

**Minutes of Regional Health Forum West Meeting held on
Tuesday, 28th February, 2023 at 2.00pm in Room 1, Education Centre,
Merlin Park, Galway.**

Miontuairiscí Cruinnithe Chinn Bhliana an Fhóraitm Réigiúnach Sláinte, a tionóladh ar an Mháirt 28th
Feabhra, 2023 ag 2.00 .i.n, i Seomra 1 an tIonad Oideachais,
Feidhmeannacht na Seirbhíse Sláinte, Páirc Mheirlinne, Gaillimh

Chairperson: Cllr Gerry McMonagle

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

In attendance:

Tony Canavan, Executive Lead, Regional Health Forum/CEO, Saolta University Health Care Group
 John Joe McGowan, General Manager NAS
 Colette Cowan, CEO, UL Hospitals Group
 John Fitzmaurice, Head of Service, Disability Services, CHW
 Shannon Glynn, Head of Service, Older People Services, CHW
 Dermot Monaghan, Chief Officer, Community Healthcare Cavan, Donegal, Leitrim, Monaghan, Sligo
 Mary Warde, Head of Primary Care, Community Healthcare West
 Dr Amanda Burke, Executive Clinical Director, Mental Health Services Galway
 Marian Cavanagh, Regional Health Forum Office
 Anna Lyons, Regional Health Forum Office

830/103/23

Minutes of previous meeting – 22nd November 2022

The minutes of the previous meeting held on the 22nd November 2022 were proposed by Cllr John Carroll and seconded by Cllr Donal Gilroy and adopted.

831/103/23 Matters Arising:

832/103/23 Chairman's Business:

833/103/23 Questions:

W103Q3519 and W103Q3520 – University Hospital Limerick Data:

Action: Cllr Cillian Murphy to contact Colette Cowan in relation to the exact information/data required with regards to the above questions.

W103Q3521 - Ambulance Patient flow by County to the ED University Hospital Limerick:

Action: JJ McGowan to try and source a one/two day sample of geographic basis of Ambulance presentations to ED at University Hospital Limerick for Cllr Cillian Murphy.

W103Q3522 - Ambulance Cover Kilrush:

Action: JJ McGowan to provide Cllr Cillian Murphy with the outcome of the 21 tactical redeployment decisions made by NEOC in 2022.

W103Q3536 - Aras Mhic Dara:

Action: Shannon Glynn to provide Cllr Dáithí Ó Cualáin with the numbers that applied for the positions in Aras Mhic Dara.

W103Q3542 - St Conals Letterkenny:

Action: Joe Hoare to keep Cllr McMonagle updated on the progress regarding St Conals Letterkenny.

W103Q3547 - ED Pathway/Triage for Children Letterkenny University Hospital:

Action: Tony Canavan agreed to follow up with Cllr Gerry Crawford regarding the ED pathway/triage for children in Letterkenny University Hospital.

W103Q3548 - Carndonagh Community Hospital:

Action: Dermot Monaghan to update Cllr Albert Doherty regarding the HIQA and bed registration date for Carndonagh Community Hospital.

W103Q3552 - Capital Investment HSE Projects Donegal:

Action: Joe Hoare to revert to Cllr Ciaran Brogan regarding the timeframe of the tender for the 110 bed CNU and Medical Rehab in Letterkenny and the timeframe for the 30 beds in Ramelton Community Nursing Unit.

W103Q3557 - Cashel na Cor Centre:

Action: Dermot Monaghan to keep Cllr Albert Doherty updated regarding the full complement of staffing in the Cashel na Cor centre.

W103Q3568 - St Brigids Ballinasloe:

Action: Joe Hoare to keep Cllr Evelyn Francis Parsons updated on the vacation of St Brigid's Hospital Campus.

W103Q3570 - Disability Carer/Personal Assistant hours/budget:

Action: John Fitzmaurice to provide Cllr Evelyn Francis Parsons with the Carer/Personal Assistant hours/budget that was not fulfilled and what happened those hours and budget surplus.

834/103/23 Motions:

W103M142 – Day Care Services Carndonagh:

This motion was proposed by Cllr Albert Doherty, seconded by Cllr Tom Conaghan and unanimously supported by all Councillors present.

W103M143 - University Hospital Limerick:

Cllr Seamus Morris requested his Motion W100M143 to be withdrawn.

W103M144 – University Hospital Waterford:

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

W103M145 – Minor Injuries Clinics:

This motion was proposed by Cllr Gerry McMonagle, seconded by Cllr Albert Doherty and unanimously supported by all Councillors present.

835/103/23 Any Other Business:

836/103/23 Date & Time of Next Meeting:

The next **Regional Health Forum** meeting will take place on Tuesday, 28th March 2023 at 2pm.

The next **Regional Health Forum Committee** meeting will take place on Tuesday, 25th April 2023 at 2pm in Manorhamilton.

This concluded the business of the meeting.

Signed:

Cathaoirleach/Chairman

Adopted at the Regional Health Forum West meeting

QUESTIONS AND RESPONSES RECEIVED
REGIONAL HEALTH FORUM WEST – 28th MARCH 2023

Number:	QUESTION	RAISED BY	Page No.
W104Q3575	Registering with a GP.	Cllr D Killilea	3
W104Q3576	Hip and Knee wait lists Galway, NTPF options.	Cllr D Killilea	3-4
W104Q3577	In Patient Addiction Centres.	Cllr D Ó Cualáin	4
W104Q3578	HSE Home Support Worker vacancies and locations.	Cllr D Ó Cualáin	4-5
W104Q3579	Home Support Services Hours in Connemara, HSE and Private providers.	Cllr D Ó Cualáin	5
W104Q3580	Neurology Services UHG.	Cllr D Ó Cualáin	5
W104Q3581	Average length of time (2022) a patient remained in MUH following completion of their treatment, Delayed discharge reasons.	Cllr M Kilcoyne	6
W104Q3582	Resources, Stats for MUH following the closure of the ED at RUH.	Cllr M Kilcoyne	7
W104Q3583	ED MUH 2022: numbers who left prior to seeing Consultant Inpatients MUH 2022: numbers who left the hospital without being discharged.	Cllr M Kilcoyne	7
W104Q3584	MUH: Staff vacancies, categories and how long vacant.	Cllr M Kilcoyne	7
W104Q3585	The Hydrotherapy Pool in Our Ladies Hospital in Manorhamilton – access via GP.	Cllr F Gurn	7-8
W104Q3586	HSE vetting service for professionals.	Cllr F Gurn	8
W104Q3587	Psychology wait lists for children with Autism in Sligo/Leitrim area.	Cllr F Gurn	8-9
W104Q3588	NAS travel times, incident scene to ED.	Cllr C Murphy	9
W104Q3589	Any plans for the NAS and/or HSE to roll out protocol to allow for patients to be transferred to the LIUs.	Cllr C Murphy	9-10
W104Q3590	Kilrush Ambulance base, 21 resource redeployments in 2022 – Ennis or Kilrush?	Cllr C Murphy	10-11
W104Q3591	Coastal community tourism season- population increase; HSE, UHL and NAS – any ‘Summer Plan’?	Cllr C Murphy	11-12
W104Q3592	UHL Patient numbers.	Cllr G Crawford	13-14
W104Q3593	UHL - for year ended 2022: patients awaiting a first time consultation, patients waiting follow up procedures or Surgery.	Cllr G Crawford	14-16
W104Q3594	UHL - 2022 and year 2023 to date: cumulative bed days lost from delayed discharge and reasons.	Cllr G Crawford	16
W104Q3595	Update on resumption of Day Services in Lifford area.	Cllr G Crawford	16-17
W104Q3596	Use of Old Health Centre at Binion Rd, Clonmany.	Cllr A Doherty	17
W104Q3597	Riverwalk House and new group home.	Cllr A Doherty	17
W104Q3598	LUH: Haematology and Oncology beds, extra space, enhancement of Day Unit, Cancer Services plans.	Cllr A Doherty	17-18
W104Q3599	Community Radiology Diagnostic services in Carndonagh.	Cllr A Doherty	18
W104Q3600	Update on the New Primary Care centre for Dunfanaghy.	Cllr G McMonagle	18
W104Q3601	Home Help support in Donegal: Waiting lists and actions to address.	Cllr G McMonagle	18-19
W104Q3602	Flood report at Letterkenny University Hospital.	Cllr G McMonagle	19
W104Q3603	Mental Health Services Galway and Roscommon: number of acute beds, plans for increased capacity and wait times for acute beds.	Cllr D Killilea	19
W104Q3604	Update on the Integrated Care for Older Persons Programme in Galway City and County.	Cllr D Killilea	19-21
W104Q3605	Clinical review (CAMHS open cases): Please confirm if this has been commenced/ concluded/ timeline and outcome of this review in CHO2.	Cllr E Francis Parsons	21

W104Q3606	Safeguarding Concerns (2022) re Elder Abuse in HSE West, category comparison to 2019 onwards.	Cllr E Francis Parsons	22
W104Q3607	HSE Cyberattack: CHO2 area – number of affected individuals re personal data, implications.	Cllr E Francis Parsons	23-24
W104Q3608	Uptake of the HSE free home STI testing kit/ service – CHO2 area, 2022.	Cllr E Francis Parsons	24
W104Q3609	Hydrotherapy Pool at Cregg House Sligo and the Hydrotherapy Pool at Manorhamilton Co. Leitrim.	Cllr D Gilroy	24
W104Q3610	Procedure for confidential medical information/correspondence for the Visually impaired.	Cllr D Gilroy	25
W104Q3611	Update on when a new Ambulance base will be provided in Sligo.	Cllr D Gilroy	26
W104Q3612	Update on the appointment of a Diabetes Clinical Nurse specialist in insulin Pump Therapy to SUH.	Cllr D Gilroy	26
W104Q3613	Shannondoc services over Christmas.	Cllr S Morris	26-27
W104Q3614	UL Hospital Group: MAU usage Nenagh, 5.2 million funding request breakdown.	Cllr S Morris	27-29
W104Q3615	UL Hospital group: no extra beds in Winter Plan, reasons and what efforts were made to change this decision.	Cllr S Morris	29-31
W104Q3616	Orthopaedic Consultant outpatient wait list GUH, average wait time, wait time per category.	Cllr J Connolly	31
W104Q3617	Rehabilitation and Recovery Services in CHO2: how many teams, location, staffing cohort, number of beds at Residential Rehabilitation facilities?	Cllr J Connolly	31-32
W104Q3618	Update on recruitment to fill 4 new Consultants posts in Emergency Medicine at GUH.	Cllr J Connolly	32
W104Q3619	UHG – any measures to increase number of 75yrs and over reaching admit/discharge within 9 hours of ED presentation.	Cllr J Connolly	32
W104Q3620	Primary Care Centres in RHF West area; ownership/rented/location/rental paid yearly.	Cllr D Bree	32-35
W104Q3621	CHO1 area: Home Help/Healthcare Support Assistant weekend emergency on-call service.	Cllr D Bree	35
W104Q3622	Services in place in (A) St Cecilia’s School, Cregg, Sligo (B) St Joseph’s School, Ballytivnan, Sligo; in 2020, 2021, 2022 and in the current year.	Cllr D Bree	35-36
W104Q3623	Dental Service (Medical Card Holders) Sligo and Leitrim.	Cllr D Bree	36
W104Q3624	Woodland and Meadow Management programme for Merlin Park Woodlands.	Cllr M O’Connor	36-37
W104Q3625	Arborist and Tree Felling Merlin Park.	Cllr M O’Connor	37
W104Q3626	Protection of the Meadows, Merlin Park during the recent felling of Trees.	Cllr M O’Connor	37
W104Q3627	Biodiversity management during recent Tree Felling in Merlin Woods.	Cllr M O’Connor	37-38
W104Q3628	Access to Mental Health Treatment.	Cllr Armstrong McGuire	38-39
W104Q3629	Update on the New Hospital in Carrick on Shannon.	Cllr Armstrong McGuire	39
W104Q3630	Update on the timeframe of the new 110 bed & Medical Rehab CNU in Letterkenny.	Cllr C Brogan	39
W104Q3631	Ramelton: Number of beds in operation, timeframe for refurbishing works.	Cllr C Brogan	39
W104Q3632	LUH: Update on timeframe of the extension and re-configuration of the existing Oncology day unit.	Cllr C Brogan	39-40
W104Q3633	Update on the timeframe for provision of the Primary Care Centre in Dunfanaghy.	Cllr C Brogan	40

Number:	QUESTION	RAISED BY
W104Q3575	Can the HSE confirm the process for getting an individual or family added to a GP for health support. I understand that a lot of GP's are not taking on new clients and the only medical support available to those not registered with GP services is either A&E services or Westdoc out of hour services. Can the HSE confirm if the GPs that operate Primary Care Centres are obliged to take on new registrations	Cllr D Killilea

The HSE policy in relation to allocation of patients to General Practitioner panels is covered under the Agreement with Registered Medical Practitioners for Provision of Services under Section 58 of the Health Act 1970. Persons that make application for Medical Card eligibility must indicate a 'GP of Choice' in their application. Once the GP accepts the person(s) to their GMS patient panel, the eligibility is finalised by associating the applicant (and dependents, if applicable) with their 'GP of Choice'. Whereby a person is submitting a new application for eligibility, should the applicant be unable to get acceptance by a General Practitioner of their choice [on their GMS Patient Panel], the applicant can notify the National Medical Card Unit (NMCU) accordingly, indicating that they have applied to three (3) General Practitioners in their locality and the three (3) GPs are unable to accept them.

Once consideration of the new application determines that the grant of eligibility is appropriate, the NMCU can then assign the applicant (and dependents, if applicable) to a General Practitioner, within their local area, in accordance with the term of the Agreement with Registered Medical Practitioners.

Person who have not made an application for Medical Card eligibility, and are unable to locate a GP to accept them should contact their Local Health Office, the PCRS only assigns GP's for Medical Card/GP Visit Card holders.

The Contact details for the National Medical Card Unit are as follows:

National Medical Card Unit,
 Primary Care Reimbursement Service (PCRS),
 Exit 5, M50,
 North Road,
 Finglas,
 Dublin 11,
 D11 XKF3.
 Tel: 01 8647100 or 0818 224478
 Email: NMCU.GPAssignment@hse.ie

National Medical Card Unit

W104Q3576	Can the HSE confirm what the waiting lists are for hip and knee replacements in Galway, I am meeting people who are in pain and told that they will need to wait up to 2 years for an operation. Are all the surgical theatres now fully operational in the Galway area and is there a NTPF for such operations in Galway given older people may not be in a position to travel outside of county boundaries.	Cllr D Killilea
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In GUH there are a total of 196 patients waiting for hip and knee replacements. Of those 73 patients waiting greater than 9 months which is the National Service Plan target for inpatient and day case procedures for 2023.

48 will be scheduled chronologically to core activity or receive an offer to go to a private provider via the NTPF.

The remaining 25 patients are as follows; 9 have been sent out to a private provider through the NTPF, 7 have their procedure postponed by their consultants (clinically not suitable), 6 the patient or guardian have requested to be suspended and 3 others have been suspended but the reason is not specified.

GUH Orthopaedic Hip and Knee Replacement Waiting Lists	0-3 Mths	3-6 Mths	6-9 Mths	9-12 Mths	12-15 Mths	15-18 Mths	18-24 Mths	24-36 Mths	36-48 Mths	48+ Mths	Grand Total

Revision of total arthroplasty of hip	2	4	1	5	1	2	1	1	1	18	
Total arthroplasty of hip, bilateral	1		1							2	
Total arthroplasty of hip, unilateral	41	24	15	12	6	1	7	4	2	3	115
Total arthroplasty of knee, unilateral	21	7	6	2	6	5	6	2	4	2	61
Grand Total	65	35	23	19	13	8	14	7	6	6	196

Currently, staffing allows provision of 12 Theatre sessions per week. We have recently received approval to recruit staff which will allow us to open the remaining sessions up to a maximum of 20 sessions per week.

A. Cosgrove, COO, Saolta University Health Care Group

W104Q3577	Given the significant increase and waiting times for in patient addiction treatment centres, Do the HSE have any plans to develop and open a HSE run in-patient alcohol and drug addiction centre in Galway city and county? What HSE funded in-patient addiction services are currently available in the city and county?	Cllr D Ó Cualáin
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The Community Healthcare West Drugs Service have not experienced any increase in waiting times when referring clients to in-patient addiction treatment centres across Community Healthcare West.

There are currently 2 residential treatment centres in the west, Hope House, in Foxford Co. Mayo and Cuan Mhuire, Coolarne, Co. Galway that provide treatment for people who require treatment.

Our treatment figures do not indicate a need for an additional residential treatment facility for people with addiction problems at present

Breda Crehan-Roche, Chief Officer, Community Healthcare West

W104Q3578	How many positions for the role of HSE home support worker (formerly Home help) are currently vacant and can I get a breakdown of where those positions are vacant throughout county Galway?	Cllr D Ó Cualáin
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Home Support was approved for 65 new HCSA posts across Community Healthcare West and the recruitment was completed by CPL Recruitment on behalf of the HSE. Subsequently the HSE held a recruitment process in 2022 and a HCSA permanent panel has been established. HSE Human Resources (HR) have ran a second campaign for the remainder of the posts that could not be filled by CPL, this campaign remains open. In Galway, the posts for Ballinasloe and Headford area remain vacant and we will continue to offer these posts out to the existing panel and accept applications through our open campaign.

We are in the process of offering out an additional 24 new post across County Galway, area details below, and they are currently with HR for offering out to the existing panel.

2022 Sept/Oct Approvals HCSA - Galway Areas
Oranmore
Killimor
Ardrahan
Kinvara
Craughwell
Clarinbridge
Woodford
Loughrea
Gort
Athenry

Galway City West
Ahascragh
Leenane
Athenry
City East Galway
Williamstown
Portumna
Ballinasloe
Carraroe
Lettermore

Breda Crehan-Roche, Chief Officer, Community Healthcare West

W104Q3579	Can I get a breakdown in tabular form on the number of home support services hours that are currently NOT being provided to clients in the Connemara Area and has there been a reduction in the hours being allocated to private home support service agencies to provide home support? How many hours are being provided by the HSE through private agencies and HSE Staff and a breakdown of what companies are providing that care in Connemara.	Cllr D Ó Cualáin
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January 2023: Total of 14,173 hours were provided in the Connemara area – 81% Agency & 19% HSE staff
 In July 2022: Total of 14,806 hours were provided in the Connemara area – 85% Agency & 15% HSE staff

There are currently 14 clients on the waiting list in the Connemara area (equating to approx. 360 hours per month). These clients have been assessed and have been prioritised based on their care needs assessment.

Agencies providing care in the area are as follows:

ALZHEIMERS SOCIETY OF IRELAND
BLUEBIRD CARE
CAREMARK
CASLA CARE
CONNEMARA CARE CLG
GALWAY CENTRE FOR INDEPENDENT LIVING
HOME INSTEAD
IRISH WHEELCHAIR ASSOCIATION
MYHOMECARE
RIGHT AT HOME
TEARMANN ÉANNA TEO
WESTERN ALZHEIMER

Breda Crehan-Roche, Chief Officer, Community Healthcare West

W104Q3580	What plans do the HSE/Saolta have for Neurology services at University Hospital Galway and is it true that a reconfiguration of the services being provided onsite is to occur?	Cllr D Ó Cualáin
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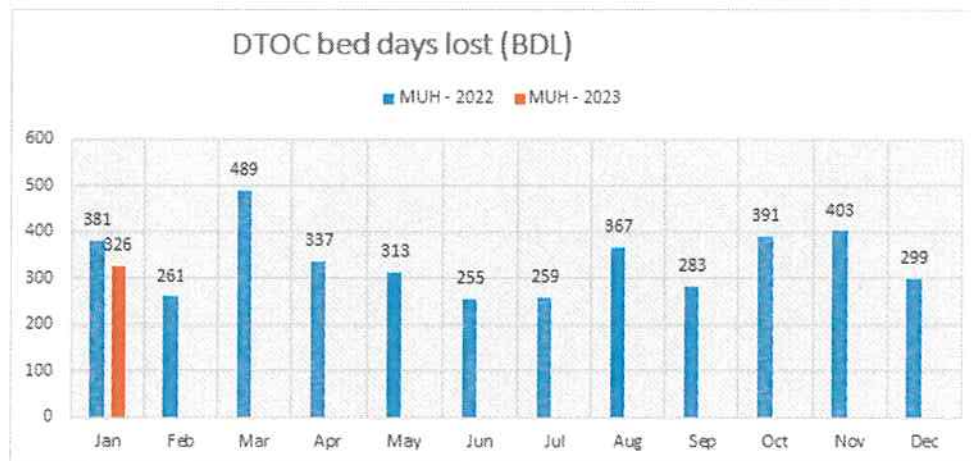
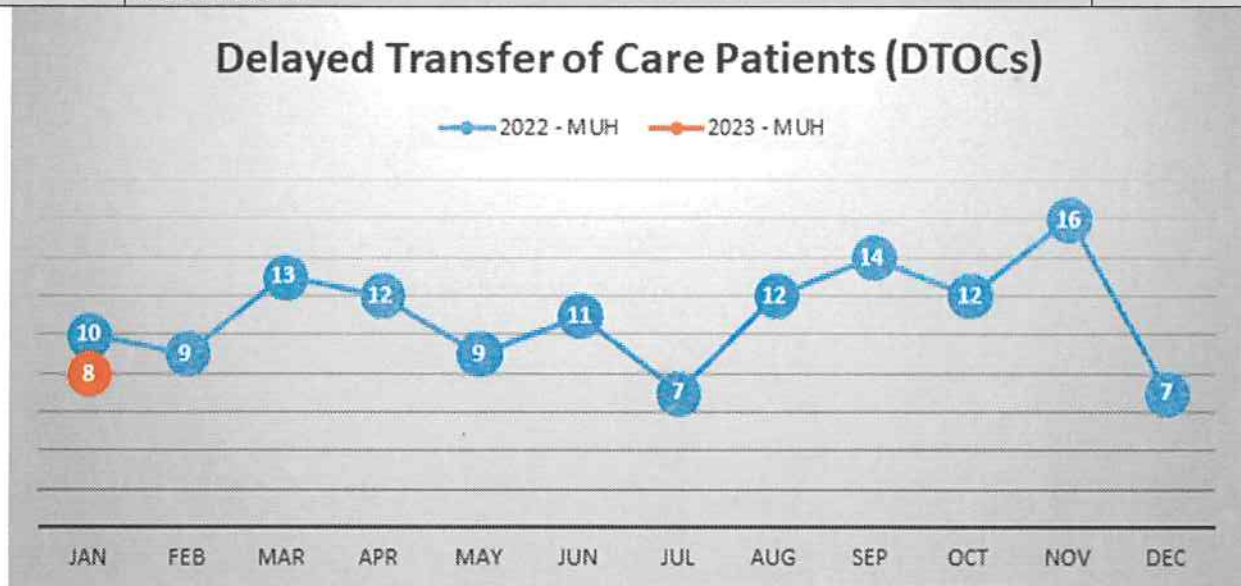
The Neurology Department will remain in its current location and operational until Phase 1 OPD is complete in Merlin Park University Hospital. This will ensure continuity of treatment for patients. There will be a planned phased removal of the prefab areas at UHG and there will be consultation with all services affected before any works commence. The construction of the Phase 1 Outpatients Department at MPUH commenced at the end of February 2023.

A. Cosgrove, COO, Saolta University Health Care Group

W104Q3581

In 2022 what was the average length of time a patient remained in Mayo University Hospital following completion of their treatment?
 Of those not discharged immediately following completion of treatment what percentage was due to:
 Lack of step down facilities
 Lack of home care service
 Other reasons

Cllr M Kilcoyne



National Code	% Total
Other National Codes	30.16%
MFFD - awaiting step down to Community Nursing unit/District Hospital/HSE facility	29.89%
MFFD - NHSS application waiting for review by Local Placement Forum	10.32%
MFFD - Patient unable to access rehabilitation (for non-covid related disability) following COVID-19 guidance	8.99%
MFFD - Patient approved for NHSS funding, waiting to secure care setting	7.67%
MFFD - Patient/family refusing to co-operate with care detailed in discharge plan	7.41%
MFFD - application submitted, funding approved but patient waiting for carer availability for HSP	5.56%

T. Canavan, CEO, Saolta University Health Care Group

W104Q3582	What additional resources were given to Mayo University Hospital following the closure of the ED at Roscommon Hospital including how many extra: consultants, doctors, nurses, support staff, beds, equipment etc. How many patients were treated in Mayo University Hospital in the year before Roscommon Hospital ED was closed and how many were treated in the full year following the closure of Roscommon Hospital ED.	Cllr M Kilcoyne
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There was no specific allocation of resources to Mayo University Hospital at the point in time when the Emergency Department in Roscommon University Hospital was closed, however, the staffing levels have increased significantly both in the ED and the hospital overall in the years since.

Hospital Emergency Department Attendances MUH:

Year	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Attendances	32709	34783	34987	34880	35842	37267	37242	39024	39641	31518	36652	39121

T. Canavan, CEO, Saolta University Health Care Group

W104Q3583	How many people attended the ED at Mayo University Hospital in 2022 and left without seeing a consultant. How many people who were inpatients in Mayo University Hospital in 2022 left the hospital without being discharged.	Cllr M Kilcoyne
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Total ED Attendances 2022	Did Not Wait
39,121	2,139 (8pc)

Total Inpatients 2022	Self Discharge
35,717	131

If a patient leaves ED where an episode of care is not complete a process is in place for follow up. The patient is contacted, if this is not successful the patient's Next of Kin is contacted.

T. Canavan, CEO, Saolta University Health Care Group

W104Q3584	How many staff positions are currently vacant in Mayo University Hospital? List the categories and how long those positions have remained vacant.	Cllr M Kilcoyne
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Please see below list of vacant staff positions in Mayo University Hospital

Staff Category	No of Vacant Posts
Nursing & Midwifery	73.59
General Support	5.76
Management & Admin	13.5
Patient & Client Care	19
HSCP	20.6

On average posts are filled within 6 months. Due to lack of skilled candidates in specific disciplines some posts may take longer to fill. Work permits, Garda vetting, overseas clearance and occupational health clearance can delay start dates for successful candidates.

T. Canavan, CEO, Saolta University Health Care Group

W104Q3585	The hydro pool in Our Ladies Hospital in Manorhamilton has been given great relief to people who suffer from Arthritis and people all over the North west available of its service but what about with other people who need to use this facility have they to get there GP to recommend them to get physio and hydro pool use .	Cllr F Gurn
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Patients are referred for Hydrotherapy in OLHM by the Consultant Rheumatologist referral pathway. The pool is currently used to full capacity.

A. Cosgrove, COO, Saolta University Health Care Group

W104Q3586	With the prime time programme showing that a Psychologist was not qualified and had fake college certificates and worked for the HSE and was Counselling Autistic children and there parents how can this happen in the vetting service for the HSE. Would there be more cases in the HSE with other professionals in the HSE service been not vetted right.	Cllr F Gurn
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The National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016 introduced a statutory legislative basis for vetting and the establishment of procedures that apply in respect of persons who wish to undertake certain work or activities relating to children or vulnerable adults.

The legislation makes it an offence to engage a person to undertake relevant work until the vetting process has been completed. This means it is an offence to appoint anyone engaged in relevant work to the HSE unless:

- The HSE is in receipt of a vetting disclosure from the National Vetting Bureau (NVB) in relation to the applicant, and
- That the appropriate follow up procedures have been successfully concluded in order that Garda Clearance can be issued.

There are a range of HR Circulars in place which detail the process for Garda vetting of all categories of staff. These include arrangements for existing HSE employees engaged in “relevant work” with children or vulnerable persons (HR Circular 022/2017); those individuals who are new hires to the HSE (HR Circular 012/2018), and HSE Volunteers i.e. individuals working in the HSE in a voluntary capacity. All circulars are available and updated on an ongoing basis on the HSE Website.

There is a separate and different process for applications for residential services i.e. Older Person Services and Intellectual Disability Services. Applications for residential services are managed by the Data Controller in the relevant CHO area which is located for CHO1 area in the HR Department, Stranorlar County Donegal.

The HSE Garda Vetting Liaison Office based in Manorhamilton, Co. Leitrim, are authorised signatories with An Garda Síochána and liaise with the National Vetting Bureau (NVB). This office processes all requests for vetting and engagement with individuals throughout. The office also reviews disclosures issued from the NVB for each applicant and a) issue result of vetting or b) initiate risk assessment process as appropriate.

All individuals who are engaged in certain work or activities relating to children or vulnerable adults are required to be Garda Vetted under the processes set out above. Any staff who are recruited via Local HR Departments in CHO1 area are also subject to these requirements. For sites that have to be HIQA compliant and where they utilise agency staff, the Garda Vetting confirmation received must be available for inspection on the file.

As part of the pre-employment checks carried out by local HR Departments, validation of educational qualifications and confirmation of any registrations required to carry out a role with the HSE form part of the clearance processes carried out.

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

W104Q3587	The waiting time to be referred to Psychologists to see and diagnose children with autism in Sligo/Leitrim area.	Cllr F Gurn
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Disability Services

The Children’s Disability Network Team Sligo South Donegal and the Children’s Disability Network Team Leitrim West Cavan are interdisciplinary teams made up of a number of professionals from different disciplines, who work together implementing the National Policy on Access to Services for Children & Young People with Disability.

Best practice informs that an autism assessment requires input from a number of disciplines such as Speech & Language therapy, Psychology and Occupational therapy. This is the model implemented in the Children’s Disability Network Team Sligo South Donegal Disability Team and the Children’s Disability Network Team Leitrim West Cavan.

Autism assessments in the Children's Disability Network Team Sligo South Donegal are carried out by the CDNT members, however, at times outsourcing may need to occur in order to meet the demand. The longest waiting time in this area is 16 months and we are currently working through our waiting list chronologically, with those waiting longest being outsourced by the team for private assessment.

Autism assessments in the Children's Disability Network Team Leitrim West Cavan are carried out by the CDNT members. The longest waiting time in this area is 6 months.

Primary Care

Primary Care Sligo/Leitrim/West Cavan/South Donegal holds a waiting list of children 0-18 years, who require an Autism Diagnostic Assessment and who have been identified as having non-complex needs. Children are typically assessed in chronological order, according to the length of time they have been waiting. Currently, the longest period a child has been waiting for an Autism Diagnostic Assessment is 12 months.

Autism assessments are carried out by members of the multidisciplinary team as required, including Psychology, Speech and Language and Occupational Therapy.

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

W104Q3588	Does the NAS have a recommended travel time from the scene of an incident to an Emergency Department (not the response time to the scene) and if so, what is it, and does this vary between rural and urban locations?	Cllr C Murphy
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The National Ambulance Service collect data in relation to timestamps for depart scene and arrive destination i.e. Emergency Department. However, there currently is no recommended target travel time from at scene to receiving facility. This will be predominately determined by the distance involved. Patients are transported to the nearest Emergency Department unless their condition calls for a by-pass protocol to be invoked. All staff are trained in emergency driving and this is used based on the patient's condition.

To ensure patients with life threatening or potentially life threatening illness or injury receive the fastest response, all 112/999 calls are initially clinically triaged. National aggregate response times targets for these calls are set out in the HSE's National Service Plan each year and are described as ECHO (Life threatening cardiac or respiratory arrest) or DELTA (life threatening illness or injury, other than cardiac arrest). These calls account for approximately 48% of all 999 calls. 80% of calls described as ECHO (Life threatening cardiac or respiratory arrest) and 50% DELTA (life threatening illness or injury, other than cardiac arrest) are subject to response times targets of 18 minutes and 59 seconds or less by a patient carrying vehicle. These targets are national aggregate targets, i.e. an average of performance achievement across the country. The 18.59 minute target was originally recommended in 2012 as part of a report by HIQA to the Minister for Health and the HSE under section 8(1) j of the Health Act 2007.

All other 999 calls (approximately 52%) are not encompassed by any response time target, are responded to in priority order based on clinical triage and when a response resource becomes available, hence during very busy periods, these calls can wait longer for a response.

In the case of the lower acuity 999 calls, these can be further triaged through our Clinical Hub by trained doctors and nurses to establish if sending an emergency ambulance is appropriate compared to other options such as self-care, visiting a Pharmacy, a GP or GP Out of Hours Service.

JJ McGowan, Chief Ambulance Officer - West

W104Q3589	Given the recent roll out of the new assessment protocols with regards to the NAS and the MAUs, are there any plans for the NAS and/or HSE to roll out a similar assessment protocol to allow for patients to be transferred to the LIUs	Cllr C Murphy
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The National Ambulance Service (NAS) has continued to support our colleagues in EDs throughout the country through the expansion of a number of ED avoidance measures.

In the Mid-West, this has included the launch of Pathfinder in Limerick in October, a HSE National Ambulance Service led service designed to safely keep older people who phone 112/999 in their own home rather than taking them to a hospital emergency department in Limerick.

The NAS is also providing transportation to Medical Assessment Unit (MAU) pathways in Ennis and Nenagh following the launch of this initiative in both hospitals in January 2023. The NAS also deploys Community Paramedics in Limerick that have specific training in assessing and treating lower acuity patients with the aim of resolving their healthcare need without transport to an Emergency Department.

At the beginning of December, the NAS activated a new Tactical Management Unit operating 24/7 to support staff and proactively manage pressures and escalations within the service for the winter period. The Tactical Management Team works under the direction of a Senior Tactical Manager 24/7 who works closely with acute hospital colleagues to reduce the impact of arrival to handover delays while supporting hospital turnarounds. The team will continue to work in this capacity following the winter period. Tactical Managers will work in collaboration with local area managers and hospital group management.

These measures compliment the ongoing Hear and Treat pathway via the Clinical Hub and See and Treat pathway via EMTs, Paramedics and Advance Paramedics upskilled on new clinical practise guidelines. At this time discussions are not taking place in relation to transportation of patients to LIUs.

JJ McGowan, Chief Ambulance Officer – West

There are no plans in place for Injury Units to accept patients transferred by ambulance. This is in line with national policy. Our Injury Units have just 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.

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.

Registered Advanced Nurse Practitioners (RANP) and Candidate ANPs play a particularly important role, with their ability to perform full episodes of care on patients from admission to discharge, as well as organising follow-up appointments and ongoing reviews, and referral to expert care when required.

Injury units can treat the following for patients aged five and over:

- broken bones to legs, from knees to toes
- broken bones to arms, from collarbone (clavicle) to fingertips
- all sprains and strains
- minor facial injuries (including oral, dental and nasal injuries)
- minor 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
- minor head injuries (fully-conscious patients, who did not have loss of consciousness or vomit after the head injury)

Separately, the HSE is carrying out a review of all local injury units to look at how we can maximise these both clinically in terms of the patients that we see in there but also in terms of identifying other locations that would benefit from this around the country.

C. Cowan CEO UL Hospitals Group

W104Q3590	Of the 21 times in 2022 that Kilrush ambulance base was left without staff due to short term absences how many resulted in the resources being deployed in to Ennis and how many to Kilrush?	Cllr C Murphy
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The 21 times as per previous question accounts for the number of times all efforts were made to cover short notice absences in Kilrush ambulance station but were unsuccessful. This in turn left a single practitioner on their own. She/he would have been subsequently either put on a rapid response vehicle (RRV) or teamed up with another solo staff member in the Mid-West region.

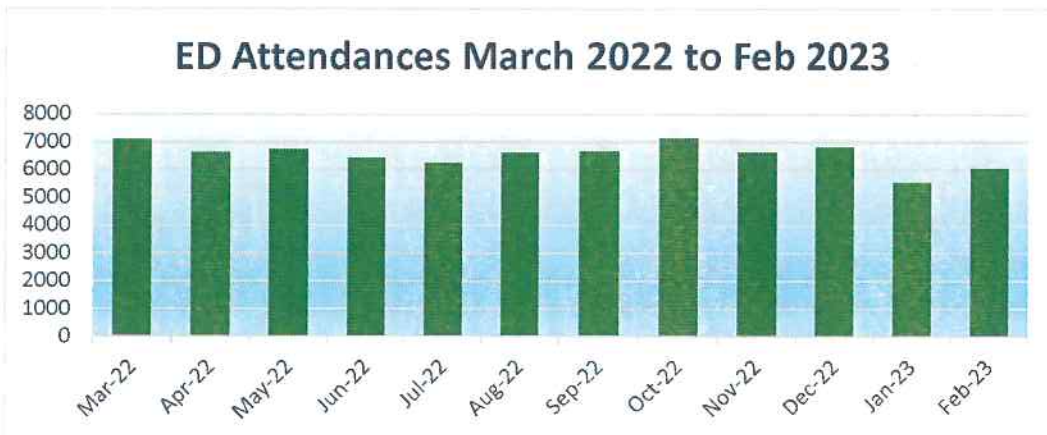
To get the data of where these practitioners/vehicles were subsequently deployed would require that we go back and manually trace those vehicles via the advanced medical priority dispatch system AMPDS on a shift by shift basis. The data can be gotten but it is a significant effort and use of scarce team resources. Where records are not readily available, i.e. where we would have to create a new base record for reporting, practice is that we usually do not do so as this as it would not be an efficient use of valuable resources.

JJ McGowan, Chief Ambulance Officer - West

W104Q3591	Given the very significant population increase that happens to our coastal communities during the tourism season, what plans do the HSE, UHL and NAS have that recognizes these increased levels of demand on our health care provision? Is there a "summer plan?"	Cllr C Murphy
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Attendances at Emergency Departments across the country have seen a significant increase, for the full year of 2022 attendances were up by 14.8% compared to 2021, and this trend has continued into 2023.

The Emergency Department in University Hospital Limerick (UHL) has also seen sustained pressure with attendances in 2022 up by 4% compared to 2021. As such, contingency plans are put in place at all times during the year to ensure that UL Hospitals Group can meet service demands. There is no evidence to suggest that services are more impacted during the summer season due to tourism and as such, no separate summer plan is required. The below graph illustrates that ED attendances during the summer months of 2022 were consistent with other months.



Separately, Safer Staffing levels for ED nursing staff have recently been reviewed and approval has been received to recruit additional resources. A number of nursing staff have recently commenced post within the ED. Additional nursing resources to fully implement Safer Staffing in our ED will commence taking up post from May 2023. We also recruited two additional WTE Emergency Medicine consultants and nine WTE NCHDs were recently recruited and are in post.

In addition, we have recently recruited an additional four discharge coordinators, along with one WTE Clinical Nurse Manager (CNM2). These staff specifically target discharges at weekends.

The Medical Assessment Unit (MAU) pathway for 112/999 patients was also recently introduced in Ennis and Nenagh Hospitals.

The Medical Assessment Units in Ennis and Nenagh Hospitals treat patients referred by GPs, ShannonDoc and NAS paramedics.

We are focused on increasing bed capacity, work has commenced on the new 96-bed inpatient block at University Hospital Limerick following the appointment of John Sisk and Son as the successful contractor.

The new 9,800 square-metre block will be built over the existing Emergency Department and Dialysis Unit and will consist of 96 en-suite single rooms.

We welcome the commitment from the Taoiseach during a recent briefing to Mid-West Oireachtas Members to support the delivery of a second 96-bed inpatient block at University Hospital Limerick.

A capital funding submission is currently being finalised in conjunction with HSE Capital & Estates. UL Hospitals Group are keen that the delivery of the second 96-bed block be fast-tracked and that funding be secured in the HSE Capital Plan to deliver the additional inpatient bed block in as short a timeframe as possible. We expect that proposals will be submitted to the HSE nationally in respect of this second 96-bed block before the end of the first quarter of this year.

We also welcome the recent announcement by the Minister for Health regarding his plans to include Limerick as one of five regional scheduled care hubs. We will work with all stakeholders on any plan to increase access to scheduled care in the region and to ensure that this model best meets the needs of the people of the Mid-West.

UL Hospitals Group also run a number of campaigns all year round to inform the public of their care options. For example, the injury units at Ennis, Nenagh and St John's are promoted via local radio ads and on social media with a particular focus on busy bank holiday weekends when services may come under increased pressure. These campaigns include information about what type of injuries can be treated such as sprains, breaks and burns.

Media releases are also issued frequently promoting the use of Injury Units to the general public. Our media team uses every opportunity to promote Injury Units and all care options available at UL Hospitals Group in the course of answering queries from journalists and to inform the public. In 2022, a total of 38,523 patients attended our Injury Units in Ennis, Nenagh and St John's, a new record and representing a 30% increase on 2021.

C. Cowan CEO UL Hospitals Group

The National Ambulance Service (NAS) operates the National Ambulance Service Capacity Action Plan (NASCAP) this provides a consistent approach for the ambulance service to the management of pressure across emergency and urgent care.

The purpose of this plan is to support and enable a consistent approach to strategic escalation in response to varying levels of service pressure. To ensure a consistent understanding of pressure levels across the wider HSE, this plan is aligned to the Emergency Department (ED) Escalation Framework 2015.

A national approach to capacity planning enables a consistent sector approach to patient safety, risk mitigation as well as system and resilience understanding at times of escalating pressure. It provides systems partners and stakeholders with a clear visual representation of the issues faced and actions being considered and taken.

NASCAP provides NAS with a consistent and coordinated approach across the organisation to the management of response in situations where demand or other significant factors within NAS, precipitate an increase in demand and a challenge to the capacity to manage it.

The four levels defined in this plan are used to determine which actions are required to protect core services at each level of pressure and provide the most proportionate and safe level of service with the resources available. These levels will provide uniformity of pressure and understanding in all foreseeable scenarios.

JJ McGowan, Chief Ambulance Officer - West

W104Q3592	Can I be provided with the figures showing the number of patients who presented at ED UHLKY during the hours 8pm to 8am Monday to Friday and	Cllr G Crawford
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also for Saturdays and Sundays 24hrs for year Ended 2022 and Year 2023 to date.

Letterkenny University Hospital:

Hour of Attendance	Monday	Tuesday	Wednesday	Thursday	Friday	Sum:
20	329	282	305	293	289	1498
21	279	232	266	241	274	1292
22	281	213	274	226	242	1236
23	218	203	189	203	179	992
0	167	159	153	145	151	775
1	153	122	121	128	112	636
2	129	90	86	91	89	485
3	87	89	87	76	57	396
4	80	88	46	53	71	338
5	63	56	75	75	58	327
6	76	77	76	69	63	361
7	94	154	117	129	99	593
Sum:	1956	1765	1795	1729	1684	8929

Note: Shows attendances by hour from 8pm to 8am

2023 (Jan. & Feb.)

Hour of Attendance	Monday	Tuesday	Wednesday	Thursday	Friday	Sum:
0	26	20	25	17	19	107
1	26	21	18	15	16	96
2	19	14	19	9	12	73
3	13	11	5	10	6	45
4	16	15	2	5	7	45
5	10	8	9	8	8	43
6	14	9	11	9	8	51
7	19	22	18	18	21	98
20	50	50	45	40	38	223
21	48	30	45	31	35	189
22	36	34	37	36	37	180
23	26	25	19	19	26	115
Sum:	303	259	253	217	233	1265

LUH ED Attendances at Weekends

2022 (full year)

Jan. & Feb. 2023

Hour of Attendance	Saturday	Sunday	Sum:
0	154	176	330
1	145	162	307
2	119	162	281
3	107	135	242
4	100	119	219
5	72	104	176
6	70	70	140
7	112	85	197
8	173	109	282
9	229	208	437
10	267	240	507
11	311	327	638
12	350	348	698
13	352	370	722
14	354	363	717
15	345	387	732
16	344	332	676
17	307	293	600
18	271	288	559
19	296	297	593
20	266	287	553
21	263	268	531
22	238	273	511
23	197	182	379
Sum:	5442	5585	11027

Hour of Attendance	Saturday	Sunday	Sum:
0	16	29	45
1	12	32	44
2	9	29	38
3	14	14	28
4	8	27	35
5	14	13	27
6	19	13	32
7	8	18	26
8	28	30	58
9	47	30	77
10	47	51	98
11	50	42	92
12	49	65	114
13	40	51	91
14	54	54	108
15	43	64	107
16	44	59	103
17	42	53	95
18	38	38	76
19	29	48	77
20	33	50	83
21	37	49	86
22	30	36	66
23	32	27	59
Sum:	743	922	1665

A. Cosgrove, COO, Saolta University Health Care Group

W104Q3593	How many patients were awaiting a first time consultation at UHLKY for year ended 2022. How many patients are awaiting follow up procedures or Surgery same period.	Cllr G Crawford
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	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
OPD New Consultations	18778	18889	18635	18659	18761	19018	19236	19404	19403	18652	17008	16422
Pts awaiting Surgery	2692	2726	2818	2758	2758	2786	2772	2741	2795	2616	2401	2290

OPD	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
Anaesthetics	145	145	144	144	140	136	190	179	167	171	156	75
Cardiology	2313	2086	2125	2182	2106	2223	2292	2390	2476	2524	2231	2204

Dermatology	1191	1258	1276	1294	1385	1447	1527	1530	1583	1524	1449	1412
Gastro-Enterology	713	729	641	688	704	693	715	784	783	805	813	776
General Medicine	1045	1052	1057	1086	995	1012	1057	1103	1135	1129	1123	1094
General Surgery	1726	1671	1738	1680	1587	1566	1583	1410	1341	1206	1098	919
Geriatric Medicine	136	123	148	145	146	169	153	144	155	150	128	121
Gynaecology	486	439	435	417	417	384	348	315	353	320	316	312
Haematology	541	548	568	561	567	588	603	637	636	598	600	599
Maxillo-Facial	736	764	768	788	799	810	824	851	815	785	769	749
Nephrology	71	70	63	51	49	53	48	46	51	62	62	64
Neurology	820	843	850	863	867	891	906	913	920	912	912	893
Oncology	45	45	47	57	48	39	46	39	47	37	34	40
Orthopaedics	3017	3128	3244	3187	3330	3548	3528	3660	3683	3390	2491	2510
Otolaryngology (ENT)	3286	3356	2872	2783	2831	2811	2818	2802	2615	2485	2322	2180
Paediatrics	448	475	459	452	490	488	460	412	410	396	393	402
Respiratory Medicine	1214	1264	1281	1301	1322	1372	1380	1437	1439	1454	1489	1486
Urology	782	823	849	912	920	728	708	695	719	630	572	550
Vascular	63	70	70	68	58	60	50	57	75	74	50	36
Grand Total	18778	18889	18635	18659	18761	19018	19236	19404	19403	18652	17008	16422

Specialty												
Day Case	2154	2138	2211	2169	2013	2181	2180	2169	2214	2057	1920	1761
Anaesthetics	2	2	1	0								
Cardiology	28	19	17	12	16	17	14	22	21	17	13	26
General Medicine	1	1	1	1	639							
General Surgery	789	820	847	770	639	663	633	694	722	713	653	682
Gynaecology	100	135	190	222	221	300	276	285	271	298	330	311
Ophthalmology	27	21	41	39	37	42	51	45	51	35	27	25
Orthopaedics	546	553	519	504	506	511	536	544	539	489	419	333
Respiratory Medicine	0	0	2	2	2		1	4			1	2
Urology	661	587	593	619	592	648	669	575	610	505	477	382
Inpatient	538	588	607	589	112	605	592	572	581	559	481	529

General Surgery	140	164	183	183	194	195	191	207	215	216	179	187
Gynaecology	100	109	121	117	79	97	103	110	115	112	112	113
Orthopaedics	207	224	222	201	2594	212	187	152	143	121	104	133
Urology	91	91	81	82	82	101	111	103	108	110	86	96
Grand Total	2692	2726	2818	2758	2758	2786	2772	2741	2795	2616	2401	2290

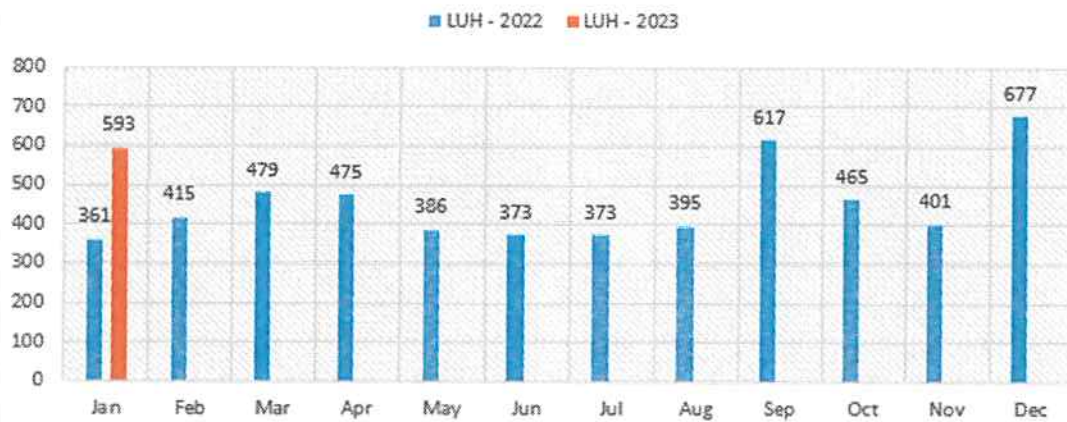
A. Cosgrove, COO, Saolta University Health Care Group

W104Q3594	How many cumulative bed days have been lost in UHLKY as a result of delayed discharge in year 2022 and year 2023 to date. What were the reasons for this.	Clr G Crawford
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Delayed Transfer of Care Patients (DTOCs)



DTOC bed days lost (BDL)



National Code	% Total
MFFD - awaiting step down to Community Nursing unit/District Hospital/HSE facility	59.08%
Other National Codes	22.56%
MFFD - application submitted, funding approved but patient waiting for carer availability for HSP	18.36%

T. Canavan, CEO, Saolta University Health Care Group

W104Q3595	As a follow up to W102Q3492 resumption of day services in Lifford area. How has this progressed.	Clr G Crawford
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HSE Property Management are currently awaiting a Technical Report on the existing Lifford facility. The Technical Report spells out what is required in terms of the works that are required to adapt any of the buildings. It also deals with compliance and governance in terms of Building Regulations etc.

Once this is Technical Report is received and actioned, it is anticipated that Day Services will resume in Lifford in QTR 3 – 4, 2023. In the interim period, clients can avail of Day Care in Letterkenny and Newtoncunningham, Castlefin Social Club, Cake Club Killygordon and Twin Towns Friday Club.

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

W104Q3596	The HSE has deemed the old health centre at Binion Rd, Clonmany is "surplus to requirements". Further to Perfecting Title and putting the property on intra state register, Will the HSE now prioritise the placing of the building on the open market, invite and offer the premises to interested locally active sports clubs?	Cllr A Doherty
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In accordance with the State Protocol the HSE would intend to place the property on the State Register in the first instance where it is offered to other public bodies. If there is no interest over a period of time the building can then be placed on the open market. There are also title issues to be addressed to enable disposal of the property.

Joe Hoare, Assistant National Director, HSE Capital & Estates

W104Q3597	Restoration of Respite at Riverwalk, Registration of new group home and nurse manager appointment delay. When did HSE acquire the new home (now ready) for one of the residents at Riverwalk? Is the nurse manager/person in charge in situ and is the new home now registered as a designated centre by HIQA? When will the provision of respite services resume at Riverwalk House?	Cllr A Doherty
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The HSE acquired the residential accommodation in May 2022, after which refurbishment work had to be carried out by Disability Services in conjunction with HSE Estates and Property Management services to bring it to the appropriate standard.

The position of Clinical Nurse Manager/Person in Charge for the residential accommodation has been accepted and the successful candidate is currently going through all the required clearances with the HSE in order to take up appointment. When in position, the staff member can begin the process of registration of becoming Person in Charge with HIQA.

The residential accommodation is not currently registered with the regulatory authority, HIQA; however, this process can now commence since a person has been identified to take up the position of Person in Charge.

Recruitment for staff is also in progress with the HSE HR Department. Once the complement of staff is in place to provide a safe service, the resident currently in Riverwalk House will move to the new accommodation. Riverwalk Respite House will then be in a position to reopen respite services for service users within Inishowen.

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

W104Q3598	Re: Aseptic Compounding Unit and increase of beds for Haematology and Oncology patients at LUH. What progress has occurred re: provision of extra space and the enhancement and extension to the existing Day Unit at LUH? What plans are in situ and planned by Saolta and LUH to progress and provide cancer services, ensure regional balance and enable Donegal patients to access modern fit for purpose infrastructure and cancer services?	Cllr A Doherty
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The first phase of this interim enhancement is a capital project to provide a new Pharmacy Aseptic Unit at LUH. This relocation of the Aseptic unit, which is currently co-located with the Haematology Oncology Day Unit will provide an increase in space within the Day Unit. The project is being led by HSE Estates, who are currently evaluating Design Team submissions. It is expected that the Project Design Team will be in place before the end of June 2023 and it is further

anticipated that the new unit will be commissioned by 2025 subject to funding and the requisite approvals (Capital and Planning Approvals).

The hospital is also working with Estates to extend the existing Day Unit and a Capital Project Submission to achieve this is being developed. A local Project Team has been established to progress this capital submission and this phase will be completed before the end of June 2023. The capital submission will be sent forward for the normal approvals and it is anticipated that HSE Estates will appoint a Design Team in early 2024.

A. Cosgrove, COO, Saolta University Health Care Group

W104Q3599	What is the current availability and access to community radiology diagnostic services in Carndonagh? Is the service in Carndonagh earmarked and utilised by all GP services thus reducing travel necessity for users to Letterkenny from Inishowen? Are there sufficient Consultant Radiologists at LUH enabling prompt read and return to local GPs? Will the service at Carndonagh be enhanced thus reducing ED pressures at LUH?	Cllr A Doherty
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The Carndonagh X-Ray service is currently operating two days per week. The service is managing longer lists of clients in order to meet demand and is processing approximately 80 patients per week at present.

While the service hadn't been utilised to its full capacity in previous years, during the Covid pandemic, all plain film GP referrals were redirected from the Letterkenny University Hospital (LUH) radiology department and GP practices in the area who had never used the service previously. The installation of state-of-the-art equipment and quicker reporting times have also been factors in the huge increase in the number of GP referrals to the service in Carndonagh.

At present, most referrals are reported on and the results are with the GP within a week. Should the GP need a speedier report, the service makes every effort to contact the radiologists directly in LUH to facilitate this.

Recruitment is currently underway to employ a new Senior Radiographer. The community radiology diagnostic service previously opened three days per week, but with this new recruitment the service will be open five days per week with cover for annual and sick leave being provided by other community radiographers. Discussions are ongoing regarding a report turnaround time of four hours and this should encourage GPs to use the local facility as opposed to referring to ED in LUH for an urgent X-ray.

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

The Radiology Service Manager has confirmed that all reports are completed in a timely manner by Consultant Radiologists within the Saolta group.

The average turnaround time for reporting an x-ray in LUH is seven days.

T. Canavan, CEO, Saolta University Health Care Group

W104Q3600	Can I have an update on when works will begin to build the New Primary Care centre for Dunfanaghy?	Cllr G McMonagle
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HSE Capital & Estates understand that the developer has now appointed a building contractor for this project. It is anticipated that a Commencement Notice will be lodged in the coming weeks and that works would then commence on site by early Summer this year. The facility should then be available for use by HSE by Autumn of next year.

Joe Hoare, Assistant National Director, HSE Capital & Estates

W104Q3601	Can I have an update on how many people are currently waiting for Home Help support in Donegal and what steps are being taken to address these waiting lists?	Cllr G McMonagle
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There are 226 clients currently waiting on Home Support Services in Donegal, which equates to 1502 hours.

In an effort to reduce the waiting list, Donegal Home Support Services are continuing with the rolling recruitment campaign which has been in operation since 2021, with 100 Health Care Support Assistant (HCSA) staff recruited in 2022 and 15 HCSA staff recruited, to date, in 2023.

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

W104Q3602	Now that the Reports into the Flooding at Letterkenny University Hospital in 2013 and 2014 have been completed when will these Reports be presented to the Forum and made public?	Cllr G McMonagle
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We have sought legal advice as to the publication of this report. We are not in a position to publish it at this time and it is not possible for me to give a timeframe within which we will be able to publish.

T. Canavan, CEO, Saolta University Health Care Group

W104Q3603	Could the HSE confirm the number of acute beds available in the mental health services for Galway and Roscommon. What plans are in place for increased capacity and what are the current wait times for acute beds for both mental health service users and older persons mental health services.	Cllr D Killilea
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The Acute Adult Mental Health Unit Galway have 50 beds available.
The Acute Adult Mental Health Unit Roscommon have 24 beds available.

Contingencies for increased capacity:

- Neighbouring hospitals accept patients if we are at capacity
- Senior clinical staff available 7 days per week to review patients who may be for discharge or periods of leave to create capacity
- As last resort patients wait in A&E until a bed becomes available
- Galway/Roscommon Mental Health Services continue to pursue funding for a new approved centre within Roscommon to meet the needs of the population going forward.

Wait times vary depending on a variety of factors which change day to day, most important of which is level of demand for the service on a specific day. The vast majority of patients are admitted to the Acute Adult Mental Health Unit on the day they need to be admitted.

Breda Crehan-Roche, Chief Officer, Community Healthcare West

W104Q3604	Can the HSE confirm the current status of the integrated care for older persons programme and give an outline of how the service is progressing in Galway city and county.	Cllr D Killilea
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Saolta Healthcare Group and Community Healthcare West are jointly delivering the implementation of the Integrated Care Programme for Older Persons in Galway City and County.

These Specialist Enhanced Geriatric Community Teams are developing and implementing integrated services in line with the 10 step Integrated Care Framework for Older Persons (please see table below) and bespoke pathways (frailty/falls/dementia) for older people with complex health and social care needs using a multidisciplinary team approach.

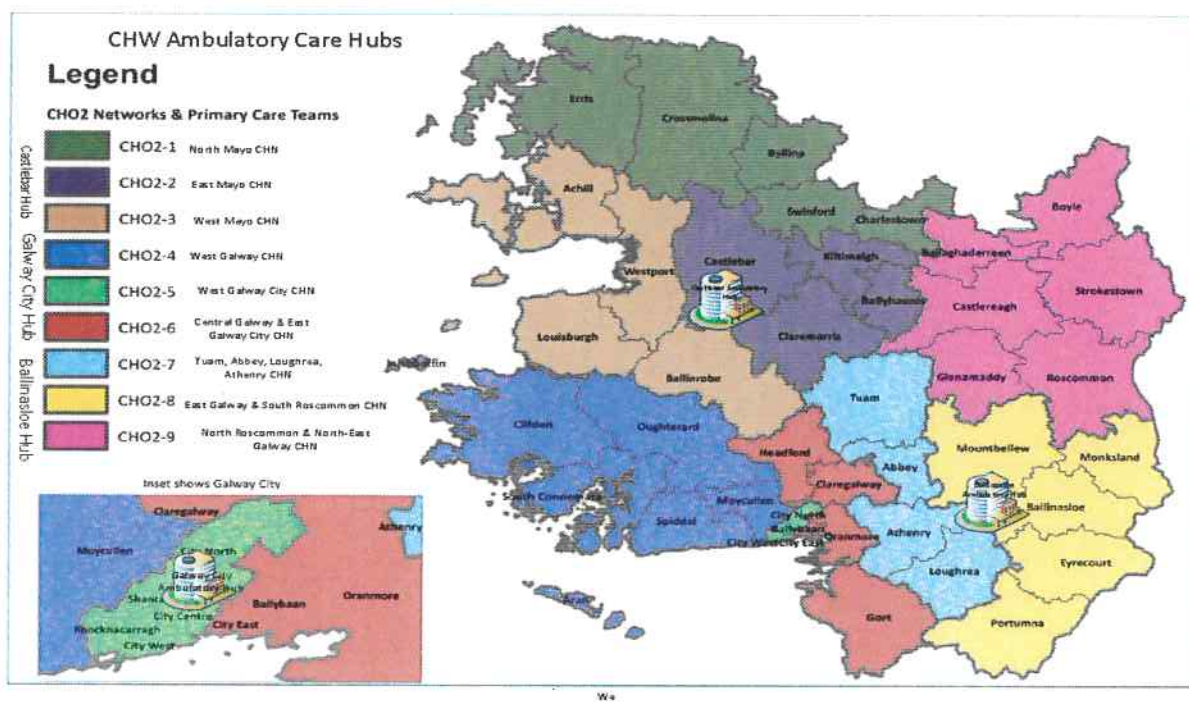
It will shift the delivery of care away from acute hospitals towards community based, planned and coordinated care, through the development of care pathways that support GPs and others in assessment of older people with escalating care needs.

10-Step Integrated Care Framework for Older Persons



There are 3 teams which provide services to Galway City and County which include

- Galway West City and County Team (serving Community Healthcare Network 4 – West Galway / Network 5 – West Galway City)
- Galway East City and County Team (serving Community Healthcare Network 6 – Central Galway and East Galway City / Network 7 – Tuam, Abbey, Loughrea and Athenry)
- East Galway/Roscommon Team (serving Community Healthcare Network 8 – East Galway and South Roscommon / Network 9 – North Roscommon and North East Galway)



Recruitment

Each team consists of

- Consultant Physician in Geriatric Medicine
- Advanced Nurse Practitioner
- Clinical Nurse Specialist x2
- Dietitian, Senior
- interRAI Care Needs Facilitator
- Occupational Therapist, Senior
- Occupational Therapy Assistant
- Physiotherapist, Senior
- Physiotherapy Assistant
- Social Worker, Medical
- Grade IV
- Grade VIII

At present each team's present recruitment status is as follows

Galway West City and County Team 52 % in post

Galway East City and County Team 75 % in post

East Galway/Roscommon Team 66 % in post

Community Healthcare West continues to progress and support the recruitment of the teams

Accommodation

Plans for the ICPOP Teams to be co-located in Ambulatory Hubs with the Integrated Care Programmes for Chronic Diseases with planned locations in Knocknacarra for the Galway West City and County Team, Ballinasloe for the East Galway/Roscommon Team, and a standalone unit for the Galway East City and County Team.

Each team are providing services currently in a number of Primary Care Centres, Health Centres and domiciliary visits while awaiting the hubs development as outlined below.

- Galway West City and County Team - Clifden District Hospital and in the Clinical Research Facility Building in GUH for clients in these areas and also providing Domiciliary visits.
- Galway East City and County Team - Ardahan Health Centre, Tuam Primary Care Centre, Loughrea Health Centre, Unit Three Merlin Park Hospital, Clinical Research Facility Building in GUH and Domiciliary visits
- East Galway/Roscommon Team- Monksland PCC, Boyle, Castlerea, Roscommon Town and also domiciliary visits.

As the teams are expanding we are engaging with local facilities to bring services as close to home in line with the Slaintecare vision.

Breda Crehan-Roche, Chief Officer, Community Healthcare West

W104Q3605	From Interim Report arising from Independent Review of the Provision of Child and Adolescent Mental Health Services (CAMHS) the Inspector of Mental Health Services advised HSE to commence an immediate clinical review of all open cases with particular focus given to identifying and assessing children who have been lost to follow-up and physical health monitoring of those on antipsychotic medication. Please confirm if this has been commenced/ concluded/ timeline and outcome of this review in CHO2.	Cllr E Francis Parsons
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Community Healthcare West CAMHS confirm that the most recently advised national clinical case review has commenced. Phase 1 of the review has concluded in Community Healthcare West CAMHS. Phase 2 is expected to commence shortly; we await national instruction.

(To note, reporting to date is as part of an incomplete national review and all expectation would be that analysis, reporting and publication will be addressed by the national team).

Breda Crehan-Roche, Chief Officer, Community Healthcare West

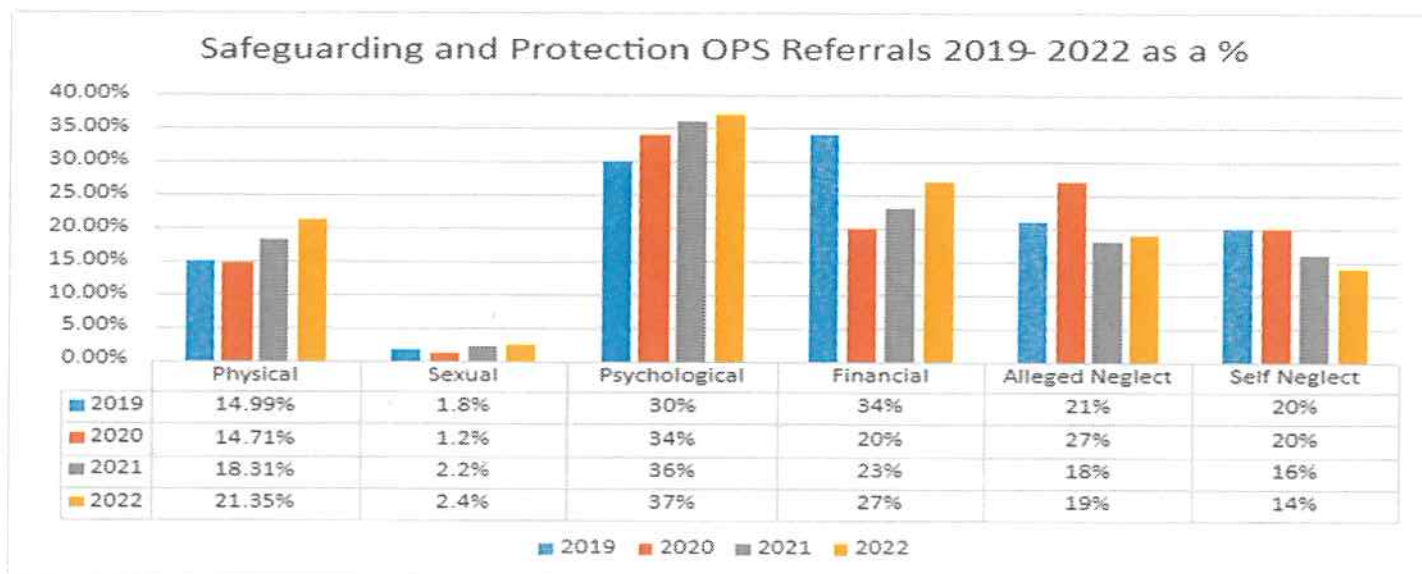
W104Q3606

Please provide update on the number of safeguarding concerns reported 2022 in relation to Elder Abuse in HSE West under the specific categories in comparison to the 2019 onwards and including elderly abuse victims accessing Domestic abuse/violence services.

Cllr E Francis
Parsons

'Elder Abuse' as a service and a term is no longer in use within the HSE, since the implementation of the HSE Safeguarding and Protection Service in October 2015. The Safeguarding and Protection Team are only permitted to accept referrals for Vulnerable Adults; mainly in Disability Services and those over 65 years age group. It also offers a wider 'advice and consultation service' in respect of safeguarding for HSE services, funded agencies and the community.

Since 2019 – 2021 there have been 1524 referrals made to the Safeguarding and Protection Team for CHO2 for persons over the age of 65 years. This is further broken down into types of abuse, Physical, Sexual, Psychological, Financial, Alleged Neglect and Self Neglect. Psychological abuse is the highest category of incident reported and sexual the lowest. The excel and bar chart below depicts this in more detail.



In CHO 2 we have recently established a Self-Neglect Advisory Panel (SNAP), this is the first of its type that we know off in the HSE. The purpose of the SNAP is to provide a consistent cross-divisional response to self-neglect that shares responsibility and supports service in managing existing and emerging risk for these chronic and often long-term cases. Referral to SNAP enables collaboration across service providers and provides a well-informed pathway in response to these issues.

Regarding the query on domestic abuse, currently the national system does not log domestic abuse as a specific classification (incident) so unfortunately we are unable to answer this question.

As in the general population, some women do not choose to avail of domestic abuse services and may feel safer not doing so. Further to this, some such generic services are not suited to this demographic group, who may have additional care and nursing/support needs. Safeguarding social workers do discuss accessing such services with service users when appropriate, and on occasion also introduce workers from domestic abuse services; ensuring it is safe to do so. Under the categories we are required to work within, some of the physical abuse and many of the psychological abuse might meet definitions of domestic abuse. However, in many such cases the abuse (albeit often in a familial context), is not within an intimate relationship and we often note a different dynamic at work in such instances. Therefore domestic abuse services as configured are not always appropriate.

At the CHO 2 Regional Safeguarding committee which has broad representation from within the HSE and external agencies, including banking, County Council, An Garda Síochána, Advocacy Groups the issue of domestic abuse and coercive control has been discussed on a number of occasions, in an attempt to raise awareness on this issue.

Breda Crehan-Roche, Chief Officer, Community Healthcare West

W104Q3607	Please provide information on the number of individuals whose personal data was directly affected/ accessed by the HSE Cyberattack in CHO2 and the implications of same for those individuals/ HSE	Cllr E Francis Parsons
<p>On November 29 2022 the HSE started to contact people whose information was illegally accessed and copied during the 2021 cyber-attack on HSE systems. The HSE is writing to those who need to be notified under GDPR. Due to the numbers involved we began to notify approximately 100,000 people all over the country in a phased way and letters have continued to issue since that date. We anticipate we will have contacted everyone by April 2023.</p> <p>We do not have a breakdown by CHO area of the numbers of people we are writing to. The cyber-attack on the HSE continues to be an ongoing criminal investigation which limits the amount of detailed information we can share in the public domain in relation to the data which was illegally accessed and copied, or the details of sites affected. This is also to protect against the risk of sites being re-targeted or community based ‘phishing’ scams being mounted in those areas.</p> <p>An Garda Síochána returned a copy of data that was illegally accessed and copied to the HSE on 17th December 2021 pursuant to a Mutual Legal Assistance Treaty. After that the HSE reviewed thousands of documents illegally accessed and copied in the cyber-attack. The process took time as the HSE had to examine, review, and cross-check each document in detail. For each document that was illegally accessed and copied, the HSE needed to:</p> <ul style="list-style-type: none"> · review the document and extract information relevant to individuals · take steps to identify the individuals · verify their identity · seek to ensure contact details were up to date <p>The HSE also had to establish a process to notify people in a secure and confidential manner. The HSE carried out a full and detailed assessment of all the documents in accordance with the GDPR guidelines from the European Data Protection Board and the Data Protection Commission to identify the people we needed to write to across the country.</p> <p>The purpose of our service for people being notified is to advise them of how this might affect them. We also aim to allow people, if they wish, to see a copy of their information that was compromised. Given the number of people involved, the HSE has a portal available at www.hse.ie/dataprotection where people who receive a letter can make a request for a copy of their information. The quickest way to request their data is online but if people find it difficult to register online a postal process is also available and full details are on www.hse.ie/dataprotection If a person does not get a letter they do not need to contact the HSE or do anything.</p> <p>Response to the cyber attack</p> <p>The aim of the criminal cyber-attack was to disrupt our health services and computer systems by encrypting them, to illegally access and copy data, and demand a ransom.</p> <p>The cyber-attack was stopped once we became aware of it, and the HSE has worked with a range of state agencies to respond to it. No ransom was paid by the HSE or the State.</p> <p>Specialist security partners of the HSE have been monitoring the internet including the dark web since the cyber-attack and have seen no evidence that the illegally accessed and copied data has been published online (other than a small amount of data which was referred to in an article in May 2021 by the Financial Times and subsequently removed from the web) or used for any criminal purposes.</p> <p>The HSE obtained a High Court order on 20th May 2021 restraining any sharing, processing, selling or publishing of data illegally accessed and copied from our computer systems. This remains in place to prevent anyone using any of the illegally accessed and copied information.</p> <p>Our cyber security experts are continuing to monitor the internet and the dark web for illegally accessed information and the HSE will act immediately if we see any evidence of this.</p>		

We sincerely regret the impact the cyber-attack has had on our health service, our patients and our teams nationwide. The HSE has taken a thorough approach in responding, from the initial response, to the lengthy period of data review, and now the notification process.

Breda Crehan-Roche, Chief Officer, Community Healthcare West

W104Q3608	Please provide an CHO2 update in tabular form on uptake of the HSE free home STI (sexually transmitted infection) testing kit/ service in relation age sex county specific infection follow up & contact tracing process for 2022.	Cllr E Francis Parsons
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The SH:24 service has been available in the Galway region since November 2021
It is free of charge asymptomatic screening delivered to a home address to those age 17 and over.
Positive results attend a local clinic for treatment and partner notification (also known as contact tracing)
They may also go to another GP or service so attendances (or virtual consultations) would not reflect the complete picture.

A. Cosgrove, COO, Saolta University Health Care Group

W104Q3609	Can the HSE provide a list of conditions that were facilitated at the Hydrotherapy pool at Cregg House Sligo and a list of conditions that can now avail of the Hydrotherapy Pool at Manorhamilton Co. Leitrim and explain what alternatives have been put in place for those who are no longer catered for such as those with Cerebral Palsy. If it is that only certain conditions are able to use Our Lady's Hospital Hydrotherapy pool why are people who are severely disabled and totally wheelchair dependant and desperately in need of Hydro Therapy being discriminated against?	Cllr D Gilroy
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The HSE is advised that access to the use of the Hydrotherapy Pool in the then Cregg Services was not condition specific. The HSE is advised that the Hydrotherapy Pool in Cregg Services was availed of by both the residents of Cregg Services and people from a number of external centres/services including:

- Children with disabilities from St. Joseph's Special School, St. Cecilia's School, Holy Family School
- Adults attending Disability Day Services in Cregg
- Adults availing of other Residential Services
- People attending the Multiple Sclerosis (MS) Centre
- Children with Cerebral Palsy living at home

A Pool Attendant had responsibility for the management of the Hydrotherapy Pool. A time table was in operation for residents and external users (primarily service users of the MS Centre and St. Cecelia's School). Assistance from a Physiotherapist and a Clinical Nurse Specialist in Mobility was required when residents were using the pool. While many residents did not specifically require hydrotherapy as per a medical recommendation, the pool was utilised whilst the facility was available on the Cregg campus.

The Hydrotherapy Pool in Cregg Services closed in March 2020, due to the Covid-19 pandemic and the necessary Infection Prevention Controls (IPC) and Public Health measures taken at that time. Following talks regarding resumption of services post- pandemic it was decided not to re-open the pool as the decongregation process for residents of Cregg Services was underway and concluded in 2021.

People with disabilities, who wish to access swimming, are supported to avail of swimming facilities in community pools in line with the community model of living.

Cregg Services have not availed of the Hydrotherapy Pool facility in Our Lady's Hospital in Manorhamilton unless there has been a specific recommendation for an individual within the service for same. Such a recommendation would be made by the Rheumatology Service under Sligo University Hospital

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

Patients are referred for Hydrotherapy in OLHM by the Consultant Rheumatologist referral pathway. The pool is currently used to full capacity.

A. Cosgrove, COO, Saolta University Health Care Group

W104Q3610	Can the HSE confirm what procedures are in place to ensure that Confidential letters sent to service users who are visually impaired are sent in a format (e.g., Secure email) that modern technology can be used to ensure that only these service users have access to their confidential medical information.	Cllr D Gilroy
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The National Guidelines on Accessible Health & Social Care Services 2014, developed by the HSE & the National Disability Authority (NDA), support HSE services in meeting the accessibility needs of those who have additional accessibility requirements due to impairment or disability including people with visual impairment. The National Guidelines on Accessible Health & Social Care Services 2014 provide services with eight specific guidelines as follows:

- Guideline One: Developing accessible health and social care services
- Guideline Two: Developing disability competence
- Guideline Three: Accessible services - general advice
- Guideline Four: Communication
- Guideline Five: Accessible information
- Guideline Six: Accessible buildings and facilities
- Guideline Seven: Consent
- Guideline Eight: Role of Family Members & Support Persons

Guideline Eight, Section 8.2 Right to privacy notes that people with disabilities have the same right to privacy and confidentiality as any other person. The National Healthcare Charter, You and Your Health Service states that everyone has the right to have their privacy respected and that, as HSE staff, "We will do our best to ensure that you have adequate personal space and privacy when you use our health services. We maintain strict confidentiality of personal information".

As stated in the National Guidelines on Accessible Health & Social Care Services 2014, **people with disabilities are generally experts on their specific accessibility requirements.** Not everyone with a disability needs assistance and an accessibility need may not be apparent, so it is important to:

- Ask each person if they would like assistance and about any special requirements they may have
- Ask for instructions, if an offer of help is accepted
- Listen attentively to what their requirements are and how they can be addressed
- Allow the person to help and direct you, if you do not know what to do. The person will indicate the kind of help that is needed
- Not be offended if your help is not accepted, as many people do not need any help; and
- **Document any relevant accessibility or communication resources or requirements**

As such each person with a visual impairment should arrange & agree with the service/s he/she accesses how they prefer to be communicated with to include how confidential letters will be received by them. The HSE has a Service Arrangement contract with the National Council for the Blind of Ireland (NCBI) & this organisation provides information on accessibility for people who are blind/visually impaired. NCBI is also contracted by the HSE to provide the necessary technological supports to people who are blind/visually impaired which meets their needs and supports their independence. Many blind/visually impaired people will have "text to voice converter" software options on their devices – phones, tablets, laptops. Where a person who is blind/visually impaired does not want to receive hard copy letters & prefers to receive communication from HSE services by email for accessibility & privacy reasons this should be clearly communicated by the person to the service/s accessed & documented by the service in terms of process to follow. HSE service/s can send password protected letters by email with the recipient being advised of the password via a separate communication.

Some people who are blind/visually impaired prefer not to receive written communications from service/s & state a preference for telephone calls only. Again this should be agreed with an individual & the service/s attended & documented by the service on the individual's file.

In summary, HSE service/s will explore & agree the style & method of communication with any individual who is blind/visually impaired based on the individual's guidance & preference regarding same.

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

W104Q3611	Can the RHFWS give an update on when a new Ambulance base will be provided in Sligo to serve the Regional Growth Centre, the huge rural area and the network of National Roads through the county.	Cllr D Gilroy
<p>A new Sligo Ambulance base is included in the Health Service Executive's Capital Programme. Approval was conveyed to progress this project in 2022. A capital submission is being finalised in relation to this new Ambulance base. This is due for submission in Q2 2023. This submission details an extensive Ambulance base to facilitate growing staff numbers and their needs. In addition to this the plan details both indoor and outdoor canopy parking for a wide range of vehicles. The site will be stand alone with no obstructions to major road networks. It will also incorporate a National Ambulance training and education facility.</p> <p><i>JJ McGowan, Chief Ambulance Officer - West</i></p>		
W104Q3612	Can the RHFWS provide an updated report on the appointment of a Diabetes Clinical Nurse specialist in Insulin pump therapy to Sligo University Hospital. The HSE have gone halfway by appointing a Dietician to work with Insulin Pump Patients, but additional patients cannot make use of the system without the appointment of the DNS to the Insulin Pump service.	Cllr D Gilroy
<p>The DAFNE programme is commencing to provide the necessary education for patients, delivered by Senior Dietician and Clinical Nurse Specialist, which is a pre requisite to commencing on insulin pump therapy. However, a nurse dedicated to support the adult pump service is not yet approved in the HSE Service Plan. There is no approved funding for this CNS post at this point in time. As this is an essential component of the service, SUH cannot confirm a timeframe for new patients to commence Insulin Pump Therapy.</p> <p><i>T. Canavan, CEO, Saolta University Health Care Group</i></p>		
W104Q3613	Can we get an explanation from Shannondoc (as Requested by the Mid West Hospital Campaign) for the disastrous collapse of the Shannondoc services over Christmas over the apparent lack of staff, why it took days to resolve and why adequate plans were not put in place beforehand. The Mid West hospital campaign has written to the CEO of Shannondoc, and they would like him to respond to them through this forum	Cllr S Morris
<p>ShannonDoc provide Out of Hours General Practitioner (GP) services across the HSE Mid-West area (CHO3) in Limerick (City & County), Co. Clare and North Tipperary.</p> <p>ShannonDoc experienced a very large surge in patients contacting the service over the Christmas period. During peak times, ShannonDoc dealt with approximately one patient every minute. The out of hours service operated on a 7/7 basis over Christmas and provided 579 more GP appointments – an increase of 40% - when compared to 2022. A significant portion of patients also presented with respiratory illness due to high levels of RSV and COVID circulating in the community at the time.</p> <p>The Christmas period is always ShannonDoc's busiest period. In preparation for this year, the HSE Mid West (CHO3) made an additional allocation of €193,000 available to ShannonDoc to roster additional doctors and nurses to deal with the increase in patient volumes. This year, the out of hours service rostered more doctors than previous years with a 30% increase in medical manpower on duty. The additional personnel were secured for the service notwithstanding the well-documented difficulties in recruiting skilled nurses and GPs across all health services.</p> <p>This year's patient surge was unprecedented with patient volumes contacting the service amounting to almost three times more than last year's levels. On one day alone, over 12,500 inbound calls were made to our switchboard. These are incredible numbers which amount to almost one month of calls in just one day.</p> <p>Over the four days during Christmas (24th December – 27th December):</p> <ul style="list-style-type: none"> • ShannonDoc provided 2,280 doctor consultations (up from 1,641 in 2021) • This represents a 41% increase across the Mid-West. 		

- Co. Clare saw a 49% increase in consultations.
- Nth. Tipperary saw a 41% increase in consultations.
- Limerick City & County saw a 35% increase in consultations.

Of the total patients dealt with by ShannonDoc, 81% were categorised as routine with the remainder of patients prioritised as urgent. We have observed an increase in routine patients over the Christmas period when compared to normal trends over the year. ShannonDoc is an urgent out of hours GP service and routine care should be accessed via a person's own GP. ShannonDoc should only be contacted if you require urgent medical attention and if you cannot safely wait to see your own GP during normal surgery hours.

As a result of the patient surge, during some periods at peak times on Monday 26th and Tuesday 27th December, the service was operating above its maximum capacity. In some instances, this resulted in patients having difficulty accessing the phone lines. Due to the unprecedented call volumes it is inevitable there would be longer than usual wait times and difficulties in accessing the phone lines during peak times.

Maria Bridgeman, Chief Officer, CHO3

W104Q3614	In light of the revelations on Tipp FM (March 09) by a Hospital Manager in Nenagh due to the strict criteria of who can be brought to the MAUs by Ambulances only 2 people were able to be brought to Nenagh in total and that despite what we have been informed the MAU is not open after 4 o clock. Due to a lack of diagnostics and no labs or diagnostics at the weekend. Can I ask for a breakdown of what the 5.2 million requested funding is for and why trolley numbers are still so high?	Cllr S Morris
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The Medical Assessment Unit in Nenagh Hospital treats patients referred by GPs, ShannonDoc and National Ambulance Service (NAS) paramedics. The MAU in Nenagh is open from 8am to 6pm Monday to Friday. The MAU can see and treat patients referred by the National Ambulance Service up until 6pm.

The new pathway allows stable medical patients meeting agreed strict clinical criteria to be treated in Ennis or Nenagh MAU. A key element is a telephone referral from the treating paramedic to the receiving MAU doctor, which ensures that the right patient is brought to the MAU.

This pathway will result in patients receiving medical treatment in a hospital closer to their home, will reduce patient presentations to Emergency Departments and will release ambulances more quickly to respond to other emergency calls.

112/999 patients that do not meet these clinical criteria will continue to be transported to Emergency Departments for assessment and treatment. It is essential that unwell medical patients do not attend the MAU without a referral.

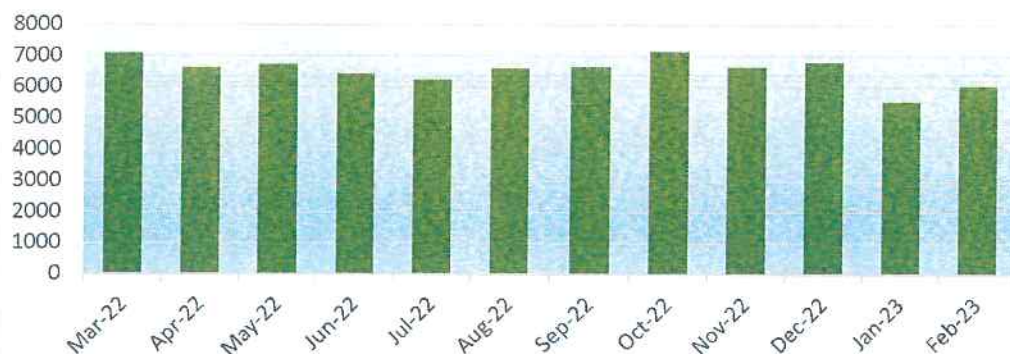
UL Hospitals Group have submitted a bid to the HSE National Acute Division for €5.2m to extend the operational hours of the MAU in Nenagh and St John's to 7 days per week. The bid also includes permanent funding for Ennis MAU to secure the extended hours and weekend service into the future.

The bid relates to additional resources in the main and seeks funding for an additional 51.45 WTE for Nenagh, Ennis and St John's Hospitals for medical doctors, nurses, allied health professionals, health and social care professionals and admin staff.

The shortage of acute bed capacity is the fundamental driver of hospital overcrowding in the MidWest region.

The Deloitte Report describes the significant growth in demand on the MidWest's only Emergency Department in recent years. For example, between 2019 and 2021, there was an increase of 7% in ED attendances at UHL. The ED continues to see sustained pressure with attendances in 2022 up by an additional 4% compared to 2021. The below graph illustrates the total ED attendances between March 2022 and February 2023:

ED Attendances March 2022 to Feb 23



We are grateful for the support of government for the increase in bed capacity since the start of the pandemic. This has seen the delivery of an additional 98 inpatient beds and 10 critical care beds at UHL. However, we continue to lag behind other hospital groups in terms of bed capacity, with Deloitte having identified a shortfall of 302 new and replacement inpatient beds to be delivered by 2036.

Construction of the 96-bed block development is ongoing at UHL. This will take two years to complete, and approximately half the new beds will be additional bed stock, with the remainder replacing beds currently in the multi-occupancy nightingale wards in the older parts of UHL.

We welcome the commitment of the Taoiseach recently towards the planned second 96-bed block, which is provided for in the UHL site masterplan.

We also welcome the recent announcement by the Minister for Health regarding his plans to include Limerick as one of five regional scheduled care hubs.

In relation to recent hospital overcrowding, I can advise that University Hospital Limerick has been managing and continues to manage very high numbers of attendances at its Emergency Department. At the time of writing, over the past 10 days, daily ED attendances have averaged 234, with a total of 761 presentations since the start of the week (270 on Monday 20th March, 248 on Tuesday 21st March, 235 on Wednesday 23rd March).

These numbers are far in excess of pre-pandemic daily average attendances (195 in 2019), and come at a time when all hospitals in the Group, not just UHL, are caring for high numbers of inpatients, many of whom include frail elderly patients with complex health conditions. For example, during 2022, there was a 5% increase in the number of over 75s who presented to the ED compared to 2021. The below graph illustrates the total number of over 75s who presented to the ED in 2022 and up to the 24th March 2023:

Over 75s ED attendances 2022 to 24/03/2023



We are working to balance the marked demand on ED with the needs of high-acuity inpatients, while safely maintaining time-critical and other elective surgical activity. We do everything possible to maximise patient flow and minimise wait times.

We continue working to the escalation framework to create surge capacity and maximise numbers of inpatient beds. Additional ward rounding is ongoing in UHL so appropriate patients can be discharged or transferred to Ennis, Nenagh and St John's Hospital. Work is also ongoing with HSE Mid West Community Healthcare in order to expedite suitable discharges home or to community care beds.

In addition, high levels of COVID-19 and Norovirus circulating in the community at present are also impacting hospital services.

While the ED remains in escalation, we encourage the public to consider all available healthcare alternatives to ED including our Injury Units, GPs, out-of-hours GP services and pharmacists.

C. Cowan CEO UL Hospitals Group

W104Q3615	Why did the UHL group get not 1 extra bed in the winter plan despite having the worse trolley numbers consistently and what reasons were given and what efforts were made to change this decision?	Clr S Morris
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The Deloitte Report on Patient Flow commissioned by the CEO of UL Hospitals Group, Prof Colette Cowan recommended significant investment in inpatient and day beds to meet current and future demand at UL Hospitals Group. The report also recommended increases in medical, nursing and allied health staff at University Hospital Limerick (UHL) and across the group of six hospitals; the implementation of a range of admissions avoidance initiatives; greater integration with community services in line with Slàintecare; and an upgrade in ICT infrastructure and systems across the acute and community health sectors.

In completing the report, Deloitte undertook a detailed analysis of data from 2019 to 2022 and projected demand out to 2036. Consultation took place with 25 stakeholder groups across the acute and community services in the MidWest. The recommendations follow the Five Fundamentals of Unscheduled Care on which the HSE's current three-year improvement plan is based.

Among the key recommendations are the following:

- An additional 302 inpatient beds required by 2036 to meet current unmet demand, future demand and to replace outdated infrastructure in multi-occupancy nightingale wards
- An additional 63 day beds by 2036
- Additional medical (consultant and NCHD) and nursing staff in the Emergency Department are an immediate priority
- Additional medical staff to extend the operating hours of the Acute Medical Unit at UHL
- Address significant deficits in health and social care professionals on wards across the Group to facilitate admissions avoidance, earlier discharges and development of integrated care pathways
- Upgrade the eHealth systems across the hospital and community to a fit-for-purpose single electronic healthcare record

The report describes the significant growth in demand on the MidWest's only Emergency Department in recent years. For example, there were 79,891 attendances at the ED in 2022, a record number in a single year.

An analysis of hospital group catchments across the country shows ULHG to have the fewest inpatient beds per 1,000 population (2.02) as well as the lowest consultant, NCHD, nursing and HSCP staffing levels per capita.

Another factor unique to the MidWest is that the region has the lowest private hospital bed capacity.

Outdated multi-occupancy inpatient wards, accounting for 199 of the current 530 inpatient beds at UHL, cause significant additional challenges on infection control and patient flow.

The report also highlights the demographic and socioeconomic factors in the MidWest which are driving increased demand on hospital services, including a higher proportion of older and disabled patients in the population; a higher frailty index and a higher social deprivation index.

This analysis is important in the context of the establishment of Regional Health Areas by 2024 where resources will be allocated more efficiently and equitably on the basis of population need.

The report can be accessed in full at the following link: <https://healthservice.hse.ie/filelibrary/ulh/ul-hospital-group-patient-flow-report.pdf>

In terms of additional bed capacity, it is the belief of UL Hospitals Group that the Mid-West must have an elective hospital to serve the well described needs of patients of the region.

An elective hospital has the potential to create capacity for patients waiting for sub-acute care. Increased demand for emergency care in recent months has led to the frequent cancellation of elective activity across the sites of UL Hospitals Group.

An elective hospital would ensure that scheduled care is no longer disrupted while at the same time creating much-needed capacity at UHL to deliver emergency and time-critical services.

We also welcome the recent announcement by the Minister for Health regarding his plans to include Limerick as one of five regional scheduled care hubs. We will work with all stakeholders on any plan to increase access to scheduled care in the region and to ensure that this model best meets the needs of the people of the Mid-West.

We are part of the HSE national working group that is tasked with identifying a site for rapid delivery of a surgical care hub in the Limerick region.

In addition, work commenced on the new 96-bed inpatient block at University Hospital Limerick in September 2022 following the appointment of John Sisk and Son as the successful contractor.

The construction phase will take at least two years to complete. Thereafter the new facility will also have to be equipped and commissioned for use before being put into operation. The project represents a total capital investment of more than €90 million.

This important project is the next step in addressing the acknowledged deficits in inpatient bed capacity in the UL Hospitals Group and the Mid West.

The new 9,800 square-metre block will be built over the existing Emergency Department and Dialysis Unit and will consist of 96 en-suite single rooms. Approximately half of the beds will be new beds for inpatients while the remainder will be replacement beds allowing us to close or refurbish some of the more outdated inpatient accommodation on the site. This will allow for greater compliance with national guidelines and international best practice on infection prevention and control.

We welcome the commitment from the Taoiseach to support the delivery of a second 96-bed inpatient block at University Hospital Limerick.

The site masterplan envisages the development of three such inpatient bed blocks at the front of the site along St Nessian's Road. With construction of the first bed block underway, the second bed block has been identified as the priority new capital project for future capital funding.

A capital funding submission is currently being finalised in conjunction with HSE Capital & Estates. UL Hospitals Group are keen that the delivery of the second 96-bed block be fast-tracked and that funding be secured in the HSE Capital Plan to deliver the additional inpatient bed block in as short a timeframe as possible. We expect that proposals will be submitted to the HSE nationally in respect of this second 96-bed block before the end of the first quarter of this year.

Separately, It should be noted that the allocation of funding for capital development projects is decided by the HSE nationally and not by individual hospital groups.

C. Cowan CEO UL Hospitals Group

W104Q3616	How many patients are currently waiting for an outpatient appointment with an orthopaedic consultant at Galway University Hospitals? What is the average waiting time for an appointment? Can the forum receive the number of people waiting per category of procedure intended?	Cllr J Connolly
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As of 16/03/23 GUH have a total of 8,044 patients waiting for an Orthopaedic OPD appointment. Of those, 2,503 are waiting greater than the National Service Plan target of 15 months. The average wait time for patients who received an appointment was 434 days and various according to the clinical priority.

Row Labels	0-3 Mths	3-6 Mths	6-9 Mths	9-12 Mths	12-15 Mths	15-18 Mths	18-21 Mths	21-24 Mths	24-36 Mths	36-48 Mths	48+ Mths	Grand Total
Has Appointment Date	107	45	33	18	14	36	123	10	19	17	12	434
No Appointment Date	1133	1288	1141	1027	735	666	363	226	555	336	140	7610
Grand Total	1240	1333	1174	1045	749	702	486	236	574	353	152	8044

As of 16/03/23 GUH have a total of 1,158 active patients waiting for an Orthopaedic procedures of which 74 are appointed for surgery.

Row Labels	0-3 Mths	3-6 Mths	6-9 Mths	9-12 Mths	12-15 Mths	15-18 Mths	18-24 Mths	24-36 Mths	36-48 Mths	48+ Mths	Grand Total
ACTIVE/ WAITING	362	179	114	84	76	53	60	58	57	41	1084
APPOINTED	38	19	6	3	3	1	2	2			74
Grand Total	400	198	120	87	79	54	62	60	57	41	1158

A. Cosgrove, COO, Saolta University Health Care Group

W104Q3617	How many Rehabilitation teams are currently working in Rehabilitation and Recovery Services in CHO2 and where are the teams located? What is the current staff cohort of each team? How many beds are available at Residential Rehabilitation facilities?	Cllr J Connolly
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There are three Rehab and Recovery Teams in Community Healthcare West.

The Teams are located in:

- Galway City - providing services to Galway City and North East Galway
- Ballinasloe - providing services to South East Galway and Roscommon
- Mayo Mental Health Service, Rehab and Recovery Team – providing services to Teach Aisling, An Coillín, Rehab & Recovery Outreach

Each of the Rehab and Recovery Team are staffed by the following professionals who deliver services across residential settings and in outpatient service:

Consultant Psychiatrists
 Senior Registrars
 SHO's
 Occupational Therapists
 Social Workers
 Psychologists
 Assistant Directors of Nursing
 Advanced Nurse Practitioner

Clinical Nurse Specialists
 Clinical Nurse Managers
 Peer Support Workers
 Administrators
 RPN's
 Staff Nurses
 Health Care Assistants
 Multi Task Attendants

The number of beds available at Residential Rehabilitation facilities are as follows:-

- Galway City – 28 beds
- Ballinasloe – 31 beds
- Mayo Mental Health Service, Rehab and Recovery Team – 30 beds

Breda Crehan-Roche, Chief Officer, Community Healthcare West

W104Q3618	In September 2022, the Forum were advised that 4 new Consultants posts in Emergency medicine had been sanctioned at Galway University Hospital. Can the forum receive an update on the status of the recruitment process to fill the additional posts?	Cllr J Connolly
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Interviews were held and 4 candidates have been selected. It is expected that some of these Candidates will take up their post in Autumn 2023.

T. Canavan, CEO, Saolta University Health Care Group

W104Q3619	What measures are been taken at University Hospital Galway to increase the percentage of patients aged 75 and over being admitted or discharged within nine hours following their presentation at the emergency department?	Cllr J Connolly
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As high numbers of attendances to our ED Department continues, work to address the sustained pressure on UHG is ongoing. We continue to focus on a number of issues including trying to reduce numbers of patients on trolleys in ED, reduced wait times for bed allocation for the longest waiting patients in ED.

The following measures are being undertaken to prioritise over 75 year old patients in this regard:

- ICPOP (Integrated Care Programme for Older People) is operational and working on admission avoidance and reducing length of stay.
- We have received approval to expand the OPRaH (Older Persons Rehabilitation at Home) Team for over 75s The Frailty Intervention FIT Team is in place in ED to aim to streamline appropriate patients to specialist geriatric ward.
- We have increased our private hospital capacity which aims to support timely admission for our acute medical patients which is provided in both the Galway Clinic and Bon Secours.
- Cohorting of wards within GUH is being worked at which will focus on prioritising patients >75 pathways to reduce Length of Stay for the patient.
- A Hospital Safety Flow Huddle takes place twice daily, the >75 patients are prioritised for bed allocation.
- An increase in Patient Flow Coordinators and Discharge Co-ordinators have been approved and recruitment is underway, to ensure optimisation of discharge, there are two discharge coordinators on duty at all times.
- We continue to recruit Medical, Nursing staff and HSCP to support the above processes.

A. Cosgrove, COO, Saolta University Health Care Group

W104Q3620	Can the Forum be provided with a list of all Primary Care Centres in the Forum catchment area, indicating which Centres are in the ownership of the HSE and which Centres are being rented/leased from private landlords/commercial	Cllr D Bree
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companies; and where the Centres are being rented/leased, the name of the owner and the rent paid each year.

The following is a list of facilities in the Forum catchment area. There is a mix of HSE owned facilities, rented accommodation under the HSE's Operational Lease model and also Primary Care Centres delivered as part of a primary care bundle. I don't have a breakdown of the cost of the individual PPP facilities at hand but these Centres listed below were procured on the basis of a PPP (Design Build, Finance and partial operation (DBFO) basis. As in all PPP contracts of this nature the re-payment to the PPP Co is made up of a number of costs paid as a Unitary Charge (UC) over a 25 year period paid on a monthly basis for the 14 sites contained within the contract. The UC in 2022 was €17.9m per annum for the 14 PCC centres in the bundle.

Name Of Primary Care Centre (PCC)	Address of Primary Care Centre	Ownership Status	Current Landlord	Current Rent Per Quarter (Excluding Vat)
Inis Oirr Health Centre	Inis Oirr Primary Care Centre, Inis Oirr, Co. Galway.	HSE Owned		
Strokestown PCC	Caslin Way, Strokestown, Co. Roscommon	HSE Owned		
Barrack View Primary Care Centre	Barrack View Primary Care Centre, Lord Edward St, Limerick	Public Private Partnership	Healthcare Centres PPP Limited	
Claremorris PCC	Kilcolman Rd, Claremorris, Co Mayo	Public Private Partnership	Healthcare Centres PPP Limited	
Achill Health Centre	Achill Sound, Achill, Co Mayo	HSE Owned		
Inis Mor Health Centre	Kilronan, Inis Mor, Co. Galway.	HSE Owned		
Ballylanders Health centre	Galally Rd, Ballylanders, Co Limerick	HSE Owned		
Ballynanty Health Centre	Killalee Rd, Ballynanty, Limerick City	HSE Owned		
Charlestown Health Centre	Ballagh St, Charlestown, Co. Mayo	HSE Owned		
Nenagh Health Centre	Tyone, Nenagh Co Tipperary	HSE Owned		
Hospital Health Centre	Knockainey Rd, Hospital, Co Limerick	HSE Owned		
Enniscrone Primary Care Centre,	Enniscrone, Co Sligo	HSE Owned		
Markievicz Primary Care Centre	Markievicz House, Barrack St, Sligo	HSE Owned		
Westbury Health Centre	Westbury, Corbally, Co Clare	HSE Owned		
Ballinasloe Health Centre	Brackannagh, Ballinasloe, Co Galway	HSE Owned		
Moycullen Health Centre	Moycullen, Co. Galway.	Leased		
Milford Primary Care Centre	Main St, Milford, Co Donegal	HSE Owned		
Letterkenny Primary Care Centre	Letterkenny Primary Care Centre, Pearse Rd, Letterkenny	Leased	Golden Eagle Developments	€115,616.25
Roscommon PCC	Golf Links Rd, Roscommon, Co Roscommon	Leased	Lou Investments Healthcare Roscommon Ltd	€161,467.66

Ballina PCC	Kevin Barry Street, Ballina, Co. Mayo	Leased	Valley Healthcare	€47,285.75
Galway City East PCC	Merlin Business Park, Doughuisce Rd, Galway	Leased	Empor Investments	€63,944.68
Kings Island PCC	Kings Island Primary Care Centre, Kings Island, Limerick Co. Limerick	Leased	Dr. Richard Murray	€32,647.22
Castlerea PCC	Knock Rd, Castlerea, Co Roscommon	Leased	Dr. Michael Henry	€55,474.22
Glenties Primary Care Centre	Ballybofey Rd, Glenties, Co Donegal	HSE owned		
Monksland PCC	Unit 3 Block C, Monksland Business Park, Monksland, Athlone, Co. Roscommon.	Leased	Newtown Medical	€44,959.14
Athenry PCC	Raheen, Athenry, Co. Galway	Leased	Valley Healthcare	€58,589.54
Manorhamilton Primary & Mental health Centre	Our Ladys Hospital & Health Campus, Manorhamilton, Co Leitrim	HSE Owned		
Loughrea	Hibernian House, Lake Road, Loughrea, Co. Galway.	HSE Owned		
Ballinamore PCC	Ballinamore, Co Leitrim	HSE Owned		
Ballyshannon Primary Care Centre	Ballyshannon, Co Donegal	HSE Owned		
Castlebar PCC	Moneenbradagh, Moneen Road, Castlebar, Co. Mayo	Leased	PCC Investments (IE) Limited	€140,886.34
Mountbellew PCC	Tuam Rd, Mountbellew, Co Galway	Leased	Valley Healthcare	€19,712.25
Borrisokane Primary Care Centre	Old Convent Rd, Borrisokane, Co Tipperary	HSE Owned		
Tuam PCC	Tuam Primary Care Centre, Sean Purcell Rd, Tuam, Co Galway H54DT61	Public Private Partnership	Healthcare Centres PPP Limited	
Ballinrobe PCC	Claremorris Rd, Ballinrobe, Co Mayo	Public Private Partnership	Healthcare Centres PPP Limited	
Boyle PCC	Boyle Primary Care Centre, The Crescent, Elphin St, Boyle, Co Roscommon F52A324	Public Private Partnership	Healthcare Centres PPP Limited	
Westport PCC	Tober Hill, Westport, Co. Mayo	Public Private Partnership	Healthcare Centres PPP Limited	
Ballymote PCC	Earlsfield, Ballymote, Co. Sligo	Public Private Partnership	Healthcare Centres PPP Limited	
Castletroy PCC	Castletroy Park Commercial Centre, Castletroy, Limerick	Leased	Pery Capital Partners Ltd	€55,454.57
Kilmallock Primary Care Centre	Kilmallock Business Park, Kilmallock, Co. Limerick	Leased	Sarsfield Healthcare S.A.R.L	€50,718.64
Carrick on Shannon Primary Care & Mental Health Centre	Flynn's Field, Carrick on Shannon, Co. Leitrim	Leased	Wealth Options Trustees Ltd	€112,685.25

Croom Primary Care Centre	Skagh, Croom, Co. Limerick	Leased	Sarsfield Healthcare S.A.R.L	€37,806.12
Donegal Primary Care Centre	Drumlonagher, Donegal Town	Leased	Garlin Investments	€175,320.00
Sligo Town Primary Care Centre	Nazareth House, Church Hill, Sligo, Co. Sligo	HSE Owned		
Drumcliffe Primary Care Centre	Drumcliffe, Co. Sligo	HSE Owned		
Buncrana Primary Care Centre	Maginn Avenue, Buncrana, Co. Donegal	Leased	Valley Healthcare	€172,800.38
Thurles Primary Care Centre	Mitchel Street, Thurles, Co. Tipperary	Leased	Valley Healthcare	€125,889.28
Newtowncunningham Primary Care Centre	Newtowncunningham, Co Donegal	HSE Owned		
Moycullen Primary Care Centre	Coill Bhruachláin, Moycullen, Co. Galway	Leased	Wealth Options Trustees Ltd	€58,121.25
Station Road Primary Care Centre	Station Road, Ennis. Co. Clare	Leased	Valley Healthcare	€201,234.00

Joe Hoare, Assistant National Director, HSE Capital & Estates

W104Q3621	In the CHO1 area, if a Home Help/Healthcare Support Assistant becomes ill after 5.00.pm on a Friday and is unable to visit clients over the weekend, what type of emergency on-call service is provided for the clients.	Clr D Bree
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At present there is no formal on-call process in place for Home Support Service in CH CDLMS. If a home support worker was to become sick after 5pm, they would ring their work colleagues to seek assistance.

“On call” for Home Support is currently being discussed at the National Home Support Steering Group which facilitates Management and Trade Unions to work through a number of different areas, including rosters, rebanding and travel. CH CDLMS is represented at this forum and is actively supporting the introduction of an on call system on a National basis.

CH CDLMS continues to explore localised solutions and are hopeful of piloting an on-call system in the near future.

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

W104Q3622	What (1) speech and language; (2) occupational therapy; (3) physiotherapy services were in place in (A) St Cecilia’s School, Cregg, Sligo (B) St Joseph’s School, Ballytivnan, Sligo; in 2020, 2021, 2022 and in the current year.	Clr D Bree
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Speech and Language Therapy, Occupational Therapy and Physiotherapy have been provided in St. Cecelia’s School, Cregg and St. Joseph’s School Ballytivnan since 2020. The Children’s Disability Network Team Sligo/South Donegal and the Children’s Disability Network Team Leitrim/West Cavan continue to provide this support.

Please find a breakdown of the supports provided from 2020 to present date to the two special schools:

Year	Supports	St Cecilia’s School	St Joseph’s School
2020	Speech & Language Therapy	0.5 WTE	0.5 WTE
	Occupational Therapy	0.5 WTE	0.5 WTE
	Physiotherapy	0.5 WTE	0.5 WTE

Year	Supports	St Cecilia’s School	St Joseph’s School
2021			

	Speech & Language Therapy	0.5 WTE	0.5 WTE
	Occupational Therapy	0.5 WTE	0.5 WTE
	Physiotherapy	0.5 WTE	0.5 WTE
Year 2022	Supports	St Cecilia's School	St Joseph's School
	Speech & Language Therapy	0.5 WTE	0.5 WTE
	Occupational Therapy	0.5 WTE	0.5 WTE
	Physiotherapy	0.5 WTE	0.5 WTE
Present 2023	Supports	St Cecilia's School	St Joseph's School
	Speech & Language Therapy	0.5 WTE	0.5 WTE
	Occupational Therapy	0.5 WTE	0.5 WTE
	Physiotherapy	0.5 WTE	0.5 WTE

The extent of the services provided are based on the specific needs of the individual service users. There is ongoing support and communication with both schools.

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

W104Q3623	How many dentists in (1) Sligo, (2) Leitrim, provide services to people under the medical card scheme and where are they located?	Cllr D Bree
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Please see below the most up to date list of DTSS contractors in Sligo and Leitrim.

List of DTSS Practitioners providing services under the Dental Treatment Services Scheme

Name	Address	Phone Number
Dr. Brian Byrne	1 Wine Street, Sligo	071- 9161673
Dr. Brian Mc McCaughey	Main Street, Grange, Co. Sligo	071-9163774
Dr Stephen Campbell	Markievicz House, Sligo	071-9321051
Dr Gavin Deasy	Markievicz House, Sligo	071-9321051
Dr Noel Sweeney	Dublin Road, Carrick-on - Shannon, Co Leitrim	071-9621055

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

W104Q3624	With Regard to recent work carried out on Merlin Park Woodlands, Is there a Woodland and Meadow Management programme within HSE? Has it been created with reference to National Biodiversity Plan and European Directives for maintenance\management of Woodlands and Meadows? If one does not exist are you willing to create one for the Ecological long term management of the extensive lands In your protection at Merlin Park, in particular, that you have custody of? This plan would be most effective if created combining the skills of Galway City Council, the owner of parts of the Merlin forest, and who have a Biodiversity Plan and Officer who is keen to work with you, also local communities and Friends of Merlin Woods are dedicated to the magnificent legacy that the Waithmans created and I ask if you are willing to work collaboratively with your neighbours and Council to create a management plan for the Woods and Meadows that fit with the most up to date and data based management?	Cllr M O'Connor
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The HSE is currently engaged in a process to agree a Meadowing Licence for Merlin Park University Hospital with the National Parks & Wildlife Service. This will set out *inter alia*, details regarding the cutting of the meadow. A pilot project was undertaken in the recent past where seeds were harvested from the meadow and spread on a recipient site in Athenry, Co. Galway. The recipient site will require two/three years to come to full fruition but to date the cross pollination and growth have been very successful.

The HSE welcomes the cooperation of Galway City Council and local community groups, including Friends of Merlin Woods, in assisting with the management of Merlin Park Woodlands and Meadows.

T. Canavan, CEO, Saolta University Health Care Group

W104Q3625	Was an Arborist employed to access the damage to the Trees in relation to Ash Dieback, as is best practice, (you would not employ a porter to plan surgery)? Did this Arborist recommend the volume of Tree Felling that recently occurred along the walkways in Merlin Park? Was the person who decided the amount of tree felling to be done a separate entity to the contractor who carried out the work, as is best practice to avoid excessive work being done? What required licences were sought in order to carry out this work?	Cllr M O'Connor
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As part of normal annual maintenance work within the grounds of Merlin Park hospital, the HSE engaged a Tree Surgery contractor to remove trees that were decaying and at risk of falling. This work was done in conjunction with the HSE Grounds Maintenance team, which is led by a qualified Horticulturalist. A number of trees that were along the routes of proposed footpaths to be constructed this year were also removed. Trees and scrub within the campus grounds, that were encroaching onto footpaths and too close to buildings were trimmed back and in some cases removed. Before the works commenced, the HSE ordered 60 replacement trees, which have now been planted in Merlin Park. Approximately 70 trees were removed. In accordance with HSE procedures, appropriate Method Statements were provided and checked in advance of the works being carried out.

T. Canavan, CEO, Saolta University Health Care Group

W104Q3626	What measures were taken to protect the unique habitat of the Meadows, under your protection, during the recent felling of Trees? What expertise was sought to inform the work? Deep rutting of the meadows took place during the recent work by heavy machinery, how will this now be undone? Were the wheels etc of the heavy machinery cleaned and washed down prior to entering the woods to avoid bring spores etc into the area as is required in a Protected area such as this? Best practice would be to only drive a cleaned tractor over the meadow for annual cutting post the flowering season late September Early October, what risk versus benefit analysis was done to inform the work carried out, who by and was the Environmental impact considered ? The heavy machinery has left the access point it used to the meadows flat therefore other vehicles can now enter the Meadows, can this be repaired ASAP?	Cllr M O'Connor
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The spread of Ash Dieback in Merlin Park Woods is a cause of growing concern to the HSE. There are many unofficial walking paths within and on the perimeter of the Woodlands. One of the most frequently used paths is along the perimeter of the Woods in the Meadows. There were a significant number of Ash trees that were affected by the Dieback disease and presented a health and safety risk, so they were removed and as a preventative measure, the remaining Ash trees along the Woodlands edge were also removed. In carrying out this work, the heavy machinery used, damaged some of the ground, particularly at access gaps where heavy rain had softened the soil. This damage will be repaired in the coming weeks when the soil dries out. Other damage to briars / bracken at the Woodland edge will quickly recover as the growth season gathers pace.

T. Canavan, CEO, Saolta University Health Care Group

W104Q3627	Biodiversity management during recent Tree Felling in Merlin Woods. Galway City Councils Biodiversity Officer Paula Kearney asked me to bring questions via this forum as communications to her did not answer her myriad of questions re the recent work carried out in Merlin Park. Are you willing to work with her to	Cllr M O'Connor
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	<p>aim to fulfil all of our responsibilities in relation to National/ HSE Biodiversity Plan. I refer to the HSE Sustainability Strategy for Health, https://www.hse.ie/eng/about/who/healthbusinessservices/national-health-sustainability-office/files/sustainability-strategy-for-health.pdf which references "Ireland's National Biodiversity Plan". We would be very interested in discussing opportunities to maintain and enhance the woodlands for biodiversity and amenity including the role of ecosystem services for mental health and recuperation.</p> <ul style="list-style-type: none"> • Merlin Park Woods is included within the Galway City Development Plan (CDP) 2023-2029 <i>Network of Local Biodiversity Areas</i>, which are sites of high nature conservation value. These areas provide vital habitat for many species, provide important wildlife corridors and ecological stepping stones in the city and contribute to the ecological coherence of the network of European Sites as protected under the EU Habitats Directive. • Policy 5.2 of the CDP relates to Protected Spaces: Sites of European, National and Local Ecological Importance. - <i>10. Protect and conserve rare and threatened habitats and their key habitats, (wherever they occur) listed on Annex I and Annex IV of the EU Habitats Directive (92/43EEC) and listed for protection under the Wildlife Acts 1976-2000 and plant species listed in the Flora Protection Order 2015.</i> • Considering the ecological importance of the woodlands, there are concerns regarding the felling of trees which requires the following clarifications to ensure compliance with the European and National wildlife legislation and the CDP: <ul style="list-style-type: none"> ○ A number of bat species are recorded within Merlin Park Woods. All bat species are protected under Annex IV of the EU Habitats Directive and the Wildlife Act 1976 as amended. Therefore, was a pre-felling bat survey of potential bat roosts in the trees undertaken? ○ EU Habitats Directive Annex I and Priority Grassland types are found within the site between the Dublin Road and the edge of the woodlands. It was observed that the felling machinery had traversed these grasslands repeatedly and due to heavy rain and soft ground significant rutting and bare soil was noted in areas. How will this be mitigated? 	
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The HSE will liaise with Galway City Councils Biodiversity Officer, the National Parks and Wildlife Service and other key stakeholders in relation to the management of Merlin Park Woodlands and Meadows.

T. Canavan, CEO, Saolta University Health Care Group

W104Q3628	Currently patients seeking appointments for Mental Health treatment, are having to be reassessed and re-examined every time they look for treatment, resulting in even longer waiting times than normal. May I ask the HSE to re evaluate the process for admissions.	Cllr Armstrong McGuire
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As set out in their local admissions policies, the Sligo/Leitrim and Donegal Adult Mental Health Services have a standardised system for the management of referrals to Community Mental Health Adult Teams as follows:

- Before a referral is made, all potential referrals must be discussed with the patient and carer (as appropriate) by the referrer (GP).
- The referring GP must identify whether the referral meets the criteria for routine consideration by the Mental Health Service (significant mental health problem) and should be made to a single point of access to the service through the Consultant Psychiatrist/Team Co-ordinator.

Treatment plans are discussed and updated with service users during their assessments /appointments. If a service user requires an inpatient admission to an acute mental health hospital, all appropriate measures are taken to ensure that this is expedited in a timely manner and in line with local admissions policies.

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

W104Q3629

May we have an update on the progress of plans for New Hospital in Carrick on Shannon replacing St Patricks Hospital eventually.

**Cllr Armstrong
McGuire**

The detailed design work for the new facility has now been completed by the design team and they have submitted a pre-tender report. A short list of building contractors has also been produced for the project following publication of an OJEU notice by HSE earlier this year. It is anticipated that approval to tender the works will be in place shortly and that tenders will then be sought for the works from the shortlisted firms. Following subsequent receipt and evaluation of tenders HSE Board Approval will subsequently be sought for the award of a public works contract to deliver the new facility.

Joe Hoare, Assistant National Director, HSE Capital & Estates

W104Q3630

What is the timeframe for the tender process of the new 110 bed & Medical rehab community nursing unit in Letterkenny and when do we envisage a construction start date and a timeframe for same?

Cllr C Brogan

The tender process for the award of a public works contract for a new Community Nursing Unit in Letterkenny is well advanced with Tender submissions initially invited from shortlisted firms and tender bids subsequently returned to HSE. The evaluation of tenders received is underway and it is anticipated that a number of weeks will be required to complete the evaluation process including any matters of clarification arising. Once the evaluation process is completed, HSE Board Approval will be sought for the award of a public works contract to the successful bidder. It is intended to seek Board approval at the May or June 2023 meeting with a view to commencing works on site in late August 2023. The works are likely to take up to 2.5 years to complete.

Joe Hoare, Assistant National Director, HSE Capital & Estates

W104Q3631

How many beds have we now in operation in Ramelton and have we a timeframe for appraisal process for the proposed refurbishing works for the Ramelton community nursing unit in order to comply with the HIQA standards?

Cllr C Brogan

There are 27 beds in operation in Ramelton Community Hospital at present out of a capacity of 30 beds. Three beds are not operational due to ongoing HIQA Fire Upgrade works. Redecoration works are currently ongoing in Ramelton Community Hospital in order to meet HIQA Regulation and Standards.

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

Fire Safety upgrading works have been underway in Ramelton on phased basis for last six months or so. The Unit has been operating at reduced capacity during this period in order to facilitate these works. The works to the residential accommodation areas of the building are now completed. Currently works remain ongoing in communal areas. Service management are actively managing resident numbers in the context of these works. The project brief for the major capital works is undergoing a final review. HSE Capital & Estates will then progress the procurement process for the appointment of a design team which it is hoped to have completed later this year.

Joe Hoare, Assistant National Director, HSE Capital & Estates

W104Q3632

Can we have updated report on extension and re-configuration of the existing Oncology day unit of 8 spaces to 15 spaces and have we made the a new submission yet, and if not why not, and if there's a timeframe for this to happen?

Cllr C Brogan

LUH fully acknowledge the physical capacity constraints within which the Haematology and Medical Oncology Services operate. There is a significant capacity deficit in the Haematology Oncology Day Unit resulting from a combination of a reduction in treatment chair capacity from 13 to 11 in order to maintain social distancing in the context of Covid-19 and also the increase in patients requiring IV Chemotherapy on a Day Case basis.

LUH acknowledges that the Unit does require expansion and whilst progressing a longer term strategy the hospital has also been working with HSE Estates to develop an interim enhancement of the unit.

The first phase of this interim enhancement is a capital project to provide a new Pharmacy Aseptic Unit at LUH. This relocation of the Aseptic unit, which is currently co-located with the Haematology Oncology Day Unit will provide an increase in space within the Day Unit. The project is being led by HSE Estates, who are currently evaluating Design Team submissions. It is expected that the Project Design Team will be in place before the end of June 2023 and it is further anticipated that the new unit will be commissioned by 2025 subject to funding and the requisite approvals (Capital and Planning Approvals).

The hospital is also working with Estates to extend the existing Day Unit and a Capital Project Submission to achieve this is being developed. A local Project Team has been established to progress this capital submission and this phase will be completed before the end of June 2023. The capital submission will be sent forward for the normal approvals and it is anticipated that HSE Estates will appoint a Design Team in early 2024.

A. Cosgrove, COO, Saolta University Health Care Group

W104Q3633	Can we have an updated report on the provision of the primary care centre in Dunfanaghy and a timeframe for this project?	Cllr C Brogan
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HSE Capital & Estates understand that the developer has now appointed a building contractor for this project. It is anticipated that a Commencement Notice will be lodged in the coming weeks and that works would then commence on site by early Summer this year. The facility should then be available for use by HSE by Autumn of next year.

Joe Hoare, Assistant National Director, HSE Capital & Estates