

**Minutes of Regional Health Forum West held on
Tuesday, 23rd February, 2016 at 2.00pm in Room 1, Education Centre,
HSE Offices, Merlin Park, Galway**

Miontuairiscí Cruinnithe Chinn Bhliana an Fhóraitm Réigiúnach Sláinte, a tionóladh ar an Mháirt 23, Feabhra
2016 ag 2.00 .i.n, i Seomra 1 an tIonad Oideachais,
Feidhmeannacht na Seirbhíse Sláinte, Páirc Mheirlinne, Gaillimh

Chairperson: Cllr Tom McNamara

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

In attendance:

Ann Cosgrove, Chief Operating Officer, Saolta University Health Care Group
Noreen Spillane, Chief Operating Officer, UL Hospital Group
Chris Kane, General Manager, Galway Regional Hospitals
Tony Canavan, Chief Officer, Area 2
Francis Rogers, A/National Director, HR
Paudie O'Riordan, Chief Ambulance Officer, West
Marian Cavanagh, Regional Health Forum Office
Norah Owens, Regional Health Forum Office

544/61/16 Minutes of previous meeting 24th November, 2015

The minutes of the previous meeting held on the 22nd September, 2015 were proposed by Cllr Terry O'Flaherty, seconded by Cllr P.J. Ryan and adopted.

545/61/16 Matters Arising:

W60Q1740 – Recommendations following the death of a patient

Action: A Cosgrove to formally write to Cllr Catherine Connolly with an update on this case.

546/61/16 Chairman's Address:

General Manager, Galway University Hospitals

The Chairman congratulated Chris Kane on her new post as General Manager, Galway University Hospitals and welcomed her to the meeting.

Good Wishes to the Councillors contesting the General Election

The Chairman on behalf of the Regional Health Forum members wished the councillors contesting the election the best of luck on Friday 26th.

547/61/16 Questions:

W61Q1750 – Diabetes Patients to hospital based dietetics outpatient services

Action: N Spillane to revert to Cllr Michael Hourigan on the Diabetes programme in the UL Hospital Group.

W61Q1754 – Cancellation of daycase procedures in GUH & MUH

Action: A Cosgrove to revert to Cllr P Conneely on the analysis of patients whose appointments have been cancelled.

W61Q1756/W61Q1757/W61Q1758 – Foster Homes Standards & Guidelines

Action: T Canavan to forward Cllr Terry O'Flaherty's questions to TUSLA for responses to supplementary questions.

W61Q1765 – 2009/2010 report on Community Care beds in Donegal

Action: J Hayes to respond to Cllr Gerry Crawford on the community beds report for Donegal

W61Q1770 – Progress on a new ED Department for UHG

Action: A Cosgrove to revert to Cllr M Hoade with the initial date of when the cost benefit analysis went to the Department of Health

548/61/16 – Motions

W61M57 – Capital Funding for Community Hospitals in Donegal

This motion was proposed by Cllr G Crawford, seconded by Cllr. D Doran and adopted.

Action: J Hayes to revert to Cllr Crawford regarding the breakdown of funding for community hospitals and community nursing units in Donegal.

Action: B Gloster to revert to Cllr David Doran on the allocation of Community Nursing home money for Thurles & Roscrea

550/61/16 Date & time of Next Meeting:

The next **Regional Health Forum meeting** is now scheduled to take place on Tuesday, 22nd March, 2016 at 2pm in Galway.

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

This concluded the business of the meeting.

Signed:

Cathaoirleach/Chairman

Adopted at the Regional Health Forum West meeting

QUESTIONS RECEIVED
REGIONAL HEALTH FORUM WEST – 22nd March, 2016

NUMBER	QUESTION	RAISED BY	PAGE NO.
W62Q1773	Roscommon GP practices' referrals to RUH A & E for the year prior to it's' closure.	Cllr M Creaton	2
W62Q1774	Time frame for extension to Sacred Heart Hospital Roscommon.	Cllr M Creaton	2
W62Q1775	Patient accommodation numbers by gender& average interval time of regular patient respite stays in St Ita's Hospital Newcastle West.	Cllr J Scanlan	2
W62Q1776	Shower seat delay Newcastle West	Cllr J Scanlan	2-3
W62Q1777	Is the Capital Programme funding for new CNU at Sacred Heart Hospital site ring-fenced?	Cllr T Ward	3
W62Q1778	Future of Jigsaw Roscommon service.	Cllr T Ward	3
W62Q1779	Opening of Community Hospital in Ballinamore.	Cllr C Ellis	3
W62Q1780	Breakdown of HSE funding for proposed Dolmen Club House Castlebar, annual operating and capital costs of Dolmen Club House Ballina and HSE contribution.	Cllr M Kilcoyne	3
W62Q1781	Nurse for Day Care in St. Patrick's Hospital.	Cllr F Armstrong McGuire	4
W62Q1782	St Patrick's Day Hospital patient assessment discussions.	Cllr F Armstrong McGuire	4
W62Q1783	Numbers of vehicles over 8 years old and numbers within given mileage bands of HSE West Ambulance Fleet.	Cllr P Conneely	4-5
W62Q1784	Bed capacity numbers outcome in relation to development of new 75-bed block at GUH.	Cllr P Conneely	5
W62Q1785	Does increase in bed capacity affect parking spaces as condition of planning permission and if so, the effect this has on the new 75-bed block and on any future plans.	Cllr P Conneely	5
W62Q1786	Awarding of contract for food and beverage vending machines at GUH.	Cllr P Conneely	6
W62Q1787	HSE plans for St Brigid's Hospital Ballinasloe.	Cllr A Donohue	6
W62Q1788	Restoration of Blood Service in Muff.	Cllr G McMonagle	6
W62Q1789	Breakdown of cooperation and if any planned increase in the cross border Ambulance service in Derry/Strabane/Donegal.	Cllr G McMonagle	6
W62Q1790	Costing, numbers and current status of Bullying cases for the last 5 years in the HSE.	Cllr M McBride	6-7

NUMBER	QUESTION	RAISED BY
W62Q1773	What was the number of referrals to Roscommon Hospital by each GP practice in Co Roscommon for the 12 months prior to the closure of the A&E.	Cllr M Creaton
<p>The total number of Emergency Department attendances at Roscommon University Hospital between June 1st 2010 and June 30th 2011 was 14,128. 10,229 of those attendances were GP referrals. There were 147 referring GPs in that period. It is not possible at this time to breakdown that figure further by referring GP.</p> <p>A Cosgrove, COO, Saolta University Health Care Group</p>		
W62Q1774	What time frame is proposed for work to commence on the extension to the Sacred Heart Hospital in Roscommon.	Cllr M Creaton
<p>It is anticipated that the work on the Sacred Heart Hospital will commence in 2019 and be completed by 2021.</p> <p>T Canavan, Chief Officer, Area 2</p>		
W62Q1775	I will ask a) as to the numbers of patients that can be accommodated male & Female and b) what the average time span is between respite stay intervals for patients who need to regularly avail of Care at St. Ita's Hospital Newcastle West.	Cllr J Scanlan
<p>St Ita's Community Hospital has six respite beds available, 2 of these are in single rooms in the Ambulant Dementia Unit and can accommodate male or female clients requiring respite, depending on the requirement. The other 4 respite beds are in multi-occupancy rooms and currently accommodate a gender mix of three males and one female. However, this gender mix can change depending on the long stay admissions.</p> <p>There are currently 88 people availing of respite services at St Ita's Community Hospital, with a waiting list of 27 people. Some are special requests for a specific holiday period and families do not want alternative dates.</p> <p>Clients availing of the service have respite on average 3 to 4 times a year and others, depending on their need have respite 6 to 8 times a year.</p> <p>B Gloster, Chief Officer, HSE Mid West Community Healthcare</p>		
W62Q1776	I will ask as to why there is in excess of a 3 month delay in providing a shower seat to one of our Communities elders in Newcastle West.	Cllr J Scanlan
<p>This matter has been reviewed with the Occupational Therapy Manager who is aware of the client this question refers to.</p> <p>The referral, which was received by the Primary Care Team in Newcastle West, was reviewed in January and was prioritised as a Priority 2 (standard assessment, non urgent).</p> <p>An appointment will be offered in early April to complete the Occupational Therapy assessment. The Occupational Therapist will contact the client directly to schedule this appointment.</p>		

When referrals are received by the Occupational Therapy Service, an appointment is scheduled and the Occupational Therapist completes an assessment of a clients functional abilities i.e. activities of daily living taking into consideration the environment in which they carry out these activities. Following the assessment the Occupational Therapist makes recommendations on ways to assist with completing their activities of daily living or recommends an aid or appliance to assist in making the client safer and more independent in performing their daily tasks. If appropriate the Occupational Therapist then applies for the aid of appliances for medical card holders or, alternatively, they will advise non medical card holders where the aid or appliance can be purchased.

B Gloster, Chief Officer, HSE Mid West Community Healthcare

W62Q1777	Can the HSE please inform the members of this Forum if the €9 million funding, which has been granted under the Capital Programme for a new 50 bedded CNU on the site of the Sacred Heart Hospital in Roscommon, is being ring-fenced?	ClIr T Ward
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Kathleen Lynch T.D., Minister for Social Care (Older People and Disabilities), Primary Care and Mental Health announced on 26th January 2016 programmes of investment in public nursing homes. The investment is planned for 90 centres across the country between now and 2021 and includes the ring-fencing of a €9 million investment in the building of a new 50 bedded Community Nursing Unit on the site of the Sacred Heart Hospital in Roscommon.

T Canavan, Chief Officer, Area 2

W62Q1778	Can the HSE please inform the members of this Forum if it is the intention of the HSE to close the Jigsaw Roscommon service? I would appeal to the HSE and the stakeholders not to close this vital service at this time and to ensure that this much needed service is not removed from the young people of County Roscommon.	ClIr T Ward
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It is not the intention of the HSE to close the Jigsaw Roscommon service and there is currently a staff recruitment campaign taking place.

T Canavan, Chief Officer, Area 2

W62Q1779	Can the HSE Executive please explain why it is taking so long to have the Community Hospital in Ballinamore opened. This facility was supposed to be opened before the end of 2015.	ClIr C Ellis
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The HSE are actively recruiting staff for a variety of different grades which were advertised in all local papers to facilitate interest from locally qualified people. This process is currently being finalised and the unit is expected to open in April 2016. As you will appreciate the recruitment process has to be robust and comply with all Codes of Practice to ensure that all necessary checks are completed.

J Hayes, Chief Officer, Area 1

W62Q1780	Please let me have a breakdown of the total HSE funding, both capital costs and running costs for the proposed Dolmen Club House project, Rock Square, Castlebar, committed to date and commitments for the future. Please also let me know the annual operating costs and the capital costs of the Dolmen Club House in Ballina and the HSE contribution to same.	ClIr M Kilcoyne
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Current HSE funding to Dolmen Castlebar and Ballina is €122,861 (2015) by way of an SLA.

We have no commitment at this point to the proposed Rock Square development in Castlebar.

Annual operating costs in 2015 for both locations was €214,184 (running costs - €78,579 and associated salary costs - €135,605).

We are not aware of capital costs – HSE contributions are as above.

T Canavan, Chief Officer, Area 2

W62Q1781	When will a dedicated nurse be reinstated in Day Care of St Patricks Hospital for the purpose of general care of those who attend on a daily basis?	Cllr F Armstrong McGuire
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In addition to the extra clinics recently provided at the Day Hospital at St Patrick's, a Nurse is also available on a needs basis to assist with any assessments required by those who attend.

A Nurse led Falls Assessment Clinic takes place every Monday providing necessary assessments and onward referral for people at risk of having a fall.

A Nurse led Tissue Viability Wound Care Clinic has commenced and will provide direct referral to a vascular surgeon if required.

The Nurse led Continence Clinics will continue every Tuesday and will provide this essential service for those with continence difficulties.

These clinics accept referrals from all GP's / PHN's in the area.

The Day Hospital continues to operate on Mondays, Wednesdays and Fridays. And a nurse is available to support the people who attend on these days if required

A number of Out Patient Clinics are also available at St Patrick's Day Services each week these include consultant let Orthopaedic, Geriatric, Old age psychiatry, Paediatric and Antenatal/Gynae clinics.

Out Patient multidisciplinary clinics provided include, Speech & Language Therapy, Prosthetic Fitter clinic, Chiropody and Cardiac Investigations clinic

Day Respite continues for clients as well as showers, meals and social interaction continue to be provided at St Patrick's Hospital Day Hospital.

J Hayes, Chief Officer, Area 1

W62Q1782	Assessments of patients attending St Patricks Day Hospital were done. When can families of patients expect to have meaningful discussions arising from assessments with HSE rep that would lead to best care for their loved ones?	Cllr F Armstrong McGuire
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Staff at the hospital were in communication with all relevant family members in relation to the Day Hospital. If there are any specific concerns in relation to care and available programme, staff at the hospital are more than willing to engage.

J Hayes, Chief Officer, Area 1

W62Q1783	The number of vehicles in the current HSE West ambulance fleet that are eight or more years old, and the number of vehicles in the fleet that have a) between 200,000 miles and 300,000 miles; and b) between 300,000 miles and 400,000 miles; and c) more than 400,000 miles on their odometers.	ClIr P Conneely
<ul style="list-style-type: none"> • The number of vehicles in the current HSE West ambulance fleet that are eight or more years old: 31 Vehicles • The number of vehicles in the fleet that have between 200,000 miles and 300,000 miles: 29 Vehicles • The number of vehicles between 300,000 miles and 400,000 miles: 23 Vehicles • More than 400,000 miles on their odometers: 16 Vehicles <p>Under National Ambulance Service Fleet replacement Policy for 2016 over €18m will be invested under the HSE Capital Program .Nationally a total of 50 new vehicles and 35 remount vehicles (cab will be retained and new engine and cab) will be introduced. By the end of 2016 the oldest vehicles in the West Area will be 2011 registrations – 16 from a fleet of 96. The age profile of remaining vehicles is 131 upwards. The expectation is that there will be continued investment in a replacement program going forward to maintain the age profile of the vehicles.</p> <p><i>P O’Riordan, Area Operations Manager, West National Ambulance Service</i></p>		
W62Q1784	Can it be confirmed that the planning and development of the new 75-bed block at UHG was commenced with the original intention that these would be replacement beds and that there would be no increase in bed capacity as a result of the development? When did this position change? How many beds are/were accommodated in the three wards that will close as part of the development? How many additional beds will be provided as a result of the development?	ClIr P Conneely
W62Q1785	Is there a requirement for the purposes of planning permission for the hospital to provide additional parking spaces in the event of an increase in bed capacity? Does this requirement present a difficulty in terms of the future expansion of the hospital? Was this a factor in deciding that the new 75-bed block would contain only replacement beds?	ClIr P Conneely
<p><u>Response to W62Q1784 & W62Q1785</u></p> <p>The new ward block development at UHG is based on service needs and will accommodate 75 single occupancy rooms over three floors plus one level for plant. The new build is located between the maternity unit and the main hospital and will integrate into the existing hospital clinical environment. The new accommodation will comply with HIQA standards and best practice in relation to improved infection prevention and control.</p> <p>The new ward block was originally intended as substantially replacement accommodation and will help to address current infrastructural and capacity issues at UHG. One ward was demolished (17 beds) to facilitate the new block construction. In addition services from one/two of the existing wards in the main hospital</p>		

block will be relocated to the new development. Overall this will allow for the provision of additional beds to manage peaks in patient activity as currently experienced.

The building is progressing well and the construction is due for completion at the end of 2016 after which equipping and commissioning will take place in early 2017. The hospital team is currently planning for the precise use of the accommodation.

In May 2015, 14 additional rehabilitation beds were opened on the Merlin Park site. In January 2016 an additional 17 beds were opened on the UHG site.

Generally on any hospital site, car parking is a consideration in respect of the planning for any development and this is addressed in some instances by additional parking, but in other instances by mobility planning, and for example on the UHG site, two additional paying public car parks have been commissioned since January 2016, in excess of 70 parking spaces. There is also a shuttle bus service in operation for staff offsite parking which forms a central part of mobility management.

A Cosgrove, COO, SAOLTA University Healthcare Group

W62Q1786	Please provide the names of the company or companies awarded contracts for the provision of food and beverage vending machines at GUH under the HSE healthy vending policy.	Cllr P Conneely
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The providers for the implementation of the HSE vending policy in GUH are Aramark.

GUH and Aramark have agreed the terms of implementation of the HSE vending policy in March 2016.

A Cosgrove, COO, SAOLTA University Healthcare Group

W62Q1787	What plans have the HSE for the current state of the old St Brigid's Hospital in Ballinasloe? It's an eyesore as you approach the town with broken windows and parts of the roof falling in. Is there a short term plan to bring the site to a respectable level and what is the overall long term plan for the /site?	Cllr A Donohue
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The HSE is endeavouring to dispose of the site and buildings and planning to this end is ongoing.

With regard to short term plans for the site, current funding levels do not allow for works on this site other than those necessitated by safety and security. It will be appreciated that we have limited funding available which we must prioritise for the benefit of service users and the old St. Brigid's Hospital Campus is not appropriate for the future needs of our service users.

T Canavan, Chief Officer, Area 2

W62Q1788	Can the service of taking bloods in the Muff area be restored to the local village, rather than forcing patients to travel to Buncrana?	Cllr G McMonagle
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Response not available at time of print.

W62Q1789	Can I have a breakdown of the cooperation of the cross border Ambulance Service provision in the Derry/Strabane/Donegal areas and ask is there any plans to increase this cooperation on the back of the imminent Ambulance National Review Report?	Cllr G McMonagle
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The Northern Ireland Ambulance Service (NIAS) and the National Ambulance Service(NAS) have in place a Memorandum of Understanding to deal with declared Major Incidents to provide Mutual Aid. On a day to day basis National Emergency Operations Centre can seek assistance from NIAS on a call by call basis, with a similar arrangement in place if assistance is required of the NAS by NIAS.

P O’Riordan, Area Operations Manager, West National Ambulance Service

W62Q1790	Can the HSE CONFIRM how many bullying cases have been taken against it in the last five years, how many were settled and at what cost and how many are still live.	Cllr M McBride
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The HSE Dignity at Work Policy defines Workplace Bullying as follows:

“Workplace bullying is repeated inappropriate behaviour, direct or indirect, whether verbal, physical or otherwise, conducted by one or more persons against another or others, at the place of work and/or in the course of employment, which could reasonably be regarded as undermining the individual’s right to dignity at work.

An isolated incident of the behaviour described in this definition may be an affront to dignity at work but as a once off incident is not considered to be bullying.”

A key characteristic of bullying is that it usually takes place over a period of time. It is regular and persistent and inappropriate behaviour which is specifically targeted at one employee or a group of employees. It may be perpetrated by someone in a position of authority, by staff against a supervisor/manager or by staff in the same grade as the recipient.

Data is presently being collated across Area West in respect legal cases taken regarding bullying and this data will be circulated to the Forum Member under separate cover.

F Rogers, Assistant National Director, Human Resources