hospitals Group is committed to working with all relevant stakeholders to ensure the delivery of this unit.

**C. Cowan, CEO, UL Hospitals Group**

<b>W107Q3780</b>	Regarding the provision of CAMHS, over the last few months there has been serious concerns about the capacity of CAMHS to provide a safe service of young people within Co Clare, with mental health issues. This is on foot of a report conducted by the Mental Health Commission. This report found that some children had no key worker to ensure arrangements were in place for follow up, this followed unplanned leave of a senior clinician, use of unregistered locums, long waiting lists, etc. What steps have been taken to address these issues? How many young people are currently waiting 3/ 6/ 12 months or more to be seen or assessed, or treated? How do these figures compare with 2022 and 2021?	<b>Cllr M Howard</b>
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HSE Mid West Community Healthcare (MWCH) has engaged with the Mental Health Commission (MHC) throughout its examination of CAMHS, including during their inspection in the Mid West in June 2022. Throughout this process, and before it commenced, HSE MWCH initiated a series of service improvements within to enhance the CAMHS service and improve the experience of children, young people and families in the Mid West.

HSE Mid West Community Healthcare acknowledges that there have been deficits in the provision of CAMHS and I wish to apologise to children and families who have not received the standard of care that they or we expect. The delivery of a high-quality CAMHS service to the children and young people of Clare, Limerick and North Tipperary is a priority for HSE Mid West Community Healthcare. We have made, and are making, significant investments in the service.

At the time of the MHC review, in 2022, all Consultants in CAMHS Mid-West worked part time. In the intervening period, CAMHS Mid West has been successful in recruiting an additional 2.6 WTE CAMHS-Registered Consultants for the service. This

strengthens medical governance and increases availability for children to access the service for assessment and treatment. It has also supported a reduction in CAMHS waiting lists.

The most recent available data on CAMHS activity in the Mid West demonstrates considerable improvement across several key areas. This includes the following:

- There has been a 34% reduction in waiting lists across the CAMHS Mid West service since 2021.
- CAMHS Mid West accepts the highest rate of children and young people into the service on the first referral.
- CAMHS Mid West records the shortest waiting list for eating disorders.
- CAMHS Mid West exceeds national targets in the numbers of children and young people seen.

This enhanced service delivery to children and young people is only possible due to the dedication and commitment of CAMHS staff across the Mid West.

**Developments across the CAMHS Mid West service include:**

**2020**

Introduction of additional Advanced Health Practitioner posts to develop a leadership structure and enhance staff retention across CAMHS Mid West. The following roles were filled:

- 1 Senior Occupational Therapist.
- 1 Senior Social Worker.
- 1 Senior Speech and Language Therapist.

Concurrently, in response to the needs of the children and young people presenting with Eating Disorders in CAMHS Mid West, the following posts were approved:

- 2 Dietetic posts to support children with Eating Disorders.
- 1 Social Worker post.

**2021**

- Recruitment of 1 CAMHS registered Consultant.
- 1 Psychology Assistant was recruited to support group work with parents.

**2022**

Recruited:

- 1 CAMHS registered Consultant.
- 1 CAMHS registered Consultant Psychiatrist (providing Tele-psychiatry).
- 5 Medical Secretaries across five teams.

**2023**

Recruited

- 0.6 CAMHS registered Consultant for the Central Limerick Team.
- 1 Senior Psychologist to undertake a 12-month waiting list initiative.

**Establishing a 7<sup>th</sup> CAMHS Team in the Mid West**

A 7<sup>th</sup> CAMHS Team is in development for the Thurles/North Tipperary Area. A full-time CAMHS Consultant is in place, along with administrative support. Recruitment is ongoing for 1 Clinical Nurse Specialist and 1 Social Worker.

**Approved for Recruitment in the remainder of 2023:**

- Clinical Director for CAMHS.
- CAMHS registered Consultant.
- Upgrade of a basic OT to a senior OT.
- A regrade of a CAMHS Social Work Practitioner post to a Social Worker Team Leader post.

- \*1.0 Practice Manager.
- \*1.0 Team Coordinator.

\* - The positions of Practice Manager and Team Coordinator are being recruited in respect of one CAMHS team, after which these roles will be evaluated with a view hiring additional staff in these roles across the wider CAMHS Mid West service.

#### **Recruitment allied with National Clinical Programmes:**

MWCH works in partnership with clinical directors for the National Clinical programmes, developing new models of care to meet the needs of children and families in the Mid West. This engagement has led to improvements for the CAMHS service and the development of a number of Clinical Programmes in our region.

The following new development posts are aligned with the National Clinical Programmes and are in the process of recruitment:

- 2 ANP posts (Eating Disorders).
- 1 medical secretary (CAMHS Hub, Position Accepted).
- 1 Advanced Nurse Practitioner (CAMHS Hub - Campaign to commence).
- 1 CAMHS registered Consultant (CAMHS Hub - post under recruitment).
- 1 Social Worker (CAMHS Hub - Recruited).
- 1 Senior OT (CAMHS Hub - new campaign underway).

#### **Additional CAMHS Developments**

##### **CAMHS Hub**

A CAMHS Hub is being developed in the Mid West. This Hub is a national clinical programme for which the Mid West is a pilot site. It is intended that the Hub and associated pathways will provide an alternative to inpatient care, providing children and young people with acute treatment at home or in the Hub Day Hospital as appropriate. This Hub will be based in Limerick City, it will serve the Mid West. It is anticipated that the service will commence in the coming weeks.

##### **New CAMHS Hub and Day Hospital:**

A major capital plan for a new CAMHS Centre and Day Hospital located on the St. Joseph's Hospital Campus site, Mulgrave Street, Limerick, is being progressed. Capital funding is approved. A design team is finalising its work and is gone for planning with a completion date of 2026.

##### **CAMHS MHID:**

A CAMHS MHID is in development, to offer specialised Mental Health Support to Children with an Intellectual Disability. This is due to commence in Quarter 4 of 2023.

The following posts are in recruitment for this team.

- 1 CAMHS Consultant (recruited).
- 1 Senior Psychologist.
- 1 Clinical Nurse Specialist.
- 1 Grade IV Administration.

#### **Waiting lists for CAMHS Mid West**

Since 2021 we have reduced our waiting List by 34%. There are now no children waiting over 12 months for an appointment, down from 18 in 2021.

	<b>2021</b>	<b>2022</b>	<b>2023</b>
<b>0 to 3 months</b>	38	67	34
<b>3 to 6 months</b>	24	14	15
<b>6 to 9 months</b>	11	3	12
<b>9 to 12 months</b>	1	2	0

<b>12 to 15 months</b>	18	1	0
<b>Total</b>	<b>92</b>	<b>87</b>	<b>61</b>

**Maria Bridgeman, Chief Officer, HSE Mid West Community Healthcare**

<b>W107Q3781</b>	Please provide an update on the current stage of progress made in regard to the appointment of a new permanent Consultant Radiologist to be based at PUH which was expected to be advertised by now- ie has the post yet been advertised, shortlisted, interviews held, HR processes carried out, job offer/s made and a start date given?	<b>Cllr E Francis Parsons</b>
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Applications for the post of Consultant Radiologist has been completed and returned to the Consultant Advisory Applications Committee (CAAC). We are awaiting National Approval.

**A. Cosgrove, COO, Saolta University Health Care Group**

<b>W107Q3782</b>	Please provide an update on the appointment of an external Professional Property Advisor and the expected timescale of readiness for disposal of surplus lands and buildings on the St Brigid's Hospital Property campus portfolio.	<b>Cllr E Francis Parsons</b>
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I can confirm that an external professional property advisor has only recently been appointed to support the disposal of surplus lands and buildings on the St Brigid's Hospital Property campus. Engagement is planned over the coming period on the way forward. This initial engagement will help clarify the requirements for disposal and the expected timelines.

**Joe Hoare, Assistant National Director, Capital & Estates West**

<b>W107Q3783</b>	Could the HSE confirm the date set for the open day at Tuam Health Campus (Hospital & CNU)?	<b>Cllr D Killilea</b>
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Táiniste Micheál Martin, will officially open the new Joe & Helen O'Toole Community Nursing Unit and The Grove on Monday 16<sup>th</sup> October 2023.

The Joe & Helen O'Toole Community Nursing Unit are planning an open day on Wednesday, 11<sup>th</sup> October and the Grove open day is being planned for the 13<sup>th</sup> October for members of the public to visit the new Health Campus.

**J Fitzmaurice, Chief Officer, Community Healthcare West**

<b>W107Q3784</b>	Could the HSE confirm how the staffing programme is going for the new Tuam Health Campus? Expected date to open of all units?	<b>Cllr D Killilea</b>
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**Older People Services:**

Recruitment of staff is progressing for the new Joe & Helen O'Toole Community Nursing Unit (CNU) in Tuam. There will be adequate staff in place on the ground floor for the initial 25 beds. Equipping of the rooms is well underway. Registration application is being lodged with HIQA and the service will open subject to same being granted. It is planned subject to registration to open the new CNU before the end of November 2023. The Áras Mhuire residents will be moving in first and once they are settled in, other admissions will follow.

**Mental Health Services:**

All of the Mental Health Services Team previously based in Toghmore House have now relocated to the new Grove facility.

**Disability Services**

The Grove facility opened in June 2023.

The Grove and CNU in the Tuam Health Campus will be officially opened by Tainiste Martin on the 16<sup>th</sup> October 2023.

An open day for members of the public is due to take place on the previous week.

All of the Children's Disability Network Team previously based in Toghmore House and Gilligan House have now relocated to the new Grove facility. This provides a much better working environment with the full team based in the same location.

There have been some staffing challenges due to retirements and transfers. We are working closely with HR to ensure that all vacancies are filled as soon as possible.

**J Fitzmaurice, Chief Officer, Community Healthcare West**

<b>W107Q3785</b>	Can the HSE confirm that a meeting request has come from Galway Co Co re Toghermore Campus/lands, Tuam?	<b>Cllr D Killilea</b>
I can confirm that the HSE has received communication from Galway Co. Co on this matter and will engage with the local authority over the coming period.		
<b>Joe Hoare, Assistant National Director, Capital &amp; Estates West</b>		
<b>W107Q3786</b>	I have been informed that the one orthodontist who covers Co Clare has retired and he is not yet replaced. I have been told the waiting list is four years, when will this orthodontist be replaced?	<b>Cllr M Howard</b>
I can confirm that the Specialist Orthodontist retired from the HSE on the 28 <sup>th</sup> July 2023. A recruitment campaign is in progress to fill this vacancy.		
In addition to replacing this post, the HSE Orthodontic Service in the HSE Mid West area has received approval to fill two additional Specialist Orthodontists posts within the service and the recruitment process for these posts is also active. If this recruitment campaign is successful, it would be anticipated that the waiting time for treatment will reduce significantly. However, this is contingent on the successful completion of these recruitment campaigns in what is a very competitive market for such specialist resources.		
Since May 2022, the HSE has conducted five recruitment campaigns (most recently in August 2023) in an attempt to backfill the three vacant Specialist Orthodontist posts (one retirement and two newly approved posts). Successful candidates were offered positions as a result of this campaign but these candidates have not accepted these posts.		
The most recent campaign (August 2023, closing date 15/09/2023) has attracted no applicants. While every effort has been made to fill the existing vacancies within the service, unfortunately, the pool of Specialist Orthodontists is very limited and most are attracted to the more lucrative conditions of private practice.		
It should be noted that the issue of recruiting and retaining suitably qualified Orthodontists is not unique to the HSE Mid West area, it is an issue for the HSE Orthodontics Service throughout the country. HSE Mid West Community Healthcare will continue its efforts to fill these important roles within the Orthodontic service.		
<b><u>Waiting times for patients to commence treatment</u></b>		
As per HSE policy, patients who are in need of an orthodontic assessment must be referred from the Primary Care Dental Service prior to their 16 <sup>th</sup> birthday. Protocol dictates that such a referral, if indicated, takes place following the child's sixth class school dental examination by HSE Dental Service where the referring clinician considers that the patient's malocclusion may be eligible for HSE orthodontic treatment in accordance with the Modified IOTN Eligibility Guidelines (2007).		
While the national target for the waiting time for orthodontic assessment is that 45% of patients should be seen within six months of referral, due to the unique assessment strategy in operation within the Mid-West, 100% of patients are seen within six months of referral and 80% of assessments are seen within three months of referral.		
Assessments are completed at all orthodontic clinics within the region: Limerick, Ennis, Thurles and Nenagh.		
Patients who have been considered to be eligible for HSE orthodontic treatment are categorised into 2 Grades:		
<ul style="list-style-type: none"> <li>• Grade 5: Severe malocclusion e.g. impacted teeth, multiple missing teeth, increased overjet (prominence of the teeth);</li> <li>• Grade 4: Less severe malocclusion e.g. deep overbite, cross-bite, crowding.</li> </ul>		
While Grade 5 patients are given priority within the existing waiting list protocol, given the demands on the HSE Orthodontic service and the current resources in terms of manpower, the waiting time for treatment is over four years. It must be stressed that this waiting time is not unique to the Mid-West area and national data confirms that patients in other regions experience		



a similar waiting time for treatment. If recruitment efforts are successful, with candidates accepting posts, this will result in a significant reduction in the waiting time for treatment.

Most Grade 4 patients (with the exception of those who have a surgical component to their treatment needs) are outsourced to private service providers through the National Orthodontic Waiting List Initiative which has been ongoing since 2016. It can be anticipated that continued funding for this scheme will continue to have a very positive impact on the waiting times for Grade 4 patients. For those Grade 4 patients who require treatment to be completed within the service, the waiting time is over four years.

Patients who have been considered to be eligible for HSE Orthodontic treatment may avail of treatment in Northern Ireland under the Northern Ireland Planned Healthcare Scheme. Under this scheme, the HSE will reimburse up to €2,100 towards the cost of treatment or the cost of treatment whichever is the lesser. All of the treatment must be completed within Northern Ireland to be eligible for reimbursement. Any patient who has been considered to be eligible for HSE orthodontic treatment can avail of this scheme from the time of assessment onwards.

The waiting time for orthodontic treatment for non-priority cases is currently over four years. Similar to the situation in other regions, the demand for orthodontic treatment greatly exceeds the availability of resources.

Orthodontics differs from other clinical disciplines in that a course of treatment takes on average 18-24 months to complete. Therefore, the waiting time for treatment is not merely a function of the chronological position of a given patient on the treatment waiting list but rather is a function of the number of patients in active treatment at any given time, the complexity of treatment and, as a corollary, the time taken to complete treatment.

The HSE Orthodontic Service in the HSE Mid West area is making every effort to see patients in as timely a manner as is possible within the resources which are currently available to the service.

***Maria Bridgeman, Chief Officer, HSE Mid West Community Healthcare***

<b>W107Q3787</b>	It has been stated that UHG are currently undertaking a review of cases where babies were diagnosed with subgaleal haemorrhage during 2022. The number of babies being reviewed and other details have not been provided at this time but a statement issued by the HSE relays that "in all of the cases the infant was discharged home well from hospital." When will the details and findings of this internal review be made public and meanwhile what mechanisms are in place to address public concerns.	<b>Cllr E Francis Parsons</b>
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During the year 2022 a small number of cases of subgaleal haemorrhage related to instrumental vaginal delivery were reported to the Saolta Group Women's and Children's Serious Incident Management Team meeting. While the numbers appeared to be increased, the occurrence of neonatal subgaleal haemorrhage was within published accepted limits (Levin et al Eur J Obstet Gynaecol Vol 245, 2019). Subgaleal haemorrhage is a known complication of instrumental vaginal delivery, and particularly vacuum-assisted delivery. All cases were reported and logged on the National Incident Management Systems (NIMS). Saolta has a clinical guideline in place to provide advice to staff regarding the detection and management of potential subgaleal haemorrhage in the newborn. Saolta discussed the occurrences with the National Women's and Infant's Health Programme (NWIHP) who agreed to review the cases. All families were advised that a review was being undertaken. Further communications will shortly take place with the families to appraise them of the findings of the report.

***T. Canavan, CEO, Saolta University Health Care Group***

<b>W107Q3788</b>	What support services, including suitable assisted living arrangements, are offered to adults living with acquired brain injuries in CHO2 who are currently cared for by aging parents and who wish to transition towards supported independent living, ensuring a sustainable and future-proof care provision considering the number of individuals affected and the supports available in other CHO areas.	<b>Cllr E Francis Parsons</b>
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Disability services support and enable people with disabilities to live the life of their choosing in their own homes and communities, through services, supports and environments, designed and adapted as necessary to meet their needs, enabling them to live ordinary lives in ordinary places as independently as possible.

The following is a list of support services and suitable assisted living arrangements offered to adults living with acquired brain injuries in CHO2:

1. Personal Assistant (PA) services – home care supports provided to individuals with a physical & sensory disability
2. Quest Brain Injury Services – group rehabilitative training support offered to individuals living with an acquired brain injury
3. Rehab Care, Outreach – 1:1 rehabilitative training support in the home for individuals living with an acquired brain injury
4. Cheshire apartments - independent living apartments with 24/7 on call supports and collaborative working with Rehab care and Personal Assistant services where appropriate
5. Rehab care Logan House – residential apartments for individuals with an acquired brain injury with access to OT, Neuropsychology and other MDT supports
6. Holly Lane Services – 24/7 residential support providing OT & Physio for individuals with an acquired brain injury
7. Residential Bespoke Services – residential houses delivered by private providers / agencies with high staff ratio / transport / full MDT including behavioural therapy, Psychology and Psychiatry
8. Collaborative supports with the City & County Councils and HSE Primary Care teams through social housing allocations with wrap around supports

**J Fitzmaurice, Chief Officer, Community Healthcare West**

<b>W107Q3789</b>	Has HSE (Property Management) expedited the disposal of the property (Old Health Centre, Binion, Clonmany) following resolution of title issues. What interest if any has resulted from the building being on the intra state register? When might the HSE proceed to put the property on the open Market?	<b>Cllr A Doherty</b>
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The HSE Property Management section has continued to engage with our legal agent with a view to resolution of title issues. The difficulty is that title issues remain to be resolved in the first instance to enable disposal of the property. The HSE’s legal agent is still engaging with the Property Registration Authority (PRA) with a view to finalising title in relation to this property. Identifying the adjoining landowners is key to the process and work is ongoing in this regard. The property is currently on the intra state register. HSE Property Management made the local authority aware of this property a number of years ago as the Council have a yard to the rear of the Health Centre however Donegal County Council have not expressed an interest to date. If no interest is ultimately noted via the intra state register, then HSE will proceed to put the property on the market at the earliest possible opportunity once the title issue has been resolved.

**Joe Hoare, Assistant National Director, HSE Capital & Estates**

<b>W107Q3790</b>	Disability Services and Respite provision Has Riverwalk Respite House reopened & recommenced the provision of respite services for people with disabilities living in the Inishowen area? Will HSE Estates assess and expedite necessary upgrade works required to enable respite provision at Milltown House Carndonagh and ensure that funding required is sourced and secured at the earliest possible date? ("Specialist structural and mica assessment of Milltown Hse. is complete")Jun.2023.	<b>Cllr A Doherty</b>
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**Riverwalk Respite House** - New accommodation has been acquired by the HSE for the resident currently living in Riverwalk House. All refurbishment work has been completed and the house has been appropriately decorated and is to the resident’s taste. All documentation required for registration has been submitted to HIQA. The HSE is currently awaiting registration for the house and once this has been received from HIQA, the resident will be able to move into their new home. Thereafter, respite services will reopen at Riverwalk House for people with a disability.

**Milltown House** - A mica assessment has been completed on the building in Milltown House. HSE Estates are currently awaiting a formal report and this will inform a plan for upgrade works on the facility. These works will bring Milltown House to the regulatory standards required for respite services provision. When the required upgrade works have been identified, this will determine the funding requirements for upgrading and the final terms for agreement on the future of the property by Community Healthcare Cavan, Donegal, Leitrim, Monaghan, Sligo services, HSE Estates and the Milltown House committee.

***Dermot Monaghan, Chief Officer, Community Healthcare Organisation, (Cavan, Donegal, Leitrim, Monaghan, Sligo)***

The HSE received the MICA results and Structural Engineers report on Milltown House on Monday 11<sup>th</sup> September. The full review now needs to be finalised including proposals for improved disabled access, structural repair works, Infection Control upgrades, sub- division of the building and site to prevent the Swimming Pool use impacting on the residents (including a new entrance area to the separate swimming pool) and a full Mechanical and Electrical services upgrade of both the Pool area and Respite Area. Note that this is a substantial project which now requires a detailed study to provide accurate projected costs, a project programme and to ensure the scope delivers a building fit for purpose. Regarding Riverwalk House the matter requires further service consideration. An alternative property has been sourced and upgraded in Carndonagh to allow Riverwalk to re-open for Respite.

***Joe Hoare, Assistant National Director, Capital & Estates West***

<b>W107Q3791</b>	Will HSE disability service review & evaluate the number and roles of staff positions deemed required yet remaining vacant. Will the HSE prioritise the filling of all such vacancies and analyse and review the effectiveness of the "panel system" in enabling the prompt filling of vacancies. Key positions remain available yet unfilled in the local CDNT service including et al speech and language therapists, occupational therapists, physiotherapists and community facilitators, will the HSE ensure the provision of a fair and adequate support service is available for local children with the full spectrum of physical and intellectual disabilities?	<b>Cllr A Doherty</b>
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The HR Department in CH CDLMS are committed to working with the Disability Services to fill vacant posts within the CDNT across the area.

A number of initiatives have been planned and are in train, to attract and retain staff in the CDNT Teams. HR and the Disability Services established a Disability Recruitment Forum in 2022 which focused on “unable to fill” posts; recruitment & retention strategies have been formed and are in place. The Forum is jointly led and chaired by the Head of HR and Head of Service Disability and covers all services within the Disability Services. A CDNT focused Recruitment Forum was formed recently to focus solely on recruitment and retention in the CDNT Teams.

HR and the Disability Services attended a Job Fair on the 12<sup>th</sup> September in Derry to promote jobs in the CDNTs. A meeting to discuss and plan further Recruitment drives will take place in early October.

CH CDLMS in conjunction with CHO2 and CHO8 plan to hold HSE Job Fairs in Qtr 4 2023 across the CHO areas, 4 of which will be in the CH CDLMS area, i.e. Letterkenny, Inishowen, Sligo and Cavan . Services including the CDNT Teams, will be invited to promote roles within their services at the Fair.

Local HR Teams and NRS have launched campaigns specific to CDNT posts in recent weeks. HR are liaising with the CDNTMs to ensure there are panels in place to meet the demands of their vacancies.

CDNT vacant positions are advertised on the HSE Website and the Community Healthcare CDLMS facebook page and will also be advertised in Northern Ireland and the UK.

CH CDLMS Communications Department are tweeting all CDNT recruitment campaigns on the Community Healthcare Cavan, Donegal, Leitrim, Monaghan, Sligo Twitter (X) account.

The following table sets out the staffing position in respect of each of the three Donegal Children's Disability Network Teams by:

- Whole Time Equivalent (WTE) Approved Posts
- Current WTE In Post
- Current WTE Vacancies
- Percentage of Approved Posts Vacant

CDNT	WTE Approved Posts	Current WTE In Post	Current WTE Vacancies	Percentage of Approved Posts Vacant
Donegal East & Inishowen	26.6	11.8	14.8	56%
Donegal North	29.5	12.5	17	58%
Donegal South West	21	18	3	14%

The following table sets out the WTE vacancies by grade/discipline in each of the three teams:

Discipline	CDNT Donegal East & Inishowen	CDNT Donegal North	CDNT Donegal South West	Total
Senior Occupational Therapist	2.6	3	0	5.6
Staff Grade Occupational Therapist	0	1	0	1
Senior Physiotherapist	1.8	1	0.5	3.3
Staff Grade Physiotherapist	1	1	0	2
Senior Speech & Language Therapist	2.6	2	0.8	5.4
Staff Grade Speech & Language Therapist	0	2	0	2
Senior Psychologist	0	1	0	1
Staff Grade Psychologist	1	2	0	3
Team Leader Social Worker	0	1	0	1
Senior Social Worker	0	1	0	1
Staff Grade Social worker	1	0	0	1
Social Care Team Leader	0	0	0.9	0.9
Social Care Worker	1	0	0.8	1.8
Community Facilitator	0.8	2	0	2.8
Grade V Administrator	1	0	0	1

<b>Grade IV Administrator</b>	1	0	0	1
<b>Clinical Nurse Specialist/Clinical Nurse Manager II</b>	1	0	0	1
<b>Total</b>	14.8	17	3	34.8

The three CDNTs in Donegal area have each put in place a contingency plan to manage the impact of the current vacancies across their services ensuring a continuation of services. Contingency plans are based on the prioritised needs of children and statutory obligations under the Disability Act 2005. Contingency plan measures include the following actions:

- Caseloads for Physiotherapy, Occupational Therapy and Speech & Language Therapy are prioritised so that children with the highest current priority needs are dealt with. Examples of prioritisation criteria are as follows:
  - Occupational Therapy – equipment needs.
  - Speech & Language Therapy – Augmentative & Alternative Communication devices; Feeding, Eating, Drinking, Swallowing issues; Early Years Language.
  - Physiotherapy - new-born babies with disability/premature babies.
- Managers with appropriate clinical qualifications and experience who are registered with the appropriate professional body are providing clinical services.
- Initial screenings and reviews of priority needs occurring monthly.
- Disability Act Assessment of Need assessments, Autism diagnostic assessments and/or cognitive assessments are being outsourced where appropriate private contractors can be sourced.
- Children who are school starters are prioritised so that CDNT assessments can be completed to allow the child's school to apply for educational supports to the National Council for Special Education/Department of Education. Where private provider capacity can be sourced, some of these assessments are outsourced.
- Behaviour Therapist employed to support requirements in this area arising from Psychology vacancies.
- Agency staff employed where they can be sourced. Ongoing liaison with agencies is maintained.
- Drop in clinics.
- Group work offered.
- Staff overtime offered ongoing.

Disability Services management have ongoing engagements, including a dedicated CDNT recruitment forum, with the HSE Human Resources department. An action plan to further develop bespoke measures to attract staff into CDNT posts is being progressed. The national workforce challenges across many health sector areas, including CDNTs, requires significant national level measures in addition to local measures being taken. Workforce planning, training programmes, terms and conditions, prioritisation/incentivised schemes are required to address the staffing challenges in the immediate term and longer term.

The Children's Disability Network Teams in Donegal are endeavouring to support children and their families at this time and will monitor the situation and required contingency plan actions on a week by week basis.

***Dermot Monaghan, Chief Officer, Community Healthcare Organisation, (Cavan, Donegal, Leitrim, Monaghan, Sligo)***

<b>W107Q3792</b>	Day care centre restoration at Carndonagh Community Hospital. Will HSE Estates and IPC team acknowledge that "shortcomings" issues noted regarding the suitability of day care provision are NOT insurmountable? Will the HSE Estates and IPC prioritise and progress the review of developing within the hospital location an area that meets with IPC recommendations and enables the restoration of Day Care services?	<b>Cllr A Doherty</b>
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HSE Estates and Infection and Prevention Control (IPC) are actively involved in addressing all identified issues to enable the commencement of day services in Carndonagh Community Hospital as soon as it is safe to do so.

An IPC Report has been received which has identified substantial deficiencies which cannot be mitigated against within the current footprint of the building. The HSE Estates Department have been requested to progress a review of existing or new premises which will meet the requirements for providing a day centre within Carndonagh.

Following this review the HSE will have determined if a suitable venue has been obtained so as to recommence the day service.

***Dermot Monaghan, Chief Officer, Community Healthcare Organisation, (Cavan, Donegal, Leitrim, Monaghan, Sligo)***

The IPC report has identified substantial deficiencies which cannot easily be mitigated against within the current footprint of the building. The HSE will progress a review for providing a Day Care Centre for the Carndonagh area. This review will include consider of various options within Carndonagh including leased premises, New Build solution and existing HSE Owned premises. Given the ongoing requirements for increased space within Community Hospitals, an alternative location in Carndonagh is likely to emerge as a strong option from both a programme and future compliance perspective. Any solution must meet the long term needs of both the Community Hospital and the Older persons Day Centre.

***Joe Hoare, Assistant National Director, Capital & Estates West***

<b>W107Q3793</b>	<p>Why is it impossible to get home help in Co Mayo?</p> <ol style="list-style-type: none"> <li>1. Additional hours to help older people</li> <li>2. Why HSE do not talk to families to discuss home help hours</li> <li>3. Why HSE will not employ more staff to cope with the demand?</li> </ol>	<b>Cllr J O Hara</b>
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The Home Support Department in Mayo have provided additional service to 390 clients since January, 2023. The number of hours are not available as we do not have an IT system to capture the number of additional hours. As of June 2023, the number of people in receipt of home support is 1,935 in Mayo. The number of home support hours delivered in Mayo is 57,584.

In Mayo all new clients approved for home support will or are receiving a visit by a member of the Home Support Team in the Network. This introductory meeting includes assessment of the environment, the needs of the client, information on home support services and who to contact if there is a concern/issue.

During the past year Home Support have recruited 17 Health Care Support Assistants staff in Mayo – all working an average of 37 – 39 hours/week. Home Support Services held interviews this week to fill an additional 10 Health Care Support Assistants (HCSA) posts across Co. Mayo. Recruitment are running a rolling campaign for HCSA.

***J Fitzmaurice, Chief Officer, Community Healthcare West***

<b>W107Q3794</b>	<p>Noting that the Estates Manager for the HSE North West met with the owner of the Cregg campus on the week of May 29<sup>th</sup> 2023, to discuss the current lease agreement the HSE has for a small portion of the campus and to look at the possibility of leasing the hydrotherapy pool on the campus; and noting that at the meeting the owner requested a proposal from the HSE relating to the use of the pool; and further understanding that the proposal was submitted by the HSE; can this meeting be advised as to the outcome of the negotiations.</p>	<b>Cllr D Bree</b>
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The Disability Services Manager for Sligo/Leitrim had a telecall on the 06.07.2023 with the Head of Operations of Woodbrook Care, the management company representing the owner of the property formerly known as the “Cregg Campus”. The Disability Services Manager confirmed that Community Healthcare Cavan, Donegal, Leitrim, Monaghan, Sligo (CH CDLMS) Disability Services would be interested in engaging with Woodbrook Care in relation to re-opening the hydrotherapy pool for people using Disability Services in Sligo/Leitrim.

The Disability Services Manager stated that Sligo/Leitrim Disability Services would like to access the pool on set days during the week for hydrotherapy sessions but the management, maintenance and staffing of the hydrotherapy pool would be the responsibility of Woodbrook Care.

Woodbrook Care requested detail on the number of people accessing Sligo/Leitrim Disability Services who would be recommended to avail of the hydrotherapy pool. Disability Services' Directors of Nursing and Physiotherapist provided an approximate number, and this information was returned to Woodbrook Care on 20.07.2023.

The Disability Services Manager Sligo/Leitrim continues to engage with Woodbrook Care to address a number of matters which require agreement in relation to the opening of the hydrotherapy pool. It is understood by CH CDLMS that there will be a significant cost incurred by Woodbrook Care to have the repairs and refurbishment works completed to the hydrotherapy pool and the detail of these costs have not been provided by Woodbrook Care. It is envisaged that such costs will likely be reflected in any service provision agreement that Woodbrook Care might enter with CH CDLMS Disability Services should it take the decision to renovate the hydrotherapy pool & provide the service.

Sligo Leitrim Disability Services continue to endeavour to support individuals to avail of alternative hydrotherapy and swimming resources in the Sligo Leitrim area as an interim measure.

***Dermot Monaghan, Chief Officer, Community Healthcare Organisation, (Cavan, Donegal, Leitrim, Monaghan, Sligo)***

<b>W107Q3795</b>	Noting that under the Freedom of Information Act all public bodies including the HSE, are required to respond to requests from the public for information they hold, and give their decision on a request within 4 weeks of receiving it; can this meeting be advised as to the number of FOI requests received by Sligo University Hospital and the number granted in 2022, and the number of requests where the decision to grant information failed to meet the 4 week deadline; and further can this meeting be advised as to the number of FOI requests received by Sligo University Hospital and the number granted in in first seven months of 2023, and the number of requests where the decision to grant information failed to meet the 4 week deadline. And to ask what is the current waiting time a member of the public must wait for a decision to be made on a Freedom of Information request to Sligo University Hospital.	<b>ClIr D Bree</b>
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Received in 2022 – 309  
Complete in 2022 – 190

Received Jan – July 2023 – 206  
Complete Jan – July 2023 – 135

Waiting time could be up to 8 months or more. We recognise that this delay is unacceptable. In order to address this a programme change management is being implemented which is looking at processes and IT solutions to address back log within the department.

A new additional staff member has also joined the team since Monday (18<sup>th</sup> Sept) which brings the team to full compliment.

***A. Cosgrove, COO, Saolta University Health Care Group***

<b>W107Q3796</b>	When a referral meets the criteria for CAMHS-ID, and a child is placed on a waiting list for assessment, what is the average time that a child in the Regional Health Forum West area must wait before being called for assessment.	<b>ClIr D Bree</b>
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There is currently no active Child and Adolescent Mental Health Service Intellectual Disability [CAMHS ID] Service in Sligo Leitrim and Donegal CHO1 area. There currently is no CAMHS ID waiting list for children who meet the criteria for CAMHS ID. Approval is in place to progress with recruitment of consultants required for this service and the recruitment process has commenced. We look forward to these Consultants being appointed and commencing this service within these areas.

***Dermot Monaghan, Chief Officer, Community Healthcare Organisation, (Cavan, Donegal, Leitrim, Monaghan, Sligo)***

Community Healthcare West CAMHS do not have IT-enabled patient administration systems (PAS). As a result all case tracking is manual. While we do have clinically managed referral and appointment lists, and waiting lists if necessary, we cannot and do not measure average wait times as it would entail placing an excessive additional burden on our limited CAMHS Community Mental Health Team resources.

However, we can report that there is currently no CAMHS-MHID service in Mayo, and there is currently no waiting list in CAMHS-MHID Galway Roscommon. Due to the ongoing recruitment challenges, despite increasing the Consultant post to a full time position, we have been unable to fill to date, all options are being explored to address the service deficit and in the interim there is a pathway for emergency cases for our existing CAMHS team.

***J Fitzmaurice, Chief Officer, Community Healthcare West***

HSE Mid West Community Healthcare has engaged a locum Mental Health Intellectual Disability (MHID) Consultant Psychiatrist to provide two clinics per month. Given this limited availability of a MHID Consultant, there are currently 65 children on the waiting list for this clinic, with a waiting list that dates back to 3 years. However we have successfully recruited a MHID Consultant for Mid West Community Healthcare who is taking up position in November 2023. This will significantly enhance the service for children with MHID and will reduce the waiting times. In addition the existing Locum Consultant Psychiatrist will continue to provide 2 clinics per month, and this will assist in addressing the waiting list.

***Maria Bridgeman, Chief Officer, HSE Mid West Community Healthcare***

<b>W107Q3797</b>	Noting that under the Data Protection Act a member of the public has a right of access to his/her personal data from data controllers including the HSE, and the data controller must respond to a request within one month of receiving it; can this meeting be advised as to the number of access requests received by Sligo University Hospital and the number granted in 2022, and the number of requests where the decision to grant information failed to meet the 4 week deadline; and further can this meeting be advised as to the number of access requests received by Sligo University Hospital and the number granted in in first seven months of 2023, and the number of requests where the decision to grant information failed to meet the 4 week deadline. And to ask what is the current waiting time a member of the public must wait for a decision to be made on an access request to Sligo University Hospital.	<b>ClIr D Bree</b>
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Received in 2022 – 444  
Complete in 2022 – 301

Received Jan – July 2023 – 643  
Complete Jan – July 2023 – 183

Waiting times could be up to 8 months or more. We recognise that this delay is unacceptable. In order to address this a programme change management is being implemented which is looking at processes and IT solutions to address back log within the department.

A new additional staff member has also joined the team since Monday (18<sup>th</sup> Sept) which brings the team to full compliment.

***A. Cosgrove, COO, Saolta University Health Care Group***

<b>W107Q3798</b>	Can I get an update on at what stage in the process is the Primary care centre for An Spidéal at? I was advised in May 2023 that it was expected to progress to stage 3 in the coming weeks. Has this happened and what is the current timeline to commence development of the centre?	<b>ClIr D Ó Cualáin</b>
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The HSE remains committed to securing new primary care centre accommodation for An Spidéal. Following a national review of the overall programme updated documentation for the process is currently being finalised to support the delivery of future



primary care accommodation via the operational lease programme. There has also been a significant increase in the HSE's accommodation requirements for An Spidéal which now also includes accommodation for additional services such as Disability Services and Child & Adolescent Mental Health Services (CAMHS). The HSE therefore intends to re-advertise the request for Spiddal Primary Care Centre including the increased accommodation space requirements. It is intended that this will be progressed during October 2023. A further update can then be provided.

**Joe Hoare, Assistant National Director, HSE Capital & Estates**

<b>W107Q3799</b>	Has the position of the Paediatric ophthalmology physician that was vacant in G.U.H been filled, and how many of the 374 paediatric outpatients and 74 awaiting in-patients procedures have been seen or had their procedure carried out since I previously raised this matter in June 2023?	<b>Cllr D Ó Cualáin</b>
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There has been no change in the figures provided in June 2023.

The approved Consultant Ophthalmologist position was originally advertised for .5WTE, however, we were unable to recruit to the position. Additional funding under the modernised care pathways has since been secured to bring it to a 1WTE post. This was advertised with a closing date of the 14<sup>th</sup> of September, 2023.

**A. Cosgrove, COO, Saolta University Health Care Group**

<b>W107Q3800</b>	Can I get an update on what actions/progress have Community Healthcare west made in relation to staffing and progressing the opening of the additional beds/day centre in Aras Mhic Dara Carraroe.	<b>Cllr D Ó Cualáin</b>
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We are progressing recruitment of staff who have been successful in the rolling campaign for MTA's. We also are reviewing the potential for agency staff currently employed being converted, should they wish to do so and if they meet the qualification criteria, to become HSE employees. There is however an ongoing difficulty in sourcing nursing staff. We are progressing the support of student nurses during training to commit to work in Áras Mhic Dara on graduation from college.

At present we have 29 residents in Áras Mhic Dara.

The Day Centre opened on the 20<sup>th</sup> September with the support of agency staff, for one day a week initially. It is expected to have 10 attendees from the Carraroe area.

**J Fitzmaurice, Chief Officer, Community Healthcare West**

<b>W107Q3801</b>	Can I get a breakdown in tabular form of how many patients from County Galway/G.U.H are being referred to Kingsbridge private Hospital North West-Derry for outpatient and inpatient services under the National Treatment Purchase Fund (NTPF) and what specialities they are being referred to for the years 2022 and 2023.	<b>Cllr D Ó Cualáin</b>
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**Please see below for Portiuncula University Hospital:**

OPD 2022	Offers	Accepted
Urology	231	22
OPD 2023	Offers	Accepted
NA	0	0

IPDC 2022	Offers	Accepted
Plastics	1	1
IPDC 2023	Offers	Accepted

General Surgery	4	0
Gynae	4	0
Plastics	15	10

**Galway University Hospital:**

There were no GUH patients referred for outpatients to Kingsbridge in 2022.

Please see below the numbers referred in 2023.

Outpatient CANs Allocated / Approved / Non Approved 2023			
Row Labels	Patients Offered	Offers accepted	Offers not accepted
<b>Kingsbridge Private Hospital Belfast</b>	<b>4936</b>	<b>2323</b>	<b>2613</b>
Maxillo-Facial	1731	785	946
Otolaryngology (ENT)	1939	1398	541
Vascular Surgery	1266	140	1126
<b>Kingsbridge Private Hospital North West</b>	<b>7918</b>	<b>6769</b>	<b>1149</b>
Cardiology	1500	1392	108
Gynaecology	849	784	65
Orthopaedics	2099	2056	43
Otolaryngology (ENT)	719	563	156
Plastic Surgery	604	120	484
Urology	2147	1854	293
<b>Grand Total</b>	<b>12854</b>	<b>9092</b>	<b>3762</b>

Please see below for inpatients referred for 2022:

Inpatient 2022 CANs Allocated / Accepted		
Row Labels	Patients Offered	Offers Accepted
<b>Kingsbridge Private Hospital Belfast</b>	<b>30</b>	<b>8</b>
General Surgery	12	5
Urology	18	3
<b>Kingsbridge Private Hospital North West</b>	<b>163</b>	<b>46</b>
Urology	163	46
<b>Grand Total</b>	<b>193</b>	<b>54</b>

Please see below for inpatients referred for 2023:

Inpatient 2023 CANs Allocated / Accepted		
Row Labels	Patients Offered	Offers Accepted
<b>Kingsbridge Private Hospital Belfast</b>	<b>73</b>	<b>50</b>
Plastic Surgery	73	50
<b>Kingsbridge Private Hospital North West</b>	<b>444</b>	<b>81</b>
General Surgery	137	35
Ophthalmology	10	0
Plastic Surgery	150	18
Urology	147	28
<b>Grand Total</b>	<b>517</b>	<b>131</b>

The NTPF are now offering patients a bus from Galway with stops on the way to pick up additional patients. They can also bring a companion and will receive tea / coffee and sandwiches when they arrive in Kingsbridge.

**A. Cosgrove, COO, Saolta University Health Care Group**

<b>W107Q3802</b>	Can we have an updated report on the new 110 bed community nursing unit in Letterkenny , have we appointed a contractor, when will the work start and what's the timeframe for the construction ?	<b>Cllr C Brogan</b>
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It is expected that a public works contract for the construction of a 110 Bed Community Nursing Unit in Letterkenny will be awarded in the coming weeks and that works will commence on site around the end of October 2023. HSE Board approval is in place and the closing out of any pre-contract clarifications is now well progressed. The programme for the works is approximately 28 months from contract award with an expected completion date for construction works in Q1 2026.

**Joe Hoare, Assistant National Director, HSE Capital & Estates**

<b>W107Q3803</b>	How many children are currently benefitting from the intervention of CAMHS-MHID/CAMHS-ID in CHO2? Is there a waiting list of children who have been referred to CAMHS-MHID/CAMHS-ID in CHO 2? How many Children are on the waiting List? Can the executive comment on the findings of the Mental Health Commission that the environment of Ballard House was not suitable for the care and treatment of young people with severe and profound intellectual disabilities and that the report also concluded that the service was at risk of collapse unless there is an urgent increase in staffing? What steps are being taken to address the urgent need?	<b>Cllr J Connolly</b>
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75 in Galway Roscommon CAMHS-MHID. There is currently no CAMHS-MHID service in Mayo. Due to the ongoing recruitment challenges and despite increasing the Consultant post to a full time position, we have been unable to fill to date, all options are being explored to address the service deficit and in the interim there is a pathway for emergency cases for our existing CAMHS team.

There is no waiting list for CAMHS-MHID in CHW, i.e. there is no service in Mayo, and there is currently no waiting list in CAMHS-MHID Galway Roscommon.

Galway Roscommon CAMHS-MHID has been allocated a permanent team base in Claregalway, Primary Care Centre, which unfortunately has been delayed significantly beyond its original projected operation date, now currently estimated as Q4 2025 at earliest.

In the interim, the team are accommodated in Ballard House, in the absence of other suitable alternatives and despite numerous attempts to find suitable accommodation elsewhere. Additional funding has been made available this year for CAMHS premises and a funded Business Case has recently been submitted to our Estates colleagues for additional CAMHS accommodation, which would include better interim accommodation for Galway Roscommon CAMHS-MHID while awaiting their permanent base. We await the outcome of Estates' options appraisal.

We acknowledge the need for an increase in staffing for CAMHS-MHID to Vision for Change levels. In addition to the team Consultant we have been successful in recruiting a Psychologist, 2 Nurses and administration support to the team in the last few years, which meets the criteria for the baseline minimum team under the national CAMHS-ID model of service, and we have applied for further posts to develop the service under the Clinical Programmes.

**J Fitzmaurice, Chief Officer, Community Healthcare West**

<b>W107Q3804</b>	What measures are being taken to establish a CAMHS Liaison Service for the Emergency Paediatric Unit at UHG?	<b>Cllr J Connolly</b>
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As the first stage in establishing a CAMHS Liaison service in GUH, an Advanced Nurse Practitioner has recently commenced duties in GUH.

To progress to the next stage of this initiative, we await Programme for Government funding for a CAMHS Liaison Consultant and have included this as part of our National Service Plan submission for 2024.

**J Fitzmaurice, Chief Officer, Community Healthcare West**

Currently, in GUH there is a candidate Advanced Nurse Practitioner for CAHMS, who works between University Hospital Galway and Portiuncula University Hospital. This Nurse is available on-call for 3 days and in clinic for 2 days. At present, current practice is to contact the Psychiatry on-call, who may then refer to the cANP.

Currently, this cANP role is CAHMS crisis intervention for patients under 18, interlinking with the acute floor, the paediatric ward as well as Community CAHMS.

However, once this candidacy is complete, the Emergency Department will be creating a pathway in ED to contact directly and refer patients on to the ANP.

**T. Canavan, CEO, Saolta University Health Care Group**

<b>W107Q3805</b>	How many outpatients underwent CT, MRI/MGRA (General Anaesthetic MRI) and Ultrasound (exclusive of maternity services) scans at Galway University Hospitals in each month of 2023 up to the end of August? How many of the procedures were facilitated by Alliance Medical Diagnostic Imaging? Can the Forum be provided with detail of the relationship between the Saolta Group and Alliance Medical Diagnostic Imaging?	<b>Cllr J Connolly</b>
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Please see below figures for Outpatient scans at GUH:

<u>CT Out patient's</u>	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
UHG CT	475	420	447	434	519	468	531	529
MPIC CT	253	176	182	204	186	232	168	200
<b>Total</b>	<b>728</b>	<b>596</b>	<b>629</b>	<b>638</b>	<b>705</b>	<b>700</b>	<b>699</b>	<b>729</b>
<u>MRI Out patient's</u>	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
UHG MRI	99	91	103	95	112	132	123	134
MRI GA	9	5	5	7	5	5	9	4
MPIC MRI	223	161	197	159	168	147	190	185
MRI 2	420	346	396	358	431	416	461	462
<b>Out sourced to Alliance</b>	<b>643</b>	<b>507</b>	<b>593</b>	<b>517</b>	<b>599</b>	<b>563</b>	<b>651</b>	<b>647</b>
<b>Total</b>	<b>751</b>	<b>603</b>	<b>701</b>	<b>619</b>	<b>716</b>	<b>700</b>	<b>783</b>	<b>785</b>
<b>Not outsourced</b>								
<u>US Out patient's</u>	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
UHG US	490	494	564	466	537	399	434	422
MPH US	206	158	185	131	189	126	140	304
<b>Total</b>	<b>696</b>	<b>652</b>	<b>749</b>	<b>597</b>	<b>726</b>	<b>525</b>	<b>574</b>	<b>726</b>

The number of procedures facilitated by Alliance Medical Diagnostic Imaging:

Summary MRI/CT outsourced to Alliance Medical

	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
<b>MRI Done in MPIC /MRI2</b>	643	507	593	517	599	563	651	647
<b>CT Done in MPIC</b>	253	176	182	204	186	232	168	200
<b>Total</b>	896	683	775	721	785	795	819	847

**Breakdown of CT/MRI/US by performing facility**

<b>Total out patients Jan - Aug 23</b>	
CT UHG	3823
<b>CT MPIC</b>	<b>1601</b>
MRI UHG	889
MRI GA	49
<b>MRI MPIC</b>	<b>1430</b>
<b>MRI Alliance MRI 2</b>	<b>3290</b>
UHG US	3806
MPH US	1439

There is a Service Level Agreement in place between Alliance Medical Diagnostic Imaging and Galway University Hospital for the provision of MRI & CT Managed Service. Direct access for General x-ray continues to be available to GPs through the HSE contracted service to Alliance Medical.

Alliance also provide a managed MRI service to PUH. RUH outsource CT and Ultrasound to Alliance Medical. SUH and MUH do not have a relationship with Alliance Medical Imaging.

**A. Cosgrove, COO, Saolta University Health Care Group**

<b>W107Q3806</b>	The recent report of the Ombudsman for Children 'Nowhere to Turn' informs readers that children are being left in hospital beds and respite services for far too long as there is no suitable service to meet their needs. Can the forum be provided with the number of children and adults who are medically fit for discharge but for varied reasons cannot be cared for at home, and remain in hospitals because of the lack of the much needed alternative placements to meet their needs? Can the forum be provided with the number of people according to their status as adult or child, their length of stay within the hospital and whether their accommodation is provided in general medical wards or specific psychiatric wards?	<b>Cllr J Connolly</b>
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**Galway University Hospital**

In Galway University Hospitals, as of 12<sup>th</sup> September there were 26 adults and 2 children who are medically fit for discharge but for varied reasons cannot be cared for at home, and remain in hospitals because of the lack of the much needed alternative placements to meet their needs.

Please see table below with regards to Length of Stay and type of wards to which the patient is assigned:

<b>Adult</b>	<b>Length of Stay</b>	<b>Type of Ward</b>
1	1151	Medical
2	537	Medical
3	33	Medical
4	431	Rehab
5	150	Medical
6	145	Medical

7	126	Medical
8	121	Medical
9	76	Medical
10	158	Rehab
11	88	Surgical
12	90	Medical
13	108	Medical
14	36	Ortho
15	39	Medical
16	88	Ortho
17	144	Rehab
18	24	Infectious Disease
19	49	Ortho
20	27	Ortho
21	23	Medical
22	10	Infectious Disease
23	67	Surgical
24	83	Medical
25	99	Medical
26	34	Medical

Child	Length of Stay	Type of Ward
1	81	Medical
2	37	Paediatric

These patients are reviewed regularly with regards to their requirements for discharge. Integrated Length of Stay rounds take place twice weekly which includes attendance of GUH Discharge Co-Ordinators, Patient Flow Co-Ordinators, Medical Social Work, Nursing and our Community colleagues.

#### **Portiuncula University Hospital**

Currently PUH has no children that are medically discharged and are awaiting other accommodation.

In relation to Adults, there are currently 7 adults who are medically discharged and these patients are accommodated in PUH on general Medical Wards. The care requirements for these patients is complex.

The adult length of stay ranges from 5 days to 742 days.

#### **Mayo University Hospital:**

The following is a breakdown of patients currently medically fit for discharge, but for reasons as summarised below are not discharged, on Thursday 21<sup>st</sup> September 2023.

Total Number of patients = 7

Delayed Discharge	Status	Ward	Length of Stay
Patient 1	Adult	Medical	76 Days
Patient 2	Adult	Medical	48 Days

Patient 3	Adult	Medical	48 days
Patient 4	Adult	Medical	43 Days
Patient 5	Adult	Medical	27 Days
Patient 6	Adult	Medical	26 Days
Patient 7	Adult	Medical	28 Days

The discharge of patients can be dependent on long term care facility placements to become available or additional home help supports to be put in place before leaving the hospital. Please see **Appendix 1** document for further information on reasons for delayed transfer of care.

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

<https://www.hse.ie/eng/services/list/3/acutehospitals/patientcare/hospital-patient-safety-indicators-reports/saolta-university-healthcare-group/>

**A. Cosgrove, COO, Saolta University Health Care Group**

<b>W107Q3807</b>	Can I have the locations of the Primary Care Centres in Donegal, The type of Services provided at each of them and the number of Vacant Staffing Posts at each Centre and what Service those vacancies affect?	<b>Cllr G McMonagle</b>
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Please see below table outlining the Primary Care Centres (PCCs) in Co. Donegal, examples of the health services delivered at the PCCs and the number of vacant posts in each PCC at present.

Location of Primary Centre	Type of Services Provided	No. of Vacant Staffing Posts	Breakdown of no. of Vacant Posts in each Service
<b>Sally Letterkenny Primary Care Centre (PCC)</b>	GP PC - Public Health Nursing (PHN) / Physiotherapy / Occupational Therapy (OT) / Podiatry / Speech & Language Therapy (SLT) / Psychology/ Dietetics  Mental Health Visiting Clinics	1	1 Dietetics
<b>Ballyshannon PCC</b>	GP PC - PHN / Physiotherapy Adults & Paediatrics / OT / Podiatry / SLT / Psychology/ Diabetic Retinopathy / Diabetes Dietitian Team PC Dietetics / Smoking Cessation / Social Work / CBT / Addiction Services / Physiotherapy for Pulmonary Rehabilitation / Mental Health SW / Community Mental Health Team / Physio	2	1 Physiotherapist Permanent vacancy, awaiting replacement  1 Podiatrist Temporary vacancy due to leave

	Respiratory Service / Integrated Care / Cardiovascular Clinical Nurse Specialist / Antenatal Services		
<b>Bundoran PCC</b>	GP PC - PHN  Visiting clinics		
<b>Glenties PCC</b>	GP PC - PHN / Physiotherapy / Home Support  Mental Health Visiting Clinics	3	1 Podiatry 1 SLT 1 OT
<b>Donegal Town PCC</b>	GP PC - PHN / School Nursing / CAMHS / CDNT / Dental / Physiotherapy / OT / SLT / Podiatry / Social Work / Dietetics / Home Support / Community Intervention Team (CIT) / Social Work (ID and OPS) / Chronic Disease Hub spoke clinic/ Community medicine / Psychology	4.8	1 Senior Physio 1 Senior OT adults 0.8 Physio Paeds 1 Podiatry 1 Dietician
<b>Stranorlar PCC</b>	GP PC - SLT / Dietetics / PHN / Audiology / CIT  Mental Health Visiting Clinics		
<b>Newtowncunningham PCC</b>	GP PC - Physiotherapy / Dietetics / SLT / Podiatry / OT / PHN  Visiting Clinics	3	1 x physiotherapy 1 x OT 1 x dietetic
<b>Lifford PCC</b>	GP PC - PHN  Visiting Clinics		



<b>Buncrana PCC</b>	GP PC- PHN /School Nursing / CAMHS / CDNT / Dental / Physiotherapy / OT / SLT / Podiatry / Social Work / Dietetics / Home Support / Community Intervention Team (CIT) / Social Work (ID and OPS) / Chronic Disease Hub spoke clinic/ Civil reg/ Community medicine / Community pall care / Psychology  Mental Health	9	2 Physio 3 OT 3 SLT 1 Dietetics
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Please note the vacancies relate to Primary Care vacancies only.

There are currently a number of campaigns under way to fill various vacant positions.

***D Monaghan, Chief Officer, Community Healthcare Organisation, (Cavan, Donegal, Leitrim, Monaghan, Sligo)***

<b>W107Q3808</b>	Can I ask what systems are in place to advertise vacant Posts in our CAMHS Service, where and how can they be accessed by the public, when and how are interviews conducted, how many interviews have taken place this year to fill vacant Posts and how successful were we in filling any of the vacancies and what are the current number of vacant Posts pertaining to Donegal's CAMHS Service and in what areas of expertise are the vacancies?	<b>Cllr G McMonagle</b>
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Posts are advertised via the HSE website, Social Media platforms, and in some instances via external governing Bodies for example AOTI & INDI. Posts are also circulated throughout the service offering candidates the chance of promotional opportunities.

Campaigns remain live for a minimum of 10 working day with interviews commencing at the earliest convenience. All successful candidates shortlisted are notified 5 working days prior to their Interview. Interviews are predominately face to face with some taking place remotely so that every candidate gets the opportunity. Interview boards are made up of 2 board members from within the HSE and 1 external chairperson.

Six campaigns to date have been completed to fill vacant posts across CHO1, with a total of 22 candidates brought forward for interview, 18 of which were successful at interview stage. Across these areas only 5 candidates accepted positions.

To date there is currently 11.5 WTE vacancies in the Donegal CAMHS service. These range across the areas of Nursing, Health & Social Care professions (Occupational Therapist's & Psychology) and Management Admin and Medical. HR Managers are actively reviewing vacant posts within their areas for inclusion in their Recruitment Plan for the remainder of the year.

***D Monaghan, Chief Officer, Community Healthcare Organisation, (Cavan, Donegal, Leitrim, Monaghan, Sligo)***

<b>W107Q3809</b>	Can I have an update on the Recruitment efforts to replace the Retiring Consultant Endocrinologist at LUH	<b>Cllr G McMonagle</b>
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Following the resignation of a Consultant Endocrinologist in LUH, arrangements have been put in place to secure a 12 hour contract for Outpatient Service Delivery for Endocrine and Diabetic Services, with the Consultant who is leaving.

That contract commenced on Monday 11<sup>th</sup> September.

Since then, LUH has interviewed three candidates to fill the post of Consultant Endocrinologist and the recruitment process is ongoing.

LUH has also been working with HBS Recruit and the Saolta University Healthcare Group on creating a bespoke recruitment campaign for the permanent recruitment of Consultant Endocrinologists at LUH and across the Saolta Group. We expect to be in a position to roll out this campaign in Q4, 2023.

The Outpatient Services for the Endocrine and Diabetes Service are continuing on that basis supported by the remaining Endocrine and Diabetes Team which include A full time Consultant Endocrinologist employed through the Integrated Care Enhanced Community Care Programme and a Consultant Physician with an interest in Diabetes.

There are currently two Adult Diabetes Clinical Nurse Specialists located at Letterkenny University Hospital.

Approximately 1,500 Type 1 and 6,000 Type 2 Adult Diabetes availing of the service at Letterkenny University Hospital.

One whole time equivalent (WTE) Advanced Nurse Practitioner adult Diabetes has been approved with a 0.5 WTE to Letterkenny University Hospital and 0.5 WTE to Enhanced Community Care-Chronic Disease management programme. The successful applicant commenced in post on the 14<sup>th</sup> of August 2023.

There are currently 61 Adults on pumps at Letterkenny University Hospital. These adult pump clinics are held every fortnight. Pump upgrades in last 6 months- approximately 18.

Follow up care for Adults on Continuous Glucose monitoring technology such as Dexcom and Freestyle Libre. There are currently 118 Adults on Dexcom and 30 on freestyle Libre.

There is currently 1 basic grade podiatrist at Letterkenny University Hospital. Interviews for the Senior Podiatrist Post have taken place this week. We await the results.

***T. Canavan, CEO, Saolta University Health Care Group***

<b>W107Q3810</b>	Has any further consideration been given to establish a Minor Injuries Clinic in Donegal to help support and take the pressure of LUH Emergency Department?	<b>Cllr G McMonagle</b>
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There has been no discussion relating to the establishment of a minor injuries clinic in Donegal at this point.

Letterkenny University Hospital does provide a minor injuries pathway seven days per week between the hours of 8am and 7pm. This pathway is supported by two Advanced Nurse Practitioners and a Non Consultant Hospital Doctor (NCHD). The pathway is working well and has been proven to reduce patients wait times in the Emergency Department. We have recently received approval for 2 cANP's for this pathway of care in the ED.

***T. Canavan, CEO, Saolta University Health Care Group***

<b>W107Q3811</b>	Could I please be informed as to the current status of the proposed Primary Health Care Centre in Oranmore. I was assured at a meeting in November 2022 that a decision to proceed or not at the selected site which has planning permission would be made prior to the end of 2022 and that a further meeting would be scheduled prior to year end. To date I have not had any information whatsoever which is most disappointing.	<b>Cllr L Carroll</b>
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The status of the Oranmore project has not changed since my response to W105Q3671 in May 2023. At the time I advised that it had been determined not to pursue any review of commercial terms of existing proposed operational lease projects. Developers of existing schemes would still have the option of proceeding as per their priced offers and where they could not perform on their proposal, the location would be re-advertised. There has subsequently been further consideration of the matter at national level within the HSE. A number of developers sought to revise commercial terms and it was felt necessary to review the matter further and ensure a consistent approach. It is expected that the current review will not change the

previous thinking and that it will be concluded in the coming weeks. The legal documentation namely an Agreement for Lease (AFL) would need to be signed by both parties in order for the construction works in Oranmore to proceed. The developer for Oranmore indicated some time ago that the original commercial deal offered to the HSE was no longer viable in light of the change in market conditions and the developer sought to instead agree new commercial terms in advance of the signing of an AFL. Discussions between the parties have not resolved the matter. It is intended to close out on the Oranmore project over the coming weeks and before the end of 2023 the latest in accordance with the national position. The HSE remains fully committed to a Primary Care Centre in Oranmore. If a new process is required the location could be immediately re advertised to deliver on the project.

**Joe Hoare, Assistant National Director, HSE Capital & Estates**

<b>W107Q3812</b>	Can the HSE provide a report on what payments have been made and for what facilities at Cregg House since the removal of service users to the community and include a comparison with what was paid to the Sisters of Wisdom group for those same facilities in the two years before they sold the facility	<b>Cllr D Gilroy</b>
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**Current Rentals**

The following services are currently delivered at the property formerly known as Cregg House, Sligo:

- Iona Steps Day Service,
- Continuing Nursing and Midwifery Education, and,
- CPR Training.

The cost of the current rental is €134,000 per annum.

**The Daughters of Wisdom sale of Cregg House**

In addition to the facilities listed above, residential disability services were also provided on the campus prior to its sale by the Daughters of Wisdom.

The annual rent at the time was €55,000 and would not have been regarded as a commercial rate.

**D Monaghan, Chief Officer, Community Healthcare Organisation, (Cavan, Donegal, Leitrim, Monaghan, Sligo)**

<b>W107Q3813</b>	Can the RHFWS give an update on what amount has been paid to external (Non HSE Current Staff) interview panel members on each of the last four years Please list separately the figures for each of the CHO Areas within the RHFWS Area and the Saolta Hospital Group. Please also list how much of these payments has been paid to former HSE Staff and companies owned or controlled by Former HSE Staff.	<b>Cllr D Gilroy</b>
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The HR Department in CH CDLMS endeavour to ensure that Interview Board composition is of HSE current employees as much as possible, however there are occasions external interview board members are used as an Independent Chairperson, in accordance with the Recruitment Code of Practice. HSE employee board members do not incur a cost to the HSE.

Recruitment Teams ensure that the Interview Schedules are run efficiently and the number of days the Interview Board are required and costs are kept to a minimum.

Interview Board Expenditure for CH CDLMS was paid centrally through HBS Recruit pre August 2021; costs were coded to a central cost centre therefore we are not in a position to provide costs specific to CH CDLMS before August 2021. CH CDLMS implemented a new payment process for Interview Board fees in August 2021 and the costs since that date are included in the template below

**Dermot Monaghan, Chief Officer, Community Healthcare Organisation, (Cavan, Donegal, Leitrim, Monaghan, Sligo)**

What amount has been paid to external (Non HSE Current Staff) interview panel members on each of the last four years.				
Area	2019	2020	2021	2022
Community Healthcare CDL MS	Not available	Not Available	€11,330	€43,823
Community Healthcare Mid West	24,978.26	€35,262.97	€42,773.83	€111,328.52*
Community Healthcare West	€19,656	€31,566.81	€82,785.37	€86,646.43
Saolta University Health Care Group**	€35,911.79	€68,576.37	€126,582.84	€185,275.87

\* Please note that the increase in costs in 2021 and 2022 is as a result of a change in the recruitment operating model whereby more recruitment is now being undertaken locally.

\*\* These figures include all travel expenses incurred.

**Dermot Monaghan, Chief Officer, Community Healthcare Organisation, (Cavan, Donegal, Leitrim, Monaghan, Sligo)/ Maria Bridgeman, Chief Officer, HSE Mid West Community Healthcare/J Fitzmaurice, Chief Officer, Community Healthcare West/ A. Cosgrove, COO, Saolta University Health Care Group**

<b>W107Q3814</b>	Can the RHFWS provide an updated report on the appointment of an Advanced Nurse Practitioner specialist in Insulin pump therapy to Sligo University Hospital. A business case has been submitted each year for a number of years and the RHFWS and Saolta Hospital Management should now produce a plan of how to provide the service when the department of Health refuse to correct the geographical discrimination that has gone on for many years.	<b>Cllr D Gilroy</b>
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Sligo University Hospital does not have a dedicated pump nurse in order to allow us to provide safe services to new patients starting on insulin pump therapy. We are actively working on this by continuing to request such resources in the HSE Estimates process.

**T. Canavan, CEO, Saolta University Health Care Group**

<b>W107Q3815</b>	Can the RHFWS provide a list of how many employees and how many days were staff working in Sligo community houses unable to take their legally entitled breaks due to a lack of sufficient staff numbers and other staff on trips away from base with clients.	<b>Cllr D Gilroy</b>
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The standard practice across Community Healthcare Cavan, Donegal, Leitrim, Monaghan, Sligo Disability Services is that staff working in Community Group Homes receive their entitled breaks. Where this is not possible due to conditions such as lone working, staff receive full payment for their breaks if there is no staff member available to relieve them.

There may also be instances in which staff may be required to work through lunch due to staff shortages arising from unplanned leave. In such instances, staff may get their breaks later that day, accrue it to take as Time Off In Lieu (TOIL), or receive additional payment if they so choose. This is facilitated in conjunction with the manager and the staff member in question.

If staff are unable to leave the Community Group Home premises during their break, due to lack of the required staff support onsite, they are facilitated to take a break from work within the house/centre. This is a paid break.

Staff who assist residents on holidays and day trips are facilitated breaks by means of additional payment or TOIL. This is negotiated and agreed with staff prior to the holidays and day trips.

**D Monaghan, Chief Officer, Community Healthcare Organisation, (Cavan, Donegal, Leitrim, Monaghan, Sligo)**

<b>W107Q3816</b>	Can we get an updated report on how much we've spent on agency staff at LUH in the last three years, the name of the companies providing the services, the length of the contracts providing the services, the areas of the hospital the services are being provided and the cost of the services, and what steps are being taken in order to recruit our own permanent staff to fill the temporary positions that remain vacant?	<b>Cllr C Brogan</b>
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LUH use a variety of Medical Recruitment Agencies to ensure that all vacant posts are filled with competent Consultants and NCHDs, various types of leave is covered and that there is minimal to no negative impact on patient care or service delivery. Contracts vary in duration and depend very much on the needs of the service at the time and the availability of the candidates.

All approved consultant posts are advertised for permanent filling by the Public Appointment Service and whilst we are waiting on these permanent appointments or where these campaigns are unsuccessful LUH recruit long term Locum Consultant posts as required to meet the needs to the service.

The amount spent on medical agency over the past three years are as follows:

<b>Letterkenny University Hospital</b>			
<b>Agency Staff - LUH</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>
Medical Staff	5,192,386	5,025,338	6,789,501
Registered Nursing Staff	708,466	1,533,819	647,310
Health Care Assistants	1,250,892	1,365,083	2,292,549
Allied Health Professional (FINDER FEES ONLY)	239,564	997,765	595,179
	<b>7,391,308</b>	<b>8,922,005</b>	<b>10,324,539</b>

*Please note that the costs of Agency staff relating to COVID-19 cover and staffing for the vaccination centres is also included in the above figures. These costs are broken down below.*

	<b>2020</b>	<b>2021</b>	<b>2022</b>
<b>Agency Staff - Covid</b>	960,340	1,747,362	1,722,222
<b>Agency Staff – Vaccination Centre</b>	0	823,426	225,906

**T. Canavan, CEO, Saolta University Health Care Group**

<b>W107Q3817</b>	Can we get an updated report on all the capital projects in Donegal by the HSE in LUH , primary care , community care , older people's services and ambulances bases a timeframe for the schedule of works and the completion date for same?	<b>Cllr C Brogan</b>
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Please find below capital projects report in tabular form. The works / projects below form part of an ongoing multi annual programme of investment in health services infrastructure in Co. Donegal. Major projects are typically cash flowed over several years from initiation to completion.

<b>Facility</b>	<b>Programme</b>	<b>Sub-Programme</b>	<b>Brief Description of Project</b>	<b>Current Stage (August 2023)</b>
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<b>Donegal Town</b>	Community Care	Primary Care	Primary Care Centre – Operational Lease	Operational
<b>Newtowncunningham</b>	Community Care	Primary Care	Primary Care Centre - HSE own build	Operational
<b>Letterkenny University Hospital</b>	Acute	Other Acute	Renal Dialysis expansion. Increasing Capacity from 14 to 21.	Detailed Design
<b>Buncrana</b>	Community Care	Primary Care	Primary Care Centre - Operational lease	Operational
<b>Dungloe</b>	Community Care	Primary Care	Primary Care Centre - Operational Lease	Design Feasibility
<b>Letterkenny University Hospital</b>	Acute	Infrastructural Upgrade / Maintenance	Fire Safety Upgrade - Fire Alarm upgrade & new Emergency lighting system.	Construction
<b>Letterkenny University Hospital</b>	Acute	Infrastructural Upgrade / Maintenance	Fire Safety Works to Medical Ward Block	Detailed Design
<b>Cleary Centre, Donegal Town</b>	Community Care	Disability	New ID Adult Day Services facility	Appraisal / Project Brief
<b>Killybegs Primary Care Centre</b>	Community Care	Primary Care	Primary Care Centre - Operational lease	Appraisal
<b>Letterkenny University Hospital</b>	Acute	Infrastructural Upgrade / Maintenance	Electrical Infrastructure Upgrade, 1980's building. Phases 2 & 3. Equipment purchase in 2021	Preliminary Design
<b>Letterkenny University Hospital</b>	Acute	Infrastructural Upgrade / Maintenance	Boiler replacement (Enabling works 2022, new gas tank)	Detailed Design

<b>Letterkenny University Hospital</b>	Community Care	Mental Health	AMHU anti ligature works (Tenders back April 2022)	Construction
<b>Letterkenny University Hospital</b>	Acute	Other Acute	Extension to Laboratory (Microbiology, Virology and Immunology) to provide capacity for Additional Covid 19 Testing (additional equipment and staff already in place) and to bring the Lab up to current standards (not upgraded post flooding event). Stage 2c June 22	Construction
<b>Letterkenny University Hospital</b>	Acute	Other Acute	Accommodation for Physio and OT dept at LUH (420sqm). This accommodation is to reinstate accommodation dispersed due to flooding at LUH.	Detailed Design
<b>Letterkenny University Hospital</b>	Acute	Other Acute	New Aseptic Compounding unit.	Appraisal
<b>Letterkenny University Hospital</b>	Acute	Other Acute	Extension and reconfiguration of the existing Oncology Day unit (8 No. treatment spaces to 15 No). Subject to new submission	Initiation
<b>Donegal Hospice</b>	Community Care	Palliative/Chronic Illness	New extension to Donegal Hospice to provide 4 No. bedrooms with	Design Feasibility

			family/visitor accommodation. 4 No. existing bedrooms are to be converted for administration/clinical use. Overall bed capacity will remain as existing. Funding by Donegal Hospice.	
<b>Letterkenny</b>	Community Care	Infrastructural Upgrade / Maintenance	St. Conal's Refurbishment - fabric upgrade of Block R	Construction
<b>Letterkenny University Hospital</b>	Acute	Infrastructural Upgrade / Maintenance	Flat roof covering repair and balcony spalling repair works.	Appraisal
<b>Lifford</b>	Community Care	Older People	Proposed 25 bed Community Nursing Unit (approx 1600sqm) at Lifford to replace the existing. Site being secured, DCC owned	Appraisal / Project Brief
<b>Lifford</b>	Community Care	Primary Care	Proposed new Primary Care Centre (approx 3000sqm) at Lifford.	Appraisal / Project Brief
<b>Letterkenny</b>	Community Care	Older People	110 Bed CNU & Medical Rehab to replace existing beds and address capacity deficit as per Service Priority List (formerly PPP).	Contract Award Stage
<b>Ballyshannon</b>	Community Care	Older People	80 Bed CNU to replace existing beds at the Sheil & the Rock as per	The new facility is currently being



			Service Priority List.	equipped and awaiting HIQA registration.
<b>Dungloe Community Hospital</b>	Community Care	Older People	Refurbishment (must be completed in advance of Falcarragh) - 34 beds	Operational
<b>Falcarragh CNU</b>	Community Care	Older People	Refurbishment (HIQA agreement to follow Dungloe) - 35 beds	Detailed Design
<b>Carndonagh Community Hospital</b>	Community Care	Older People	Refurbishment (must be completed in advance of Buncrana) - 48 beds. Some additional works in Demential Unit, 2023 - Fire upgrade/I Control	Operational
<b>Buncrana CNU</b>	Community Care	Older People	Refurbishment (To follow Carndonagh) - 30 beds	Detailed Design
<b>Ramelton CNU</b>	Community Care	Older People	HIQA Compliance - Refurbishment - 30 beds	Appraisal / Project Brief
<b>St Joseph's, Stranorlar</b>	Community Care	Older People	HIQA Compliance - Refurbishment - 67 beds	Appraisal / Project Brief
<b>Cavan Lower, Killygordon, Lifford, Co. Donegal.</b>	Community Care	Disability	The purchase and renovation of residential dwelling at Cavan Lower, Killygordon, Lifford, Co. Donegal.	Construction

<b>Glebe House, Stranorlar</b>	Community Care	Disability	Refurbishment of a house owned by the Donegal Association of Parents and Friends of People with Intellectual Disabilities CLG. For 2 No. Residents. HSE to take out 99 year lease.	Operational
<b>Sliabh Sneacht, Letterkenny</b>	Community Care	Disability	Refurbishment of two residential building owned by the HSE. 24 Sliabh Sneacht Road, 1 no. resident, and 28 Sliabh Sneacht Close, 2 no. residents.	Construction
<b>Dunfanaghy Primary Care Centre</b>	Community Care	Primary Care	New Primary Care Centre	Construction
<b>HUB 01 - St. Conals, Letterkenny</b>	Community Care	Primary Care	Extension (200sqm) to existing Chronic Disease Management Hub to provide support accommodation.	Detailed Design
<b>Ballyboffey / Stranorlar Ambulance Base</b>	Acute	Ambulance Service	The provision of an Ambulance Base at St Joseph's Hospital Stranorlar	Operational
<b>Various Community Locations</b>	CHO 1	Primary Care	Fire Alarm / Emergency Lighting Upgrades	Construction

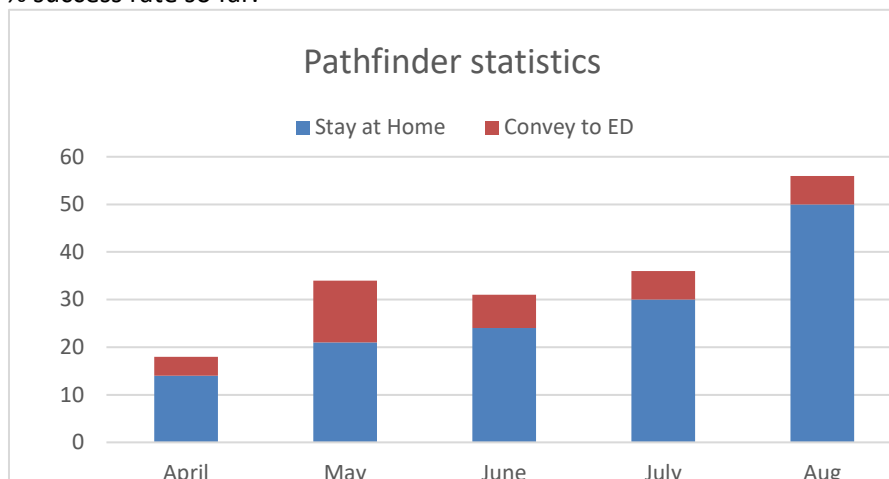
**Joe Hoare, Assistant National Director, HSE Capital & Estates**

<b>W107Q3818</b>	Can we get an updated report on the NAS Alternative care pathway pathfinder-treating patients safely in their homes project?	<b>CIlr C Brogan</b>
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**Letterkenny Pathfinder went live on the 12<sup>th</sup> April 2023.**

**This is an ED Avoidance project to help the over 65s be treated and cared for safely within their own homes. It runs from Mon- Fri 8-8 and has been live every day since.**

To date 180 pathfinder patients in total have been seen by the service and 142 patients have been kept at home safely post call out, giving us a 78.8 % success rate so far.



The types of patients that Pathfinder has been seeing include :

- Falls
- Distal trauma
- Non traumatic back pains
- Generally unwell
- Declining function in their own home
- Blocked/ routine catheter changes

which are within our National Ambulance Service (NAS) codes.

Though it's important to note that we have also been referred to patients by GPs and other crew members to assess patients with

- Exacerbations of COPD,
- chest infections and
- Urinary Tract Infections
- X2 terminally ill patients

which have also been successfully kept at home safely in collaboration with GP and other community networks to get the appropriate care in place for each patient at the right time. This is in keeping with our Sláintecare Implementation Strategy and Action plan 2021-2023 'Improving safe, timely access to care and promoting health and wellbeing' Treating the Right patient, at the right place, in the right time.

Pathfinder has had patients where clinical decisions had to be made for our patients to convey to ED. Reasons for these patients that have had to go to hospital are as follows

- Fractures
- Sepsis
- Dehydration
- New fast Atrial Fibrillation
- Abdominal pain
- DVT
- CVA/Stroke
- GP requests
- Unsafe to be left at home

Pathfinder has been continuously building bridges and connections in the community with GPs, Public health nurses and other community teams such as CIT, ICTOP, Chronic disease Hubs, and X-ray hubs in the community to keep as many patients as we can safely at home and hope to expand our services for the people of county Donegal.

***JJ McGowan, Chief Ambulance Officer - West***

**Definition of a Delayed Transfer of Care**

Delayed Transfer of Care (DTOC) Definition, also referred to as ‘Delayed Discharge’ occurs when a patient is ready to leave inpatient care but is still occupying an HSE funded bed. This can occur in both Acute and Community settings. A patient is ready to leave inpatient care when all of the following three conditions are met:

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

There are 8 different types of Delayed Discharge with multiple subheading within each one.

The 8 types are:

- Home Supports
- Residential Care Needs
- Rehabilitation Needs
- Complex Needs
- Housing/Homelessness
- Legal Complexity/Ward of Court
- Non-Compliance
- COVID-19

Within the area of **Home Supports**, there are 7 subheadings covering awaiting assessments for support, awaiting funding and delays in securing providers.

For **Residential Care Needs**, there are 15 subheadings include waiting on patient/family to complete and submit application, waiting for review of application, application rejected, applying for supports and funding, or waiting to secure care setting.

**Rehabilitation Needs** has 7 subsections covering awaiting access to National Rehabilitation Hospital/Neuro Rehabilitation setting, awaiting rehabilitation in designated older persons beds in community setting, or other rehabilitation setting.

**Complex Needs** has 10 subheadings covering requiring bespoke care at home/residential placement. Patient with high physical dependency. Awaiting palliative/hospice care or awaiting transfer to other jurisdiction.

**Housing/Homelessness** has 9 subheadings ranging from patients awaiting access to specific community services to awaiting discharge to emergency accommodation. This also covers homeless patients who are foreign nationals with no entitlement to accommodation within the State.

**Legal Complexity** has 3 subcategories covering needs specific placements for refugees/asylum seekers, patients who are wards of court and where safeguarding concerns emerge.

**Non Compliance or Cooperation with Process** has 2 subcategories covering patients/families refusing to cooperate with care detailed in discharge plan or refusing to cooperate with NHSS process.

**COVID-19** covers 15 subcategories ranging from impact of COVID 19 on home support staff, Covid positive patients requiring discharge to a stepdown bed prior to discharge home to patients unable to access rehabilitation or residential services due to COVID-19 guidance.

		<b>National Total</b>
<b>Type A: Home</b>	<b>Type A:</b>	<b>HOME SUPPORT SERVICE</b>
	DTOCA1	MFFD - awaiting to transfer out for Care Needs Assessment (Discharge to Assess)
	DTOCA2	MFFD - awaiting assessment for ongoing HSP by Community Services
	DTOCA3	MFFD - awaiting Discharge to Assess for Reablement Package
	DTOCA4	MFFD - application submitted but patient now waiting for funding for HSP
		MFFD - application submitted, funding approved but patient waiting for carer availability for HSP
	DTOCA5	
	DTOCA6	MFFD - Intensive Home Care Package required (>21 hours), but awaiting CHO approval
DTOCA7	MFFD - Patients self funding self live in care - delay in securing provider	
<b>Type B: Residential Care</b>	<b>Type B:</b>	<b>RESIDENTIAL CARE SUPPORT</b>
	DTOCB1	MFFD - Waiting less than 10 days for patient/family to complete and submit NHSS application to local NHSS Office
	DTOCB2	MFFD - Waiting more than 10 days for patient/family to complete and submit NHSS application to local NHSS Office
	DTOCB3	MFFD - Patient/family have completed but not yet submitted application form to local NHSS Office
	DTOCB4	MFFD - NHSS application waiting for review by Local Placement Forum
	DTOCB5	MFFD - NHSS application rejected by Local Placement Forum, awaiting further information
	DTOCB6	MFFD - NHSS Financial Determinations in Progress - State Support only
	DTOCB7	MFFD - NHSS State Support Determination complete – awaiting funding approval
	DTOCB8	MFFD - Has applied for ASS state support loan, awaiting determination and awaiting funding
	DTOCB9	MFFD - Patient approved for NHSS funding, waiting to secure care setting
	DTOCB10	MFFD - Application submitted for Transitional Care, awaiting approval
	DTOCB11	MFFD - Application for Transitional Care approved, awaiting transfer
	DTOCB12	MFFD - Application submitted for Convalescence Care, awaiting approval
	DTOCB13	MFFD - Application for Convalescence Care approved, awaiting transfer
	DTOCB14	MFFD - awaiting step down to Community Nursing unit/District Hospital/HSE facility
DTOCB15	MFFD - Patient/family self-funding LTC- Patient waiting to secure care setting	
<b>Type C: Rehab</b>	<b>Type C:</b>	<b>ACCESS TO REHABILITATION</b>
	DTOCC1	MFFD - Awaiting access to National Rehabilitation Hospital (NRH)
	DTOCC2	MFFD - Awaiting access to Neuro-Rehabilitation (including Stroke) in post acute inpatient setting (other than NRH)
	DTOCC3	MFFD - Awaiting rehabilitation in designated older persons beds (under governance of Consultant Geriatrician) in community setting
	DTOCC4	MFFD - Awaiting rehabilitation in designated older persons beds (under governance of Consultant Geriatrician) in acute in-patient setting
	DTOCC5	MFFD - Awaiting other rehabilitation services in acute in-patient setting
	DTOCC6	MFFD - Awaiting other rehabilitation services in community residential setting
DTOCC7	MFFD - Patients awaiting discharge from NRH to LTC or community setting with homecare package	

Type D: Complex Needs	Type D:	<b>COMPLEX CLINICAL NEEDS</b>
	DTOCD1	MFFD - Highly complex patient (due to complex physical/medical needs) awaiting approval of bespoke care provision in their own home, probably lasting many years
	DTOCD2	MFFD - Highly complex patient (due to challenging behaviour that requires specialist management) awaiting approval of bespoke care provision in their own home, probably lasting many years
	DTOCD3	MFFD - Highly complex patient (due to challenging behaviour that requires specialist management) awaiting approval of bespoke residential placement, probably lasting many years
	DTOCD4	MFFD - Patient with high physical dependency nursing care needs with on-going medical/therapy input e.g. tracheostomy, PEG tubes, lines etc. in long term care facility and whom needs financial top ups to cover additional costs
	DTOCD5	MFFD - Ambulant or Non Ambulant Patient with behavioural/verbal/cognitive issues awaiting access Dementia specific service
	DTOCD6	MFFD - Patient awaiting access to on-going Mental Health Services
	DTOCD7	MFFD - Patient awaiting access to Palliative / Hospice Care Services
	DTOCD8	MFFD - Patient with complex care needs that are not available through the HSE awaiting transfer to other jurisdiction
	DTOCD9	MFFD - Patients awaiting repatriation by specialist transport (back to home/hospital (in Ireland))
DTOCD10	MFFD - Patients awaiting repatriation by specialist transport (back to home/hospital (outside Ireland))	
Type E: Housing/Homeless	Type E:	<b>HOMELESSNESS/HOUSING SUPPORT/ADJUSTMENT</b>
	DTOCE1	MFFD - Patient awaiting access to specific community services provision to facilitate discharge e.g. provision of equipment or minor home adaptations
	DTOCE2	MFFD - Patient awaiting placement for access Supported Living / housing with care
	DTOCE3	MFFD - Patient awaiting financial approval for access Supported Living / housing with care
	DTOCE4	MFFD - Patient needs significant (involving some form of construction) adjustment to housing needs (major works needed to existing home or re-housing needed)
	DTOCE5	MFFD - Homeless patient awaiting discharge to emergency accommodation/shelter
	DTOCE6	MFFD - Homeless patients whose needs escalated to the Local Authority or Voluntary Agency
	DTOCE7	MFFD - Homeless patient - Entitled to accommodation from local authority, awaiting suitable accommodation (special needs awaiting access to specialist emergency accommodation/shelter (e.g. wheelchair accessible))
	DTOCE8	MFFD - Homeless patient - Not entitled to accommodation from local authority (entitled to accommodation with other LA, not entitled to housing in Ireland)
DTOCE9	MFFD - Homeless patient - Foreign National (Not entitled to accommodation within Republic of Ireland)	
Type F: Legal Complexity	Type F:	<b>LEGAL COMPLEXITY/WARD OF COURT</b>
	DTOCF1	MFFD - Patient is a Refugee or Asylum Seeker and needs specific placement
	DTOCF2	MFFD - Legal complexity associated with the patient or they are a Ward of Court
Type G: Non Compliance	DTOCF3	MFFD - Safeguarding concerns/safeguarding enquiries on-going
	Type G:	<b>NON COMPLIANCE/COOPERATION WITH PROCESS</b>
	DTOCG1	MFFD - Patient/family refusing to co-operate with care detailed in discharge plan
DTOCG2	MFFD - Patient/family refusing to co-operate with NHSS process	

Type H: COVID-19	Type H:	COVID 19 related delays
	DTOCH1	MFFD - Patient requires Home Support but no available capacity due to COVID-19 related staff absence
	DTOCH2	MFFD - Patient requires Home Support but is unable to return home as family member is COVID +
	DTOCH3	MFFD - Patient requires Home Support but is unable to return as patient poses an infection risk to vulnerable family member following HSE COVID 19 guidance
	DTOCH4	MFFD - Patient has been COVID+ and requires discharge to a step down bed prior to discharge home
	DTOCH5	MFFD - Patient has been COVID+ and requires discharge to an intermediate care bed prior to discharge home
	DTOCH6	MFFD - Patient requires access to inpatient rehabilitation for treatment of post-COVID related loss of function/disability
	DTOCH7	MFFD - Patient requires access to community based rehabilitation for management of post-COVID related loss of function/disability
	DTOCH8	MFFD - Patient unable to access rehabilitation (for non-covid related disability) following COVID-19 guidance
	DTOCH9	MFFD - Patient awaiting placement in LTC but unable to access bed following COVID-19 LTC guidance
	DTOCH10	MFFD - Patient unable to return to LTC facility following COVID 19 guidance
	DTOCH11	MFFD - Patient has placement available but is awaiting COVID-19 test results prior to transfer
	DTOCH12	MFFD - Patient unable to access Disabilities residential service following COVID-19 guidance
	DTOCH13	MFFD - Patient unable to access Psychiatric service following COVID-19 guidance
	DTOCH14	MFFD - Vulnerable patient with behavioral issues or challenging behaviours requiring COVID 19 self isolation/step down/intermediate care
DTOCH15	MFFD - Patient has been COVID positive/contact and is fit to be discharged home - Patient/family refusing to take patient home due to concerns regarding isolation requirements	
Totals		Type A: Home
		Type B: Residential Care
		Type C: Rehab
		Type D: Complex Needs
		Type E: Housing/Homeless
		Type F: Legal Complexity
		Type G: Non Compliant
		Type H: COVID-19
	<b>DTOC No/BDL Total</b>	