

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

Miontuairiscí chruinniú an Fhórait Sláinte Réigiúnaigh a tionóladh Dé Máirt, 28ú Márta 2023 ag 2.00
i.n, i Seomra 1 an tIonad Oideachais,
Feidhmeannacht na Seirbhíse Sláinte, Ospidéal Páirc Mheirlinne, Gaillimh

Chairperson: Cllr Gerry McMonagle

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

In attendance:

Tony Canavan, Executive Lead, Regional Health Forum/CEO, Saolta University Health Care Group
Ann Cosgrove, COO, Saolta University Health Care Group
John Joe McGowan, General Manager, NAS
Colette Cowan, CEO, UL Hospitals Group
Breda Crehan Roche, CO, Community Healthcare West
Iolo Eilian, Head of Service, Older People Services, CHW
Dermot Monaghan, Chief Officer, Community Healthcare Cavan, Donegal, Leitrim, Monaghan, Sligo
Dr Amanda Burke, Executive Clinical Director, Mental Health Services Galway
Marian Cavanagh, Regional Health Forum Office
Anna Lyons, Regional Health Forum Office

837/104/23

Minutes of previous meeting – 28th February 2023

The minutes of the previous meeting held on the 28th February 2023 were proposed by Cllr John Carroll and seconded by Cllr John Cummins and adopted.

838/104/23 Matters Arising:

W103M142- Day Care Services Carndonagh:

Action: Dermot Monaghan to provide an update to Cllr Doherty regarding when will the day services open in Carndonagh.

W102M138 - Retention of Trainee Doctors and Nurses:

Action: Tony Canavan to follow up with the Recruitment Resources Steering Group regarding a response to Cllr Felim Gurns' Motion above.

W103Q3536 Day Centre Aras Mhic Dara An Cheatrú Rua:

Action: Breda Crehan Roche to revert to Cllr Dáithí Ó Cualáin regarding the re-opening date of the Day Centre in Aras Mhic Dara.

839/104/23 Chairman's Business:

840/104/23 Questions:

W104Q3577 – In Patient Addiction Centres Galway City and County:

Action: Breda Crehan-Roche to review the response provided to the above question and revert to Cllr Dáithí Ó Cualáin regarding what localised services are available to patients with addictions.

W104Q3585 – Physiotherapy Post at Our Ladies Hospital Manorhamilton:

Action: Ann Cosgrove to revert to Cllr Felim Gurn regarding how long is the Senior Physiotherapy post vacant in Our Ladies Hospital Manorhamilton.

W104Q3588 – NAS Travel Time for Echo and Delta calls from the scene of an incident to ED:

Action: JJ McGowan to provide Cllr Cillian Murphy with the average ambulance travel time for Echo and Delta calls from the scene of an incident in County Clare to University Hospital Limerick for January/February.

W104Q3595 – Technical Report on Lifford:

Action: Dermot Monaghan to provide Cllr Gerry Crawford with an update regarding the Technical report on the existing Lifford facility once received from HSE Property Management.

W104Q3596 - Old Health Centre at Binion Road Clonmany:

Action: Joe Hoare to revert to Cllr Albert Doherty regarding when the old health centre at Binion Road Clonmany will be placed on the open market.

W104Q3598 – Haematology and Oncology LUH - Enhancement and Extension to Day Unit.

Action: Ann Cosgrove to ask Joe Hoare, Estates, to provide a response to Cllr Albert Doherty regarding the progress for the capital submission to extend the existing Day unit and the capital project submission regarding the new Pharmacy Aseptic Unit.

W104Q3599 – Senior Radiographer Carndonagh:

Action: Dermot Monaghan to keep Cllr Albert Doherty updated on the recruitment of the Senior Radiographer.

W104Q3609 – Hydrotherapy Pool at Cregg House Sligo and Manorhamilton:

Action: Ann Cosgrove to review if the former residents of Cregg Services could use the Hydrotherapy Pool at Manorhamilton and revert to Cllr Donal Gilroy.

W104Q3610 – Procedure for confidential letters sent to Service Users who are visually impaired:

Action: Cllr Donal Gilroy to provide Dermot Monaghan and Ann Cosgrove with contact details of the visually impaired person that received a confidential letter in the post.

W104Q3617 - Rehabilitation and Recovery Services in CHO2:

Action: Breda Crehan Roche will ask Community Healthcare West Communications to review ways of putting a message across about Rehab and Recovery Services and see what is required to enhance the information channels on this and update Cllr John Connolly.

W104Q3619 – Patients aged 75 and over admitted to the Emergency Department:

Action: Ann Cosgrove to provide Cllr John Connolly with a breakdown of the measures being undertaken to prioritise over 75 year old patients in the ED.

Standing Orders were suspended due to time; Cllr Bree proposed the continuation and it was seconded by Cllr Gilroy.

841/104/23 Motions:

W104M146 –Day Care Facilities at St Brendan’s Hospital, Loughrea:

Cllr Donagh Killilea requested that this Motion be deferred to the next Regional Health Forum Meeting.

W104M147 – Minor Injury Unit at Sligo University Hospital:

This Motion was proposed by Cllr Dara Mulvey and seconded by Cllr Donal Gilroy and unanimously supported by all Councillors present.

W104M149 – Presentation on the Recruitment and Retention Plan:

This Motion was proposed by Cllr Evelyn Francis Parsons and seconded by Cllr Daithí Ó Cualáin

Action: RHF office to facilitate a presentation on the Recruitment and Retention Plan.

W104M150 – Education on the National Biodiversity Plan:

This Motion was proposed by Cllr Martina O’Connor and seconded by Cllr Declan Bree.

Action: Tony to bring the above Motion to the attention of the Environment and Sustainability Officer in Estates.

W104M151 – Review and increase the income limit guidelines for Medical Cards:

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

Action: RHF Office to forward this Motion to the Minister for Health.

842/104/23 Any Other Business:

CLlr Donagh Killilea wished to thank Shannon Glynn, Head of Older Persons for all her assistance with the Meals on Wheels in Tuam and Arthur Ward in relation to the redevelopment in Tuam.

843/104/23 Date & Time of Next Meeting:

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

The next **Regional Health Forum** meeting will take place on Tuesday, 23rd May 2023 at 2pm.

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 – 23rd MAY 2023

Number:	QUESTION	RAISED BY	Page No.
W105Q3634	Bus service to the HSE building in Ballymote from the Sligo Leader day centre.	Cllr D Mulvey	4
W105Q3635	Progression of the sale of St Brigid's Hospital Nurses Home Ballinasloe.	Cllr E F Parsons	4
W105Q3636	Report on the operation of the Regional Menopause Clinic West	Cllr E F Parsons	4-6
W105Q3637	Update on the new proposed 50 Bed room unit, Sacred Heart Hospital, Roscommon	Cllr T Ward	6
W105Q3638	Waiting time for Home Help Hours for older people in Roscommon.	Cllr T Ward	6
W105Q3639	Waiting list for autism assessment/ staffing of services for children with autism in Roscommon.	Cllr T Ward	6
W105Q3640	Waiting time for Hip and Knee replacement in Roscommon.	Cllr T Ward	7
W105Q3641	Fast tracking person with mental health issues at A&E, SUH.	Cllr F Gurn	7
W105Q3642	Funding for mental health voluntary groups like STOP in North West.	Cllr F Gurn	7
W105Q3643	UPDATE on Hydrotherapy Pool in Our Ladys Hospital Manorhamilton.	Cllr F Gurn	7-8
W105Q3644	Breathing damage done by vaping in SUH and North West and National level.	Cllr F Gurn	8-9
W105Q3645	Timeline for the installation/ operation of the new X-Ray unit in Tuam PCC.	Cllr D Killilea	9
W105Q3646	Progress report on the completion of the Grove Tuam and the new Residential Care Unit, incl. a date that the facilities will open to the public for viewing.	Cllr D Killilea	9
W105Q3647	Ability West contract with the HSE. Risk of service loss, contingency plans in case of further HIQA inspection actions? Waiting times for services in St Olivers, Tuam?	Cllr D Killilea	9-10
W105Q3648	Issues re Registration with GP in Donegal.	Cllr G Crawford	10
W105Q3649	What plans are in place to restore full day care services at St Joseph's Stranorlar.	Cllr G Crawford	10-11
W105Q3650	Progress with plans to restore Community Hospital services to Lifford.	Cllr G Crawford	11
W105Q3651	Pathfinder - how many users of the service in Limerick, incl. patients from Clare.	Cllr C Murphy	11
W105Q3652	Official NAS "on scene" time, CFR timestamp or NAS paramedics on scene?	Cllr C Murphy	12
W105Q3653	How many times have CFR groups been the first to respond to a scene in Co Clare in 2022, and by how long have they preceded the ambulance crew?	Cllr C Murphy	12
W105Q3654	Last announced and unannounced HIQA inspections at Mayo University Hospital?	Cllr M Kilcoyne	12
W105Q3655	HIQA Inspection 2022 MUH, actions taken and outstanding re ED overcrowding.	Cllr M Kilcoyne	12-14
W105Q3656	Agency staff currently employed in MUH, categories and numbers.	Cllr M Kilcoyne	14
W105Q3657	Falls at MUH since 2023? Injuries and steps taken to avoid future incidents.	Cllr M Kilcoyne	14-15
W105Q3658	Elective hospital at Merlin Park- site, planning application, construction timelines.	Cllr D McDonnell	15-16
W105Q3659	Staff shortage in homecare, alternatives, impact and steps taken to	Cllr D McDonnell	16

	address.		
W105Q3660	Incidence and staging of invasive cancers on initial presentation/detection in HSE West and overall 5 year survival rates in comparison to national average.	Cllr E F Parsons	16-18
W105Q3661	Lyme disease in HSE West by county, peak areas and planned campaigns.	Cllr E F Parsons	18
W105Q3662	Recruitment of Senior Radiographer for Carndonagh. Confirm five-day service?	Cllr A Doherty	18
W105Q3663	Riverwalk House- staffing issues resolved, full respite service resumed?	Cllr A Doherty	19
W105Q3664	Physiotherapy services in Carndonagh Community Hospital?	Cllr A Doherty	19
W105Q3665	Capacity of Day Care at Carndonagh Community Hospital prior to Covid/at proposed new outreach centre? Issues re. suitability of Carndonagh Community Hospital?	Cllr A Doherty	19-20
W105Q3666	Response to the applications for funding submitted by North West Stop?	Cllr D Bree	20
W105Q3667	Provide a list of persons/firms providing professional services to the HSE in this region and details of payments to each for the years 2021, 2022.	Cllr D Bree	20-30
W105Q3668	Funding and tenders for the construction of the proposed new 42 bed Medical Block at Sligo University Hospital?	Cllr D Bree	30
W105Q3669	Amount of money owed by private health insurance companies to Saolta Hospitals and for what periods are the fees outstanding?	Cllr D Bree	30
W105Q3670	Treatment facilities for people with addictions in Galway. How many Addiction Counsellors? Any interaction between HSE services and An Garda Siochana?	Cllr L Carroll	30-31
W105Q3671	Status of the proposed Primary Health Care Centre planned for Oranmore.	Cllr L Carroll	31
W105Q3672	Current position regarding any plans for a new day care centre in Loughrea?	Cllr L Carroll	31
W105Q3673	What % of funds are they Northwest STOP receiving from the HSE?	Cllr D Mulvey	31
W105Q3674	Supports for Autistic Children presenting at ED, LUH/ SAOLTA.	Cllr G McMonagle	31
W105Q3675	Short and Medium Plans to address deficits in Nursing at LUH?	Cllr G McMonagle	32
W105Q3676	Surgeries cancelled in total in the Mid-West in 2023 to date due to overcrowding at UHL. Can I have a breakdown in tabular form for Nenagh, Ennis and St Johns.	Cllr S Morris	32-33
W105Q3677	Are injury units and the MAUs operating on a 24/7 basis in Nenagh Ennis and St Johns. Closures - staffing or resource issues due to the recent protocol change?	Cllr S Morris	33-34
W105Q3678	Weekly breakdown of ambulance drops offs the MAUs in Nenagh Ennis and St Johns since the ambulance protocol change was introduced.	Cllr S Morris	34-35
W105Q3679	Update for the opening of the new Community Nursing Home in Nenagh.	Cllr S Morris	35
W105Q3680	Plans to open a community psychology unit separate to the acute or community mental health team/ new health centre Carrick on Shannon.	Cllr P Farrell	35-36
W105Q3681	Primary care Centre An Spidéal? What is the timeline for the centre?	Cllr D Ó Cualáin	36
W105Q3682	New purpose built Out-patients department - Merlin Park Hospital, what specialities and services are proposed to be moved? Any concerns raised?	Cllr D Ó Cualáin	36
W105Q3683	Update on reopening of the Day Centre in Aras Mhic Dara.	Cllr D Ó Cualáin	36
W105Q3684	Cervical smear testing now not available at Carraroe Health Centre in Connemara? How many Women are now impacted by this change?	Cllr D Ó Cualáin	37
W105Q3685	Support to the volunteer group STOP of North Leitrim.	Cllr F Armstrong McGuire	37

W105Q3686	Treatment regime for Mayo Mental Health Patients discharged from Hospital but still require treatment?	Cllr J O'Hara	37
W105Q3687	Report on the most up to date figures on ED Patient Experience Time at SUH.	Cllr D Gilroy	37-41
W105Q3688	Waiting time for MRI, Ultrasound, X-ray, CT, and DEXA Scans at Sligo University Hospital, expected time delay for an appointment and what charges are applied?	Cllr D Gilroy	41-42
W105Q3689	Suicide Prevention support, Turnaround timescales from referral to counselling? Pieta House services provide in Sligo/Leitrim and what funds are they paid?	Cllr D Gilroy	42
W105Q3690	How many staff working directly for the HSE or for third party agencies within the RHF West area have not yet been paid the €1,000 Covid Bonus.	Cllr D Gilroy	42
W105Q3691	Do the HSE have any proposals for a step-down care facility for patients between the Adult Acute Mental Health facility and independent living?	Cllr J Connolly	42-43
W105Q3692	Children with complex needs registered with CHO2 children's disability network team? How many are diagnosed as requiring ongoing therapy. Are there children with complex needs on waiting list for therapeutic interventions?	Cllr J Connolly	43-44
W105Q3693	How many children in the Forum area have been diagnosed with scoliosis? What non-surgical therapeutic interventions are provided and waiting lists for these.	Cllr J Connolly	44
W105Q3694	Progression of the development of a community ambulatory care hub in Galway City offering a single point of access for older persons with complex care needs	Cllr J Connolly	44-45
W105Q3695	Radium machine in Limerick UHL. How many times has it broken over has been the past year? Costs involved in fixing? Awareness of implications for patients.	Cllr P Ryan	45

Number:	QUESTION	RAISED BY
W105Q3634	Can the HSE put in place a Monday bus service to the HSE building in Ballymote Co Sligo operating from the Sligo Leader day centre. The current bus runs Tuesday to Friday but NOT on Monday. The cost of the bus for the Monday I understand is only in the region of €210 with 12 to 14 elderly people who would benefit from the Monday service.	Cllr D Mulvey
<p>The Social Day Centre in Ballymote operates from Monday to Friday and has a capacity of twenty attendees per day. A transport service to the centre is available to service users from Tuesday to Friday.</p> <p>Currently, fifty service users attend the Ballymote Social Day Centre over the course of the five days. Seventeen of these service users avail of the transport service from Tuesday to Friday, while the other thirty three service users have their own personal travel arrangements to the centre.</p> <p>County Sligo Leader Partnership operate the Social Day Centre in Ballymote on behalf of the HSE. The Service Manager for Older People has requested that the days of attendance are reviewed, in order to ensure that those service users requiring the transport service to the centre are prioritised for attendance from Tuesday to Friday.</p> <p>The Service Manager will ask Sligo Leader Partnership and the transport provider to review the geographical location of the 12- 14 clients and to determine if a bus route can be established to meet their needs.</p> <p><i>Dermot Monaghan, Chief Officer, Community Healthcare Organisation, (Cavan, Donegal, Leitrim, Monaghan, Sligo)</i></p>		
W105Q3635	Please provide information and commentary on the progression including timelines for completion of the sale of St Brigid's Hospital Nurses Home Ballinasloe by the HSE to Galway County Council for the purposes of provision of a Domestic Violence Refuge for Women and Children fleeing domestic violence.	Cllr E Francis Parsons
<p>In March 2023, Galway County Council expressed an interest to HSE in a potential acquisition of the former Nurse's Home in St Brigid's Ballinasloe for the purposes of a Domestic Violence Refuge for Women & Children. Galway County Council are undertaking surveys as part of their due diligence process, following which negotiations could commence between both parties in accordance with Department of Public Expenditure & Reform (DPER) and HSE Property Protocols. The timeline for completion of a potential sale is not yet established.</p> <p><i>Joe Hoare, Assistant National Director, HSE Capital & Estates</i></p>		
W105Q3636	Please provide report on the operation of the Regional Menopause Clinic West to include numbers seen, waiting list, waiting times to be seen, staffing complement, unfilled posts if any and the KPIs being monitored.	Cllr E Francis Parsons
<p>The Complex Menopause Clinic is a specialist service for women with additional needs around menopause care. It started in GUH in November, 2022. The clinic which has defined referral criteria and letters for GPs, runs for one afternoon per week.</p> <p><u>Report on the Operation of the Regional Menopause Clinic West</u></p> <p>Number of Patients seen:</p> <ul style="list-style-type: none"> • 41 New patients seen to date • 19 Review patients seen to date • Total 60 patients seen to date 		

Waiting List Times to be Seen:

- There are no patients waiting longer than 3 months.

Staffing:

- 0.2 WTE Doctor
- 0.5WTE Clerical /admin (due to go on Maternity leave mid June 2023, awaiting backfill)
- 1WTE CNM2

KPIs being monitored include:

KPI No. and Description
Activity/Accessibility
KPI 1 : Number of Women referred
KPI 2 : Number of women waiting >3 months for a 1st appointment (n)
KPI 3: Number of new patients seen in the complex menopause clinic
KPI 4: Number of review patients seen in the complex menopause clinic
KPI 5 : Number of DNA's (n)
KPI 6: Number of cancellations (Patient and Hospital) (n)
KPI 7: No. of Women Referred from:
Donegal
Sligo
Mayo
Roscommon
Leitrim
Galway
Other Area
KPI 8: No. of Women Referred from:
GP
GUH Gynae Consultant
GUH Other Speciality Consultant
Other Hospital
Other
KPI 9: No. of Inappropriate Referrals
KPI 10: Outcomes
Discharged to GP
Referred on to Specialist Service i.e. Urogynaecology
For in person Review Appointment
For virtual follow up call

Referred to Physiotherapy
Other

A. Cosgrove, COO, Saolta University Health Care Group

W105Q3637	Can the HSE give update on the new proposed 50 Bed room unit at the Sacred Heart Hospital Roscommon	Cllr T Ward
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The Sacred Heart Home Roscommon 50 Bed CNU Project is being advanced through the detailed design stage by the appointed project design consultants with completion of the design report (design stage 2c) anticipated by end of June 2023. The HSE have also initiated the procurement process for a works contractor with the first stage of that process namely the pre-qualification and shortlisting of suitably qualified building contractors for subsequent invitation to tender to now be progressed. The second stage of the procurement process will be undertaken in Q3/Q4 2023. It is anticipated that the preferred bidder will mobilise and commence works on-site before the end of Q1 2024, subject to funding availability and approval to award the works contract in due course.

Joe Hoare, Assistant National Director, HSE Capital & Estates

W105Q3638	Can the HSE inform the meeting how long is the waiting time for Home Help Hours for older people in the South Roscommon area and in Co Roscommon.	Cllr T Ward
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Waiting list for County Roscommon is currently **106** of which 86 are South Roscommon.

County Roscommon Waiting Times:

New Clients:

0-3 months 2

Existing Clients already in receipt of Home Support awaiting enhanced home support hours:

0-3 month	42
3-6 months	15
6-9 months	13
9-12 months	9
1 year +	25

Breda Crehan-Roche, Chief Officer, Community Healthcare West

W105Q3639	Can the HSE inform the meeting How many children are waiting to have Autism assessment carried out by the HSE in the South Roscommon area and in Co Roscommon Has the HSE a full complement staff to provide all the services that is required by children with Autism.	Cllr T Ward
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There are currently 95 children awaiting an ASD assessment, in Roscommon (91) and South Roscommon (4).

In relation to the full complement of staff, currently both areas are working below their approved allocation of posts.

CDNT 9 Galway North East and North Roscommon currently have 61% staff in position.

CDNT 8 East Galway and South Roscommon currently have 75% staff in position.

There are a number of Health and Social Care professional vacancies (Physiotherapy, Occupational Therapy, Speech & Language Therapy, Behavioural Supports, and Social Workers). These Health and Social Care professionals are required to carry out assessments for children with complex disability, support their inclusion in education settings, support children with autistic spectrum disorder, life skills and behavioural issues and to support their transition to preschool, primary school, post primary and into adult services. Currently there are available resources and supports to those who have been prioritised and are presenting with critical clinical needs.

Breda Crehan-Roche, Chief Officer, Community Healthcare West

W105Q3640	Can the HSE inform the meeting how long is the waiting time for people waiting for Hip and Knee replacement in the South Roscommon area and in Co Roscommon.	Clr T Ward
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There are 44 patients waiting on hip and knee replacements across Galway, Mayo and Sligo with the residential address of Roscommon.

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	Grand Total
Galway University Hospitals	6	4	4	1	1	2	1	1	3	23
Mayo University Hospital	3	2	1	1	1	1			1	10
Sligo University Hospital	5		3	1			1	1		11
Grand Total	14	6	8	3	2	3	2	2	4	44

A. Cosgrove, COO, Saolta University Health Care Group

W105Q3641	The presentation of someone with mental health and suicidal issues at SUH, is there an area for them to be fast tracked at A&E at SUH.	Clr F Gurn
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All patients presenting to the Emergency Dept are triaged by ED staff. If their issue is clearly mental health, the triage nurse will contact the liaison team who will attend. This is assuming that there are no physical issues that need to take precedence (e.g. treating an overdose, managing a self-harm wound). Between 8am and 8pm the liaison mental health team will aim to see the person within one hour of referral, after 8pm it is the psychiatry doctor on call. The Mental Health team use the most suitable side room available to assess patients and take appropriate risk measures as required.

T. Canavan, CEO, Saolta University Health Care Group

W105Q3642	Voluntary groups who deal with counselling services in North west Leitrim/ Sligo who are dealing with distressed individuals 24/7 and have data showing that PIETA house the main HSE Funding agency have been referring Calls of distressed individuals to them cannot avail of HSE funding in North West. Is it not time to fund more Voluntary groups like STOP in North West.	Clr F Gurn
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I have engaged with our local finance department and staff within the service. There has not been an application made to Sligo Leitrim Mental Health Services for funding.

A standard application and negotiation control process exists within the HSE Governance Framework, and is followed in regards to funding requests from a voluntary/non-statutory agency in relation to health and personal social services. Two relevant standard processes are worked through depending on the funding request. All applications within this area are considered.

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

W105Q3643	UPDATE on Hydrotherapy pool in Our Ladys hospital Manorhamilton is it Operational and who are using it and times and days available.	Clr F Gurn
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The Hydrotherapy Pool is temporarily out of service due to minor works we expect it to be operational by late June.

Rheumatology patients referred by Consultant Rheumatologists use the Hydrotherapy Pool in OLN. It is available

on times and days when it is not in use for Rheumatology. There are a number of slots that are currently not in use which could be utilised for Community Physiotherapy if staffed. The utilisation of these slots and the staffing requirement for use is under discussion with our community colleagues.

A. Cosgrove, COO, Saolta University Health Care Group

W105Q3644	Has there been an increase of Young adults with breathing damage done by vaping in SUH and North West Health Forum or has any research been done as regards vaping damage to young adults on National level by the HSE?	Cllr F Gurn
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From 2018, there were 7 people discharged from HSE hospitals with a code indicating Vaping Related Disorder (U07.0 Emergency use of U07.0 as an additional diagnosis).

https://www.hpo.ie/hipe/clinical_coding/irish_coding_standards/ICS_2023_V1.0.pdf

These numbers are very small and statistical disclosure control means that we would not report more detail since individuals would become identifiable.

We are not aware of any Irish research into vaping damage done to young adults on a National level to date.

The Department of Health commissioned the Health Research Board to conduct an evidence review into the harms and benefits of e-cigarettes in 2020 (report available [here](#)).

Most of our observed clinical harms were due to acute harmful events associated with the use of e-cigarettes and were reported in descriptive case reports, case series, surveillance system papers, and cross-sectional survey papers. They included poisonings (mainly nicotine and some e-liquid constituents), injuries (mainly burns and some fractures), and respiratory diseases (mainly injuries to the lungs and exacerbation of asthma). There were fatalities among the poisonings and respiratory disease cases, and long-term disability among some burn cases. Both the poisoning cases and the respiratory disease cases highlighted a possible association between e-cigarettes and the use of other drugs such as alcohol, synthetic cannabinoids, and opiates. There was some early evidence of damage to cardiovascular and respiratory tissue, mainly due to metals and volatile organic compounds. Four cross-sectional surveys on cancers identified the presence of carcinogens for lung, oral, and oesophageal cancer, and one identified biomarkers for bladder cancers.

There is limited data on the long term health effects of e-cigarettes.

See article in Journal of Physiology [here](#) - *E-cigarette aerosols are exceedingly different from conventional tobacco smoke, containing dozens of chemicals not found in cigarette smoke. It is highly likely that chronic use of e-cigarettes will induce pathological changes in both the heart and lungs.*

European Schools Project on Alcohol and Other Drugs (ESPAD, 2019).

Data included in the sample reported and submitted to ESPAD Europe consists of survey results from 1967 students born in 2003, who were 15-16 years old at the time of the survey which was performed in a sample of Irish schools from March to June 2019.

- 39% of respondents had used e-cigarettes (ever use), higher than smoking tobacco (32%). This is an increase from the 2015 survey where 23% had reported ever using e-cigarettes.
- 18% reported themselves as current users.
- 16% reported using an e-cigarette in the last 30 days.
- 66% said that use was out of curiosity. 29% said it was because their friends offered it. Only 3% said that it was to stop smoking.

The HSE has developed new lessons for the SPHE Junior Cycle Curriculum with a focus on vaping.

The latest **Healthy Ireland Survey (2022)** which is commissioned by the Department of Health reports the following (this report relates to adults aged 15+):

- 6% of the population currently use e-cigarettes either daily (3%) or occasionally (3%), with a further 13% reporting that they have tried them in the past but no longer use them.
- Usage of e-cigarettes is highest among those aged under 25 with 11% in this age group currently using them either daily or occasionally.
- 10% of daily smokers, and 24% of occasional smokers use e-cigarettes either daily or occasionally. In total, 13% of current smokers and 12% of ex-smokers use e-cigarettes at least occasionally.
- Full report available [here](#).

Information on vaping from [quit.ie](#) is available [here](#).

The HSE does not recommend the use of e-cigarettes to quit smoking. An [evidence review](#) by the Health Research Board in 2020 reported that:

- E-cigarettes are no more effective than approved and regulated nicotine replacement therapies (NRTs) to help people stop smoking.
- E-cigarettes as a smoking cessation device are not regulated or approved and their safety beyond 12 months is not yet known.
- Adolescents who use e-cigarettes are three to five times more likely to start smoking tobacco cigarettes compared to those who never used e-cigarettes

The HSE offers a comprehensive stop smoking service that includes behavioural support and use of approved and regulated stop smoking medicines (Nicotine Replacement Therapy). Behavioural support in combination with NRT increases as persons chances of quitting by fourfold.

National Tobacco Free Ireland Programme Lead

W105Q3645	Could the HSE confirm the timeline for the installation of operation of the new X-Ray unit in Tuam Primary Care Centre.	Cllr D Killilea
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I understand that PPP Co are currently finalising contract documents with their suppliers. PPP Co are advising that they expect construction to commence in July 2023.

Joe Hoare, Assistant National Director, HSE Capital & Estates

W105Q3646	Could the HSE confirm a progress report on the completion and handover of the Grove Tuam and the new Residential Care Unit, including an indicative date that the facilities will open to the public for a viewing prior to fit out.	Cllr D Killilea
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Community Healthcare West intend to arrange an 'Open Day' for the people of Tuam to visit the new Joe and Helen O'Toole Community Nursing Unit and The Grove. The HSE will showcase the 'state of the art' buildings prior to both services becoming fully operational.

Community Healthcare West fully appreciates that it is important for the people of Tuam and the surrounding hinterlands have an opportunity to view the buildings/services. A date will be advised in due course.

Breda Crehan-Roche, Chief Officer, Community Healthcare West

The Grove facility was recently handed over by the building contractor to the HSE. It is now available to the HSE for equipping the facility and for staff familiarisation etc. The new Residential Care Unit is nearing completion and is expected to be handed over to HSE by the building contractor before the end of June 2023.

Joe Hoare, Assistant National Director, HSE Capital & Estates

W105Q3647	Could the HSE make a comment on recent reports regarding Ability West and their contract with the HSE, are patients living in the community at risk of a service or loss of some services and are there any contingency plans in place in case of further HIQA inspection	Cllr D Killilea
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	actions. Also what is the current waiting times for services to patients in St Oliver's, Tuam?	
<p>Ability West continue to work with HIQA and the HSE on addressing the on-going challenges which are impacting their service delivery.</p> <p>Ability West is a patron of St Oliver's school and the Board of Management of the school are responsible for waiting lists. Ability West has no oversight in reviewing or managing waiting lists for students to enrol with St. Oliver's School. Please note that HIQA are not the regulator for St. Oliver's School as inspections would be carried out under the Department of Education.</p> <p>We can confirm Community Healthcare West have entered into a service arrangement with Ability West in relation to the provision and supports, which are funded under Section 39 of the Health Act 2007.</p> <p>Breda Crehan-Roche, Chief Officer, Community Healthcare West</p>		
W105Q3648	What advice can be given to those in the Donegal area who find it not possible to register with their local GP due to no further capacity.	Cllr G Crawford
<p>The assistance the HSE may be able to provide is dependent on whether or not the individual is a medical card holder.</p> <p>Medical card holders, who wish to change G.P., are required to complete a Change of Doctor Form and have confirmation from a GP that they can be accepted onto their list. If a medical card holder has been refused by at least three G.P.s, they should provide the Client Registration Unit (CRU) with the addresses of three GP Practices who have informed them that their panels are full. The CRU can then arrange for the individual to be assigned to a G.P. in their area.</p> <p>The contact details for the Client Registration Unit are as follows;</p> <p>Health Service Executive, Client Registration Unit, PO Box 11745, Finglas, Dublin 11 Tel: 1890 252 919 Fax: 01 834 3589 Email: clientregistration@hse.ie</p> <p>However, if the individual does not meet the eligibility criteria for a medical card, regrettably, this matter is not within the remit of the HSE.</p> <p>The HSE can only investigate/assist with matters pertaining to patients who are medical card holders. This is due to the fact that G.P.s have a contract with the HSE, to provide their services to medical card holders.</p> <p>Private patients encountering difficulty accessing GP Services is an ongoing issue, which has been raised at a national level and with the Irish Medical Organisation. Primary Care Services have been advised that the Minister for Health has published a Terms of Reference for a Strategic Review of General Practice, which is due to be completed later this year.</p> <p>Dermot Monaghan, Chief Officer, Community Healthcare Organisation, (Cavan, Donegal, Leitrim, Monaghan, Sligo)</p>		
W105Q3649	What plans are in place to restore full day care services at St Joseph's Stranorlar.	Cllr G Crawford
<p>HSE Estates and HSE Property Management are currently reviewing properties that have recently become available in the Stranorlar/Ballybofey area in order to resume day care services for the catchment area around St.</p>		

Joseph's Community Hospital. An extensive search had previously been undertaken but unfortunately no suitable premises were found at that time.

All clients that had previously been attending day services in St. Joseph's have been offered alternative day care in Killygordon or Letterkenny Day Centres until such time as day services are up and running again in the Stranorlar/Ballybofey area.

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

W105Q3650	What progress has been made with plans to restore Community Hospital services to Lifford.	Clr G Crawford
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HSE Estates have confirmed that the full capital submission to progress the restoration of Community Hospital services in the Lifford catchment area was submitted on 3rd May 2023. This will be discussed at the Capital Steering Committee which is scheduled at the end of this month.

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

W105Q3651	With regards to the Pathfinder program can I be provided with a detailed breakdown of how many users of the service there has been since its inception in Limerick, to include the numbers of patients from Clare treated through the program	Clr C Murphy
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A HSE National Ambulance Service (NAS) led service called **Pathfinder**, designed to safely keep older people who phone 112/999 in their own home rather than taking them to a hospital emergency department, went live in Limerick October 2022. The Pathfinder 'Rapid Response Team' respond to 999/112 calls for older people in their homes. The older person is assessed by both an Advanced Paramedic and Occupational Therapist/Physiotherapist. Where safe, the team supports the older person at home rather than transporting them to emergency department, by linking with a wide range of alternative hospital and community services. Pathfinder also operates a 'Follow-Up Team' (Physiotherapy & Occupational Therapy) which provides immediate home-based rehabilitation, equipment provision and case-management in the subsequent days following a 999/112 call. Since the Pathfinder was launched in Limerick in October 2022, the program has attended 269 scenes (31 of those being in Co Clare) of those over 25% of the patients have been treated through alternative pathways.

Pathfinder Operating from Limerick				County Clare			
Year/Week Number	Pathfinder Attended Scene	Alternative Pathway	% Alternative Pathway	Year/Week Number	Pathfinder Attended Scene	Alternative Pathway	% Alternative Pathway
2022 Week 43 - 52	83	25	30.12%	2022 Week 43 - 52	12	2	16.67%
2023 Week 01 - 18	186	45	24.19%	2023 Week 01 - 18	19	6	31.58%
Grand Total	269	70	26.02%	Grand Total	31	8	25.81%

JJ McGowan, Chief Ambulance Officer - West

W105Q3652	Is the "arrival on scene" timestamp for a CFR group recorded as the official NAS "on scene" time for an incident, or is it when the NAS paramedic resources are on scene?	Cllr C Murphy
<p>The CFR timestamp of "arrival on scene" is not used for reporting purposes, only a NAS resource's "arrival on scene" time is used for this.</p> <p>JJ McGowan, Chief Ambulance Officer - West</p>		
W105Q3653	How many times have CFR groups been the first to respond to a scene in Co Clare in 2022, and by how long have they preceded the ambulance crew.	Cllr C Murphy
<p>There was a single instance in 2022 where a CFR group arrived on scene prior to a NAS resource in County Clare, and were on scene 11 minutes 45 seconds prior to the arrival of the NAS resource.</p> <p>JJ McGowan, Chief Ambulance Officer - West</p>		
W105Q3654	When did the last announced HIQA inspection at Mayo University Hospital take place? When did the last unannounced HIQA inspection at Mayo University Hospital take place?	Cllr M Kilcoyne
<p>The last announced HIQA inspection at Mayo University Hospital took place on 4th August 2022. The previous unannounced HIQA inspection at Mayo University Hospital was on 29th September 2020.</p> <p>MUH, similar to all other hospitals, is subject to regular Radiation Safety Audits. The latest such audit for MUH took place in March 2023.</p> <p>A. Cosgrove, COO, Saolta University Health Care Group</p>		
W105Q3655	<p>In relation to the announced inspection that took place on 16th-17th August 2022 what action has been taken in relation to the following matters from the report and what actions are still outstanding?</p> <p><i>"Overall, the environment posed a significant risk to the quality of healthcare provided and to the health and welfare of patients attending the emergency department. Notwithstanding the initiatives implemented, the practice of boarding admitted patients in the emergency department contributed to overcrowding of the department. In such settings, it was impossible to maintain, promote and protect patients' dignity, privacy and confidentiality, which impacted on the meaningful promotion of the patient's human rights especially those accommodated on trolleys on corridors. Inspectors did not find sufficient evidence that actions taken by management sufficiently addressed deficits of service users' dignity, privacy and autonomy on the day of inspection."</i></p>	Cllr M Kilcoyne
<p>Following the inspection of Mayo University Hospital the following actions have been taken.</p> <p>The unit which was previously used as an acute Covid Assessment Unit is now used as part of the Emergency Department and all Ambulatory patients are seen and managed through that unit. The unit is now open from 8am until midnight seven days a week. This has reduced the streaming of patients through the Emergency Department. Since the visit the Acute Medical Assessment Unit has become more functional as an Acute Medicine Unit re-pathing other patients out of the Emergency Department. While this is unfortunately compromised on many occasions as an escalation area for patients awaiting an inpatient bed, there is work ongoing to free up that area for patients requiring Acute Medical assessment. The hospital has opened a further four beds in St Johns Ward in the Sacred Heart Hospital bringing it to 28 patients and it is at full occupancy at all times.</p>		

MUH has also secured funding to have a discharge lounge which should help with early allocation of beds to patients on trolleys by moving patients from the ward areas whilst they are awaiting collection, medical discharge letters. The expectation is that it will open in July, coupled with another area for Medical Review Clinic for ambulatory medical patients, which should strengthen the use of the Acute Medical Assessment Unit.

The Acute Ambulatory Clinic is to promote early discharge and to have hospital admission avoidance. The hospital has also secured funding to progress with Cardiology Services on site. This will result in a reduced admission rate and reduced length of stay for a large portion of medical patients. This will also facilitate alternative pathways for GP's to chest pain clinics. This will all start to develop in July / August of this year which should in turn reduce the number of patients that are being cared for in the Emergency Department on trolleys.

MUH has a Quality Improvement Committee for the Emergency Department where we are looking at internal streaming of patients, ensuring patients are reviewed by internal teams efficiently so patients who do not require admission get an earlier discharge from the Emergency Department.

The hospital has also carried out a training program for all of our staff in the Emergency Department in dealing with difficult situations in an efficient and compassionate way and communication between staff and the public ensuring that the patient is priority at all times. This training was completed in Feb/March of this year. The Quality Improvement Team have an ongoing focus on the key standards for safe care in the Emergency Department. There has been supplementary training done for staff in the department to ensure that they are all confident and competent in managing paediatric attendances in the Emergency Department. MUH has a Quality Improvement Plan in place following the HIQA visit. The Quality Improvement Plan is updated on a regular basis and worked through the Directorates structure in the hospital reporting back to the Hospital Management Team regarding areas of improvement. We had stated that we would get external support for a Quality Improvement Team and that has been in place since the end of 2022.

There is also a "Length of Stay" Working Group formed in the hospital, looking at new pathways of care and efficiency's in the overall length of stay of patients. It includes teams within the hospital looking at efficiency's regarding delayed discharges, ensuring we have it at a minimum at all times. We have reduced down our 14 day length of stay significantly over the last number of months and continue to work on this with our colleagues both in the community and acute services ensuring we max out on any opportunity.

The hospital has worked with the national team regarding the safe nurse staffing levels and will be recruiting in line with the approvals for those in the same way as all Emergency Departments nationally.

MUH has progressed work in having a more in-depth tracking system in the Emergency Department to help our team internally and to share information with the patients in the waiting area regarding wait times for the different clinical categories that exist in the department and those should all be operationalised by July of this year.

The hospital secured funding for Older Person Services for HSCP staff, which will also help with the flow and ensure that there is follow through for the Frailty Team at the front door so elderly patients will have a focus.

Whilst the number of patients on trolleys on a daily basis has not reduced, the length of time that patients are spending on trolleys has reduced.

The other issue that remains a priority is the progression of a Ward Block. The brief is almost complete for the updated Development Control Plan for the hospital including a proposal for a 75 bedded ward block. We have been working with our Estates Department to progress this.

Funding has been allocated for an extra two side rooms on one of our wards going into this winter. MUH is also about to open a new Medical Day Unit which should facilitate in better access for patients and not result in

patients coming into the Emergency Department.

The hospital has had improvements in our Ambulance Turnaround Times for having a percentage rate handover less than one hour. We acknowledge there is work to be done before we can meet all of the National KPIs but this is all progress that has happened since the visit in September.

It has also appointed a Patient Advice and Liaison Service Coordinator and a Patient Engagement Staff Manager who has looked specifically at areas of improvement within the Emergency Department.

MUH has ongoing audits being run by senior nursing teams to ensure patients care, albeit in the wrong environment, is delivered at the same clinical standards as they would for a patients on a ward.

It has increased the number of nursing staff allocated to care for the patients that are on trolleys and we have appointed a new CNM2 to coordinate the care of those patients.

Our two Quality Improvement Teams continue to look at and work on the update of the Emergency Department acknowledging very much that it is a hospital wide system to improve. We need to have efficiency and length of stay in all of our wards compliant with our Discharge Management Plan and encourage all members of the public to work with us to make sure when our patients are no longer requiring acute care, they can be efficiently discharged to another area of care or home to their families for the next step of their recovery.

A. Cosgrove, COO, Saolta University Health Care Group

W105Q3656	How many agency staff are currently employed in Mayo University Hospital? Please list the categories and the number in each.	ClIr M Kilcoyne
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Agency Staff WTE (Wk Beg 24.04.2023):

Medical Staff – 11
 Clerical – 6
 Porter Service – 3.75
 Health Care Assistants – 20.25
 Multi Task Assistants – 2.25
 Nursing – 1.59
 Scientist - 1

A. Cosgrove, COO, Saolta University Health Care Group

W105Q3657	How many incidents have occurred at Mayo University Hospital since 1 st January 2023 involving patients falling out of bed, falling off trolleys or falling off chairs? How many of these incidents have resulted in injuries to the patient? What steps have been taken to avoid similar incidents in the future?	ClIr M Kilcoyne
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Month	Fall from Bed	Fall from Chair	Fall from Trolley	Total Injury
Jan	3	4		7
Feb	3			3
Mar	2	2		4
Apr	3	1	1	5
May (as at 10 th May)	2		1	3

Steps in place to avoid similar incidents:

1. Falls management in the hospital is informed by the Safe Mobility Policy which outlines the

multidisciplinary approach to reducing the risk of patients falling in hospital, while also striving to optimise their level of mobility and independence.

2. The MUH Falls Prevention and Management Committee oversee the delivery of staff education on Falls management practices and the use of fall management resources in this area. They strive to ensure that policies and practices are in line with international best practice, they audit adherence to the Safe Mobility Policy and provide progress reports to HMT bi monthly.
3. All patients admitted to MUH have an individualised Falls Risk Assessment completed on admission, based on this assessment the staff apply some of the following control measures to manage the risks identified:
 - a. All wards have a number of low level entry beds that reduce the risk of injury should a patient fall from a bed.
 - b. Bed rail assessments are carried out for patients that are at risk from falling out of bed to determine whether bed rails will prevent falling or in some cases increase the falls risk.
 - c. We have a variety of alarms that can be attached to bedside chairs and beds that will alert nursing staff to patients attempting to mobilise independently. These are often used for confused patients that are less aware of their mobility limitations.
 - d. A number of Bedside chairs are height adjustable so that they can be tailored for individual needs.
 - e. High visibility bed spaces are used (where available) for patients who require more frequent observation by staff.
 - f. OT referrals are completed for complex cases where specialised seating is required.
 - g. Patients who have difficulty getting up from a chair or a bed are seen by physiotherapists who can provide walking aids and assistance with this and interventions to improve their general mobility.
 - h. Those patients who are deemed to be at higher risk of falling are discussed at every staff handover and safety pause to ensure staff communication is optimised.
 - i. Family members are occasionally asked to sit with patients who are at higher risk of falling due to cognitive difficulties, this can help patients suffering from delirium or dementia for whom the hospital environment can be very challenging.
 - j. Patients are provided with education on managing falls risks associated with being in acute hospital.
 - k. Those patients with inappropriate footwear are provided with non-slip socks.
4. Ongoing efforts are made to keep patients walking and functioning as independently as possible while in hospital to prevent the deconditioning associated with hospitalisation. This is in keeping with the international campaign: "Get Up, Get Dressed, Get Moving". As part of this initiative the hospital has a designated walkway on the first floor to provide a purpose built area for patients to walk, exercise and interact with family while in hospital.
5. Falls incidents are reviewed both in the clinical areas where they occur and monthly by Falls Management Committee to identify areas to improve practice and prevent further falls.

Managing falls risk while also striving to prevent deconditioning among frail inpatients remains challenging. This challenge is being addressed by the ongoing work of Nursing, Medical, AHP and support staff in education, audit and care delivery in this area.

T. Canavan, CEO, Saolta University Health Care Group

W105Q3658	To ask has a site been identified for the new elective hospital at Merlin Park, when will a planning application be lodged, when will it commence construction, when will it be operational and if it will be up and running by the end of 2024.	Cllr D McDonnell
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In December 2022, the Government approved the next stage of the Enhanced Provision of Elective Care Programme and progression of the development of new Elective Hospitals in Cork and Galway. The preferred site recommended to be brought forward in Galway is Merlin Park Hospital.

The planning phase requires the HSE to develop detailed project briefs, a procurement strategy and pre-tender business cases for the hospitals at Cork and Galway that will then be submitted for consideration by the Department of Health (Decision Gate 2, Public Spending Code) prior to approval to proceed to tender. As there is considerable service design and planning associated with the development of these documents, the HSE is working towards the end of 2023 for their completion. The detailed planning that is underway will give a better indication of construction timelines. The ambition at this stage, subject to the necessary planning approval processes, is for the Galway Elective Hospital to, in a sustainable manner, reach Full Operational Capability by end of 2028, i.e. it is fully built, fitted out and operational. The desire is for the Elective Hospital to achieve Initial Operational Capability, with limited capacity to provide some procedures, as soon as possible, with an ambition to open it to receive patients in 2027.

Yvonne Goff, National Director – Change and Innovation/ Joe Hoare, Assistant National Director, HSE Capital & Estates

W105Q3659	What is the staff shortage within homecare services in the HSE, what steps are being taken to address any staff shortage, are alternative arrangements in place to ensure continuity of care for patients, the number of patients who have been allocated homecare hours, but are not in receipt of any care due to staff shortages.	Cllr D McDonnell
<p>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 and is an ongoing rolling campaign.</p> <p>Posts that are being filled by HR at present in the following areas – Oranmore, Ardrahan, Kinvara, Craughwell, Clarinbridge, Woodford, Athenry, Ahascragh and Galway City East.</p> <p>A rolling recruitment campaign for HCSAs is currently underway with interviews planned for the 1st and 2nd June 2023 for vacant posts in the following areas –</p> <p>Killimor x 2 posts, Loughrea, Lettermore, Gort, Carraroe, Leenane, City East, Williamstown, Portumna and Ballinasloe.</p> <p>Number of clients in Galway city that are on a waiting list for Home Support is 95.</p>		
<p>Breda Crehan-Roche, Chief Officer, Community Healthcare West</p>		
W105Q3660	Please provide tabular information on the incidence and staging of invasive cancers on initial presentation/ detection in HSE West area and overall 5 year survival rates in comparison to national average.	Cllr E Francis Parsons

The National Cancer Registry (NCRI) collects all cancer related data with data registrars in each hospital, data is collated and published annually with the 2022 report providing an update on the status of cancer in Ireland including updated statistics on cancer incidence, mortality and survival for patients diagnosed in Ireland 1994 – 2020. [https://www.ncri.ie/sites/ncri/files/pubs/NCRI AnnualStatisticalReport 2022.pdf](https://www.ncri.ie/sites/ncri/files/pubs/NCRI%20AnnualStatisticalReport%202022.pdf)

SAOLTA National Cancer Registry Data INVASIVES ONLY excluding Non Melanoma Skin Cancer	2017	2018	2019	2020
Total	4122	4333	4180	3404

As part of the OEI accreditation process in Saolta, we currently in the process of implementing a database across all tumour sites within Saolta that will allow us to collect this data locally and provide information on incidence and staging across all tumour groups. The numbers of patients being treated on the Saolta systemic anti-cancer therapy (SACT) programme account for approx. 20% of national SACT activity.

The recently published Cancer Inequalities report in Ireland 2004-2018, recognised the West/North west region, as having high concentration of most deprived areas (page 19). https://www.ncri.ie/sites/ncri/files/pubs/cancer-inequality-report-2016_0.pdf

This has a significant impact / correlation on cancer incidence with both males and females in the most deprived quintile have a **significantly higher incidence rate of cancer** compared with those in the least deprived quintile (7% higher in males and 5% higher in females).

There is a higher cancer incidence in more deprived populations for stomach and lung cancer in males and females and cervical cancer in females.

The 2019 National Healthcare Quality Reporting System provided the last regional breakdown of net survival per main cancer.

<https://www.gov.ie/pdf/?file=https://assets.gov.ie/36031/6eab12022e2c4b05947dfd7761ca3d1a.pdf#page=null>

- Cumulative 5 year survival age standardised net survival for breast cancer patients diagnosed in 2011-2015: **80% in HSE West vs 85% nationally**
- Cumulative 5 year survival age standardised net survival for Lung cancer patients diagnosed in 2011-2015: **16.7% in HSE West v's 19.5% nationally**
- Cumulative 5 year survival age standardised net survival for Colorectal cancer patients diagnosed in 2011-2015: **62.6% HSE West v's 63.1% nationally**

The recently published Cancer Inequalities report in Ireland 2004-2018, also recognised the most deprived quintile of the population in 2014-2018 had significantly poorer five-year survival (mortality hazard 28% higher than the least deprived quintile) for cancer as a whole, with similar findings for the two earlier periods.

Five-year **survival was poorer** for the most deprived quintile of the population compared with the least deprived quintile for colorectal, lung, melanoma, breast and prostate cancers for the most recent period 2014-2018 and (with the exception of melanoma) for the two earlier periods.

STAGE: Of the four cancers examined for stage, people in the most deprived quintile had a higher risk of later stage at

presentation for breast and prostate cancer, compared with those in the least deprived quintile. Later presentation, geographic dispersion, aging population and deprivation index all contribute to the cancer incidence and outcomes in the Saolta region. There are significant infrastructural challenges to meet this demand. The challenges to delivering care due to infrastructure deficits in our region will be bridged by the delivery of the National Development Plan – which says “In accordance with balanced regional development, a cancer care network for the Saolta region (West, North West) with a Cancer Centre at Galway University Hospital with appropriate infrastructure will be delivered.”

T. Canavan, CEO, Saolta University Health Care Group

W105Q3661	Please provide data comparative to national average on the incidence of Lyme disease diagnosed in HSE West by county in the past 5 years of figures available (with or without serological confirmation) indicating area of peak incidence and include details of any planned public awareness campaign.	Cllr E Francis Parsons
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Lyme disease is not a notifiable disease in Ireland, however, cases of a more severe form of Lyme disease – neuroborreliosis – have to be reported to HPSC by doctors and laboratories. There are approximately 10-20 cases of neuroborreliosis notified in Ireland each year. As some people will not be aware that they are infected, or will not seek medical help when unwell, the true number of Lyme disease cases is not known. It is likely that there are at least 200 cases of the milder forms of Lyme disease in Ireland annually.

Please see below a table indicating Lyme disease (neuroborreliosis) cases notified by year in HSE West by county, along with national figures.

Lyme disease (neuroborreliosis) cases notified by year

	2018	2019	2020	2021	2022	2023*
Galway	0	0	0	0	1	0
Mayo	2	3	0	0	1	0
Roscommon	0	0	0	0	0	0
National Figure	13	6	14	4	4	3

*2023 data to 08/05/2023

All data from CIDR

As part of a public awareness campaign, HPSC issued a press release on May 10th 2023, “Be tick aware: protect against Lyme disease, says HSE HPSC”. More information can be found at on the HPSC website at <http://bitly.ws/EjQT> and the HSE Website at bit.ly/42fv3Md.

Department of Public Health

W105Q3662	How is the recruitment process for the Senior Radiographer position for Carndonagh progressing and when will the appointment be confirmed? Will HSE confirm the provision of a five-day service with cover following the successful appointment thus enabling and encouraging local GPs to use the local Inishowen based facility as opposed to referring to ED in Letterkenny for an urgent X-ray?	Cllr A Doherty
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The recruitment process for a Senior Radiographer is ongoing. The position has been advertised on three occasions, but without success thus far. The previous service provided in Carndonagh was not a five-day service but operated over three days and there is a commitment from the HSE to continue to provide a three-day service from the existing resources. The same level of activity is being met and the GPs in the area have been advised of this interim arrangement. The radiography team maintains a very good working relationship with the local GPs and they will continue to work closely together to provide the most appropriate care to the Inishowen community.

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

W105Q3663	Riverwalk House Respite services. Have staffing issues, including the appointment of Nurse Manager/person in charge for residential accommodation been completed thus enabling Riverwalk Respite House to resume and provide full respite services for service users within Inishowen?	Cllr A Doherty
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The position of Clinical Nurse Manager/Person in Charge, for the residential accommodation has been accepted and the successful candidate has completed the required clearances with the HSE in order to take up the position. This candidate has also completed the process of registration of becoming a Person in Charge with HIQA which is required to register the home.

An expression of interest for two staff nurse positions has issued and at this time one staff nurse is expressing interest in a position. This staff nurse will shortly begin the clearance process with HR and the second vacant staff nurse position will be re-issued as an expression of interest to the current Registered Nurse Intellectual Disability (RNID) and Registered General Nurse (RGN) panels and to the new nursing graduate panel to try to recruit to it.

The resident currently living in Riverwalk Respite House will move to new residential accommodation once the registration process of this house with the Health Information Quality Authority (HIQA) is complete and the required complement of staff is in place to provide a safe service. Riverwalk Respite House will then be in a position to reopen respite services for people with disabilities living in the Inishowen area.

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

W105Q3664	The loss of a Senior Clinician and the review of Physiotherapy services has impacted on the provision of services. The HSE affirmed that the filling of posts within the service would enable HSE review the location and types of services provided in the local community and in particular Carndonagh Community hospital. Will the HSE ensure that increased available services including ongoing treatment to those who require physiotherapy services is available and provided in Carndonagh Community Hospital?	Cllr A Doherty
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A Senior Physiotherapist post and a Physiotherapy Assistant post have been assigned to Carndonagh and these staff members will be commencing in their posts on 6th June 2023. As these posts are filled within the Physiotherapy service, we will continue to review the location and types of services provided in the local community and in particular at Carndonagh Community Hospital.

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

W105Q3665	Day Care Services. What was the capacity provision of Day Care services available at Carndonagh Community Hospital prior to Covid-19? What is the capacity provision of Day Care services available at the proposed new community outreach centre for the Carndonagh area? Why has the HSE Services for Older Persons deemed it fitting to delay the provision and restoration of Day Care Services in Carndonagh for five + years? Why and for what reasons now post Covid is the location and provision of Day Care services at Carndonagh Community hospital not suitable? What are the current pressing issues preventing the review of suitability of Carndonagh Community Hospital for the provision of Day Hospital services against grounds stipulated and established with the arrival of Covid-19?	Cllr A Doherty
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Approximately 15-18 clients attended day care services per day in Carndonagh Community Hospital prior to COVID-19. The new day care service at Glengad Community Centre will be able to accommodate up to 25 clients per day.

Since National Infection Prevention and Control (IPC) measures were put in place during the COVID-19 pandemic, Donegal Older Persons Services have been guided by the advice from HSE Public Health and the IPC Team in relation to

restoring day care services for the Carndonagh catchment area. The Day Hospital at Carndonagh was deemed unsuitable for use as a day care facility from an Infection Control perspective following the easing of restrictions post-Covid. The HSE then undertook to source an alternative suitable location to restore day services in Carndonagh and after extensive searches of the area, the Community Centre in Glengad was identified as a suitable location for the provision of day care services for the Carndonagh area. Day care services will resume at Glengad Community Centre in Q2 2023.

HSE Estates and the HSE IPC team have advised that the location previously used within Carndonagh Community Hospital is not suitable due to IPC issues identified and inadequate space for the appropriate delivery of day services.

The HSE Infection Prevention Control Team advised that this area was deemed unsuitable for continuing as a day hospital prior to the COVID-19 pandemic. In summary, its shortcomings include but are not limited to the following:

- The toilet/sanitary areas are significantly deficient in size, layout and number from an IPC perspective.
- Extensive renovation would be required and with no additional space being available at the previous location, it was agreed that an alternative location would be required to accommodate the day hospital.
- There are issues with water flow and ventilation and with these issues left unattended, it would lead to a water safety/ Legionella risk.
- There are no adequate showering facilities that are easily accessible for use by service users and staff.
- There is little or no space for cleaning equipment, and no access to water for the cleaner to use, i.e. no janitorial unit.
- The kitchen area is small relative to the number of people attending the day hospital.
- Meals are catered via the main hospital kitchen; however, from an operational perspective, this kitchen is inadequate in size for use as a day hospital kitchen in accordance with IPC guidelines.
- The office area for the day hospital nursing staff is not large enough to also be used by medical staff when they attend to review service users.
- This office space is also inappropriate for use as a clinical space, such as carrying out wound dressings.
- There is no clinical wash hand basin within the day hospital area.
- While the main activities/day room area is large in size, it did not allow for different simultaneous group activities and when the day hospital was at full capacity, there was an issue in terms of adequate personal space for participants, even prior to COVID-19.
- This location was shared with clients attending out-patient physiotherapy services and there was a sense of over-crowding for both day hospital service users and Primary Care physiotherapy service clients when it was at full capacity.

HSE Estates and Infection Prevention Control Team have been requested to review the current day hospital location for potentially developing an area to meet the IPC recommendations as outlined above and the outcome of this review will be dependent on available funding.

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

W105Q3666	What was the response to the applications for grant aid/funding submitted by North West Stop to the HSE in 2020, 2021, 2022 and the current year?	Cllr D Bree
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We have engaged with our local finance department and staff within the service. I can confirm there has not been an application for funding to Sligo Leitrim Mental Health Services or Donegal Mental Health Service for the period mentioned.

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

W105Q3667	That the Forum be provided with a list of persons/firms providing professional services to the HSE in this region i.e. solicitors, valuers, consultants etc., and that details of payments to each for the years 2021,	Cllr D Bree
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2022 be provided to the Forum.

Name 1	Cost element descr.	Fiscal Year		Grand Total
		2021	2022	
ABINGTON HYGIENE & SAFETY SUPPLIES	Pest Control	117		117
ALPHASAN LTD	Pest Control	42,284	66,136	108,420
BERANSON LIMITED	Pest Control	10		10
BRIDGE INTERPRETING LTD	Other professional services Non Clinical		148	148
THE BUG SCREEN COMPANY LTD	Pest Control	3,065	17,252	20,317
BRIGHT CHILD PRODUCTION LTD	Other professional services Non Clinical		1,045	1,045
APPIERCOM LTD	Prof Fees -Engineering fees-Non Clinical	1,076		1,076
ABLE MARKETING	Other professional services Non Clinical		1,218	1,218
UCD ENGLISH LANGUAGE ACADEMY T/A	Other professional services Non Clinical		1,350	1,350
ECOTEC	Prof Fees -Mgt Cons Fees- Non ICT-Non Cl	1,413		1,413
EIMEAR MCHUGH	Other professional services Non Clinical		900	900
EDWARD OREILLY	Other professional services Non Clinical		300	300
IRISH WHEELCHAIR ASSOCIATION	Other professional services Non Clinical	140	210	350
ABBOT CLOSE NURSING HOME	Other professional services Non Clinical	2,060		2,060
MILFORD CARE CENTRE	Other professional services Non Clinical		390	390
CENTENARY THURLES STORES	Pest Control	61	92	153
CHRIS MEE SAFETY ENGINEERING	Prof Fees -Mgt Cons Fees- Non ICT-Non Cl		1,107	1,107
DENTAL HEALTH FOUNDATION	Other professional services Non Clinical	105,671	130,892	236,563
GUS CARROLL	Pest Control	236		236
DUBLIN DENTAL HOSPITAL CDE A/C	Other professional services Non Clinical		750	750
CAPS PSYCHOTHERAPY LTD	Other professional services Non Clinical	3,650		3,650
DEEPAK THOMAS	Other professional services Non Clinical		300	300
MOTTY VARGHESE	Prof Fees -Mgt Cons Fees- Non ICT-Non Cl		1,950	1,950
GRN -new data	Other professional services Non Clinical	- 20		- 20
GRN -new data	Pest Control	- 1	- 200	- 201
GRN -new data	Prof Fees -Engineering fees-Non Clinical		- 3,020	- 3,020

GRN -new data	Prof Fees -Mgt Cons Fees- Non ICT-Non Cl	- 12		- 12
OKEEFE ORTHODONTICS LTD	Other professional services Non Clinical		300	300
GERALD OCONNOR T/A WINE STREET DENT	Other professional services Non Clinical		600	600
CLEANPASS LTD	Other professional services Non Clinical		6,300	6,300
DON OMALLEY and PARTNERS	Prof Fees -Engineering fees-Non Clinical		1,845	1,845
EDWARD COTTER PARTNERSHIP	Other professional services Non Clinical	2,178		2,178
JOSEPH HENDRY	Other professional services Non Clinical	2,880	4,320	7,200
MIDWEST CONSULTING ENGINEERS LTD	Other professional services Non Clinical	1,500		1,500
MOLONEY FOX CONSULTING LTD	Other professional services Non Clinical	1,845	19,926	21,771
MOLONEY FOX CONSULTING LTD	Prof Fees -Engineering fees-Non Clinical		5,720	5,720
ODWYER SAFETY SERVICES	Other professional services Non Clinical		1,650	1,650
PUNCH CONSULTING ENGINEERING	Other professional services Non Clinical	4,920	5,535	10,455
PUNCH CONSULTING ENGINEERING	Prof Fees -Engineering fees-Non Clinical	3,690	984	4,674
HASSETT LEYDEN FLYNN LTD TA	Other professional services Non Clinical	5,831	31,721	37,553
CLARA LEARNING LIMITED	Other professional services Non Clinical		984	984
DR PAUL MCCABE	Other professional services Non Clinical		300	300
PIQUANT MEDIA	Other professional services Non Clinical	3,005		3,005
OCONNELL MAHON ARCHITECTS	Other professional services Non Clinical	35,055	35,055	70,110
ECOONLINE LTD T/A DCM COMPLIANCE LT	Prof Fees -Mgt Cons Fees- Non ICT-Non Cl	6,002		6,002
PASCALL WATSON LTD	Other professional services Non Clinical	13,781		13,781
INGENIUM TRAINING AND CONSULTING	Prof Fees -Engineering fees-Non Clinical	-		-
LIBBY KINNEEN	Other professional services Non Clinical		6,150	6,150
UNIVERSITY COLLEGE CORK	Other professional services Non Clinical		360	360
SHANDERRY ELEVATOR	Prof Fees -Mgt Cons Fees- Non ICT-Non Cl	763		763
MARIE KEATING FOUNDATION LTD	Other professional services Non Clinical	5,000		5,000

P COLEMAN & ASSOCIATES	Other professional services Non Clinical	7,011	16,414	23,425
TERESA BULFIN	Other professional services Non Clinical		6,180	6,180
MAEVE O'SULLIVAN	Other professional services Non Clinical		2,940	2,940
MALCOLM HOLLIS LIMITED	Other professional services Non Clinical	3,936		3,936
DRA CONSULTING ENGINEERS	Other professional services Non Clinical	75,456	14,846	90,302
PETER LAVELLE BUILDING SURVEYORS	Other professional services Non Clinical	2,276		2,276
PETER LAVELLE BUILDING SURVEYORS	Prof Fees -Engineering fees-Non Clinical	1,476	1,151	2,627
ABOUTFACE CONSULTING LTD	Prof Fees -Mgt Cons Fees- Non ICT-Non Cl	1,513		1,513
ABC STOCKTAKING SERVICES LTD	Other professional services Non Clinical	1,210	1,230	2,440
COARLISS LTD T/A CONTROL SURVEYS	Other professional services Non Clinical		3,413	3,413
ADVAN MOORTHY	Other professional services Non Clinical		600	600
ALLIED FIRE PROTECTION LTD	Pest Control	57		57
FERGAL WARREN PLUMBING AND HEATING	Prof Fees -Engineering fees-Non Clinical	1,605		1,605
PURE ELECTRICAL LTD	Prof Fees -Engineering fees-Non Clinical		79,509	79,509
FAC HEALTH & SAFETY LTD T/A FIRST A	Other professional services Non Clinical	15,570		15,570
TIPPERARY COUNTY COUNCIL	Secondments - Non Clinical	27,055	26,503	53,558
ASDAN LIMITED	Other professional services Non Clinical	444	199	644
INITIAL WASHROOM SOLUTIONS	Pest Control	1,706	1,712	3,418
KELLY RICHARDS PRINTING LTD.	Prof Fees - ICT rel contractors- Non Clin		1,784	1,784
INSTITUTE OF PUBLIC ADMINISTRATION	Other professional services Non Clinical		1,950	1,950
EUSTERILE LTD	Prof Fees -Mgt Cons Fees- Non ICT-Non Cl		1,600	1,600
THE SLEEP CHARITY	Other professional services Non Clinical	476		476
ASSOCIATION FOR REAL CHANGE	Other professional services Non Clinical	523		523
HONORABLE SOCIETY OF KINGS INNS	Other professional services Non Clinical	2,550		2,550
IPA	Other professional services Non Clinical	790		790
IQUEST	Prof Fees -Mgt Cons Fees- Non ICT-Non Cl		3,450	3,450
PROJECT MANAGEMENT	Other professional services Non		2,500	2,500

INSTITUTE IRE	Clinical			
LIMERICK PRINTING	Other professional services Non Clinical		387	387
MCCUSKER ENVIROMENTAL LIMITED	Other professional services Non Clinical	1,138	4,305	5,443
MOOREHAVEN CENTRE (TIPPERARY) LTD.	Other professional services Non Clinical	900		900
NALA NATIONAL ADULT LITERACY AGENCY	Other professional services Non Clinical	350	50	400
O'DOHERTY CONSTRUCTION (ENNIS) LTD	Other professional services Non Clinical	6,000	4,200	10,200
OLIVER DOUGLAS & SONS LTD	Pest Control	21		21
RENTOKIL INITIAL LTD	Pest Control	21,736	29,403	51,139
SOUTHERN ADVERTISING LIMERICK LTD	Other professional services Non Clinical		129	129
SOUTHERN ADVERTISING LIMERICK LTD	Prof Fees - ICT rel contractors- Non Clin		111	111
SURVEYMONKEY EUROPE UNLIMITED	Prof Fees - ICT hosting serv - Non Clinl		1,944	1,944
RENTOKIL INITIAL LTD	Pest Control	32,506	30,469	62,976
PERY CAPITAL PARTNERS LTD	Prof Fees -Engineering fees-Non Clinical	10,550	5,960	16,511
SUSAN BUTLER	Other professional services Non Clinical		900	900
		463052.46	586411.07	1049463.5

Maria Bridgeman, Chief Officer, HSE Mid West Community Healthcare

Please note that the figures are based on an analysis of the expenditure included within lines 37 A (i), 37 A (ii) and 33 of the AFS for 2022 and 2021.

Vendor Name	2022	2021	Detail
I B M IRELAND LTD	1,467,320	1,172,031	HPSA SUPPORT & NISRP PLATFORM/SYSTEM
I B M IRELAND LTD	1,230,319	1,345,778	HPSA-NEW DEVELOPMENT & IFMS PROGRAM. COSTS
ERNST & YOUNG CHARTERED ACCOUNTANTS	268,152		MANAGEMENT CONSULTANCY SERVICES
GLOBAL ENTSERV SOLUTIONS IRL LTD	155,622	159,035	T/A DXC - IFMS IMPLEMENTATION CONSULTANCY SERVICES
GLOBAL ENTSERV SOLUTIONS IRL LTD	120,107	62,840	T/A DXC - IFMS IMPLEMENTATION CONSULTANCY SERVICES
FIONA MCGEADY T/A FMG SOLUTIONS	40,395	4,200	PRIMARY CARE - COMPUTER AIDED DESIGN CHO1
ROUNDTABLE SOLUTIONS LIMITED	27,583		ICT CONSULTANCY
SUSAN KENT T/A	20,000		MANAGEMENT CONSULTANCY SERVICES
GWEN MALONE	18,632	9,318	TRANSCRIPTION LEGAL SERVICES/EMPLOYMENT

MH ASSOCIATES LTD	12,300		MANAGEMENT CONSULTANCY SERVICES
PENUMBRA	11,439	22,692	PROVISION OF QA AND GUIDANCE RE MH RECOVERY PROJECT
BYRNE WALLACE SOLICITORS	7,500		LEGAL CONSULTANCY
UNIVERSITY PHYSICIANS INC DBA	4,908		OTHER CONSULTANCY
ZELLIS IRELAND LTD	4,100	5,713	MANAGEMENT CONSULTANCY SERVICES
ABOUTFACE CONSULTING LTD	3,993	8,000	MANAGEMENT CONSULTANCY SERVICES
PETER TRACEY T/A TRACEY ARCHITECTS	3,873	55,097	PROFESSIONAL ARCHITECTURAL SERVICES
DECAN DUKE PAT SAVAGE AND	3,321		HR CONSULTANCY RE WRC DECISION
CARITAS CONVALESCENT CENTRE	1,450		OTHER CONSULTANCY
GWEN MALONE	996	6,686	LEGAL CONSULTANCY
MARTIN MCGOWAN PROPERTIES	969	10,000	PROFESSIONAL VALUATION SERVICES
ZELLIS IRELAND LTD	410		OTHER CONSULTING
D M AUCTIONS	246	677	PROFESSIONAL VALUATION SERVICES
JOHN DORRIAN T/A DNG DORRIAN		150	PROFESSIONAL VALUATION SERVICES
COMYN KELLEHER TOBIN SOLRS		204	OTHER CONSULTING
PROENSOL LIMITED		2,373	ENGINEERING SERVICES
SAFETECH CONSULTING AND TRAINING LTD		100	OTHER CONSULTING
	3,403,634	2,864,894	

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

Community HealthCare West		
Service /Supplier	2021	2022
ARCHITECTS		
TAYLOR ARCHITECTS	11,070	
RHATIGAN ARCHITECTS		6,642
COX POWER ARCHITECTS		24,600
ARCHITECTS - TOTAL	11,070	31,242

ASSESSOR CMG CLAIMS LTD		43,118.57
CONSULTANCY BUSINESS IMPROVEMENT ANN IRWIN		5,850
CONSULTANCY HR FRS RECRUITMENT SOCIETY LTD	18,137.45	
CONSULTANT FEES EDWARD MATTHEWS		27,623.34
CONSULTANT FEES - TOTAL	18,137.45	27,623.34
CONSULTANT NON MEDICAL DR JOHN M CREGAN MC GEOUGH TRAINING LTD		6,457.5 3,220.44
CONSULTANT NON MEDICAL - TOTAL	0	9,677.94
DESIGN AVENIR DESIGN LTD		727.47
ENGINEERING ENGINEERING FERGAL BRADLEY & CO LTD JOHN HALLIGAN N LIZPAT PROPERTIES LTD MALACHI CULLEN OTUAIRISG ASSOCIATES LTD RHATIGAN ARCHITECTS VARMING ENGINEERS(VMRA)	362.85 922.5 17,182	717.51 36,840.96 2,263.2 717.49 1,845 14,508.16
ENGINEERING - TOTAL	18,467.35	56,892.32
OTHER PROFESSIONAL SERVICES NON CLINICAL HARWYN LTD		7,380
IT CONSULTANCY DATANEUBULA LTD MAPS LTD		4,305 21,765.4
IT CONSULTANCY - TOTAL	0	26,070.4
IT SERVICES		

PATRICK COLLINS		4,650
LEGAL COMYN KELLEHER TOBIN RONAN DALY JERMYN SHEEHAN & CO SOLICITORS	9,648.74 7,741.91	541.83
LEGAL - TOTAL	17,390.65	541.83
MANAGEMENT CONSULTANCY FEES MCGEOUGH TRAINING LTD OT FOR LIFE LTD		24,795.44 14,175
MANAGEMENT CONSULTANCY FEES - TOTAL	0	38,970.44
PR & MARKETING BENNIS DESIGN		383.76
TOTAL	65,065.45	253,128.07

Breda Crehan-Roche, Chief Officer, Community Healthcare West

Below is a list of the persons/firms who provided professional services to UL Hospitals Group in 2021/2022 and the costs associated with same:

Vendor Name	2021	2022	Details
AEGIS SAFETY LTD	-999		Management Consultancy Fees
ALLIANCE MEDICAL DIAGNOSTIC IMAGING	11,307		Other professional services - Non Clinical
CAROLINE JENKINSON		1,336	Other professional services - Non Clinical
CLADDAGH STATISTICAL CONSULTANCY	500		Consultancy fees - Non Clinical
CURLEY CONSULTING	1,223		Other professional services - Non Clinical
DANIEL J OGORMAN T/A OGORMAN	35,000		General Legal Fees
DEBITASK COLLECTION SERVICES LTD	15,678	27,326	Financial & Accountancy Consultancy - including debt recovery
DECAN DUKE, PAT SAVAGE AND FRANK ORE	12,051	1,107	Management Consultancy Fees- Non Clinical
DK ARCHITECTS		12,331	Other professional services - Non Clinical
DOCUSHRED LTD		5,546	Management Consultancy Fees - Non Clinical

EAMONN MCMANUS	3,900		Other professional services - Non Clinical
FRANCES MEENAN	1,845		General Legal Fees
GERARD RALEIGH TA GERARD RALEIGH	400		Other professional services - Non Clinical
GRANT THORNTON CORPORATE FINANCE LTD		85,795	Other professional services - Non Clinical
GWEN MALONE	2,265		Legal Fees - Employment
GWEN MALONE		8,192	General Legal Fees Consultancy
GWEN MALONE		9,955	Legal Fees - Employment
GWEN MALONE		1,238	Other professional services - Non Clinical
HARWYN LTD		13,069	Other professional services - Non Clinical
HEALTH CARE INFORMED	14,145		Other professional services - Non Clinical
HEALY PARTNERS ARCHITECTS LTD	12,032		Management Consultancy Fees- Non Clinical
HOGAN DOWLING MCNAMARA SOLICITORS	70	115	General Legal Fees
HOSPITAL ACCOUNTING SERVICES LTD	12,690	-3,390	Other professional services - Non Clinical
J. V. TIERNEY & CO	6,950		Engineering fees- Non Clinical
JOHN BYRNE	400	400	Other professional services - Non Clinical
LIMERICK CHAMBER	5,000	5,000	Other professional services - Non Clinical
MEDICAL CONSULTANTS PATHOLOGY LTD		24,194	Other professional services - Non Clinical
MICHAEL O'DONNELL	406	462	General Legal Fees
OPD	2,118		Other professional services - Non Clinical
PUNCH CONSULTING ENGINEERING		8,610	Engineering fees - Non Clinical
RAYMOND MCGEE	600	1,200	Other professional services - Non Clinical
RSM IRELAND BUSINESS ADVISORY LIMIT		5,406	Other professional services - Non Clinical

RSM IRELAND BUSINESS ADVISORY LIMIT		7,750	Management Consultancy Fees- Non clinical
SGS IRELAND LTD	4,354	2,306	Prof Fees - ICT consultancy - Non Clinical
TENNANT CONSULTING LTD	18,603	21,697	Other professional services - Non Clinical
TERESA BULFIN	7,200	9,450	Other professional services - Non Clinical
UNIVERSITY COLLEGE CORK	782		Other professional services - Non Clinical
WESLEY HUDSON T/A HUDSON SOLICITORS	5,000		General Legal Fees
WEST LIMERICK RESOURCES CLG		20	Other professional services - Non Clinical
Total	173,520	249,114	

C. Cowan, CEO, UL Hospitals Group

Operational legal advice is provided to Saolta University Health Care Group by a consortium of firms including St Johns Solicitors, Everhsheds-Sutherland Solicitors and Patrick J Durcans Solicitors. Corporate advice, which can involve legal issues with wider implications for the hospital group, are provided if necessary by Byrne Wallace, Philip Lee and CKT Solicitors. All these firms are contracted to the HSE via the Office of Legal Services. All Payments to legal teams are managed by the national HSE team. No payments have been made by the individual hospitals for legal services.

A new tendering process for legal services is being finalised by the HSE's Office of Legal Services and a new contract will be in place by the end of 2023.

All valuation functions fall to HSE Estates and are not overseen by the individual hospital sites.

Across the Saolta Group Context Interpreters and Irish Sign Language provide interpretation services while we also utilise accreditation services for our laboratories.

Professional Services 2021 - 2022 Group Costs

Sum of Amt		Year		
PAYEE NAME	Comment	2021	2022	Grand Total
⊖ Acrux Consulting	HR & Dispute Resolution Service	6,288	8,394	14,681
⊖ Equita Consulting Ltd	Mediation	2,750	22,422	25,172
⊖ Ernst & Young	Goverance LUH		418,783	418,783
⊖ Global Leadership Consultancy	Leadership programme	2,952		2,952
⊖ GPH Consulting Ltd	Leadership development skills	3,750		3,750
⊖ KPMG	Cancer centre project		32,131	32,131
⊖ KPMG	Demand & Capacity Saolta	84,353		84,353
⊖ KPMG	Provision of corporate finance services Slaintecare		27,135	27,135
⊖ Libby Kinneen	Consultation/planning & review - patient engagement framework		3,690	3,690
⊖ MKO	Elective hospital tender	2,164		2,164
⊖ Praesta	Executive coaching	45,756	15,252	61,008
⊖ SAASoft	Review of referral service to Covid clinic	1,500		1,500
Grand Total		149,513	527,807	677,319

LUH:

No professional services have been sourced by LUH for Consultancy or Valuers services in 2021 & 2022.

GUH:

No professional services have been sourced by GUH for Consultancy or Valuers services in 2021 & 2022.

SUH:

The Finance department have advised that there are no costs of this nature for SUH.

PUH:

No professional services have been sourced by PUH for Consultancy or Valuers services in 2021 & 2022.

RUH:

Sum of Amount	Column Labels		
Row Labels	2021	2022	Grand Total
Engineering Fees	6,027.00		6,027.00
FERGAL BRADLEY & CO LTD	6,027.00		6,027.00
ICT Related Consultancy	4,282.65	1,746.60	6,029.25
MAPS LTD	4,282.65	1,746.60	6,029.25
Grand Total	10,309.65	1,746.60	12,056.25

MUH:

No professional services have been sourced by MUH for Consultancy or Valuers services in 2021 & 2022.

T. Canavan, CEO, Saolta University Health Care Group

W105Q3668	Has the funding been approved and tenders received to allow the HSE to proceed with the construction of the proposed new 42 bed Medical Block at Sligo University Hospital in the current year?	Cllr D Bree
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The new 42 bed medical block project at Sligo University Hospital is included in the HSE's 2023 Capital Programme with funding allocated to complete the design and tendering processes and commence construction works before year end. Tenders will need to be sought from short listed contractors over the Summer period and HSE Board approval will then be required in the Autumn to award a public works contract to construct the intended new facility.

Joe Hoare, Assistant National Director, HSE Capital & Estates

W105Q3669	What is the amount of money owed by private health insurance companies to (1) Sligo University Hospital (2) Mayo University Hospital (3) Letterkenny University Hospital (4) University Hospital Galway (5) Merlin Park University Hospital; and for what periods are the fees outstanding?	Cllr D Bree
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GUH €10m - of this €1.8m has been outstanding for more than 1 year.
 SUH €2.8m - of this €0.1m has been outstanding for more than 1 year.
 LUH €1m – of this €0.01m has been outstanding for more than 1 year.
 MUH €1.7m – of this €0.2m has been outstanding for more than 1 year.

A. Cosgrove, COO, Saolta University Health Care Group

W105Q3670	The Garda Chief Superintendent for Galway recently informed meetings of the County and City JPCs that he had nearly quadrupled the number of officers in an attempt to curb the sale and supply of illegal drugs. Since the arson attack which destroyed the former Community Drug and Alcohol Treatment Centre in Merlin Park Hospital 10 years ago, what facilities have been put in place to treat individuals with	Cllr L Carroll
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	addiction problems particularly drugs and alcohol. How many Addiction Counsellors deal with addiction issues in the city and county? Is there any level of interaction between HSE services and An Garda Síochána?	
<p>The HSE welcome the allocation of additional Gardaí to prevent the sale and supply of illegal drugs. Since the destruction of the Merlin Park facility the HSE have developed a number of treatment services for people with alcohol and other drug related problems including the Galway City Alcohol Service. There are currently 12 addiction counsellors working for the HSE in Galway City and County. Staff from the CHW Drug and Alcohol services meet with representatives of An Garda Síochána monthly through their participation in the Western Regional Drug and Alcohol Task Force.</p> <p>Breda Crehan-Roche, Chief Officer, Community Healthcare West</p>		
W105Q3671	Can I please have an update on the status of the proposed Primary Health Care Centre planned for Oranmore.	Cllr L Carroll
<p>The status of the project has not changed in recent times. The legal documentation namely an Agreement for Lease (AFL) needs to be signed by both parties in order for the construction works to proceed. The developer for Oranmore indicated some time ago that the original commercial deal offered to the HSE was no longer viable in light of the change in market conditions and the developer sought to instead agree new commercial terms in advance of the signing of an AFL. Discussions between the parties have not resolved the matter. In recent times a national review has been carried out by HSE Estates which considered the impact of economic and inflationary pressures on the Primary Care Operational Lease Model. It has now been determined not to pursue any review of commercial terms of existing projects. Developers of existing schemes have the option of proceeding as per their priced offers or where they cannot perform on their proposal, the location will be re-advertised. It is intended to close out on the Oranmore project in the coming weeks in accordance with the national position. The HSE remains fully committed to a Primary Care Centre in Oranmore and is confident that a new process could be initiated shortly if required to deliver on the project.</p> <p>Joe Hoare, Assistant National Director, HSE Capital & Estates</p>		
W105Q3672	Could I be advised as to the current position regarding any plans for the establishment of a new day care centre in Loughrea as a replacement for the Seven Springs Day Centre.	Cllr L Carroll
<p>Community Healthcare West's plans for the establishment of a new state of the art and improved day care service on the campus of St Brendan's Loughrea are currently in the E-Tender process (which is due to close on Friday 9th June).</p> <p>The day service will be a larger footprint which will encompass the Refurbishment & upgrade works to the ground floor of South wing building, upgrading of existing toilets & provision of new Part M assisted toilet, internal insulation & installation of fire doors. Site works will also provide a wheelchair accessible sensory garden with a new outdoor seating area/set down area.</p> <p>Breda Crehan-Roche, Chief Officer, Community Healthcare West</p>		
W105Q3673	Considering Northwest Stop provide suicide prevention support what % of funds are they currently receiving from the HSE?	Cllr D Mulvey
<p>Sligo Mental Health Service and Donegal Mental Health Service do not have a Service Level Agreement or a Grant Aid Agreement in place with Northwest STOP. On that basis they are currently not in receipt of funding from the CH CDLMS Mental Health Service.</p> <p>Dermot Monaghan, Chief Officer, Community Healthcare Organisation, (Cavan, Donegal, Leitrim, Monaghan, Sligo)</p>		
W105Q3674	Has SAOLTA/LUH got an ED Policy in place in relation to supports for Autistic Children presenting at the Emergency Department of LUH or at any other hospital under SAOLTA control?	Cllr G McMonagle
<p>There is no policy specifically for children with Autism, but when a child is triaged in the Emergency Department and has a diagnosis of Autism, every effort is made to expedite their journey in the Emergency Department and where possible they are cared for in a single room or an area with minimal activity and noise levels.</p> <p>T. Canavan, CEO, Saolta University Health Care Group</p>		

W105Q3675	Following on from the INMO commentary that LUH is short of approximately 85 Nurse's in the Emergency and Surgery areas of LUH. Can the SAOLTA/HSE set out the Short and Medium Plans to address these deficits in Nursing at LUH?	Cllr G McMonagle
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A total of 88 overseas nurses and midwives took up roles in LUH since the beginning of last year where they were supported with an adaptation programme. Within the Emergency and Surgery Directorate there are currently 23 Staff Nurse vacancies in Letterkenny University Hospital.

- Recent staff nurse interviews have been held with 2 successful applicants for Emergency and Surgery. In addition, there is also an ED staff nurse commencing on 19th June 2023.
- LUH has a rolling campaign for staff nurses on the Saolta website from which there are currently 19 applicants (5 are for Surgical, 1 for ED).
- LUH has recently advertised for site specific and department specific staff nurse vacancies. We are currently shortlisting and arranging interviews for vacancies across all specialities.
- Through the Saolta overseas nurse recruitment campaigns, 5 further nurses will start in LUH in the Surgical Directorate in June 2023.

A. Cosgrove, COO, Saolta University Health Care Group

W105Q3676	How many surgeries have been cancelled in total in the Mid-West in 2023 to date due to overcrowding at UHL. Can I have a breakdown in tabular form for Nenagh, Ennis and St Johns.	Cllr S Morris
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Please see below for a breakdown outlining the number of inpatient/day-case procedures that have been cancelled at University Hospital Limerick, Ennis Hospital, Nenagh Hospital and St John's Hospital to date in 2023 under the following headings:

- Cancelled due to the Escalation Plan
- Cancelled by the medical team
- Cancelled by the patient
- Cancelled due to no bed availability

Hospital Site	Total
University Hospital Limerick	59
Ennis Hospital	120
Nenagh Hospital	162
St John's Hospital	97
Total	438

Please note, it is not possible to determine if an inpatient/day-case procedure has been cancelled specifically due to overcrowding as this information is not recorded in such a way that a report can be easily generated. However, we are confident that the specified reasons outlined above captures this data as accurately as possible.

Generally speaking, reductions in scheduled care early in the new year have been a feature of the Group's winter plan to allow us manage surges in medical patients associated with winter viruses and illness. In addition, this year's record surge in emergency presentations was such that additional reductions in scheduled care were necessary. Reductions in scheduled care may be necessary at times of high demand for unscheduled care. This is in line with the hospital escalation plan. These decisions are never taken lightly, especially in the case of patients who we know have already faced long waits for treatment. We always endeavour to reschedule patients as soon as possible.

As you are aware, the Deloitte Report highlights that the shortage of acute bed capacity is the fundamental driver of hospital overcrowding in the Midwest.

The analysis also found that admissions through the ED at UHL account for 83% of inpatient bed days, leaving limited capacity for elective activity. Frequent cancellations of elective activity to accommodate increases in demand for emergency care have resulted in long waiting lists.

In 2022, UL Hospitals Group met the targets for inpatient, day case and endoscopy waiting lists as set out in the National Waiting List Action Plan. This was largely achieved through the use of private, virtual and extra out-of-hours clinics including various outsourcing and insourcing initiatives.

Last year, we reduced the total number of outpatients waiting by 20% and the number of long waiters (18 months and over) by 58%.

C. Cowan, CEO, UL Hospitals Group

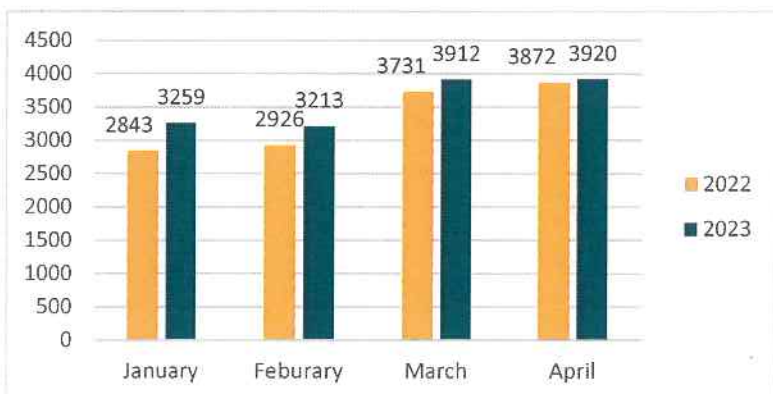
W105Q3677	Are the injury units and the MAUs operating on a 7 day 24 hour basis currently in Nenagh Ennis and St Johns. How many times have they had to close and for how many hours or days due to staffing or resources issues due to the recent protocol change?	Cllr S Morris
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Our Injury Units in St John’s Hospital, Ennis Hospital and Nenagh Hospital are open every day for minor injuries in adults and children aged 5 and upwards. Below are the opening hours of our three units:

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

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.

In addition, there has been a 7% increase in the total Injury Unit presentations in the first four months of this year in comparison to 2022. The below graph illustrates this increase.



There have been no closures at any of our Injury Units this year.

Our Medical Assessment Units at Ennis, Nenagh and St John’s Hospitals are open from 8am-8pm. Recent funding approval of €5.2m by the HSE’s National Acute Division allows all three MAUs to open seven days per week. Since this funding was approved, there have been no closures at any of our MAUs.

Recruitment is ongoing for an additional 51.45 WTE across a number of specialties including medical doctors, nurses, allied health professionals, health and social care professionals and administrative staff.

As more of these staff take up post, the number of additional slots available for medical assessment will gradually increase. Once all staff are in post, the overall effect of this investment will be the creation of an additional 7,176 slots

per annum across the three sites. This will significantly enhance the acute medical healthcare referral alternatives available to GPs over weekends.

In addition, the investment further supports the recently introduced '999 Ambulance Protocol' for appropriate medical patients in the MAUs at Ennis and Nenagh Hospitals.

In 2022, 12,737 patients were referred to the MAUs in the three hospitals.

There are no plans to extend the Injury Unit or MAU opening hours to 24/7 services at present.

C. Cowan, CEO, UL Hospitals Group

W105Q3678	Can you provide us with a weekly breakdown of ambulance drops offs the MAUs in Nenagh Ennis and St Johns since the ambulance protocol change was introduced.	Clr S Morris
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The Medical Assessment Unit (MAU) pathway for 112/999 patients commenced operations in Ennis Hospital on January 9th and in Nenagh Hospital on February 7th. It is envisaged that this protocol will commence operations at St John's Hospital in July 2023.

To date, 84 patients have been referred to Ennis and Nenagh MAUs via this pathway. As requested, please see below for a weekly breakdown:

	Ennis Hospital	Nenagh Hospital
09/01/2023	9	N/A
16/01/2023	4	N/A
23/01/2023	2	N/A
30/01/2023	5	N/A
06/02/2023	4	1
13/02/2023	5	4
20/02/2023	0	1
27/02/2023	3	7
06/03/2023	5	2
13/03/2023	4	2
20/03/2023	4	1
27/03/2023	2	1
03/04/2023	3	2
10/04/2023	1	1
17/04/2023	3	1
25/04/2023	3	2
01/05/2023	2	0
Total	59	25

It is important to note that MAU referrals can only be accepted when patients meet the agreed clinical criteria. 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. If patients do not meet the agreed clinical criteria they are brought to the Emergency Department at UHL.

To increase activity, UL Hospitals Group has been approved for funding of €5.2m by the HSE's National Acute Division. This funding has secured the already extended weekend service at Ennis MAU and allows for St John's and Nenagh MAU to open seven days per week.

Recruitment is ongoing for an additional 51.45 WTE across a number of specialties including medical doctors, nurses,

allied health professionals, health and social care professionals and administrative staff. As more of these staff take up posts, the number of additional slots available for medical assessment will gradually increase. Once all staff are in post, the overall effect of this investment will be the creation of an additional 7,176 slots per annum across the three sites.

Our MAUs provide diagnosis and treatment for patients referred with medical conditions including chest infections, COPD (chronic obstructive pulmonary disease), pneumonia, urinary tract infections, fainting episodes, clots in the leg, anaemia or non-acute cardiac problems.

In 2022, 12,737 patients were referred to the MAUs in our three hospitals.

C. Cowan, CEO, UL Hospitals Group

The Medical Assessment Unit treats patients referred by their Injury Unit/GP/Shannondoc. A wide variety of medical complaints are seen in these units. Patients attending the MAU will be reviewed by a senior clinician and may require x-rays, blood tests, scans or further diagnostic imaging.

ENNIS GENERAL HOSPITAL - Attendance at MAU																
January 9th - April 30th 2023																
	Week Number															
Call Type	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
Emergency	11	5	2	5	6	4	1	0	7	4	1	4	3	2	3	3
Urgent	0	3	3	1	0	1	1	0	2	0	2	2	0	0	1	2
Routine	2	1	1	1	0	0	0	1	0	2	0	0	2	1	0	0
Grand Total	13	9	6	7	6	5	2	1	9	6	3	6	5	3	4	5

NENAGH GENERAL HOSPITAL - Attendance at MAU																
February 7th - April 30th 2023																
	Week Number															
Call Type	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
Emergency					1	4	1	7	2	1	1	1	2	1	1	1
Urgent					1	0	0	0	0	2	0	0	1	0	0	0
Routine					0	0	0	0	0	1	4	1	0	1	1	0
Grand Total					2	4	1	7	2	4	5	2	3	2	2	1

JJ McGowan, Chief Ambulance Officer - West

W105Q3679	Can I have an update for the opening of the new Community Nursing Home in Nenagh.	ClIr S Morris
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Nenagh Community Nursing 50 bedded unit is progressing well with an expected handover from Estates to the HSE at the end of August 2023. The two storey unit will then need to be equipped, commissioned and receive HIQA registration prior to opening. Long stay care, respite and Palliative care services will be provided in the new unit. The new 50 bedded CNU will provide a quality standard of living environment for its residents which will be in line with the regulatory requirements.

We expect the unit to be open by the end of March 2024. This new unit with predominantly single rooms has influenced the requirement for an additional staffing of 62 wte.

The approved capital budget for this project is €22.33m, which includes all capital costs associated with the project i.e. construction costs, design fees, equipment costs and other costs associated with the project. Once handover is complete it is envisaged that an agreed official opening date will be agreed whereby local politicians and councillors will have the opportunity to visit the new Community Nursing Unit.

Maria Bridgeman, Chief Officer, HSE Mid West Community Healthcare

W105Q3680	We have a fantastic new health centre in Carrick-ON-Shannon, I would like to know if the HSE has any plans to open a community psychology unit for adults and children separate to the acute or community mental	ClIr P Farrell
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	health team.	
<p>There is a Primary Care Psychology clinic based at the PC Centre at Carrick on Shannon for children and adults referred to Primary Care Psychology services. This clinic is provided by a Senior Clinical Psychologist and is separate to the Community Mental Health Team for the area.</p> <p>It is envisaged that this clinic will increase its availability for child and adult referrals in the coming period. A second Senior Clinical Psychologist post was accepted from a national panel in recent weeks. This post is subject to the successful completion of standard HR processes that are underway.</p> <p>There is also a Senior Psychologist post with the local Community Mental Health Team in Carrick on Shannon. This is a funded post, approved for recruitment and was offered to the National Panel in recent weeks. There were no Expressions of Interest in this post. This reflects the national trend at the moment where senior grade Psychology posts are difficult to recruit to. Recruitment to this post is a service priority but success in filling the post will be difficult to achieve in the immediate future.</p>		
<p><i>Dermot Monaghan, Chief Officer, Community Healthcare Organisation, (Cavan, Donegal, Leitrim, Monaghan, Sligo)</i></p>		
W105Q3681	Can I get an update on what stage in the process is the Primary care Centre for An Spidéal at? What is the timeline for the centre?	Cllr D Ó Cualáin
<p>The HSE remains committed to securing new primary care centre accommodation for An Spidéal. The overall process is currently at Stage 2 where additional information to that provided at Stage 1 was sought from developers in respect of their proposals. The Stage 2 evaluation process remains to be closed out prior proceeding to then seeking priced offers from remaining short listed developers (Stage 3). It is hoped to complete Stage 2 of the process in the coming weeks and to then progress Stage 3 i.e. invite priced offers.</p> <p><i>Joe Hoare, Assistant National Director, HSE Capital & Estates</i></p>		
W105Q3682	What specialities and services are proposed to be moved to the new purpose built Out-patients department on the grounds of Merlin Park Hospital, which is currently under construction. Have any concerns been raised or highlighted by any of the specialities or members of the public in relation to the proposed transfer of these services from G.U.H to Merlin Park?	Cllr D Ó Cualáin
<p>It is proposed to move some of the general outpatient clinics to the new purpose built outpatients at Merlin Park University Hospital. These specialities are yet to be confirmed. Planning is ongoing and there will be engagement with key stakeholders in relation to same.</p> <p>Concerns have previously been raised on behalf of the Neurology Department and we have advised, when these services are to be moved to MPUH, we will endeavour to have as little disruption to the service as possible and consultation will take place with all services affected.</p> <p><i>A. Cosgrove, COO, Saolta University Health Care Group</i></p>		
W105Q3683	Can I get an update on when Community Healthcare West will reopen the Day Centre in Aras Mhic Dara, CNU in An Cheathrú Rua? I was assured previously that the day centre would reopen initially for one day a week after the Easter break. This has not happened.	Cllr D Ó Cualáin
<p>It was planned that a social model of Day Care will commence initially 1 day per week in Áras Mhic Dara and would be available from the 10th May 2023. Unfortunately to date, we have received only 1 referral and we are currently liaising with the Public Health Nurses in the area to ascertain the demand for such a service. The initial service will be on Wednesdays. The service will be supported by Health Care Assistants. It is expected that between 8-10 clients can avail of the service per day. This will be reviewed as the service develops to determine ongoing demand.</p> <p>The referral pathway for the service is through local community health services.</p> <p><i>Breda Crehan-Roche, Chief Officer, Community Healthcare West</i></p>		

W105Q3684	Can I receive clarification why cervical smear testing is not being currently provided at Carraroe Health Centre in Connemara? The service was previously available at the centre. Is this due to the service being provided by Locum Agency G.P's or why is the service not available? How many Women were previously receiving this service at the centre and are now impacted by this change?	Cllr D Ó Cualáin
<p>Registration for participation in the National Cervical Screening Programme is a matter between General Practitioners and Cervical Check. The locum GPs who have been employed recently in Carraroe Health Centre through a Locum Agency, were not registered with Cervical Check, so cervical screening could not be carried out.</p> <p>Approximately 5 tests would be required per month.</p> <p>Patients requiring tests are advised to attend other GPs in the area who are registered with Cervical Check, or to go to the Galway Family Planning Clinic in Galway City.</p> <p>The current GP employed through a Locum Agency in Carraroe has agreed to seek registration with Cervical Check at this stage and the outcome of that application is awaited.</p> <p><i>Breda Crehan-Roche, Chief Officer, Community Healthcare West</i></p>		
W105Q3685	I ask what support the HSE gives through funding or office/ counselling space to the volunteer group STOP of North Leitrim serving a much broader area now than initially anticipated? Please give an outline of what has been supplied over the last 2 years towards their work.	Cllr F Armstrong McGuire
<p>Sligo Leitrim Mental Health Services and Donegal Mental Health Service have not provided funding or office/counselling space to the volunteer group STOP of North Leitrim over the past two years.</p> <p><i>Dermot Monaghan, Chief Officer, Community Healthcare Organisation, (Cavan, Donegal, Leitrim, Monaghan, Sligo)</i></p>		
W105Q3686	Is there a treatment regime in place for Mayo Mental Health Patients when discharged from Hospital but still require treatment i.e. if they need treatment for alcohol and drugs while continuing their mental health treatment.	Cllr J O'Hara
<p>As per Mayo Mental Health Services Discharge policy a comprehensive and structured multidisciplinary discharge plan is developed and commenced as soon as possible after admission to hospital. This plan is agreed with the patient, the Multi-disciplinary team and the nominated next of kin with the patient's consent.</p> <p>The plan addresses the individual needs including addiction needs if required, a risk management assessment is conducted, social and housing needs and any other relevant needs and information requirements that may be present. A written discharge plan is given to the patient and their nominated family member with their consent.</p> <p><i>Breda Crehan-Roche, Chief Officer, Community Healthcare West</i></p>		
W105Q3687	<p>Can the RHFV be provided with a report on the most up to date figures on Emergency Department Patient Experience Time at Sligo University Hospital to include</p> <ul style="list-style-type: none"> • % Of all attendees at ED who are discharged or admitted within six hours of registration • % Of all attendees at ED who are discharged or admitted within nine hours of registration • % Of all attendees at ED who are in ED <24 hours • % Of all attendees aged 75 years and over at ED who are discharged or admitted within six hours of registration • % Of all attendees aged 75 years and over at ED who are 	Cllr D Gilroy

- discharged or admitted within nine hours of registration
- % Of all attendees aged 75 years and over at ED who are discharged or admitted within 24 hours of registration
- % Of all attendees aged 15 years and under (or Children) at ED who are discharged or admitted within six hours of registration
- % Of all attendees aged 15 years and under (or Children) at ED who are discharged or admitted within nine hours of registration
- % Of all attendees aged 15 years and under (or Children) at ED who are discharged or admitted within 24 hours of registration

**PET Greater than 75 Years
Old Within 24 Hours**

Type > 75 <24

Row Labels	Average of Non-Admitted PET %	Average of Admitted PET %	Average of PET %
2022			
Apr	97.1	78.8	86.9
May	95.2	82.8	88.2
Jun	95.8	82.4	89.6
Jul	87.9	81.2	85.7
Aug	90.1	76.2	82.9
Sep	90.7	72.7	81.8
Oct	94.0	73.5	82.3
Nov	94.3	81.3	87.4
Dec	90.3	75.8	80.4
2023			
Jan	82.0	89.5	88.4
Feb	96.2	91.8	93.9
Mar	92.9	84.3	88.9
Apr	87.2	78.0	82.5
May	92.7	85.4	88.1
Grand Total	91.6	80.8	86.1

PET Greater than 75 Years Old Within 9 Hours

Type > 75 <9

Row Labels	Average of Non-Admitted PET %	Average of Admitted PET %	Average of PET %
2022			
Apr	50.2	16.3	31.8
May	54.9	22.6	38.1
Jun	60.2	33.8	47.9
Jul	53.2	21.3	37.2
Aug	49.5	17.0	34.1
Sep	50.4	23.1	37.3

Oct	53.6	17.2	34.5
Nov	66.3	24.4	43.3
Dec	51.2	25.0	33.8
2023			
Jan	54.6	30.4	40.6
Feb	56.5	29.4	44.0
Mar	55.0	20.5	38.7
Apr	45.6	22.8	32.4
May	53.8	33.8	40.1
Grand Total	54.0	23.9	38.2

**PET Greater than 75 Years
Old Within 6 Hours**

Type	>75 <6
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Row Labels	Average of Non-Admitted PET %	Average of Admitted PET %	Average of PET %
2022			
Apr	37.3	6.0	20.5
May	31.1	11.5	20.8
Jun	39.3	10.9	25.8
Jul	34.7	7.1	20.3
Aug	31.9	7.5	20.3
Sep	33.7	8.6	21.8
Oct	33.7	6.8	19.0
Nov	42.6	8.5	24.6
Dec	24.9	10.4	16.2
2023			
Jan	33.0	8.4	17.4
Feb	32.1	9.6	21.5
Mar	32.4	9.2	20.8
Apr	27.8	7.9	16.2
May	36.6	10.1	22.4
Grand Total	33.4	8.8	20.5

PET Within 24 Hours

Type	All within 24
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Row Labels	Average of Non-Admitted PET %	Average of Admitted PET %	Average of PET %
2022			
Apr	96.9	83.6	93.6
May	97.5	83.3	94.1
Jun	98.0	86.1	95.2
Jul	95.8	79.0	91.9
Aug	96.0	80.0	92.3
Sep	95.3	77.7	91.4
Oct	94.1	75.6	89.4
Nov	96.8	83.1	93.0

Dec	93.7	84.9	90.6
2023			
Jan	95.7	91.2	94.6
Feb	97.1	89.9	95.3
Mar	94.2	85.2	92.0
Apr	93.6	84.7	91.0
May	95.2	91.0	93.7
Grand Total	95.7	83.6	92.6

Type	All within 9
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Row Labels	Average of Non-Admitted PET %	Average of Admitted PET %	Average of PET %
2022			
Apr	58.5	29.7	51.4
May	64.1	35.0	57.2
Jun	67.9	42.7	61.9
Jul	64.1	35.5	57.2
Aug	60.3	31.7	53.7
Sep	61.5	34.1	55.2
Oct	60.1	31.8	53.2
Nov	68.1	34.9	59.3
Dec	57.1	39.8	49.7
2023			
Jan	66.3	49.0	60.4
Feb	60.3	38.9	55.1
Mar	57.7	35.0	52.2
Apr	52.4	37.1	47.8
May	62.0	46.9	57.4
Grand Total	61.6	37.2	55.1

PET Within 6 Hours

Type	All within 6
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Row Labels	Average of Non-Admitted PET %	Average of Admitted PET %	Average of PET %
2022			
Apr	38.3	16.1	32.8
May	42.6	18.0	36.7
Jun	45.6	20.6	39.6
Jul	42.0	17.2	36.0
Aug	41.4	17.2	35.7
Sep	41.6	18.8	36.3
Oct	37.0	16.8	32.0
Nov	45.4	18.0	38.1
Dec	35.2	22.2	29.6
2023			

Jan	43.6	28.7	38.4
Feb	37.6	18.1	32.6
Mar	34.4	18.8	30.5
Apr	32.8	17.0	27.7
May	40.0	25.4	35.8
Grand Total	39.9	19.4	34.4

Under 15 Years - PET

2022	0-6 hrs	% 6hr	0-9 hrs	% 9hr	Within 24hrs	Within 24hrs2	Total Patients
April	474	75.2%	583	92.5%	630	100.0%	630
May	597	72.1%	734	88.6%	828	100.0%	828
June	481	71.9%	607	90.7%	668	99.9%	669
July	346	56.0%	511	82.7%	616	99.7%	618
August	366	54.5%	515	76.6%	669	99.6%	672
September	372	52.8%	544	77.3%	704	100.0%	704
October	358	51.4%	537	77.0%	691	99.1%	697
November	343	52.9%	505	77.8%	648	99.8%	649
December	392	46.6%	610	72.5%	826	98.2%	841
2023							
January	433	76.1%	527	92.6%	569	100.0%	569
February	413	71.3%	521	90.0%	579	100.0%	579
March	531	67.4%	669	84.9%	784	99.5%	788
Grand Total	5106	748%	6863		8212		8244

A. Cosgrove, COO, Saolta University Health Care Group

W105Q3688	<p>Can the HSE provide clarification on the waiting time for MRI, Ultrasound, X-ray, CT, and DEXA Scans at Sligo University Hospital, what is the expected time delay for an appointment and what charges are applied for each of the following category of public patients who do not have a Medical Card</p> <p>(a) When Referred by a GP</p> <p>(b) When Referred by a GP Direct Access for GPs Scheme</p> <p>(c) When Referred by a Consultant through the Hospital System</p>	ClIr D Gilroy
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No of months	CT	MRI	UltraSound	XRy	DEXA
0-3mths	590	261	804	980	709
3-6mths	261	165	215	55	526
6-12mths	462	342	5	0	1109
12-18mths	240	289	0	0	966

18+	0	83	0	0	1524
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There are no charges applied for any of the above procedures for public patients.

T. Canavan, CEO, Saolta University Health Care Group

W105Q3689	Does the HSE Provide Suicide Prevention support directly or do they refer and if so what is the turnaround timescales from time of outreach to Service Provider to an allocation of Face to Face Counsellor to Client and what service does Pieta House the National Organisation funded by the HSE provide in Sligo/Leitrim and what funds are they paid for the provision of this service	Cllr D Gilroy
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Sligo Leitrim Mental Health Service has a Crisis Resolution Team in place, which provides direct support upon receipt of referral from GP, Psychiatric Liaison Services, Community Mental Health Teams and The Adult Mental Health Unit. Initial consults occur immediately following referral or within the next day if requested by the client.

In addition, Sligo Leitrim Mental Health Service have a Suicide Prevention Officer in place, providing emotional and practical support to people bereaved by suicide including the provision of follow on support and therapeutic services, as required.

The HSE also have a National Service Level Agreement in place with Pieta to provide a Suicide Bereavement Liaison in the area.

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

W105Q3690	How many staff working directly for the HSE or for third party agencies within the RHF West area have not yet been paid the €1,000 Covid Bonus.	Cllr D Gilroy
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The Pandemic Special Recognition Award is being paid to those staff that have been deemed eligible to receive same. Payment is being actioned in accordance with the circulars listed below;

- **HR Circular 012/2022** - Pandemic Special Recognition Payment – Issued 19th April 2022
- **HR Circular 14/2022** – Addendum to Circular 12/2022 – Payroll Guidance re Pandemic Special Recognition Payment – Issued 5th May 2022

The office of the Chief Financial Officer in the HSE has given a budget directive to ensure funding is allocated. The below data table reflects the position as of 5th May 2023.

Table 1 - Progress of Payments to date

Number of Approved*Applications	90,228
Payments Processed	90,228
Value of Payments Made	€87,384,900

*Payment requests submitted to Payroll for processing

The above data excludes S38 agencies which are estimated to have paid approximately **52,690** staff to date thereby bringing the total number of employees paid to **142,918**. The estimate of S38 agency employees paid to date is based on vouched information received directly from the agency in response to a request by National HR to provide information on the total number of staff actually paid the pandemic bonus payment to date.

In the RHF region covering the West and Northwest approx. 30,000 staff have received the payment.

T. Canavan, CEO, Saolta University Health Care Group

W105Q3691	Do the HSE have any proposals for a step-down care facility for patients between the Adult Acute Mental Health facility and independent living?	Cllr J Connolly
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In Community Healthcare West Mental Health Services we strive to provide the individuals who avail of our services

with a recovery focused model of care whereby their mental health needs are met and addressed within the Community setting, while acknowledging at times there will be a requirement for Acute Mental Health Inpatient admission.

As part of our model of care provision we are continuing to invest in our Community Mental Health Teams in an effort to try and avoid hospital admissions for individuals. In recent times Roscommon have established a Home Based treatment Team, in Mayo we are extending our opening hours to 7 over 7 days and in Galway we have introduced a Community Café model of care in Galway City for individuals to access on specific evenings and weekends. We are also endeavouring, through the estimates process, to seek additional resources through Programme for Government funding for a Crisis Intervention Team for Galway City and additional Day Hospital services for our Psychiatry of Later Life cohort.

Currently we have 9 Approved Centres across Community Healthcare West which are comprised as follows:

- 4 Acute Admissions Units including the CAMHS Inpatient Unit.
- 2 POLL Units –Creagh Suite based in Ballinasloe and St. Anne’s in Castlebar.
- 1 Continuing Care Units - An Collin in Castlebar
- 2 Rehab and Recover Units – Woodview based in Merlin Park, Galway and Teach Aisling in Castlebar.
- We have a number of Community based Hostels across the 3 counties also.
- We have now employed a full time Housing Coordinator and a number of Tenancy Support workers across the service who are working to move people from Hostel based accommodation into supported living accommodation throughout the region. To date we have transitioned over 70 people to supported independent living.

Breda Crehan-Roche, Chief Officer, Community Healthcare West

W105Q3692	<p>How many children with complex needs are registered with CHO2 children’s disability network team? How many of the children are diagnosed as requiring ongoing</p> <ul style="list-style-type: none"> • occupational therapy • psychology • physiotherapy • social work support • speech and language therapy <p>Are there children with complex needs on waiting lists to avail of these therapeutic interventions?</p>	Cllr J Connolly
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The CDNTs operate an interdisciplinary model and do not provide uni-disciplinary support/intervention. Waiting lists for specific therapy interventions are not collated on this basis. As of the end of April 2023, there are 4153 Children on the case load for the nine Children’s Disability Network teams across Community Healthcare West, 947 of whom are awaiting initial contact from the team (waiting 0-12 months).

The caseload is broken down as follows:

CDNT	Total Active	Female/ Male
Mayo North (CDNT 1)	305	104/201
Mayo South (CDNT 2)	311	102/209

Mayo West (CDNT 3)	222	76/146
Galway West (CDNT 4)	306	85/221
Galway City West (CDNT 5)	400	112/288
Galway City Central and East (CDNT 6)	626	190/436
Galway North (CDNT 7)	577	189/388
Galway East/South Roscommon (CDNT 8)	459	137/322
Roscommon (CDNT 9)	696	207/489

Breda Crehan-Roche, Chief Officer, Community Healthcare West

W105Q3693	How many children in the Forum area have been diagnosed with scoliosis? What non-surgical therapeutic interventions are being provided for children with a diagnosis of scoliosis? Is there a waiting list for children to avail of these therapeutic interventions?	Cllr J Connolly
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All Children with a diagnosis of Scoliosis are referred to Children's Health Ireland, please see spinal outpatient waiting list below.

	CHI at Temple Street	CHI at Crumlin
Galway	4	7
Mayo	3	10
Roscommon	2	6

Patients diagnosed with scoliosis who are under 50 degree curve are not operated on. All patients diagnosed with scoliosis receive regular monitoring appointments (some twice yearly, some yearly) until discharge. Some patients would be referred to physiotherapy for alternative non-surgical treatment.

T. Canavan, CEO, Saolta University Health Care Group

W105Q3694	The Enhanced Community Care Programme proposes the development of a community ambulatory care hub in Galway City offering a single point of access for older persons with complex care needs; can the forum receive an update on the progression of this project?	Cllr J Connolly
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The proposed site of the Knocknacarra Integrated Care Hub has been purchased by the HSE for development as an Integrated Care Hub to accommodate Community specialist teams for Chronic disease and ICPOP, West Galway Community Health Network, Salthill and Knocknacarra associated Primary Care teams and diagnostics for chronic diseases. The proposed floor plan has been agreed, detailed surveys have been carried out on the building and we are currently working on an accelerated design process. An application for planning permission and Fire and Disability certs will be progressed shortly. The project remains on track to commence in Q1 2024, subject to statutory approval. The anticipated completion date is mid-2025. In the interim the Integrated Care Programme for Older Persons and Chronic

Disease continue to deliver clinics in existing HSE Facilities within Galway City and Connemara, with a view to expanding out to other peripheral areas.

Breda Crehan-Roche, Chief Officer, Community Healthcare West

W105Q3695	Radium machine in Limerick UHL. How many times has it broken over has been the past year? What have the costs involved in fixing it been? Is there an awareness of the distress that has been caused to people who come for treatment and are then sent home because the machine is broken, or to those whose date to begin treatment has been delayed because of the broken machine?	Cllr P Ryan
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I have been in contact with the Mater Private Network (MPN) in relation to this matter and Mr Hugh Healy, Director of Cancer, Mater Private Network has advised the following:

“Thank you for your recent inquiry relating to radiation oncology services at University Hospital Limerick. Since MPN began treatment at the Mid-Western Regional Oncology Centre, over 13,000 patients have been treated in our facilities.

This year we are investing €5.5m in the upgrading of a CT machine (completed) and a linear accelerator. We are replacing the older of two linear accelerators in the facility so that we can increase our capacity, and the level of service, offered to the residents in the region of Limerick and the Mid-West.

In 2022, the downtime in our centre was estimated to be approximately 5%. This is comparable to large international cancer centres average downtime between 2% and 9%. Any delays are inconvenient for our patients but we ensure that it does not impact their care plan.

The Mater Private Network is a leading provider of cancer services in Ireland and we operate all of our services to the highest possible standard. Due to the nature of the complex machinery (linear accelerators) that is used to deliver radiation therapy treatments to patients, it is not unusual to occasionally experience interruption to services for essential maintenance of the equipment. We ensure that such interruptions are kept to an absolute minimum, and our patients are quickly rescheduled to the next available time slot.

We have an aggressive program of works underway to deliver a new machine by the first week of July. The new machine, a Varian Halcyon, is the newest machine platform available from the manufacturer and will be a first in Ireland. This will increase our capacity by 50% compared to the older machine (decommissioned on the 3rd of April).

The Mid-Western Regional Oncology centre is working closely with referring clinicians and patients to keep everyone informed of the ongoing works. The site is working an 8am to 10pm shift pattern, 5 days a week, to treat all patients referred in order of clinical need and to mitigate the inconvenience of any deferred treatments.

We are dedicated to the ongoing care of patients in need of radiation oncology services in Limerick and the Mid-West, now and into the future. We believe it is important that patients be able to access these services locally, and we will continue to invest in our services for the benefit of everyone in the region.”

C. Cowan, CEO, UL Hospitals Group