

**Minutes of Regional Health Forum West held on  
Tuesday, 22<sup>nd</sup> March, 2016 at 2.00pm in Room 1, Education Centre,  
HSE Offices, Merlin Park, Galway**

Miontuairiscí Cruinnithe Chinn Bhliana an Fhóiraim Réigiúnach Sláinte, a tionóladh ar an Mháirt 22, Márta 2016  
ag 2.00 .i.n, i Seomra 1 an tIonad Oideachais,  
Feidhmeannacht na Seirbhíse Sláinte, Páirc Mheirlinne, Gaillimh

**Chairperson:** Cllr Tom McNamara

<b>Members Present</b>	<b>Members Present (continued)</b>	<b>Apologies</b>
Cllr Finola Armstrong-McGuire	Cllr Mary Hoade	Cllr Ciaran Brogan
Cllr Pat Burke	Cllr Michael Hourigan	Cllr Aidan Donohue
Cllr Maria Byrne	Cllr. Paddy Kilduff	Cllr Michael Kilcoyne
Cllr John Carroll	Cllr Donagh Killilea	Cllr Bernard McGuinness
Cllr Michael Collins	Cllr Michael McBride	Cllr Ann Norton
Cllr Pádraig Conneely	Cllr Malachy McCreesh	
Cllr Tom Connolly	Cllr Gerry McMonagle	<b>Absent</b>
Cllr Gerry Crawford	Cllr Gino O'Boyle	Cllr Tim Broderick
Cllr Michael Creaton	Cllr Terry O'Flaherty	Cllr Felim Gurn
Cllr Ger D'Arcy	Cllr Rosaleen O'Grady	Cllr Brendan Mulroy
Cllr David Doran	Cllr P J Ryan	Cllr Brigid Teefy
Cllr Caillian Ellis	Cllr Damien Ryan	
Cllr Michael Finnerty	Cllr Jerome Scanlan	
Cllr Francis Foley	Cllr Tony Ward	

**In attendance:**

Ann Cosgrove, Chief Operating Officer, Saolta University Health Care Group  
Noreen Spillane, Chief Operating Officer, UL Hospital Group  
Bernard Gloster, Chief Officer, Area 3  
Tony Canavan, Chief Officer, Area 2  
Francis Rogers, A/National Director, HR  
Marian Cavanagh, Regional Health Forum Office  
Norah Owens, Regional Health Forum Office

**551/62/16 Minutes of previous meeting 23<sup>rd</sup> February, 2016**

The minutes of the previous meeting held on the 23<sup>rd</sup> February, 2016 were proposed by Cllr P.J. Ryan, seconded by Cllr Donagh Killilea and adopted.

**552/62/16 Chairman's Address:**

**Election to Dail & Seanad**

The Chairman on behalf of the Regional Health Forum members congratulated the councillors elected to the new Dáil and commiserations to Cllr. Ann Norton and Cllr Mary Hoade who were not successful on this occasion.

The Chairman also wished the councillors nominated to the Seanad the best of luck in the upcoming election on April 11<sup>th</sup> 2016.

The Chairman welcomed Cllr Damien Ryan, Mayo County Council who replaced Cllr. Lisa Chambers to his first Regional Health Forum meeting.

### **553/62/16 Operational Plans 2016:**

T Canavan gave a broad outline of the Service Plan 2016 and informed the members they would receive a local briefing from their CHO and Hospital Group in the coming weeks. The operations plans are available online on the following link:

<http://www.hse.ie/eng/services/publications/corporate/serviceplans/serviceplan2016/Oppls16/>

Action: RHF Office to circulate the link to the members

### **554/62/16 Questions:**

#### **W62Q1781 – St Patricks Day Hospital, Leitrim**

**Action:** J Hayes to revert to Cllr Finola Armstrong McGuire on the re-instating of a Nurse led service in St Patricks's Hospital.

#### **W62Q1782 – St Patricks Day Hospital, Leitrim**

**Action:** J Hayes to revert to Cllr Finola Armstrong McGuire on the follow up procedure on assessments for patients at St Patricks Day Hospital.

#### **W62Q1789 – Activity levels in cross border ambulance service**

**Action:** P O'Riordan to revert to Cllr G McMonagle with a breakdown on the cross border ambulance activity levels.

#### **W62Q1790 – Number of Bullying cases across HSE West in the last five years**

This question was deferred to the May 2016 Regional Health Forum meeting.

**Action:** F Rogers to prepare a comprehensive response for the May Regional Health Forum

**Action:** F Rogers to send data for 1<sup>st</sup> quarter 2016 on stress related sick leave to Cllr. Gerry Crawford.

### **555/62/16 – Motions**

**W62M59** – This motion was proposed by Cllr J Scanlan, seconded by Cllr. D Doran and adopted.

**W62M60** – This motion was proposed by Cllr G Crawford, seconded by Cllr. G McMonagle and adopted.

**Action:** J Hayes to revert to the Donegal Councillors with an update on the plans for the community hospitals in County Donegal.

### **556/62/16 – Any Other Business:**

#### **Vote of Sympathy**

A vote of sympathy was passed by Cllr. Gerry Crawford to the Bonner family on the recent death of Margaret – a former member of the North Western Health Board.

**Attendance at ED University Hospital Galway – St. Patrick's Day**

Action: A. Cosgrove to revert to Cllr. Terry O'Flaherty and confirm if attendance at the ED Department increased due to activities on St. Patrick's day.

**557/62/16 Date & time of Next Meeting:**

The next **Regional Health Forum Committee** meeting will take place on Tuesday, 26<sup>th</sup> April, 2016 at 2pm in Galway.

The next **Regional Health Forum meeting** is now scheduled to take place on Tuesday, 24<sup>th</sup> May, 2016 at 2pm in Galway.

This concluded the business of the meeting.

Signed:

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Cathaoirleach/Chairman

*Adopted at the Regional Health Forum West meeting*

**QUESTIONS RECEIVED**  
**REGIONAL HEALTH FORUM WEST – 24<sup>th</sup> May, 2016**

<b>NUMBER</b>	<b>QUESTION</b>	<b>RAISED BY</b>	<b>Page No:</b>
<b>W63Q1791</b>	Paediatric Wards Wheelchair Access in UL.	<b>Cllr. A Norton</b>	<b>3</b>
<b>W63Q1792</b>	CAHMS waiting lists for Clare area and the average waiting time both for emergency and routine referrals.	<b>Cllr. A Norton</b>	<b>3-4</b>
<b>W63Q1793</b>	Speech and Language Services for the CEIS 0-6 team and school age team?	<b>Cllr. A Norton</b>	<b>4</b>
<b>W63Q1794</b>	Registrar vacancy for Thurles Civil Registration services.	<b>Cllr D Doran</b>	<b>4</b>
<b>W63Q1795</b>	75 Bedded Ward Block	<b>Cllr P Conneely</b>	<b>4-5</b>
<b>W63Q1796</b>	Whistleblower who sought to raise concerns in relation to the development of the new ward block was requested to resign ?	<b>Cllr P Conneely</b>	<b>5-6</b>
<b>W63Q1797</b>	Will the details of all investment and improvements in CCTV systems at University Hospital Galway since January 2015?	<b>Cllr P Conneely</b>	<b>6</b>
<b>W63Q1798</b>	New podiatry clinic building at Merlin Park Hospital?	<b>Cllr P Conneely</b>	<b>6</b>
<b>W63Q1799</b>	Home help hours, planned cuts and cap re Home Care Packages?	<b>Cllr D Killilea</b>	<b>6-7</b>
<b>W63Q1800</b>	Prisoner patient numbers cared for by community or public nursing section in open HSE properties or private properties?	<b>Cllr D Killilea</b>	<b>7</b>
<b>W63Q1801</b>	The number of nurses who left GUH before retirement age and retired nurses and the number of nurses hired to GUH for this period.	<b>Cllr D Killilea</b>	<b>7</b>
<b>W63Q1802</b>	Can UL Hospitals Group outline the policy on Consultants undertaking private outpatient work on the public hospital sites?	<b>Cllr M McCreesh</b>	<b>7-8</b>
<b>W63Q1803</b>	Can UL Hospitals Group provide details of the number of new staff successfully recruited since the lifting of the embargo?, A&E?	<b>Cllr M McCreesh</b>	<b>8</b>
<b>W63Q1804</b>	The number of OAP's and long term admissions that were assigned to acute beds while awaiting Home Care Packages or Nursing Homes places?	<b>Cllr M McCreesh</b>	<b>8-9</b>
<b>W63Q1805</b>	What is the capacity of the proposed new parking facility at UL Limerick?	<b>Cllr M McCreesh</b>	<b>9</b>
<b>W63Q1806</b>	What is the current situation regarding re-instating the dental services in Headford.	<b>Cllr M Hoade</b>	<b>9</b>
<b>W63Q1807</b>	The Internal survey carried out in the ED Department - GUH	<b>Cllr M Hoade</b>	<b>9</b>
<b>W63Q1808</b>	Update on the new ED Department - GUH	<b>Cllr M Hoade</b>	<b>9-10</b>
<b>W63Q1809</b>	Recruiting nursing staff in the different Departments in GUH.	<b>Cllr M Hoade</b>	<b>10</b>
<b>W63Q1814</b>	How many Home Care Packages and Home Help Hours were provided in County Roscommon for 2015/2016?	<b>Cllr T Ward</b>	<b>10</b>
<b>W63Q1815</b>	Plans for additional car parking spaces at Roscommon County	<b>Cllr T Ward</b>	<b>10-11</b>

	Hospital?		
<b>W63Q1816</b>	The number of ambulances based in County Roscommon?	<b>Cllr T Ward</b>	<b>11</b>
<b>W63Q1817</b>	What amount of funding was made available to the Mental Health Services in County Roscommon for 2015/2016?	<b>Cllr T Ward</b>	<b>11</b>
<b>W63Q1818</b>	Opening Hours/Location of Shannon Doc Out of hours GP Service?	<b>Cllr B Teefy</b>	<b>11-12</b>
<b>W63Q1819</b>	Progress on the development of a new community hospital for Letterkenny?	<b>Cllr C Brogan</b>	<b>12</b>
<b>W63Q1820</b>	Update on the rebuild programme for Letterkenny regional hospital and a timescale for same?	<b>Cllr C Brogan</b>	<b>12</b>
<b>W63Q1821</b>	What is the current position with all of our cancer services in Donegal?	<b>Cllr C Brogan</b>	<b>12-14</b>
<b>W63Q1822</b>	A budget update on all our services in Donegal and clarify if we are meeting the needs of each of our department?	<b>Cllr C Brogan</b>	<b>14-16</b>

NUMBER	QUESTION	RAISED BY
<b>W63Q1791</b>	In order to gain access to the paediatric wards there are a number of double doors that have to be negotiated none of which have a wheelchair access automation button. Can this be rectified?	<b>Cllr. A Norton</b>

From the main circulation corridors, there are two door sets to be travelled through in order to get to the public entrance door to the Paediatric area (Glass link corridor). One of these door sets is capable of being held open at present. The other door set (nearest the OPD shop) is not held open in order to ensure integrity of fire compartmentation between the buildings. These door sets are single swing and therefore can accommodate automatic operators – Cost €16K.

To access the paediatric block, the public entrance door is locked by swipe card for security reasons, and is not automated. Once again, this door is single swing and would accommodate automation at a cost of €8K.

To access the Rainbow Ward from the internal public entrance lobby, there is a further door set to be travelled through. The fire strategy for the building dictates that this door be maintained as double swing. Double swing doors do not lend themselves to automation. Automation, while possible on double swing door sets, is problematic. UL Hospitals view is the supplier market does not have a resilient solution.

To access the Sunshine Ward from the internal public entrance lobby, there are two further door sets to be travelled through. Once again, the fire strategy for the building dictates that these doors be maintained as double swing.

In order to install automation on the double swing doors, we would need to make an alteration to the fire cert for the building, which would require an application to the fire authority. If granted, the cost to install automation to these 3 door sets would be a further €24K. A fire cert process would take 12 weeks and installation of automatic doors would be a further 4 weeks. We are willing to bid to Estates for funding if permission is granted from the Fire Authority.

***C Cowan, CEO UL Hospital Group***

<b>W63Q1792</b>	I would like the numbers of children and teenagers and young adults on the waiting list for CAMHS in the Clare area and the average waiting time both for emergency and routine referrals.	<b>Cllr. A Norton</b>
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Please see detailed below the waiting times for Clare Child and Adolescent Mental Health Services (CAMHS) for April 2016.

Waiting Time	Clare
0 to 3 months	54
3 to 6 months	31
6 to 9 months	18
9 to 12 months	19
12 months	8
13 months	8
14 months	6
15 months	1

<b>16 months</b>	
<b>17 months</b>	
<b>18 months</b>	
<b>19 months</b>	
<b>20 months</b>	
<b>21 months</b>	
<b>22 months</b>	
<b>23 months</b>	
<b>24 months</b>	
<b>Total</b>	<b>145</b>

In reviewing these times, it is important to note that there is no waiting time for emergencies as children are seen by the Emergency On-Call Rota Team as they present.

For those assessed as priority 1's, there is on average a five month wait while priority 2 or routine referrals experience on average a seven month wait.

A second Consultant Psychiatrist has been assigned to Clare CAMHS in recent times and it is anticipated that progress will be made in reducing the numbers on the waiting list. This grade of Consultant is particularly in short supply.

***B Gloster, Chief Officer, HSE Mid West Community Healthcare***

<b>W63Q1793</b>	a) How many speech and language therapists are currently assigned to CEIS 0-6 team and school age team? (b) How many clinical appointments with the children are held each week?	<b>Cllr. A Norton</b>
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(a) There are presently 2.6 Whole Time Equivalent (WTE) Speech and Language Therapists working in CEIS, Clare Early Intervention Team. There are 2.7 WTE's in the Clare School Age Disability Team (SADT)

(b) Children are assessed and receive therapy in a variety of settings, for example, home, school and Clare Children Services' clinical rooms.

Weekly interventions can vary greatly but, on average, per month, based on the past 15 months, there were 240 face-to-face child interventions delivered by a varying staffing level of 1.6 to 2.6 WTE Therapists in CEIS and 1.6 to 2.7 WTEs in SADT.

***B Gloster, Chief Officer, HSE Mid West Community Healthcare***

<b>W63Q1794</b>	When does the HSE intend to fill the vacancy of Registrar for Thurles Civil Registration services office at St Mary's Health Clinic in Thurles?	<b>Cllr D Doran</b>
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Arrangements to fill the position created by the retirement of a Registrar in the Thurles office are being progressed. As these arrangements were not in place by the retirement date at the end of April, Civil Registration services currently provided in Thurles are affected. However, as you may be aware, there are also Civil Registration services provided in Nenagh & Roscrea and, on an interim basis, arrangements have been put in place for the month of May initially, to temporarily redeploy staff from these centres to provide cover in Thurles one day per week. The matter will be monitored on an ongoing basis with a view to providing some level of cover in Thurles when staffing levels in the other two North Tipperary centres permits, pending

the filling of the Thurles post.

***B Gloster, Chief Officer, HSE Mid West Community Healthcare***

<b>W63Q1795</b>	Will the Saolta University Healthcare Group acknowledge that:- <ul style="list-style-type: none"><li>- Planning permission granted in respect of the new 75-bed ward block at UHG specifies that the development contains only replacement accommodation and cannot under the terms of the permission create additional bed capacity</li><li>- Then-COO Tony Canavan gave assurances in writing in 2013 in correspondence to the Estates Department and Galway City Council that the new 75-bed ward block would not result in any additional bed capacity at UHG</li><li>- Any additional bed capacity created on the UHG campus would require the creation of a commensurate number of car-parking spaces under the terms of the City Development Plan, and that both the Traffic Management Report and Hospital Manager's Report furnished to the planning authority states definitively that the new development will not create any additional car-parking demand</li></ul> If the hospital group now acknowledges these facts, why did it fail to provide this information in response to direct questions on these matters by me at the last meeting of the Regional Health Forum West and deliberately obfuscate my efforts to establish these facts?	<b>Cllr P Conneely</b>
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Currently the 75 bed ward block is substantially replacement beds but it is planned to have the equivalent of one additional ward for escalation, subject to funding.

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

<b>W63Q1796</b>	Will the Saolta University Healthcare Group confirm that a whistleblower who sought to raise concerns in relation to the development of the new ward block was requested to resign as a member of the group's Patient Council following their efforts to highlight their concerns.	<b>Cllr P Conneely</b>
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It is important to note that there was neither a case of whistleblowing nor a disclosure under the Protected Disclosures Act 2014 in relation to the work of the Patient Council.

Patient Council members work with the Executive of the Saolta Group to try to improve and enhance the services provided to patients. Members of the Executive of the Saolta Group who attend Patient Council meetings are available to address any issues, concerns or queries that Members may have in relation to issues discussed at the Council meetings. Patient Council members sit on various hospital committees across the Group, including Infection Control, Nutrition, Health Literacy and Capital Projects. Given that some of the information they would have access to during the course of their involvement may be confidential, each member is required to sign a confidentiality agreement and at each meeting each member must declare if they have a conflict of interest.

The aim of the Saolta University Health Care Group Patient Council is to work closely with staff to improve the experience patients have when using the services of the hospitals in the Group. The Council, which held



its first meeting in November 2014, is comprised of 16 members of the public, representative of each of the counties served by the hospitals in the Group. Members of the Council were selected following a public recruitment process which had over 100 volunteer applicants.

The development of the new 75 bed ward block at UHG was recently discussed at a Patient Council meeting. One of the Council members sits on the hospital committee working on the development of this project and provides updates on a regular basis to the Council on the project's progress and the Group welcomes feedback and comment from the Council members in relation to all aspects of this project.

Following a recent meeting, another Patient Council member, without prior discussion or consultation with fellow members, provided information in relation to this project to a journalist in an email titled "Galway hospital story tip". The Group became aware of this following a subsequent media query. The member concerned - who is also a journalist - was contacted by the independent Patient Council Chair. The Chair highlighted to the member that they had signed a Confidentiality Agreement, and had declared that they did not have a conflict of interest. The Chair requested that they consider their position as a Council member. The Member subsequently contacted the Chair and offered their resignation.

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

<b>W63Q1797</b>	Will the Saolta University Healthcare Group provide details of all investment and improvements in CCTV systems at University Hospital Galway since January 2015 and the number of faults that have been reported and the dates of these faults during the same period?	<b>ClIr P Conneely</b>
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There is an annual service / maintenance contract in place in relation to the CCTV system in UHG, which identifies faults, repairs or improvements required.

During the period 01/01/15 to date, there have been 6 instances of repairs being carried out to cameras on the system.

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

<b>W63Q1798</b>	Will the Saolta University Healthcare Group provide an update on the new podiatry clinic building at Merlin Park Hospital? Has the application for funding in respect of equipment made in January 2015 been processed and approved? Is the clinic now operational or when will it be of benefit to the public?	<b>ClIr P Conneely</b>
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The Podiatry Clinic in Merlin Park is operated by Community Health Organisation, Area 2 (Galway, Mayo, Roscommon). The equipping budget for the Podiatry Operating Theatre (extension to the Podiatry Clinic) was agreed and approved. All items of equipping have been ordered and the majority of the equipment has been delivered. As it is an operating theatre some items of equipment are specialist, and expensive in nature. These items are not held routinely in stock by the suppliers and require some time for delivery.

Once all stock has been delivered a process of cleaning and final checks in relation to gas supply, air conditioning and other essential services are undertaken. Several days of induction and staff training will be undertaken with the existing staff members in the unit.

It is intended that the Podiatry Theatre will start running clinics in the week beginning 4<sup>th</sup> July 2016. The facility will be a unique and valuable resource for HSE Service users in CHO Area 2.

***T Canavan, Chief Officer, Area 2***

<b>W63Q1799</b>	Could the HSE inform the forum as to the amount and the number of home help hours that are currently being paid for in each of the Galway, Roscommon and Mayo areas. Also what are the planned cuts to the hours in terms of money pressures and will a cap be introduced to each county regarding new home care packages?	<b>ClIr D Killilea</b>
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As at the end of April 2016, the total number of Home Help Hours provided in Galway was 256,272 and in Roscommon it was 96,501 hours. These figures are significantly above the targets of 246,000 and 80,000 respectively.

There is a cap on the provision of Home Care Packages in Galway of 578 and in Roscommon of 217.

The provision of Home help Hours and Home Care Package is being kept under constant review and we are allocating available resources to new clients as Home Help Hours and Home Care packages become available through existing clients no longer requiring a service.

Mayo provides 34,199 hours of home help per month. It is envisaged that a reduction in service will be required to stay within service plan commitments.

**T Canavan, Chief Officer, Area 2**

<b>W63Q1800</b>	Could the HSE inform the forum of the number of patients being cared for by community or public nursing section that are serving jail sentences but are being treated in open HSE properties or private properties and is the Dept of justice paying for these hours?	<b>ClIr D Killilea</b>
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In Galway there is one patient in this category who is currently in a Nursing Home.

There are no patients in this category in Roscommon.

**T Canavan, Chief Officer, Area 2**

<b>W63Q1801</b>	Could the HSE inform the forum to the number of nurses who left GUH before retirement age and retired nurses in 2015 and to date and what the reason given was, also the number of nurses hired to GUH for this period. Please include up to CNM level when doing the report?	<b>ClIr D Killilea</b>
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Please see below Tables:-

**RETIREMENTS**

No of Nurses who retired between 01/01/15 - 10/05/16		165
<b>No of Nurses who retired on max retirement age</b>		<b>4</b>
<b>No of Nurses who retired before retirement age</b>		<b>161</b>
Cost Neutral Early Retirement	4	
End of Training	7	
Family Reasons	11	
Further Training	10	
Going Abroad	31	
No Job Satisfaction	5	

**HIRES**

Clinical Midwife Manager 2	1
Clinical Nurse Manager 2	1
Clinical Nurse Manager 2 - Theatre	1
Clinical Nurse Specialist (General)	2
Staff Midwife	3
Staff Nurse - General	169
Staff Nurse, Dual Qualified (General)	1
Student General Nursing (pre reg)	91
Student Midwifery (post registration)	37

No Promotional Opportunities	1	
Other e.g. transfer, leaver, resignation, end of contract	42	
Permanent Infirmity	1	
Personal	33	
Reached Maximum Retirement Age	4	
Reached Minimum Retirement Age	14	
Unsuitable Hours	2	

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

<b>W63Q1802</b>	Can the UL Hospitals Group outline the policy on Consultants undertaking private outpatient work on the public hospital sites? Can UL Hospitals Group provide a percentage breakdown of the private outpatient work carried by Consultants during routine working hours using HSE resources and staff, compared to public work performed by the same Consultants? What, if any, are the potential ramifications of these activities on inpatient diagnostic work and public waiting list times?	<b>Cllr M McCreesh</b>
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Outpatient Clinics organised by the hospital are all public (with no differentiation between insured and non-insured patients). However, as part of the consultant contract the hospital can provide consultant with accommodation to run private clinics and if this is not feasible the consultant is permitted to organise same off site.

**C Cowan, CEO UL Hospital Group**

<b>W63Q1803</b>	Can UL Hospitals Group provide details of the number of new staff successfully recruited since the lifting of the embargo, compared to the 70 nursing posts initially sought to help alleviate the problems in A&E?	<b>Cllr M McCreesh</b>
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UL Hospitals Group have increased our WTE Headcount in 2015 from 3109 to 3572 in March 2016. This includes an additional 153 nurses net over this period.

**C Cowan, CEO UL Hospital Group**

<b>W63Q1804</b>	Can UL Hospital Group provide a breakdown by month over the last year, of the number of OAP's and long term admissions that were assigned to acute beds while awaiting Home Care Packages or Nursing Homes places?	<b>Cllr M McCreesh</b>
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I refer to your question; how many acute beds were assigned to people awaiting Home Care Packages or nursing home places. I have presumed, for the purpose of your answer, that what you mean is how many delayed discharges there were for people awaiting these services and who, while awaiting, were occupying acute hospital beds.

The number of delayed discharges is a figure that would be retained directly by the acute hospital service. However, there would not be immediate tracking which would show where each delayed discharge subsequently would have been discharged to, and this would take a significant amount of time, both in the Hospital and the community services to detail the answer. However, in an effort to be helpful, I wish to advise you of the following from the perspective of the community services.

In the year 2015, the community healthcare services in the Mid-West facilitated targeted discharges from the UL Hospital Group through a significant amount of measures.

Two of these measures relate directly to your query in terms of home care and continuing care (Nursing Homes - private and public). Of a total of 7635 discharges facilitated by the community from the UL Hospital Group in 2015, 981 people were facilitated in Nursing Home settings under what is referred to as transitional care funding. This would have been a transitional measure while their long-term care arrangements were being resolved or processed, be that within the Fair Deal scheme or other appropriate measure.

743 people were facilitated through the nine public elderly residential facilities across the Mid-West on a short term measure, while other arrangements for them to return home or receive other interventions were being put in place.

544 people were discharged to home with specific arrangements put in place for them to be supported either by Home Help hours or a Home Care Package.

It is not possible for me to say what the quantum of acute bed days occupied by these people were beyond their actual need to be in an acute hospital.

I trust, however, that the information is helpful in understanding the context. It can be concluded that had these interventions not been made that there would have been acute hospital beds occupied beyond the acute phase of illness of any of these people. It is in this context that integrated systems, such as the foregoing between hospitals and community services are essential.

***B Gloster, Chief Officer, HSE Mid West Community Healthcare***

<b>W63Q1805</b>	What is the capacity of the proposed new parking facility at University Hospital Limerick with regard to accommodating staff and visitors? How many more car parking places will be available compared to the current number? Local traffic control at peak times has become a major problem as has the parking of cars throughout the surrounding area.	<b>Cllr M McCreesh</b>
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Currently there are 230 public parking spaces at University Hospital Limerick (UHL). This will increase by 170 with the opening in July of the new underground car park. There are currently 21 public disabled parking spaces available and this is to increase to 28 when the new car park opens.

Car parking spaces were lost when the building of the new Dialysis Unit and the enabling works for the new ED got underway in UHL. To compensate for the loss of spaces, temporary planning permission for an interim car park for 90 parking spaces was granted by the local authority. This temporary planning permission will expire one month following the opening of the new underground car park and this temporary car park will close.

UHL is in talks with the local planning authority in order to secure permanent planning permission for these 90 spaces. Planning can only be applied for, one month following the closure of the car park. UHL hope to secure full planning permission and anticipate that the 90 space car park will re-open by November this year.

No staff parking will be available in the new underground car park with the exception of teams on-call for

STEMI (cardiac) patients in the Critical Care Block. There are in total 765 staff car parking spaces at UHL.		
<b>C Cowan, CEO UL Hospital Group</b>		
<b>W63Q1806</b>	Can you confirm to me what is the current situation regarding re-instating the dental services in Headford.	<b>Cllr M Hoade</b>
<p>The Principal Dental Surgeon is currently recruiting for a dental nurse panel and the interviews are due to be held in early June.</p> <p>The clinic has been renovated recently and the installation of some items of equipment needs to be completed before the clinic is ready for use. It is expected to have the service ready for the coming school year.</p>		
<b>T Canavan, Chief Officer, Area 2</b>		
<b>W63Q1807</b>	Can you confirm to me if the internal survey carried out in the ED Department is yet complete and if so has the findings of the survey been made available to staff and management.	<b>Cllr M Hoade</b>
A review has been undertaken of the Ed at UHG and is currently at the final stages of completion.		
<b>A.Cosgrove, COO, Saolta University Health Care Group</b>		
<b>W63Q1808</b>	Given the current on-going problems in the ED with over crowding has there been any feedback from the Department regarding the new ED Department.	<b>Cllr M Hoade</b>
<p>A updated cost benefit analysis has been prepared and completed in April 2016. It has been submitted to the National HSE Estates.</p> <p>There has been an inclusion in the "Programme for a Partnership Government" published 11<sup>th</sup> May 2016 which references that the Government is committed to continued capital investment in our Emergency Departments and makes specific reference to a new ED for Galway Hospital, with a view to providing funding for construction as part of the 2017 capital plan review.</p>		
<b>A.Cosgrove, COO, Saolta University Health Care Group</b>		
<b>W63Q1809</b>	Can you confirm to me what progress has been made with recruiting nursing staff in the different department's in GUH.	<b>Cllr M Hoade</b>
<p>There are on -going staff nurse recruitment campaigns both locally and Nationally through the National Recruitment Service and this is on a website for all areas.</p> <p>Specific campaigns have been launched for Specialist areas ( ED, Theatres, Critical care) International campaigns for Theatre nurses continue and we provide an Adaptation programme for successful candidates.</p> <p>There has been attendance at recruitment exhibitions in Dublin and United Kingdom to recruit staff. We recruit and interview on planned basis.</p>		
<b>A.Cosgrove, COO, Saolta University Health Care Group</b>		
<b>W63Q1814</b>	Can the HSE please inform the members of this forum of how many	<b>Cllr T Ward</b>

	<p>Home Care Packages and Home Help Hours were provided in County Roscommon for 2015 and how many Home Care Packages and Home Help Hours will be provided in 2016?</p>	
<p>Please be advised that the total number of Home Care Packages delivered in Roscommon for 2015 was 2,410 and total number of Home Help Hours delivered was 242,268.</p> <p>For 2016 the maximum number of Home Care Packages and Home Help Hours that can be provided is capped at 2,604 Home Care Packages and 240,000 Home Help Hours for the year.</p> <p><b><i>T Canavan, Chief Officer, Area 2</i></b></p>		
<p><b>W63Q1815</b></p>	<p>Can the HSE inform the members of this forum if the HSE has any plans to provide additional car parking spaces at Roscommon County Hospital ?</p>	<p><b>Cllr T Ward</b></p>
<p>We acknowledge that there is limited and restricted parking facilities at Roscommon University Hospital. This is a relatively recent development and is mainly as a result of the on-going increase in attendances of patients for day case procedures/surgery/diagnostics/consultations which is very positive for the hospital.</p> <p>The main congestion on the site occurs on week-days from approx. 9am to 2pm each day when the largest proportion of patients attend the hospital, all services are fully operational and the majority of staff are on duty.</p> <p>There is no public transport to/from the hospital, therefore every patient has to come by private transport and park a car.</p> <p>There has been some reduction in total car parking spaces over the last year. As part of the Planning Permission for the new Endoscopy Unit one of the conditions included in it by Roscommon County Council is for the hospital to remove up to 17 (unofficial) parking spaces alongside the Ardsallagh Road (adjacent to our Cardiac Rehabilitation Unit), which will unfortunately reduce the number valuable car parking spaces on the campus.</p> <p>Hospital Management have had meetings with local councillors regarding same who have also brought the concerns of local residents to their attention.</p> <p>The car-park adjacent to Hyde Park is a public car park and staff have been advised that cars can be parked there, thus ensuring that our patients can get much better and nearer access to the hospital. Patients attending the hospital are advised of the parking arrangement currently in place including the use of Hyde Park.</p> <p>In addition security officer services have been expanded in order to try to maximise parking usage on the campus.</p> <p><b><i>A.Cosgrove, COO, Saolta University Health Care Group</i></b></p>		

<b>W63Q1816</b>	Can the HSE inform the members of this forum of how many ambulances are presently based in County Roscommon to provide a service for the hospital's catchment area and are the ambulances staffed with paramedics?	<b>Cllr T Ward</b>
<p>National Ambulance Service - West currently have eight Emergency Ambulances, two Rapid Response Vehicles and two Intermediate Care Vehicles in Roscommon.</p> <p>The Emergency Ambulances (EA) are staffed mainly with Paramedics and where available Advanced Paramedics.</p> <p>The Rapid Response Vehicles (RRV) are staffed with Advanced Paramedics.</p> <p>The Intermediate Care Vehicles (ICV) are staffed with Emergency Medical Technicians.</p> <p>We currently have four EA day shifts (7 days), one RRV day shift (7 days) and one ICV day shift (5 days) and three EA night shifts (7 days) and one RRV night shift (7 days) in Roscommon county.</p> <p>The National Ambulance Service deploys ambulance crews in a dynamic manner and crews operating in adjoining stations can if necessary be deployed to Roscommon. The same principle applies across the west and the remainder of the country with the National Emergency Control Room deploying crews to ensure optimum response and spatial spread of crews.</p> <p><b><i>P.O' Riordan, Area Operations Manager, West National Ambulance Service</i></b></p>		
<b>W63Q1817</b>	Can the HSE inform the members of this forum as to what amount of funding was made available to the Mental Health Services in County Roscommon for 2015 and 2016?	<b>Cllr T Ward</b>
<p>The Allocation for Mental Health Services in Roscommon is</p> <p>2015 €12.6m (Including once off allocation for Minor Capital Spend of €258k) 2016 €12.6m</p> <p><b><i>T Canavan, Chief Officer, Area 2</i></b></p>		
<b>W63Q1818</b>	Can you confirm that the out of hours service of Shannon Doc located at Hospital, Co. Limerick will continue to operate in its current format and location, and that no changes to this operation are planned.	<b>Cllr B Teefy</b>
<p>At the present time the out of hours service provided by Shannondoc from Hospital Health Centre, Co. Limerick will continue to operate as heretofore.</p> <p>Shannondoc has approached the HSE with a number of proposals, prompted by pressures with General Practitioner numbers and staffing, for the delivery of the service across the Mid West into the future.</p>		

It is Shannondoc's objective to provide the most efficient and effective service to the public with the resources available to it.

The HSE is currently reviewing these proposals with Shannondoc.

The HSE will revert to public representatives as decisions are being made following that review.

***B Gloster, Chief Officer, HSE Mid West Community Healthcare***

<b>W63Q1819</b>	What progress has been made on the development of a new community hospital for Letterkenny?	<b>Cllr C Brogan</b>
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The proposed development of a new Community Hospital in Letterkenny is at the design-brief stage at present. The proposal is to develop on the basis of a public/private partnership similar to other projects around the country.

***J Hayes, Chief Officer, Area 1***

<b>W63Q1820</b>	Can we have an update on the rebuild programme for Letterkenny regional hospital and a timescale for same?	<b>Cllr C Brogan</b>
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The interim Outpatient Department in the town centre continues in place. An option appraisal is currently on-going to examine future options for the Department.

- In relation to the radiology main development, the design team are finalising tender documents with a view to procuring a Works Contractor in late 2016, subject to funding approval.
- The Kitchen rebuild project has been completed and re-opened in April 2015.
- The Laboratory project is complete and the Core Lab functioning. Medical Records are currently being moved back to LUH.
- CCU / Haematology Oncology Ward – The Contractor has been appointed and works have commenced. The programme will take approximately 10 months.
- Detailed design is on-going in relation to the Boiler house project and maintenance and ducting systems - with view to procuring a Contractor in late in 2016 subject to funding approval.
- The Mortuary project is currently under review in terms of one complete phase. A revised submission is to be developed within funding constraints. The Staff Changing Facilities will be considered in the context of this project.
- An assessment and business case being developed in the context of LUH Strategic Capital Plan in relation to a permanent Outpatient and Ambulatory Care facility.
- Interim Physiotherapy and OT Inpatient Unit works started in November 2015 and were completed in January 2016. An assessment and business case is being developed, dependent upon Radiology vacating their interim accommodation.

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

<b>W63Q1821</b>	What is the current position with all of our cancer services in Donegal now and have we got the resources in place?	<b>Cllr C Brogan</b>
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LUH currently employs two Consultant Oncologists and one Consultant Haematologist who provide comprehensive inpatient, daycase and outpatient services for cancer patients.

**Symptomatic Breast Service** - Letterkenny University Hospital provides a full Symptomatic Breast Service as a



satellite of the University Hospital Galway designated centre. The Letterkenny service receives a high volume of referrals and has been supported since its inception to continue developing in order to meet the increasing demand from the local population. A second Breast Care Surgeon is due to take up post in July of this year.

On an on-going basis additional consultant support is being provided to Letterkenny University Hospital from University Hospital Galway.

Weekly multidisciplinary team meetings are held with UHG to discuss the patient pathway for diagnosed cancers.

**Colorectal Service / Symptomatic and Screening –**

**Colorectal Service / Symptomatic and Screening** - Letterkenny University Hospital also provides a Symptomatic Colorectal Cancer Surgery Programme and is one of the few hospitals outside of the designated cancer centres to be recognised by the National Cancer Control Programme for the provision of rectal cancer surgery.

Letterkenny University Hospital has recently appointed a colorectal surgeon and an additional General Surgeon. These permanent appointments will be in place in the Summer.

In November 2014 Letterkenny University Hospital became a Referral Centre for patients requiring investigation as part of the Bowel Cancer Screening Programme (BowelScreen).

A mobile unit was commissioned in 2015 to increase capacity by 30%. Key Performance Indicators for Bowel Cancer screening is 28 days for urgent and 12 weeks for routine. The Unit was JAG Accredited in April 2016.

In addition to the above, the Saolta Group has supported the appointment of three additional nurses to allow this new facility to increase throughput and reduce the number of patients having to travel outside of Donegal for their colonoscopy or their gastroscopy.

Letterkenny University Hospital also provides a Symptomatic Colorectal Cancer Surgery Programme and is one of the few hospitals outside of the designated cancer centres to be recognised by the National Cancer Control Programme for the provision of rectal cancer surgery.

Letterkenny University Hospital has recently appointed for two General Surgeons, which will provide an increase on the two posts previously approved.

In November 2014 Letterkenny University Hospital became a Referral Centre for patients requiring investigation as part of the Bowel Cancer Screening Programme (BowelScreen).

A mobile unit was commissioned in 2015 to increase capacity by 30%. Key Performance Indicators for Bowel Cancer screening is 28 days for urgent and 12 weeks for routine – There is 100% compliance in LUH with these KPIs. The Unit was JAG Accredited in April 2016.

In addition to the above, the Saolta Group has supported the appointment of three additional nurses to allow this new facility to increase throughput and reduce the number of patients having to travel outside of Donegal for their colonoscopy or their gastroscopy.

**Lung Cancer** - Following lung cancer diagnosis in Letterkenny University Hospital, patient cases are discussed at a Lung Multidisciplinary meeting with St James Hospital via teleconferencing. Patients that are candidates

for surgery are referred to the surgeon present at the Lung MDT meeting in St James Hospital. Patients that require radiotherapy can be referred for Stereotactic radiotherapy in St James Hospital if their case is suitable or to St Luke's Hospital for radiotherapy. A visiting Consultant from St. Luke's Hospital attends LUH three times per month. Patients are referred to medical oncology services in Letterkenny University Hospital for chemotherapy treatment.

**Radiotherapy Project** - The Department of Health, The HSE and the Saolta Group (including Letterkenny University Hospital) together with Clinicians and Senior Managers have been working with their counterparts in Northern Ireland over the last three years to develop a Cross Border Radiotherapy Centre in Altnagelvin Hospital Derry. This Unit is scheduled to open in October 2016 and will allow for the provision of Radiotherapy Services for the most common cancers to be provided in the North West. This service will complement the Medical Oncology Services already available in Letterkenny University Hospital and also in Altnagelvin.

This facility will be one of the most significant Cancer Service Developments on the Island and will be unique in terms of its cross border mandate and funding. The clinical and social benefits for the patients of Donegal will be tremendous, significantly reducing the numbers who have to travel to Dublin and Galway for Radiotherapy.

**Travel Support for Radiotherapy** - At present The Friends of Letterkenny General Hospital provide a bus which transports patients undergoing radiotherapy in Dublin from Letterkenny University Hospital to St. Luke's Hospital (every Monday) and back from Dublin to Letterkenny University Hospital (every Friday).

In addition the hospital works very closely with the Irish Cancer Society in the provision of the Travel to Care Scheme for patients requiring travel assistance. Financial support is available or patients who access approved NCCP location.

The HSE also provide financial support to patients from West Donegal who access Radiotherapy in St. Luke's who use flights to Dublin from Carrickfin Airport.

Patients whose health status is such that they are unable or unfit to travel in conventional car or bus transport may have access to HSE ambulance transport.

**Colposcopy** – LUH has a dedicated Colposcopy Unit on Floor B. Any women with abnormal smears are referred to the Colposcopy service for further investigation/treatment.

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

<b>W63Q1822</b>	Can we have budget update on all our services in Donegal and clarify if we are meeting the needs of each of our department?	<b>Cllr C Brogan</b>
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The budget allocation for LUH for 2016 is €110million and the hospital faces many challenges to provide services within this allocation. The main cost drivers for the hospital are:

- Drugs costs – particularly Oncology and Haematology related services
- Increased activity, particularly in the Emergency Department and the Medical Assessment Unit.
- Waiting list initiatives
- Medical agency costs
- Private ambulance requirements
- Other day to day consumable items such as medical & surgical supplies; heat & power; laboratory

and radiology requirements.

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

The 2016 budget and 2015 expenditure is detailed below by care group for Donegal Community Health Services. There is considerable pressure to meet additional demands for home support services. This is particularly important to avoid delayed discharges of patients from the Acute Hospitals and our network of community hospitals.

Disability services are experiencing additional cost arising from regulatory compliance issue and funding requirements to address increased therapy provision (waiting list) and emergency residential placements. Donegal Mental Health Services have a core underfunding of €2 million approximately to maintain current service provision.

Primary Care Services are experiencing additional demands for community nursing, therapy provision reflecting year on year changes to the demographic profile.

<b>DIRECTORATE / CARE GROUP</b>	<b>BUDGET 2016</b>	<b>Expenditure 2015</b>	<b>DETAILS</b>
<b>Disabilities</b>	37.189m	37.776m	Allocation includes full-year costs for 2015 School Leavers / HIQA Cost pressures / Posts approved for “Progressing Disability Services for Children & Young People” / Additional Funding anticipated for “Emergency Placements” – position under review at present
<b>Older Persons</b>	38.000m	38.526m	Allocation includes funding for Home Care Services as outlined in 2016 Service Plan / Fair Deal Beds in HSE Units / Short Stay Beds / Respite Services & Day Care etc. / Contract Beds (Budget reduction for this item as costs reduce in line with reduction in Bed Nos. on Contract each year)
<b>SOCIAL CARE TOTAL</b>	<b>75.189m</b>	<b>76.301m</b>	
<b>MENTAL HEALTH</b>	<b>21.659m</b>	<b>23.526m</b>	Initial Allocation based on rollover of 2015 Budget adjusted for once-off items (reflected in 2015 Expenditure) / Additional funding due as approved posts commence during 2016

PRIMARY CARE	49.418m	50.315m	Allocation relates to all Primary Care Services (PHN, Therapy Services, NowDoc, Health Centres, Schemes etc.), Palliative Care Services, Social Inclusion etc. Additional funding received in 2016 to address cost pressures in NowDoc service & Home Care packages for specific Paediatric cases with Complex Medical conditions.
<p><b>Additional Information – Budget process:</b> - Budget details outlined above reflect position @ March 2016. Budget Allocations are now made separately for each Directorate / Care Group and managed on that basis. Donegal now forms part of CHO Area 1 which also covers Counties Sligo, Leitrim, Cavan &amp; Monaghan. Funding Allocations generally reflect 2015 funding levels with additions to take account of Service Plan activity and /or approved additional posts for specific services, other Service priorities, some cost pressures etc. Expenditure is monitored Locally / Nationally for the overall CHO area on an on-going basis and regular discussions take place with National Directors regarding trends particularly where Service Demand is greater than funded levels and remedial action / specific measures are required (in the absence of additional funding being available).</p>			
<p><i>J Hayes, Chief Officer, Area 1</i></p>			