

**Minutes of Regional Health Forum West meeting held on
Tuesday, 23rd March, 2021 at 1.30pm by Zoom.**

Miontuairiscí chruinniú an Fhóiraim Sláinte Réigiúnaigh a tionóladh Dé Máirt, 23 Márta 2021
ag 1.30 in trí súmáil isteach

Chairperson: Cllr Gerry McMonagle

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

In attendance:

Tony Canavan, Executive Lead, Regional Health Forum/CEO, Saolta University Health Care Group
 Colette Cowan, CEO, UL Hospital Group
 Ann Cosgrove, Chief Operating Officer, Saolta University Health Care Group
 Breda Crehan-Roche, Chief Officer, Community Healthcare West
 Maria Bridgeman, Chief Officer, Midwest Community Healthcare
 John Hayes, Chief Officer, CHO, Area 1
 Charlie Meehan, Head of Service, Mental Health, CHO, Area 2
 Norah Owens, Regional Health Forum Office
 Marian Cavanagh, Regional Health Forum Office
 Anna Lyons, Regional Health Forum Office

771/95/21 Minutes of previous meeting – 23rd February, 2021

The minutes of the previous meeting held on the 23rd February 2021 were proposed by Cllr Gerry Crawford and seconded by Cllr Donal Gilroy and adopted.

772/95/21 Matters Arising:

773/95/21 Chairman's Business:

The November 2020 minutes were not ratified so the Chairman asked for this to be finalised. Cllr A Doherty proposed and Cllr M McLoughlin seconded, and they were adopted. The minutes will be amended accordingly.

774/95/21 Update on COVID-19/Vaccination roll-out

Tony Canavan, CEO, Saolta University Health Care Group gave a general update to the members on COVID 19 and the vaccination roll-out.

775/95/21 Questions:

W93Q2926/Q2972: Roll Out of Vaccination to over 70 Housebound by NAS:

Supplementary Questions from Cllr Farrell, Cllr Francis Parsons and Cllr Murphy.

B. Forbes to revert to the RHF office with the plan roll-out of vaccination to the over 70 housebound in Leitrim, Ballinasloe, Spiddal and Clare.

Action: RHF Office to revert to the individual councillors with the relevant update on receipt of the information.

W93Q2930/2931: Ambulance Management

Action: B. Forbes to provide Cllr G Crawford with contact details for the management personnel listed in the response

Action: Cllr G Crawford requested B .Forbes attend the next Regional Health Forum on 25th May 2021.

W93Q2935: Home Support Staff - Mayo

Action: B. Crehan-Roche to revert to Cllr M Kilcoyne with a date of the last advertisement for home help support staff for Co Mayo.

W93Q2936: COVID 19 mortality rates in Co Mayo

Action: T. Canavan agreed to examine how feasible it would be, to determine, of the number of patients that died in MUH, how many were tested positive on admission.

W93Q2937: Vaccination Centre, Breaffy, Co. Mayo

Action: T. Canavan to revert to Cllr M Kilcoyne with the number of people vaccinated at the Breaffy vaccination Centre on Monday, 22nd March, 2021

W93Q2938: School Dental Scheme

Action: B. Crehan-Roche to revert to Cllr M Kilcoyne regarding follow up care for 6th class students who were not seen due to COVID and have moved on to 2nd level.

W93Q2940: CAMHS Services - Donegal:

Action: J Hayes to examine the number of clients referred out of the North West for detox services in the last year and revert to Cllr G McMonagle.

W93Q2943: Fatigue & Myalgia Helpline and Treatment:

Action: J. Hayes to revert to Cllr A Doherty on how GP's and OT's could engage with a support group for these conditions.

W93Q2944: Satellite Vaccination Hubs

Action: T. Canavan and J Hayes to keep Cllr Doherty briefed on the progress on developing satellite vaccination hubs.

W93Q2945: Riverwalk Respite House

Action: J Hayes to advise Cllr A Doherty on the date that Riverwalk can revert to a respite facility

W93Q2946: Milltown House:

Action: J. Hayes to keep Cllr Doherty briefed on any developments with Milltown House.

W93Q2964: Cataract surgeries in Galway

Action: A. Cosgrove to confirm to Cllr Dáithí Ó Cualáin the duration of time a patient needs to be on a waiting list to utilise the National Treatment Purchase Fund (NTPF) and forward the contact details for the NTPF to him.

W93Q2966: Interviews undertaken in Irish

Action: RHF Office to supply the Irish Officer details to Cllr Ó Cualáin

W93Q2974: Counselling Services for Frontline Staff

Action: B. Crehan-Roche to contact Cllr John O'Hara with the details of the counselling services for frontline staff

W93Q2975: New community members not registered with a GP

Action: T Canavan to keep members up to date on vaccination roll-out

W93Q2980: Dental Services in Tuam

Action: B. Crehan-Roche to respond to Cllr D Killilea with the current number of children on the waiting list in Tuam for dental services.

769/93/21 AOB:

Action: Cllr C Brogan asked for members to be kept up to date on the roll out of the vaccinations.

770/93/21 Date & Time of Next Meeting:

The next **Regional Health Forum Committee** Meeting will take place on Tuesday 27th April at 2pm, the format of which will be advised to the members at a later date.

The next **Regional Health Forum West** meeting will take place on Tuesday 25th May, 2021 at 2pm, virtually.

This concluded the business of the meeting.

Signed:

Cathaoirleach/Chairman

Adopted at the Regional Health Forum West meeting

QUESTIONS AND RESPONSES RECEIVED
REGIONAL HEALTH FORUM WEST - 28th SEPTEMBER 2021

Number:	QUESTION	RAISED BY	PAGE No.
W95Q3040	HIQA findings in relation to Lifford Community Hospital	Cllr G Crawford	4
W95Q3041	Ambulance dispatch operation and to recommend ways to improve same.	Cllr G Crawford	4-5
W95Q3042	Update on the planned new 42 bed medical block at Sligo University Hospital	Cllr D Gilroy	5
W95Q3043	Plan for the 99 vacant nursing and midwifery posts at SUH.	Cllr D Gilroy	5
W95Q3044	Update on Sexual Health Clinic at SUH.	Cllr D Gilroy	5-6
W95Q3045	No. of WTE Permanent full-Time Nursing Staff employed at GUH on March 31st 2020 and how many employed at GUH on August 31st 2021?	Cllr J Connolly	6
W95Q3046	Numbers referred to CAMHS Services and/or Community Psychology Services for a suspected diagnosis of an eating disorder in CHO2 in 2020/2021?	Cllr J Connolly	6-7
W95Q3047	The 2019 scoping study for the Proposed Regional Elective Hospital at Merlin Park and business case.	Cllr J Connolly	7-8
W95Q3048	A&E attendance numbers at UHG each week in 2021 and waiting times prior to discharge/admission to hospital.	Cllr J Connolly	8-9
W95Q3049	How many staff have left Mayo University Hospital to take up positions elsewhere/ retired since March 2020?	Cllr M Kilcoyne	9-10
W95Q3050	Day care centres for the elderly in Mayo; open/closed/operating times/re-openings/staffing/transport provision.	Cllr M Kilcoyne	10-11
W95Q3051	What steps have been taken to construct a covered passageway between the Covid Assessment Unit and the main hospital building at MUH?	Cllr M Kilcoyne	11
W95Q3052	List the number of staff vacancies in each staff category in MUH, length of vacancy, efforts to fill the vacant positions?	Cllr M Kilcoyne	11
W95Q3053	Can the Covid App have details of someone who has come down with Covid after they have been double vaccinated when they show it as there vaccination passport.	Cllr F Gurn	11-12
W95Q3054	When someone who is double vaccinated get Covid how long are they immune to getting Covid?	Cllr F Gurn	12
W95Q3055	The hacking of the HSE system, safeguards, patient information restoration?	Cllr F Gurn	12-13
W95Q3056	Provision of "Diabetes" Centre of Excellence service at Letterkenny University Hospital.	Cllr A Doherty	13-14
W95Q3057	Intellectual Disabilities; Respite Beds Carndonagh, Inishowen, provision of extra respite beds/supports.	Cllr A Doherty	14-15
W95Q3058	Expected opening date of The Primary Healthcare Centre in Donegal Town?	Cllr T Conaghan	15
W95Q3059	What is finalised list of care/facilities that the Primary Healthcare Centre in Donegal Town will provide?	Cllr T Conaghan	15
W95Q3060	Nursing Staff numbers/complement/vacancies by department in SUH and recruitment efforts.	Cllr D Bree	15-16
W95Q3061	List of persons/firms providing professional services to the HSE in this region i.e. solicitors, valuers, consultants etc., and that details of	Cllr D Bree	16-17

	payments to each for the years 2020, 2019		
W95Q3062	Staff numbers currently employed at SUH and numbers employed at the same time in 2020? Please list by occupation, permanent, temporary, agency, and staff vacancy numbers.	Cllr D Bree	17-18
W95Q3063	To ask (a) how many adults (over 18) in each county in the Health Forum area possess a full medical card (b) how many of those medical card holders in each county were prescribed (1) anti-depressants (2) Anxiolytics (Valium, Xanax etc) (3) Antipsychotics, in each of the last two years for which figures are available.	Cllr D Bree	18-19
W95Q3064	What plans are being put in place to cope and deal with the expected winter surge and overcrowding in the ED/MAU/ESU?	Cllr D Ó Cualáin	19-20
W95Q3065	What is the view of Saolta management with regard to the Slainte Care proposals regarding an elective/ambulatory hospital for Merlin Park?	Cllr D Ó Cualáin	20-21
W95Q3066	Home support care (home help) at present in Galway city and county. Can I get a breakdown of the number of hours being provided by the HSE directly and by private operators?	Cllr D Ó Cualáin	21-22
W95Q3067	Can I get a breakdown in tabular form on how many calls have been responded to in the south Connemara Area from January 2020 up to 31st August 2021 by ambulances and crews not based in the local Carraroe base	Cllr D Ó Cualáin	22
W95Q3068	Given the struggle many Disability Service Providers are currently having with recruiting staff, leaving many families without this vital support, can the HSE, as an interim measure, allocate this funding directly to the families to facilitate them sourcing and paying for the required support privately	Cllr C Murphy	22
W95Q3069	Can I be provided with an update on the proposed timeline for the delivery of the primary care centre in Kiltrush	Cllr C Murphy	22-23
W95Q3070	Can the operational procedures for dispatchers in the National Ambulance Service be amended to ensure an estimated time of arrival by the ambulance to the required location?	Cllr C Murphy	23
W95Q3071	HSE Capital Plan announced on the 1 st September includes a new elective hospital for Merlin Park, what has been approved under the Capital Plan and the timescales for delivery?	Cllr D McDonnell	24
W95Q3072	Update on the new Emergency Department at UHG and when will it be completed and ready for use?	Cllr D McDonnell	24-25
W95Q3073	What steps are being taken to engage with private hospitals to tackle hospital waiting lists?	Cllr D McDonnell	25
W95Q3074	What steps are being taken by the HSE to standardise home care supports, including planning and communication to clients across all agencies supplying home care services to the HSE?	Cllr D McDonnell	25-26
W95Q3075	Have HSE or HIQA have carried out or intend to carry out a safety and risk assessment of the staffing threshold at the Emergency Department at SUH?	Cllr D Mulvey	26
W95Q3076	Update on the new Health Centre for Tubbercurry Co Sligo	Cllr D Mulvey	26-27
W95Q3077	How many New Consultants and Non Consultant Hospital Doctors, Specialist Nurses have been recruited for LUH since the beginning of 2021?	Cllr G McMonagle	27-28
W95Q3078	Update on steps taken by SAOLTA to deliver on the recommendations of Dr Michael Power, National Clinical Lead, contained in his "Critical Care Programme"	Cllr G McMonagle	28

W95Q3079	What contingency strategy do the National Ambulance Service implement when multiple ambulances are docked at LUH to ensure that an adequate Ambulance Service is still maintained across County Donegal?	Cllr G McMonagle	28-29
W95Q3080	Update on the plans there are to reinstate ophthalmic services at LUH?	Cllr G McMonagle	29
W95Q3081	What permanent mental health facilities if any will be provided at the two new primary care centres in North Sligo?	Cllr D Gilroy	29-30
W95Q3082	Has lease and usage of Milltown House been agreed with the friends of JCM?	Cllr A Doherty	30-31
W95Q3083	Update on completion at Carndonagh Community Hospital?	Cllr A Doherty	31
W95Q3084	Update on Breast Check Screening Service, current numbers of women 50-69 impacted and current waiting times?	Cllr E Francis Parsons	31-33
W95Q3085	Specialist Menopause Clinic roll out and the portion of funding allocation to HSE West?	Cllr E Francis Parsons	33-34
W95Q3086	Update on the HPV Vaccination programme, and its current roll out in CHO2?	Cllr E Francis Parsons	34
W95Q3087	Update on dates and locations for resumption of respite care and disability day care services in HSE West, including transport supports.	Cllr E Francis Parsons	34-37
W95Q3088	Elective Hospital Merlin Park - timescales for the construction and completion of the proposed Elective Hospital on the grounds of Merlin Park	Cllr L Carroll	37-39
W95Q3089	ED BLOCK GUH – Update on planning application lodged in respect of a new 7 storey ED Block in GUH?	Cllr L Carroll	39-40
W95Q3090	The timescale for the construction of a new Primary Health Care Centre in Oranmore	Cllr L Carroll	40
W95Q3091	Confirmation when day care services will resume for people in the Mohill Community Centre.	Cllr P Farrell	40

Number:	QUESTION	RAISED BY
W95Q3040	In view of the recent findings from HIQA in relation to Lifford Community Hospital and the areas of non-compliance classed as Red in the report, can I have a report into how this terrible situation was allowed develop from 2019 until July 2021 which drew such a Critical observation and which the report found had a significant impact on residents and to the structure of the building.	Cllr G Crawford

HIQA carried out inspections in 2019 and 2021 in Lifford Community Hospital. From reviewing the HIQA inspection reports, it is evident that there are a number of improvements which indicates progress within the different Regulations, for example; Directory of Residents, Contracts for the Provision of Service, Personal Possessions, Risk Management, Medicines & Pharmaceutical Services and the Protection of Residents. It is also noted by the Service, there are key areas which require further attention in order to meet full compliance with the Regulations, the most challenging of which are the Regulations of Fire and Premises.

As indicated in the 2019 report, the damage to the roof was deemed the prime contributor to the state of the repair of the building structure and the essential repair of the roof was a priority for the Service. The HSE Estates/Maintenance Departments undertook a scoping exercise of the works to be completed on the roof repairs and guttering. Following this exercise the Estates Department commenced a tendering process in 2020 to repair the roof. Unfortunately, this process was delayed due to Public Health Restrictions during the Covid-19 pandemic. The repairs to the roof commenced under the guidance of the HSE Estates Department in June, 2021.

The HSE take patient and staff safety as being paramount within service delivery. Reports available confirm that during 2012 – 2016, the HSE spent a total of €205,220 on fire safety within the Unit. This investment is a key factor in the Unit being fully compliant in Regulation 28 (Fire Precautions) by the Regulator in 2019. It is noted however in the 2021 report that a number of weaknesses were pointed out regarding fire doors and fire safety. Once this was raised as a concern, management acted swiftly in the accommodation of existing patients and staff to alternative facilities. The Unit closed in early August to facilitate the essential upgrades and re-registration process with HIQA.

The temporary closure of Lifford Community Hospital has allowed for a full review of the building by the HSE Estates and Surveyors to be carried out. The review identifies the required works at Lifford Community Hospital and the associated costs of the required refurbishment programme. The submission for funding for this capital refurbishment programme has been escalated to National HSE under the 2022 estimates process.

Upon National HSE approval being obtained, the works will be completed within the facility which will then operate as a Short Stay Unit under the Safer Better Healthcare Regulations. Services provided will be Respite, Rehabilitation, Assessment and Convalescent Care.

John Hayes, Chief Officer, CHO1

W95Q3041	In view of concerns being expressed locally in Donegal and indeed also at a national level, I am requesting an urgent report of how the present system of Ambulance dispatch operates and to recommend ways to improve same.	Cllr G Crawford
-----------------	--	------------------------

The National Ambulance Service (NAS) National Emergency Operations Centre (NEOC) takes all pre-hospital emergency calls for medical assistance outside of Dublin city for Ireland. The NEOC Emergency Call Takers utilise an internationally recognised software called Medical Priority Dispatch System (MPDS) to triage all emergency calls, which categorise the call based on the acuity. The Emergency Call Takers also provide vital pre arrival instructions and advise to our patients while they are waiting on a resource to arrive.

It is worth noting that at the same time, the NEOC Emergency Dispatcher allocates the nearest available resource to the call, and in the event that there are a number of calls on our system the call with the highest acuity will be responded to first, and so on. As a national service, the National Emergency Operations Centre has access to all NAS

resources nationally and dynamically deploys them as required.

The National Emergency Operations Centre is an internationally recognised Accredited Centre of Excellence, an accreditation which only a handful of ambulance services internationally hold. The National Emergency Operations Centre also holds the nationally recognised ISO 9001:2015 accreditation for its processes and procedures.

Notwithstanding the above, the National Emergency Operations Centre can only deploy resources that are available to it. On occasion demand may out strip available resources in one area, and we will have to deploy resources from another area to assist. In these times of high demand the National Emergency Operations Centre work closely with our colleagues in the hospitals to ensure ambulances are released quickly, and our clinical hub Doctors and nurses assist in finding alternative pathways for patients who do not require an ambulance, or hospital treatment.

Sean Brady, National Control Operations Manager, National Emergency Operations Centre, National Ambulance Service

W95Q3042	Can the HSE provide an update on the planned new 42 bed medical block at Sligo University Hospital	Cllr D Gilroy
-----------------	--	----------------------

Stage 2b statutory approval (planning and fire certs etc) for the 42 Bed Medical Block has been completed. Tenders for enabling works (car park extension) have been returned and are currently under evaluation. Stage 2c, which is the more detailed design stage, is currently underway and the completed report for this stage is due in Quarter 4 2021. Funding will then be required to proceed to tender for construction works in 2022.

A. Cosgrove, COO, Saolta University Health Care Group

W95Q3043	The plan for dealing with the 99 vacant nursing and midwifery posts at Sligo University Hospital.	Cllr D Gilroy
-----------------	---	----------------------

Staffing and recruitment plans are underway to address staffing vacancies deficits across the hospital. A significant overseas Nursing recruitment campaign is being actively progressed nationally with a strong intention to have additional resources coming into the service within the next 1 - 3 months. Localised recruitment is also underway and we expect to have 83 posts filled in the coming months, as a result of both recruitment campaigns.

A. Cosgrove, COO, Saolta University Health Care Group

W95Q3044	<p>Can the Regional Health Forum West update members?</p> <ul style="list-style-type: none"> • What services are available at the Sexual Health Clinic at Sligo University Hospital? • is it correct and acceptable that people from Sligo and the Northwest have to travel to Galway for PrEP (Pre-Exposure Prophylaxis) Clinics? • Does the service need to be more comprehensive in Sligo? • Are the clinics in Sligo operating only 2 Evenings per week and have they the staff numbers required? • Has a consultant been appointed to this service and if not will a consultant be appointed and when? 	Cllr D Gilroy
-----------------	--	----------------------

The following services are available at the Sexual Health Clinic at Sligo University Hospital;

- Free, confidential, clinical services for sexually transmitted Infections (STIs). This includes screening, vaccination, diagnosis, treatment and advice.
- Advice for women who are pregnant and have an STI.
- Vaccinations for men who have sex with men (MSM).
- Pre exposure prophylaxis for HIV (PrEP).
- Post exposure prophylaxis for HIV (PEP).

A Pre exposure prophylaxis (PrEP) Service is available in Sligo and Letterkenny.

A comprehensive range of services are provided for a comprehensive range of STIs at the Sexual Health Clinic at Sligo University Hospital.

Patients are seen in the Sexual Health Clinic two evenings per week. Telephone contact is made with patients and GPs during the day, Monday to Friday. Since February 2021, the Clinical Nurse Manager's working week has been increased from thirty to thirty nine hours. Since May 2021, an additional staff nurse has been on duty during one of the clinics each week. Additional staff nurse, healthcare assistant and clerical support resources are currently being progressed.

The Sexual Health Clinic at Sligo University Hospital has been consultant led since it began and this remains the case. Two Senior Medical Officers also work in the clinic.

Information on sexual health services and sexual health and wellbeing is available at <https://www.hse.ie/eng/services/list/5/sexhealth/> and <https://www.sexualwellbeing.ie/>

The North West HSE Sexual Health Clinic telephone numbers are Sligo 071 917 0473 and Letterkenny 074 912 3715.

John Hayes, Chief Officer, CHO1

W95Q3045	How many WTE Permanent full-Time Nursing Staff were employed at Galway University Hospitals on March 31st 2020 and How many WTE Permanent full-Time Nursing Staff were employed at Galway University Hospitals on August 31st 2021?	Cllr J Connolly
-----------------	---	------------------------

Please see headcount of Permanent Full-time and Part-time Nursing Staff figures for GUH for the relevant dates below:

31/03/2020 1568
 31/08/2021 1606

As per the Census Reports the **GUH WTE for Permanent Full-Time Nursing/Midwifery Staff** was:

	March 2020	August 2021
Nursing/Midwifery – Permanent Full-Time WTE	924.80	1,000.09

Figures include grades from Staff Nurse/Midwife – Director of Nursing/Director of Midwifery. Unpaid Leave is also taken into account in the above.

A. Cosgrove, COO, Saolta University Health Care Group

W95Q3046	How many patients have been referred to CAMHS Services and/or Community Psychology Services seeking support for a suspected diagnosis of an eating disorder in CHO2 in 2020 and to date in 2021? Is there a waiting time for patients referred for such appointments?	Cllr J Connolly
-----------------	---	------------------------

Community Team	Eating Disorder Referrals	
	Total No of Referrals 2020	Total No of Referrals 2021 to date
South Galway	28	20
West Galway	17	16

North Galway	10	6
Roscommon	9	16
North Mayo	26	21
South Mayo	11(2PNA*)	13

*PNA - **Process Not Accepted Cases** (the referral took place, the team have looked into the referral and deemed not suitable for CAMHS)

All referrals to the CAMHS services are dealt with in line with the CAMHS Operational Guidelines 2019, where by urgent referrals are responded to within three working days of receipt of referral and seen as soon as possible based on clinical risk and routine referrals are seen within 12 weeks or sooner depending on service demands.

Breda Crehan-Roche, Chief Officer, Community Healthcare West

W95Q3047	<p>The estimated resource requirement included in the 2019 scoping study for the Proposed Regional Elective Hospital at Merlin Park included:</p> <ul style="list-style-type: none"> • 75 Elective Inpatient Beds • 125 Daycase Beds • 11 Operating Theatres • 8 Scope Rooms • 71 Outpatient Rooms. <p>The report notes that these values are indicative and “will be further refined as part of the Detailed Business Case where the scope could potentially be expanded to serve a wider regional population.”</p> <p>Can the Management confirm whether the business case has proposed to maintain or expand this indicative resource requirement?</p>	Cllr J Connolly
-----------------	--	------------------------

In 2019 the Saolta University Health Care Group published the outcome of the options appraisal process undertaken to identify the most appropriate way to proceed with the future development of hospital services in Galway, to enable the delivery of the best possible outcomes for patients across the West and North West of Ireland.

As part of the options appraisal process, a Regional Elective Hospital Scoping Study for the development of a Regional Elective Hospital in Galway was also undertaken. This outlines capacity, including the infrastructural requirements, necessary to develop an elective hospital which will serve the wider region. We are currently engaging with Sláintecare (Department of Health) and the national team in relation to their proposed model. In June Saolta made a submission to the Elective Hospitals Site Selection for Merlin Park University Hospital (MPUH) to be the chosen site. Last week we wrote to the Sláintecare office seeking an update on the progress of our submission. We are awaiting a response.

It is our view that the Sláintecare elective model will deliver on phase 1 of our more comprehensive requirement as outlined in the Elective Hospital Scoping Study. We aim to maintain the resource requirements outlined in the scoping study and continue to work with the national project team to develop a facility that adds the greatest value to patients in this region.

The National Development Plan (February 2018) stated that, “New dedicated ambulatory elective only hospital facilities will be introduced in Dublin Galway and Cork. These facilities will provide high volume, low complexity procedures on a day and outpatient basis, together with a range of ambulatory diagnostic services. The high volume of demand for such services in these major urban centres is sufficient to justify the construction of dedicated

ambulatory centres.”

The introduction of these dedicated elective/ambulatory sites is also in line with the recommendations of the 2018 Health Service Capacity Review and the Sláintecare Implementation Strategy (August 2018).

In 2019 the Sláintecare Programme Implementation Office (SPIO) established an Elective Hospitals Oversight Group to guide the development of the elective/ambulatory sites, as outlined in the National Development Plan (February 2018).

The Elective Hospitals Oversight Group has the following terms of reference:

1. To develop the elective hospital capacity with a ten-year horizon of need, which facilitates the separation of scheduled and unscheduled care.
2. To provide quicker, higher quality, safer care for selected, elective patients.
3. To create capacity for acute hospital sites and reduce/eliminate outlier boarding (trolleys).
4. To drive down waiting lists, both outpatient and inpatient/day case.
5. To reduce cancellations.
6. To reduce acute hospital footfall.

The provision of accident and emergency services is not within its terms of reference.

The Oversight Group is following the process outlined in the Public Spending Code. As required under the Code, a Strategic Assessment Report was completed for the development of Elective Hospital facilities. This sets out the rationale for investment, the alignment of the programme with strategic requirements of Government, and some initial options, etc.

T. Canavan, CEO, Saolta University Health Care Group

W95Q3048	What is the cumulative weekly number of patients who attended Accident and Emergency at UHG each week so far in 2021? Can further advice be provided as to the waiting times experienced by patients prior to discharge or admission to the general hospital?	Cllr J Connolly
-----------------	---	------------------------

GUH 2021 ED Attendances Week Ending	Cumulative Totals
03-Jan	336
10-Jan	911
17-Jan	846
24-Jan	869
31-Jan	842
07-Feb	940
14-Feb	971
21-Feb	1085
28-Feb	1150
07-Mar	1176
14-Mar	1088
21-Mar	1245
28-Mar	1176
04-Apr	1259
11-Apr	1240

18-Apr	1427
25-Apr	1444
02-May	1455
09-May	1374
16-May	1399
23-May	1236
30-May	1461
06-Jun	1422
13-Jun	1541
20-Jun	1534
27-Jun	1554
03-Jul	1553
11-Jul	1585
18-Jul	1517
25-Jul	1547
01-Aug	1593
08-Aug	1469
15-Aug	1358
22-Aug	1409
29-Aug	1360
05-Sep	1349
12-Sep	1520
19-Sep	1452

Year to date, UHG has seen 48,693 attendances and this represents 14pc increase in target activity to date.

% Patient Experience Time Admitted Patients (Patient Experience Time refers to length of stay time)

2021	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
>6hrs		96.30	94.40	86.79				88.10				
>9hrs		98.50	97.50	93.50				92.80				

% Patient Experience Time Non-Admitted Patients

2021	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
>6hrs		52.90	54.60	53.90				50.50				
>9hrs		74.30	74.30	72.80				69.90				

% Patient Experience Time Admitted Patients (>75 years)

2021	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
>6hrs		97.00	91.10	76.40				84.70				
>9hrs		98.50	96.30	87.30				89.50				

% Patient Experience Time Non-Admitted Patients (>75 years)

2021	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
>6hrs		31.30	37.00	35.10				33.90				
>9hrs		56.40	58.43	56.60				51.70				

A. Cosgrove, COO, Saolta University Health Care Group

W95Q3049	How many staff have left Mayo University Hospital to take up positions elsewhere/ retired since March 2020?	ClIr M Kilcoyne
-----------------	---	------------------------

Please see below for the number of staff who have left MUH since March 2020, along with details on the number of staff who joined the hospital for the same period.

Leavers By Staff Category	
Patient & Client Services	17
Management/ Admin	17
Health & Social Care Professionals	15
General Support	1
Medical/ Dental	14
Nursing/ Midwifery	70
Total	134
Starters By Staff Category	
Patient & Client Services	43
Management/ Admin	56
Health & Social Care Professionals	25
General Support	8
Medical/ Dental	17
Nursing/ Midwifery	96
Total	245

T. Canavan, CEO, Saolta University Health Care Group

W95Q3050	Please list the day care centres for the elderly in Mayo which are currently open. How many days a week do they operate. Please list the day care centres for the elderly in Mayo which are currently closed and the intended date for re-opening them and the number of days per week they will operate? Is the shortage of staff contributing to the number that are closed or are on shorter hours? Is transport being provided to all day care centres that are open?	ClIr M Kilcoyne
-----------------	---	------------------------

There are 13 Day Care Centres for the elderly in Mayo – 4 are directly provided by the HSE and 9 are HSE funded.

Mayo Day Services (open)	No of Days	Status
Castlebar Social Services CLG	2	open
St Colmans Care Centre CLG	5	open
Seirbhisí Cúram Chill Chomáin Teo	1	open
Father Patrick Peyton CSC Day Care Centre	2	open
Killala Community Council (Newstart) CLG	5	open
Mayo Day Services (to re-open)		
Dalton CNU Claremorris	2	closed
Sacred Heart Hospital, Castlebar	3	closed
Swinford District Hospital	2	closed
St Augustine's CNU, Ballina	5	closed
Kilmovee Day Care	1	closed

St Johns Rest & Day Care Centre	2	closed
Ballycroy Social Services	1	closed
Cuan Modh Day Centre	3	closed

Currently due to the Covid19 pandemic, all HSE Day Care Centres are closed. The main reason for this is because all of our Day Services are run inside residential care facilities. Due to Infection Control reasons, we cannot open centres that have shared living spaces for residents and day service clients.

However, we are seeking to open Swinford and Sacred Health Hospital Castlebar initially as they have a Day Care space separate to the living area for the residents.

Shortage of staff is not the sole contributing factor to the units being closed. Health and Safety works are ongoing on one site. However staffing may be an issue when Day Care Centres are in a position to re-open.

Transport has been provided to all HSE Day Centres and it is expected that this will continue when they open.

Breda Crehan-Roche, Chief Officer, Community Healthcare West

W95Q3051	What steps have been taken to construct a covered passageway between the Covid Assessment Unit and the main hospital building at Mayo University Hospital?	Clr M Kilcoyne
-----------------	--	-----------------------

HSE West Estates have been engaged to advise the hospital on feasible options to provide a covered walkway link from ACAU to the main hospital. It is planned to ask the design team that will be appointed to the ED/AMU project to assess what temporary option is possible to address this matter.

A. Cosgrove, COO, Saolta University Health Care Group

W95Q3052	List the number of staff vacancies in each staff category in Mayo University Hospital and the length of time each post have been vacant. What efforts have been made to fill the vacant positions?	Clr M Kilcoyne
-----------------	--	-----------------------

Staff Category	No of Vacant Posts
Nursing & Midwifery	107.24
General Support	2
Management & Admin	16.3
Patient & Client Care	39.1
HSCP	36.1

The above is a breakdown in whole time equivalents. Please note +54 of the above nursing & midwifery posts are newly approved posts.

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

There are rolling campaigns for staff nurses and midwives. There are currently 16 campaigns running in MUH with 6 more to be advertised in the coming weeks. There are 13 campaigns running with HBS and 10 campaigns running with the Saolta Group.

A. Cosgrove, COO, Saolta University Health Care Group

W95Q3053	Can the Covid App have details of someone who has come down with Covid after they have been double vaccinated when they show it as there vaccination passport.	ClIr F Gurn				
<p>As agreed with the Data Protection Commission, the original design of the app does not record an individual who has been given a positive diagnosis, therefore it is not possible to show someone who has come down with Covid after they have been double vaccinated.</p> <p>Fran Thompson, Chief Information Officer</p>						
W95Q3054	When someone who is double vaccinated get Covid how long are they immune to getting Covid again with the antibodies themselves to fight off Covid or can they get it again.	ClIr F Gurn				
<p>There is information available on HSE.ie https://www.hse.ie/eng/services/covid-19-resources-and-translations/covid-19-vaccine-materials/covid19-vaccine-easy-read-and-accessible-information/covid-19-vaccine-easy-read-and-accessible-information.html</p> <p>e.g After having both doses of the COVID-19 vaccine, most people will have immunity. This means they will be protected against COVID-19. It takes 7 days after getting the second dose for it to work. There is a chance you might still get COVID-19, even if you have the vaccine.</p> <p>HSE-Health Protection Surveillance Centre</p>						
W95Q3055	With the hacking of the HSE system are the safeguards been put in place that another hack in the future won't bring the HSE to standstill? Has all patients' information been put up on back up servers or are we back to individual files been written up daily which will cause future delays in surgery for people on lists.	ClIr F Gurn				
<p>As part of remediation following the Cyber Attack, we are working to strengthen our network against future cyber threats, increase the cyber profile of the HSE and apply lessons from the present attack.</p> <p>This has been achieved through the extension of the services provided by the Cyber Security organisation engaged Cyber Attack containment, investigation and eradication (Mandiant) and enhancement of services from existing security partners.</p> <p>The HSE places great importance on the criticality, integrity and availability of services and information required to protect the health and well-being of service users. This is central to the strategy of the organisation and is supported by policies and procedures, with appropriate controls in place. Aligned with the HSE strategy is a technology strategy which is underpinned by IT General Controls to mitigate Information Security Risk to the organisation.</p> <p>The HSE continues to improve the Cyber Security Risk posture through:</p> <ul style="list-style-type: none"> ▪ Development of a security organisation, including 24X7 Security Operations Centre. ▪ Investment in key security technologies/controls. ▪ Modernisation of technology foundation. ▪ Increasing Cyber Security Awareness at all levels of the organisation. ▪ Alignment with the NIST framework for the management of security, initial focus OES Systems. <p>Following the cyber-attack the HSE had implemented a number of enhancements across the domain. These include additional tool sets and Cyber Security experts suggested improved configuration profiles to our servers. The range of improvements include the following.</p> <p>Additional Cyber Initiative undertaken since the Cyber Breach</p> <table border="1"> <thead> <tr> <th>Risk Area</th> <th>Post Cyber Enhancement</th> </tr> </thead> <tbody> <tr> <td>Cyber Security</td> <td>Cyber Security Experts Remediation and Investigation Services</td> </tr> </tbody> </table>			Risk Area	Post Cyber Enhancement	Cyber Security	Cyber Security Experts Remediation and Investigation Services
Risk Area	Post Cyber Enhancement					
Cyber Security	Cyber Security Experts Remediation and Investigation Services					

Services	
Cyber Security Services	All domain servers have been subject to Cyber Security Experts recommended Cyber Hardening
Cyber Security Services	Multi factor authentication for all remote access
Cyber Security Services	24x7 Enhanced Security Operations – (Anti-Virus)
Cyber Security Services	24X7 Cyber Security Defence Monitoring
Cyber Security Services	24x7 Cloud Security Monitoring Services
Control – Endpoint Protection	Additional vendor providing endpoint protecting
Control – Endpoint Protection	Network endpoint network access control pilot
Control – Network Monitor	Network egress monitoring and detection
Control – Endpoint Protection	Government Network and HSE DNS monitoring

Appendix A: - HSE Cyber Security Risk Management Approach & Control Improvement Activity

Cyber Security Management - Key Risk Factors

1. Cyber Security Investment – technology and resources.
2. Cyber Security Awareness Management.
3. Cyber Security Control Environment.
 - a. Asset Management linked to Service Criticality.
 - b. Software Currency - Extent of legacy infrastructure, patching programme.
 - c. Access management, with focus on privileged access, authentication controls.
 - d. Protection controls, endpoint protection, perimeter protection.
4. Cyber Security Governance (including risk management).
 - a. Enterprise Risk – aligned with HSE Integrated Risk Management Policy.
 - b. Board Awareness.
 - c. Compliance (including Audit).

Fran Thompson, Chief Information Officer

The work to upload data continues across the Saolta hospital sites. Backlogs remain in a small number of areas including Optimize in Ophthalmology and Euroking in SUH along with Endorad and ICNET in UHG. Work is ongoing to complete the uploading of this data.

A. Cosgrove, COO, Saolta University Health Care Group

W95Q3056	Provision of "Diabetes" Centre of Excellence service at Letterkenny University Hospital. What are the current progress plans for the provision of a fully staffed diabetes resourced service at LUH? What are the current numbers in the LUH catchment area availing and requiring access to this service? Will the HSE acknowledge and address the present unfair necessity and hardship involved for Inishowen's diabetes patients to arrange	Clr A Doherty
-----------------	--	----------------------

	family/community assistance, financial outgoings and transport to SLIGO for diabetes service?	
Not available at time of printing.		
W95Q3057	<p>Intellectual Disabilities</p> <p>How many Respite Beds are currently available for service users in Riverwalk House Carndonagh?</p> <p>How many emergency Respite Beds are available in Inishowen and where is the location?</p> <p>What additional respite provision family needs have emerged during and resulting from the Covid-19 pandemic in Inishowen and will the HSE ensure the provision of additional respite beds and necessary supports to address pressing needs?</p>	Cllr A Doherty
<p>There are three respite beds available in Riverwalk House, Carndonagh. These beds are currently being occupied by service users who in response to their emergency accommodation needs have been availing of the beds on a full time basis pending alternative accommodation and support packages being sourced for them. Where emergency residential placements are required business cases are escalated to national HSE for emergency residential funding.</p> <p>Donegal Disability Services currently have no emergency respite beds available in Inishowen. Ballymacool Respite House in Letterkenny is the alternative location for priority respite requests. Emergency home support packages and additional home support packages have been available to families who have required additional support and these are reviewed and modified as required.</p> <p>Donegal Disability Services, working with HSE Property Management and Estates, are currently attempting to source residential homes for the service users in emergency respite care in Riverwalk House. The housing market in Inishowen has proved extremely challenging in sourcing any appropriate houses for either lease or purchase despite exhaustive searches. HSE Property Management continue to pursue all options with estate agents and private vendors. The HSE is now considering the possibility of green field developments in order to meet the accommodation requirements for Disability Services in Inishowen and other areas of the CHO.</p> <p>Disability Services also continue to engage with Donegal County Council as the housing authority in regards to the provision of housing to people with disabilities. Donegal County Council has indicated it does not have any properties at present in the Inishowen area which would meet the needs of the persons in emergency respite in Riverwalk House.</p> <p>John Hayes, Chief Officer, CHO1</p>		
W95Q3058	What is the expected date for the opening of The Primary Healthcare Centre in Donegal Town?	Cllr T Conaghan
<p>The proposed date for the opening of the Donegal Town Primary Care Centre is December 15th, 2021. However, this is dependent on both the furniture being available and the IT equipment being fitted on time. In the event of a change to the proposed opening date, an update will be provided.</p> <p>John Hayes, Chief Officer, CHO1</p>		
W95Q3059	What is finalised list of care/facilities that the Primary Healthcare Centre in Donegal Town will provide?	Cllr T Conaghan
<p>The services which will be provided at Donegal Town Primary Care Centre are as follows;</p> <ul style="list-style-type: none"> • Enhanced Community Care Services including; <ul style="list-style-type: none"> ➤ Clinical Nursing ➤ Physiotherapy 		

- Occupational Therapy
- Dietetics
- Podiatry
- Adult Social Work
- Speech & Language Therapy
- Orthotics,
- Psychology
- Dental
- Medical Officers

- Children's Disability Network Teams (CDNTs).
- Child & Adolescent Mental Health Services (CAMHS).
- Ambulance Service.
- TUSLA (Child and Family Agency).
- GP Services.

John Hayes, Chief Officer, CHO1

W95Q3060	What is the full complement of nurses required to staff each Department in Sligo University Hospital (including the Accident & Emergency Department); How many nursing staff are currently employed in each Department; How many nursing posts are vacant in each Department; What effort has the Department of Health and the HSE taken to have the vacant posts filled	Cllr D Bree
-----------------	--	--------------------

Staff Category	Total Nursing WTE	WTE AUG 2021	Staff Vacancies at Aug 2021 *
Nursing/ Midwifery	742.60	693.19	98

* Note 83 Nursing posts recruited/accepted and in final contracting due to start in coming weeks

Summary Recruit SUH Total Nursing Posts by Location at 31/8/21

Location	Total Vacant Posts in Area	Total Confirmed new hire posts starting in coming weeks	Posts Accepted and In Contracting
Unscheduled Care *	29	18	4
Medical	33	25	8
Perioperative	23	17	1
Oncology	5	3	2
Women & Children	8	3	2
Total	98	66	17

*Includes Emergency Department (also ICU, AAU/SSU, Outpatients, Ophthalmics)

Recruitment Efforts to Recruit Nursing Posts

- All HR Resources focussed on recruit to Nursing posts
- Hire of 40 Staff Nurses via Agency Overseas Campaign
- Continuous rolling Staff Nurse campaigns

A. Cosgrove, COO, Saolta University Health Care Group

W95Q3061	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 2020, 2019 be provided to the Forum	Clr D Bree
-----------------	--	-------------------

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 2020 and 2019

Vendor Name	2020	2019	Details
AURION LIMITED	29,900	-	Learning module development
CONAL DEVINE AND ASSOCIATES LTD	9,340	7,196	Investigation into a complaint at SUH
CST GROUP	6,160	-	CIVIL ENGINEERING
D M AUCTIONS	857	1,082	FEES ESTATE AGENT VALUATION
DARAGH HERAGHTY AUCTIONEERS	180	-	FEES ESTATE AGENT VALUATION
GWEN MALONE	2,227	15,997	TRANSCRIPTION LEGAL SERVICES
HENRY KEE & SON	246	-	FEES ESTATE AGENT VALUATION
I B M IRELAND LTD	2,566,338	2,827,869	HPSA Support IBM
JANET HUGHES	15,006	13,284	HR Investigation
LLR PROPERTY SERVICES LTD T/A REA B	185	-	FEES ESTATE AGENT VALUATION
PENUMBRA	9,300	18,600	Provision of independent QA and Guidance in the MH Recovery Project
PROENSOL LIMITED	300	-	CIVIL ENGINEERING
RESEARCH AND EDUCATION FOUNDATION	8,400	-	Funding for Tripartite study to enhance research activity between SUH/ITS/NUIG
ROSEMARY WILSON	5,000	-	Pilot Project on Care Planning and Peer Review
WILLIAM FARRELL ESTATE AGENTS LTD	923	-	FEES ESTATE AGENT VALUATION
ZELLIS IRELAND LTD	25,653	-	HPSA - Bespoke Consultancy, produce monthly HR.csv Extract

ABOUTFACE CONSULTING LTD	726	-	NOSP CfL Local Action Plan Self Evaluation Process
LCMS LTD	16,941	25,862	Debt Collection
A & D WEJCHERT		2,635	ARCHITECTS
TRINITY COLLEGE DUBLIN		10,000	Consultancy in connection with respite services for children in CH01, HSE.
PETER TRACEY T/A TRACEY ARCHITECTS		9,840	ARCHITECTS
MURPHY AND SONS		308	FEES ESTATE AGENT VALUATION
BOARD EXCELLENCE LIMITED		19,680	Co-operation and Working Together (CAWT) Governance Review Project
HARWYN LTD		4,182	HR Consultancy
HELEN BARON		2,531	HR Consultancy - Review of Reasonable Adjustment Procedures
JOHN J QUINN & CO		6,000	Legal Fees
RONAN DALY JERMYN SOLICITORS		24,364	Legal Fees
	2,697,681	2,989,429	

John Hayes, Chief Officer, CHO1

W95Q3062	How many staff are currently employed at Sligo University Hospital and how many staff were employed at the same time in 2020? Please list by occupation and how many are permanent, temporary, agency. How many staff vacancies are currently in Sligo University Hospital?	Clr D Bree
-----------------	---	-------------------

Sligo University Hospital WTE Aug 2020/Aug 2021

Staff Category	WTE Aug 2020	WTE AUG 2021	Staff Vacancies at Sept 6th 2021 *
Management/ Admin	221.66	265.69	28
Medical/ Dental	243.59	246.54	
Nursing/ Midwifery	655.35	693.19	98
Health & Social Care Professionals	179.59	205.54	49
General Support	219.9	214.45	29
Patient & Client Care	181.83	160.51	22
Total	1701.92	1,785.92	226

* Note 155 posts recruited/accepted and in final contracting due to start in coming weeks includes 83 Nursing new hires

Contract Status of SUH Employees at Aug 2021

Row Labels	Sum of Census Headcount JUN 2021	Permanent	Temporary	Agency (average monthly WTE equiv)
General Support	241	186	55	
Health & Social Care Professionals	247	213	34	2.2
Management/ Admin	284	232	52	
Nursing/ Midwifery	836	801	35	6.34
Patient & Client Care*	175	163	12	41.62
Grand Total	1783	1595	188	50.16

*Agency HCA - 18 HSE contracted HCA starting Sept 2021

T. Canavan, CEO, Saolta University Health Care Group

W95Q3063	To ask (a) how many adults (over 18) in each county in the Health Forum area possess a full medical card (b) how many of those medical card holders in each county were prescribed (1) anti-depressants (2) Anxiolytics (Valium, Xanax etc) (3) Antipsychotics, in each of the last two years for which figures are available.	Clr D Bree
-----------------	--	-------------------

Please see attached report in relation to anti-depressants claims for 2019 and 2020.

CHO AREA	Number of Eligible Persons with Medical Cards as at December 2019	Number of people who received claims for anti-depressants for the year 2019	Number of Eligible Persons with Medical Cards as at December 2020	Number of people who received claimed for anti-depressants for the year 2020
CHO 1				
CAVAN/MONAGHAN	49,451	8,778	50,598	8,830
DONEGAL	75,168	11,988	76,507	12,109
SLIGO/LEITRIM/WEST CAVAN	36,962	6,921	37,827	6,977
TOTAL	161,581	27,687	164,932	27,916
CHO 2				
GALWAY	84,187	18,439	86,123	18,659
MAYO	53,276	9,449	54,242	9,757
ROSCOMMON	24,902	5,073	25,560	5,133
TOTAL	162,365	32,961	165,925	33,549
CHO 3				
CLARE	39,655	6,871	40,489	6,937
NORTH TIPPERARY/EAST LIMERICK	26,178	5,323	26,775	5,304
LIMERICK	69,963	14,816	71,564	15,009
TOTAL	135,796	27,010	138,828	27,250
RHO HSE West Total	459,742	87,658	469,685	88,715

Note: The information provided is based on claim data which has been received by the Primary Care Reimbursement Service (PCRS) from Community Pharmacists and includes items reimbursed by PCRS only.

This data does not capture items dispensed outside of community drug schemes where the prescription has been paid for privately by the patient or patient representative.

National Medical Card Unit

W95Q3064	Given the ongoing difficulties in relation to overcrowding and the high number of patients on trollies and long waits in the ED/MAU/ESU and ongoing staffing issues throughout the hospital during the summer months, what plans do hospital management have to address this crisis and what plans are being put in place to cope and deal with the expected winter surge in services? Has additional capacity been identified and what action is being taken to recruit additional nursing and other staff throughout the hospital? What emergency actions will be taken to address these issues in the coming months?	Cllr D Ó Cualáin
-----------------	---	-------------------------

We have recently recruited 33 international nurses and 47 pre-registration student nurses. With the newly recruited staff, we can reopen closed beds due to staffing shortages and restore access to 5 day services in Hospital 1 Merlin.

Patient flow is a key priority of Winter planning, with a focus on unscheduled care (e.g. patient flow co-ordination, extended diagnostic services) and scheduled care (e.g. NTPF to address waiting lists, maintaining virtual OPD clinics to increase capacity).

We are finalising winter plans which include the following resources to facilitate improved patient flow within the hospital and will fit with the national winter plan due to be released.

We currently utilise some private capacity in Bon Secours Hospital in Galway to support frailty services. We will be seeking to increase our access to private hospitals in relation to diagnostics and any potential bed capacity.

We actively manage delayed discharges to ensure they are at a minimum. The replacement Cardio Thoracic is in progress and is expected to be completed in Q2 2022. Plans are also progressing to install a third CT in the clinical research facility in this quarter for completion in December/January. Addressing access to diagnostics: Currently undergoing works for the installation of a replacement MRI scanner (due Q4 2021), once installed there will be two scanners in operation, to assist with capacity.

We are looking at ways to address waiting list through NTPF pathways e.g. Endoscopy weekend initiative.

A. Cosgrove, COO, Saolta University Health Care Group

W95Q3065	What is the view of Saolta management with regard to the Slainte Care proposals regarding an elective/ambulatory hospital for Merlin Park. At what stage is this project? Can you confirm the current situation regarding the current plans for a new ED for GUH?	Cllr D Ó Cualáin
-----------------	---	-------------------------

In 2019 the Saolta University Health Care Group published the outcome of the options appraisal process undertaken to identify the most appropriate way to proceed with the future development of hospital services in Galway, to enable the delivery of the best possible outcomes for patients across the West and North West of Ireland.

As part of the options appraisal process, a Regional Elective Hospital Scoping Study for the development of a Regional Elective Hospital in Galway was also undertaken. This outlines capacity, including the infrastructural requirements, necessary to develop an elective hospital which will serve the wider region. We are currently engaging with Sláintecare (Department of Health) and the national team in relation to their proposed model. In June Saolta made a submission to the Elective Hospitals Site Selection for Merlin Park University Hospital (MPUH) to be the chosen site. Last Friday we wrote to the Sláintecare office seeking an update on the progress of our submission.

We are awaiting a response.

It is our view that the Sláintecare elective model will deliver on phase 1 of our more comprehensive requirement as outlined in the Elective Hospital Scoping Study. We aim to maintain the resource requirements outlined in the scoping study and continue to work with the national project team to develop a facility that adds the greatest value to patients in this region.

The National Development Plan (February 2018) stated that, “New dedicated ambulatory elective only hospital facilities will be introduced in Dublin Galway and Cork. These facilities will provide high volume, low complexity procedures on a day and outpatient basis, together with a range of ambulatory diagnostic services. The high volume of demand for such services in these major urban centres is sufficient to justify the construction of dedicated ambulatory centres.”

The introduction of these dedicated elective/ambulatory sites is also in line with the recommendations of the 2018 Health Service Capacity Review and the Sláintecare Implementation Strategy (August 2018).

In 2019 the Sláintecare Programme Implementation Office (SPIO) established an Elective Hospitals Oversight Group to guide the development of the elective/ambulatory sites, as outlined in the National Development Plan (February 2018).

The Elective Hospitals Oversight Group has the following terms of reference:

1. To develop the elective hospital capacity with a ten-year horizon of need, which facilitates the separation of scheduled and unscheduled care.
2. To provide quicker, higher quality, safer care for selected, elective patients.
3. To create capacity for acute hospital sites and reduce/eliminate outlier boarding (trolleys).
4. To drive down waiting lists, both outpatient and inpatient/day case.
5. To reduce cancellations.
6. To reduce acute hospital footfall.

The provision of accident and emergency services is not within its terms of reference.

The Oversight Group is following the process outlined in the Public Spending Code. As required under the Code, a Strategic Assessment Report was completed for the development of Elective Hospital facilities. This sets out the rationale for investment, the alignment of the programme with strategic requirements of Government, and some initial options, etc.

This proposed new ED and Women & Children’s block project is a large and complex one. The project requires several enabling works contracts to be completed on site before the main project works could commence construction. There is a need to clear the site / zone to be able to build the new block. It is important to note that this is a project in excess of €250m and is subject to the full rigours of the latest Public Spending Code. As such this project will require Government approval on the Preliminary Business Case and at two other “gates” prior to commencing construction.

The next step in the process in terms of the new block is to update the original Cost Benefit Analysis developed under the previous public spending code to develop the required Strategic Assessment Report/Preliminary Business Case Report now needed under the current Public Spending Code to advance the project. This work is underway and will be completed later this year. The project will then need to be progressed through the planning process in 2022. The construction procurement process would subsequently follow in late 2022 and 2023 with a view to the construction works being delivered over a period of 2.5 years. This would mean that the new facility could potentially be ready in mid-2026.

Temporary Emergency Department at UHG

An interim ED is currently being delivered on the UHG site. Site works have been completed and a building works contract has been awarded, works commenced in July '21 and are scheduled to be completed within 12 months. The new facility will improve the infrastructure in the short term and also help free up the site required for the proposed new ED W&C block.

The handover of the temporary Emergency Department is scheduled for the end of April 2022. Phase 2/Internal area is scheduled for handover at the end of July 2022. Some fitting out works are included in the contract as part of the project. End User fit-out will commence on the above handover dates.

T. Canavan, CEO, Saolta University Health Care Group

W95Q3066	How many people are awaiting home support care (home help) at present in Galway city and county and in what areas? Can I get a breakdown of the number of hours being provided by the HSE directly and by private operators? How many clients have home care packages allocated to them but are not receiving the full hours allocated as private operators are not in a position to provide the service? Is there a risk assessment undertaken when a home support service is not being provided to a client?	Cllr D Ó Cualáin
-----------------	--	-------------------------

There is a total of 212 people awaiting Home Support care in all areas across Galway, both city and county. As of end of August 21, the number of Home Support hours, direct and indirect, provided across Galway were as follows:

- 21,164 direct provision (home support provided by HSE)
- 79,588 indirect provision (home support provided by Agency/Private Operators)

Of the total number of people awaiting home support care, 155 clients are currently in receipt of home support and are awaiting additional hours.

A risk assessment has been carried out in relation to the shortage of Health Care Support Assistant's (HCSA) in CHO2 and is on the Older People Risk Register in Community Healthcare West. The Home Support Department endeavour to prioritise home support hours for clients with the highest care needs until additional HCSA's become available and capacity increases.

The shortage of Health Care Support Assistant's (HCSA) is a national issue and the OPS National Office are fully aware of the ongoing crisis.

Breda Crehan-Roche, Chief Officer, Community Healthcare West

W95Q3067	Can I get a breakdown in tabular form on how many calls have been responded to in the south Connemara Area from January 2020 up to 31st August 2021 by ambulances and crews not based in the local Carraroe base? How long were patient's waiting for these ambulances? How many of these calls were classed as Echo and Delta calls?	Cllr D Ó Cualáin
-----------------	---	-------------------------

The National Ambulance Service does not report on the requested statistics at a local level. However, the HSE made a submission to the Department of Health to deliver increased resources to the Connemara area. The submission proposed the deployment of 11 additional staff to provide an additional emergency ambulance in the area for 12 hours a day, 7 days per week between the hours of 09.00 to 21.00 hours and a rapid response vehicle on an extended day basis. On 9th September 2021, the HSE received formal written approval on behalf of the Minister for Health to proceed with this development.

The Area Operations Manager for NAS West is responsible for identifying a suitable location for this new service and this process has commenced with the key stakeholder engagement such as interested groups, GPs and will include

engagement with public representatives.

Subject to a suitable location being identified, it is expected that the additional services will commence operations by the end of 2021 and will operate on the same basis as all NAS locations around the country.

B. Forbes, Chief Ambulance Officer, NAS West

W95Q3068	Given the struggle many Disability Service Providers are currently having with recruiting staff, leaving many families without this vital support, can the HSE, as an interim measure, allocate this funding directly to the families to facilitate them sourcing and paying for the required support privately	Cllr C Murphy
-----------------	---	----------------------

HSE Mid-West Community Healthcare are well aware of the current challenges that Disability Service Providers are experiencing across the Disability Spectrum of Supports particularly in relation to the recruitment and retention of qualified staff. This is very much in line with the significant challenges being experienced across the health system both nationally and internationally. It should be noted that the emergence of Covid 19 and its continued presence has impacted adversely on the availability of staffing.

In light of these challenges, HSE Disability Service & Case Management are engaging with service users, their families and Providers of supports to assist in seeking solutions in order to provide the appropriate required supports.

I wish to advise that the HSE National Disability Office are progressing an “Individualised Personal Budget Model” where service users and their families will be provided the funding within a governance framework, to provide for the appropriate required care supports. A National Pilot Project is currently being progressed where nominees are actively participating and leading in a transition from the current model of funding to new individualised services.

M. Bridgeman, Chief Officer, Mid West Community Healthcare

W95Q3069	Can I be provided with an update on the proposed timeline for the delivery of the primary care centre in Kilrush	Cllr C Murphy
-----------------	--	----------------------

A review of our current facilities and our accommodation deficits and overall requirements for the area is due to be undertaken to support the business case for new primary care centre accommodation in Kilrush. Unfortunately this work has been delayed due to the current COVID-19 pandemic.

The current Primary Care Centre has however recently undergone extensive refurbishment including:

- Provision of Automatic Doors at Main Entrance including ramp facility
- Replacement of Door adjacent to Physiotherapy Department to be Disability compliant with ramp for access/egress
- Upgrading of Reception, Clinical Rooms and Corridors and Staff Canteen
- Relocation of the Physiotherapy Department from Regina Hospital to the Kilrush Health Centre
- Provision of Meeting Room
- Replacement of Flooring in Public Access Areas
- Internal and External Painting
- Landscaping of Grounds of Health Centre

At present the current site provides the following Primary Care Services;

- Public Health Nursing
- Occupational Therapy
- Physiotherapy
- Speech and Language Therapy
- Dental
- Audiology

- Dietetics

A visit to the existing site will be arranged by HSE Mid West Community Healthcare in Quarter 4 of 2021 with local elected representatives.

M. Bridgeman, Chief Officer, Mid West Community Healthcare

W95Q3070	Can the operational procedures for dispatchers in the National Ambulance Service be amended to ensure an estimated time of arrival by the ambulance to the required location, based on the current real time situation, be included as a matter of form rather than as a response to a request from the caller	Cllr C Murphy
-----------------	--	----------------------

The ambulance service National Emergency Operations Centre (NEOC) do seek to provide advice, assurances and support to all who call seeking our services. The centre currently operate the Medical Priority Dispatch System which has a systemic evidence and research based methodology which assist our emergency call takers to determinate the level of acuity which ranges from minor injury or illness to serious life threatening calls.

The NEOC dispatchers based on the acuity of the patient dispatches the nearest available ambulance to the call. In the event that a ambulance resource is tasked on a lower acuity call and a higher acuity call is received then the dispatcher will seek to divert the resource from the lower acuity call to the higher acuity call in the interest of ensuring that the patient with the most serious condition receives care first. It is worth noting that this practice occurs regularly and thus it is very difficult and can be misleading to predict a respond time at time of call certainly for the lower acuity calls.

However in the event that a resource has been redirected and it extends the response time then NEOC do call back our patients to reassure, support and reassess the patient's condition to ensure that they have not deteriorated.

Sean Brady, National Control Operations Manager, National Emergency Operations Centre, National Ambulance Service

W95Q3071	Can you please confirm if the HSE Capital Plan announced on the 1 st September includes a new elective hospital for Merlin Park and can you please outline what has been approved under the Capital Plan and has there been any discussion with the executive on the timescales for delivery of the actual items announced and cost of same. Can you please outline a current update regarding the new elective hospital for Merlin Park, has tender documents been issued and if not, when will there be progress on this project?	Cllr D McDonnell
-----------------	--	-------------------------

A proposal for a new elective hospital in Galway is one of a number of elective hospital proposals for the country currently being scoped and advanced by the Sláintecare Programme Implementation Office.

An application form in respect of the Merlin Park Campus was submitted in response to an invitation for submissions by the Sláintecare Programme Implementation Office in the Department of Health for the Elective Hospitals site selection process. Our understanding is that as a result, the Merlin Park site is being assessed based on the application submitted.

As required for such major public project proposals the Sláintecare Programme Implementation Office are following the government's Public Spending Code, which has a number of formal approval steps. It is anticipated that when the Evaluation Panel have completed their assessment of sites their recommendation will be included in a preliminary business case (PBC) which will be submitted to government for approval.

It is also anticipated that the Sláintecare Programme Implementation Office will revert with the outcome of the process in due course.

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

W95Q3072	Can I have an update on the new Emergency Department at UHG and when is it likely to be completed and ready for use?	Cllr D McDonnell
<p>The development of a new Emergency Department at University Hospital Galway is key to addressing current suboptimal accommodation and associated risk issues, meeting service demands and national standards as set out in:-</p> <ul style="list-style-type: none"> ▪ The National Emergency Programme - A Strategy to improve safety, quality, access and value in Emergency Medicine in Ireland (2012) ▪ Standards for Emergency Department Design and Specification for Ireland in 2007 (IAEM) <p>The current Department is unfit for purpose, involves patients being regularly cared for on corridors, and in general impacts negatively on the hospitals ability to meet National Targets in relation to wait times for patients in ED due to the inability to effectively streamline patients.</p> <p>The proposed ED will be configured in a way that provides maximum opportunity to address the anticipated and unrecognized elements of future emergency medicine provision and also the evolution of services in the context of hospital groups.</p> <p>The proposed new build Emergency Department & Women & Children’s for University Hospital Galway will address existing infrastructural deficits; ensure compliance with National Clinical Care Standards including those listed above, address service capacity and risk issues.</p> <p>The Women and Children’s developments are linked to the National Maternity Strategy 2016 – 2026 and model of care for neonatology and Paediatrics.</p> <p>It is intended to provide the Emergency department accommodation at ground and first floor levels with the Women’s and Children department occupying the upper four floors. A small part of the existing ED will remain which will be refurbished and form part of the overall new ED.</p> <p>This proposed new ED and Women & Children’s block project is a large and complex one. The project requires several enabling works contracts to be completed on site before the main project works could commence construction. There is a need to clear the site / zone to be able to build the new block. It is important to note that this is a project in excess of €250m and is subject to the full rigours of the latest Public Spending Code. As such this project will require Government approval on the Preliminary Business Case and at two other “gates” prior to commencing construction.</p> <p>The next step in the process in terms of the new block is to update the original Cost Benefit Analysis required under the previous public spending code to develop the required Strategic Assessment Report/Preliminary Business Case Report now needed under the current Public Spending Code to advance the project. This work is underway and will be completed later this year. The project will then need to be progressed through the planning process in 2022. The construction procurement process would subsequently follow in late 2022 and 2023 with a view to the construction works being delivered over a period of 2.5 years. This would mean that the new facility could potentially be ready in mid-2026.</p> <p>Temporary Emergency Department at UHG</p> <p>An interim ED is currently being delivered on the UHG site. Site works have been completed and a building works contract has been awarded, works commenced in July ’21 and are scheduled to be completed within 12 months. The new facility will improve the infrastructure in the short term and also help free up the site required for the proposed new ED Women and Children’s block.</p> <p>The handover of the temporary Emergency Department is scheduled for the end of April 2022. Phase 2/Internal area is scheduled for handover at the end of July 2022. Some fitting out works are included in the contract as part of</p>		

the project. End User fit-out will commence on the above handover dates.

T. Canavan, CEO, Saolta University Health Care Group

W95Q3073	What steps are being taken to engage with private hospitals to tackle hospital waiting lists, which have escalated significantly due to the Covid 19 pandemic and is there a plan in place	Cllr D McDonnell
-----------------	--	-------------------------

The limited private hospital capacity is being utilised to help combat the negative effects of the COVID-19 pandemic on hospital throughput and subsequent patient waiting times for scheduled procedures and appointments. Private hospital capacity is being utilised in the following ways, namely;

1. Emergency use of private hospital providers for urgent inpatient, day case and diagnostics during COVID-19 outbreak and cyber-attack. This is newly established as a mechanism to manage time sensitive and critical procedures/surgeries during high levels of COVID-19 outbreak in the public system.
2. Outsourcing of inpatient and day case procedures through the National Treatment Purchase Fund (NTPF) to private providers. This is an already established pathway, which we will continue to maximise.
3. Outsourcing of outpatients for full package of care to private providers. This has been newly established as a COVID recovery strategy).
4. HSE outsourcing of inpatient and day cases for a prescribed list of surgical procedures (all non-NTPF procedures) to private providers (newly established to as a COVID recovery strategy).

There are also HSE and NTPF insourcing initiatives occurring for outpatients and day case procedures across the Saolta Group where extra activity occurs out of normal working hours and at the weekends.

A. Cosgrove, COO, Saolta University Health Care Group

W95Q3074	What steps are being taken by the HSE to standardise home care supports, including planning and communication to clients across all agencies supplying home care services to the HSE?	Cllr D McDonnell
-----------------	---	-------------------------

Home Support Services across all CHO's currently use a Common summary Assessment Tool CSARS and a SAT (Standardised Assessment Tool). CSARS takes into consideration the clinical and social care needs of clients and is currently used to standardise the allocation of home support hours. However, both assessment tools are in the process of being replaced by InterRai, an internationally recognised care needs assessment process that allows for a standardised assessment of Home Support client's needs. This assessment tool informs the level of Home Support allocated to clients based on a nationally agreed allocation process.

All applications for Home Support services are reviewed at weekly Forum meetings based on the above assessments and clients are notified of the outcomes. The outcome letter provides clients with the details of the Home Support Department if they have any queries and details of a Home Support Review/Appeals Officer if their application is not successful.

Home Support Management within Older People's Services, Community Healthcare West holds regular meetings with all tender and non-tender Service Providers to review Service Level Agreements and discuss ongoing services issues.

Breda Crehan-Roche, Chief Officer, Community Healthcare West

W95Q3075	To ask the Regional Health Forum West if the HSE or HIQA have carried out or intend to carry out a safety and risk assessment of the staffing threshold at the Emergency Department at Sligo University Hospital and if not, would they consider this would be advisable in the immediate term.	Cllr D Mulvey
-----------------	---	----------------------

There has been a recent site inspection by Health and Safety Authority (HAS) Sligo University Hospital, which included an inspection of the Emergency Department, amongst other departments within the Hospital. We have not been notified of any inspection by HIQA, at this time. We are in the process of replying to HSA report, with some

additional information they have requested.

A number of Health and Safety Risk Assessments are in place within the Emergency Department, covering the key risks for the department, existing control measures in place, as well as additional control measures required.

Currently, there are 14 staff nurses due to start in the Emergency Department in the next 2 – 3 months as a result of intensive recruitment and an overseas nurse recruitment campaign. The filling of these posts will mean that all vacancies at staff nurse level will be filled in the Emergency Department.

T. Canavan, CEO, Saolta University Health Care Group

W95Q3076	To ask the Regional Health Forum West for an update on the new Health Centre for Tubbercurry Co Sligo	Cllr D Mulvey
-----------------	---	----------------------

The current position is that Stage 2a Design is awaiting approval subject to additional information being provided to National HSE Estates regarding the rationale for inclusion of X-ray unit in the new building. This additional information has been provided so the project will now progress.

When commissioned the Tubbercurry Primary Care site will consist of a total area of 1720m² over two floors with the following layout:

On the ground Floor:

2 GP Practices
3 PHN Rooms, one of which is a Wound Management Room
4 Bookable Clinic Rooms
Ambulance Deployment Centre
Waiting area, Toilets, Cleaners Stores and Dirty Utilities

On First Floor is

Dental Dept
Physio
Occupational Health
Podiatry
X-Ray Dept
Ultrasound Room
2 Bookable Rooms
Staff Changing area
PCT Office
Staff Kitchen
Meeting Room
Cleaners Store
Toilets and Waiting area.

John Hayes, Chief Officer, CHO1

W95Q3077	How many New Consultants and Non Consultant Hospital Doctors, Specialist Nurses have been recruited for LUH since the beginning of 2021, what specialities have they been recruited into and finally how many Posts are still currently vacant at LUH and in what specialities?	Cllr G McMonagle
-----------------	---	-------------------------

The following Consultant posts have been recruited to LUH since January 2021. Consultants were recruited into these posts to fill either new posts or fill existing posts which became vacant throughout the year.

2 x Consultant Radiologists (one to commence in 2022)
4 x Consultant Anaesthetists

- 1 x Consultant Oncologist (Permanent Appointment)
- 1 x Consultant Haematologist (Permanent Appointment)
- 1 x Consultant Pathologist (Permanent Appointment)
- 1 x Consultant General Surgeon
- 2 x Consultant Obstetrician & Gynaecologist
- 2 x Emergency Medicine Consultants
- 1 x Consultant Paediatrician
- 1 x Consultant in General Internal Medicine
- 1 x Consultant Trauma and Orthopaedic Surgeon
- 1 x Consultant Nephrologist and General Medical Physician
- 1 x Consultant Urologist (Permanent Appointment)

In September there are 21.3 vacant Consultant posts, with the majority filled by a Locum Consultant (17.7 filled) Radiology 1.3 and Consultant Microbiology x Post.

In relation to NCHD posts; there are two rotations during the year in which NCHDs rotate to different hospitals throughout the country in order to continue their medical training and increase their medical experience. These rotations take place in January and July of each year, with the majority choosing to rotate to another hospital in July.

In January 2021 52 NCHDs took up posts in LUH, while in July 2021 105 NCHDs took up posts at LUH.

In September there are currently 6 Vacant NCHD positions. They are in the specialty of Oncology x 1 SHO, Emergency Medicine x 4 Registrars and General Surgery x 1 SHO. All posts have been accepted by recruited candidates and we are awaiting those NCHDs to take up their positions in the coming weeks.

ANP & CNS RECRUITMENT CAMPAIGNS LUH			
CAMPAIGNS COMPLETED 2021			
	Clinical Nurse Specialist (CNS)	Infection Control	Campaign completed – replacement post
	Clinical Nurse Specialist (CNS)	Respiratory	Campaign completed – replacement post
	CNS Arthroplasty	Orthopaedics	Campaign completed - new post
	CNS Haematology	Haematology	Campaign completed - new post
	Advanced Nurse Practitioner	Oncology	Campaign completed – replacement post
	Clinical Nurse Specialist (CNS)	Lactation	Campaign completed - new post
	Clinical Nurse Specialist (CNS)	Heart Failure	Campaign completed – replacement post
	Clinical Nurse Specialist (CNS)	Diabetes	Campaign completed – replacement post
CAMPAIGNS TO BE ADVERTISED/RECRUITED			
	Advanced Nurse Practitioner	Colorectal	New Post - Campaign to be done

	Clinical Nurse Specialist	Palliative Care	New Post - Campaign to be done
	CNS COPD Outreach	Medicine	Replacement post - campaign to be done
	Advanced Nurse Practitioner (ANP)	Oncology	New Post - Campaign to be done
	CNS Colposcopy	Coloposcopy	Replacement post - campaign to be done

A. Cosgrove, COO, Saolta University Health Care Group

W95Q3078	Can I have an update on what steps have been taken by SAOLTA to deliver on the recommendations of Dr Michael Power, National Clinical Lead, contained in his "Critical Care Programme" recommendation that a twelve bed ICU/HDU facility be located at LUH with 50% of those be Isolation Rooms?	Cllr G McMonagle
-----------------	--	-------------------------

We are advised that following the various initial recommendations by Dr Michael Power, National Clinical Lead, as contained in his "Critical Care Programme" including the recommendation that a twelve bed ICU/HDU facility be located at LUH with 50% of those be Isolation Rooms, a prioritised list of 5 hospital sites for proposed initial Critical Care capital developments was subsequently developed at national level and that this list does not include LUH.

We are working with Estates to explore potential short term options to increase ICU but more importantly to complete a submission for a critical care floor. This will be a major capital development as it will require the displacement of two of our larger wards and hence require construction of additional inpatient wards on the site.

Joe Hoare, Assistant National Director, Capital & Estates, HSE /T. Canavan, CEO, Saolta University Health Care Group

W95Q3079	What contingency strategy do the National Ambulance Service implement when multiple ambulances are Docked at Letterkenny University Hospital to ensure that an adequate Ambulance Service is still maintained across County Donegal?	Cllr G McMonagle
-----------------	--	-------------------------

The national ambulance service has an agreed national escalation policy for the early escalation and release of ambulance vehicles at LUH ED.

B. Forbes, Chief Ambulance Officer, NAS West

W95Q3080	Can I have an update on what the plans there are to reinstate ophthalmic services at Letterkenny University Hospital to complement the community ophthalmic services in Donegal?	Cllr G McMonagle
-----------------	--	-------------------------

In recent months there has been significant progress of the Slaintecare Funded Project to establish an Intravitreal Injection Service in Donegal. The Consultant Medical Ophthalmologist commenced the delivery of Intravitreal Injections on the 24th August 2021 in the Interventional Suite within the Radiology Department at Letterkenny University Hospital.

A. Cosgrove, COO, Saolta University Health Care Group

W95Q3081	<p>Can the Regional Health Forum West Advise?</p> <ul style="list-style-type: none"> • What permanent mental health facilities if any will be provided at the two new primary care centres in North Sligo • Will there be any dedicated accommodation for Mental Health staff at these centres? • Is there any plans to provide a purpose-built hub for Mental health in North Sligo? 	Cllr D Gilroy
-----------------	--	----------------------

- | | | |
|--|---|--|
| | <ul style="list-style-type: none"> • Are there any plans to increase frontline staff in the community mental health services in Sligo? • Has the roles of Mental Health Co-Ordinator been filled? • What plans are in place to bring staffing levels of Dialectical behaviour therapy and Cognitive behavioural Therapy to a level that will reduce waiting times. | |
|--|---|--|

There are 2 New Primary Care Centres in North Sligo currently under construction in Drumcliff and Grange. The Slaintecare Strategy promotes the principle of integrated care through resourcing more networks of care and through the establishment of Community Healthcare Networks. Slaintecare recommends integrated care models where Mental Health Services, Older Persons Services, Chronic Disease Management etc. and GP services work together in the same facilities. SLMHS are committed to this model of care. Bookable rooms will be available at each of the Primary Care developments for Mental Health Services.

The Slaintecare Strategy promotes the principle of integrated care through resourcing more networks of care and through the establishment of Community Healthcare Networks. Slaintecare recommends integrated care models where Mental Health Services, Older Persons Services, Chronic Disease Management etc. and GP services work together in the same facilities. SLMHS are committed to this model of care. Bookable rooms will be available at each of the Primary Care developments for Mental Health Services.

The Slaintecare Strategy promotes the principle of integrated care through resourcing more networks of care and through the establishment of Community Healthcare Networks. Slaintecare recommends integrated care models where Mental Health services, Older Persons Services, Chronic Disease Management etc. and GP services work together in the same facilities. SLMHS are committed to this model of care.

There are no plans to build a purpose-built hub for Mental Health in North Sligo, as the integrated Model of Care will be the focus ahead and within that context SLMHS are committed to being a part of the integrate care model to be delivered at each of the Primary Care developments for Mental Health Services.

SLMHS have increased frontline staff in the community Mental Health Services in Sligo with the launch of the EIP programme and the Adults with ADHD programme. Additional dedicated staff have been appointed to each of these programmes.

- The Early Intervention Psychosis (EIP) Team has 5 team members with 3 additional Key Workers to join the team towards the end of 2021
- The Attention Deficit Hyperactivity Disorder (ADHD) Team has 5 members currently.
- HR are also in the process of recruiting additional staff for the Self-Harm Intervention Programme (SHIP), which is a new service development under the auspices of the National Counselling Service (NCS) in CHO1.
- One new counsellor therapist will commence in the Counselling in Primary Care (CIPC) Service on the 4th October 2021. There is also a plan to have two other staff to support this team in the near future.

At present SLMHS have two Adult Community Mental Health Teams (CMHTS), one of which has a team coordinator. In addition SLMHS have a Psychiatry of Old Age (POA) Team and a Community Rehabilitation and Recovery (CRRS) Team both of which has a team coordinator and a CAMHS team which does not have a team coordinator. SLMHS therefore have two teams without a team coordinator at present. Plans to fill these posts in Sligo/Leitrim are being delayed, by a failure to reach agreement at national level on how these posts are appointed. Recruitment of these posts had commenced in 2018 however the recruitment was stopped by National HR due to IR issues. SLMHS are committed to recruiting these posts when approval has been received from National HR to proceed.

Adult Dialectical Behaviour Therapy (DBT)

The Sligo/Leitrim Adult Dialectical Behaviour Therapy (DBT) Service was established in 2013. It has consistently provided an evidenced based intervention to service users, and engaged in ongoing evaluation of its clinical outcomes.

The Area Mental Health Management Team in conjunction with the Principle Psychologist are progressing the following options to increase staffing levels within the Sligo/Leitrim Adult Dialectical Behaviour Therapy (DBT) Service. These include:

- i. Releasing SLMHS staff members who have previously trained in DBT and are interested in returning to the DBT Service, from other duties for 1.5 days per week to re-join the DBT Service. There are a total of six staff contributing to DBT service. Each providing one and a half days per week.
- i. Facilitating some existing DBT Team members to increase their commitment (in terms of hours per week) to the DBT Service (this requires reducing their time commitment to their other role).
- ii. Identifying suitable SLMHS staff to train in DBT.

We hope that these considerations will be progressed, and waiting times will consequently be reduced for this highly valued, evidence based intervention.

Adult Cognitive Behaviour Therapy (CBT)

As regards CBT, Sligo Leitrim Mental Health Service have a long tradition of delivering a high quality CBT service. In addition to the CBT service in each of our Adult Community Mental Health Teams, SLMHS have in the past 12 months begun the roll out of a CBT service to the Early Intervention in Psychosis (EIP) programme. This will provide psychotherapy to service users who present with a new onset of a severe mental illness or psychosis.

John Hayes, Chief Officer, CHO1

W95Q3082	Milltown House Has lease and usage of Milltown House been agreed with the friends of JCM? Will Head of Service Disability CHO1 ensure that lease and usage arrangement include the restoration of hydrotherapy service at Milltown House?	Cllr A Doherty
-----------------	---	-----------------------

The lease and usage of Milltown House has not been agreed with the Friends of JCM. A letter was issued from my office to the Friends of JCM in April, 2021 advising that the HSE wished to conclude agreement with the Friends of JCM within three months to allow disability services in Inishowen to progress in 2021/2022. The Head of Disability Services subsequently had a meeting with three members of the Friends of JCM in May 2021 and now awaits a final position from the Friends of JCM in relation to progressing a lease arrangement which will allow the HSE to develop and deliver services from Milltown House in line with service plans.

As advised to committee members at the meeting, the Head of Disability Services was agreeable to the restoration of the hydrotherapy services from Milltown House to meet the needs of service users with disabilities.

John Hayes, Chief Officer, CHO1

W95Q3083	What are the current updates for contract completion at Carndonagh Community Hospital (Q4 targeted 2021) and Buncrana Community Hospital? (Q4 2022 targeted). Have tenders for all works required, issued, returned and contracts confirmed? Please update on current timeframe targets.	Cllr A Doherty
-----------------	--	-----------------------

Construction is progressing on site in Carndonagh Community Hospital. There were significant delays due to Covid related working practices and significant supply chain issues which will be mitigated going forward by advance ordering of materials. Carndonagh construction works are currently programmed for completion in April 2022.

The refurbishment and extension of Buncrana Community Hospital will commence when Carndonagh refurbishment is completed, due to the requirement to accommodate Buncrana patients in the temporary ward in Buncrana (currently housing Carndonagh patients). Tenders for Buncrana works will be issued closer to the intended contract commencement date. Works at Buncrana were scheduled for a 12 month duration, this will be reviewed prior to tender to reflect market conditions at the time. This project will also be phased to maximise bed availability during the works.

Works to the temporary ward in Buncrana Community Hospital were completed in January 2021, allowing patients to relocate from Carndonagh in advance of the Carndonagh refurbishment. The works to the Temporary ward in Buncrana were extended in scope during construction to reflect the ongoing issues in relation to Covid and allow staff and patient segregation between differing wards. This included the provision of separate staff changing and dining, relocation of the hairdressers and the provision of a new Disabled WC for visitors in the central area.

John Hayes, Chief Officer, CHO1

W95Q3084	<p>Please provide an update on Breast Check Screening Service, current numbers of women 50-69 impacted and current waiting times. What measures are being put in place to deal with backlogs?</p> <p>The recent sad death of celebrity Sarah Harding at a young age from breast cancer has increased awareness and concerns of breast cancer in young women, under 50s, for whom no formal screening service exists. What steps are the HSE taking to support early diagnosis of Breast Cancer in young women.</p>	Cllr E Francis Parsons
-----------------	--	-------------------------------

Update on BreastCheck screening service

BreastCheck offers population-based screening on an area by area basis for women aged 50-69 who do not have symptoms. BreastCheck aims to call people within 2 years of becoming known to the programme or within two years of turning 50.

BreastCheck was paused for a total of 9 months over the COVID-19 pandemic period to date due to COVID-19 infection control measures. The pause in screening, along with COVID-19 infection control measures which affect our capacity to screen, mean that women are waiting up to a year longer for their screening appointments. During this time, we provided support to the symptomatic breast cancer service, assessing and treating women who were at high risk of breast cancer and whose hospital appointments has been delayed due to COVID-19. This meant urgent patients who had symptoms were seen quicker, with the aim of improving their outcome.

Between January and March 2021 the programme was paused again in order to protect participants and staff by complying with social distancing guidelines to prevent the spread of COVID-19. Since March 2021, routine breast screening is operating nationwide.

The pause in screening, along with COVID-19 infection control measures which affect our capacity to screen, mean that women are waiting longer for their screening appointments.

How this affects women + and measures in place

- Despite the many restrictions COVID-19 has placed on our operations, BreastCheck is achieving the maximum invitation rate that is compatible with a safe follow-up assessment, and our treatment capacity within the health service.
- In line with screening programmes internationally, we are focused on restarting our participants’ screening journeys while seeking to increase capacity.
- We are currently on course to exceed our target for mammograms completed in 2021.
- We are screening approximately the same number of women per week as we did pre-Covid.
- We aim to offer every woman a chance to be screened close to where she lives. We have four screening units in hospitals, and 21 mobile clinics across the country. An additional mobile unit will operate in the west of Ireland in October. Our mobile clinics remain at a location from three months to 24 months, depending on the number of women due screening in that area.

- We currently have a communications campaign running to inform women that their invitation may be delayed by up to a year. We are asking them to check their details are correct on the register so we can send them their appointment at the earliest opportunity. In order to maximise the number of women screened each day, we are asking our participants to let us know if they can't come for their appointment, so we can give that appointment to another woman in their community.
- The National Screening Service is awaiting further decisions from Government on the full reopening of society, and will plan accordingly.

Why we screen women from age 50

Screening programmes are organised based on achieving a balance of the benefits and the potential harms of screening and the cost-effectiveness of the programme.

For breast cancer screening in Ireland, the 'defined group' is women aged 50–69 years. This is because the risk of breast cancer increases with age, and evidence shows that for women in this group, the benefits of screening are greater than the harms. The evidence also shows that the use of resources for screening is a cost-effective way of improving population health with regard to the condition.

In order to deliver a screening programme, the evidence has to show that screening is effective at reducing the rate of the condition being targeted within a defined group of people, and / or reducing the death rate from the condition within that group.

For screening to be effective, the incidence of the condition being screened for has to be high enough in the population to justify screening. The incidence of breast cancer in women in younger age groups is considerably less than it is for those aged 50-69.

For younger age groups, with lower rates of breast cancer, the benefit to the population is lower; and the potential harms (of over-investigation, over-diagnosis and over-treatment, and of increased lifetime radiation dosage) are higher.

In addition, mammogram is a less reliable test in women under 50 years because of the different composition of breasts in pre-menopausal women. These women typically have breasts that are more dense than post-menopausal women.

This tips the balance against screening younger women.

Supports for early diagnosis of breast cancer in young women

The National Cancer Control Programme (NCCP) works with health service providers to reduce risk of cancer, treat cancer and increase survival and quality of life for those who develop cancer. You can contact the National Cancer Control Programme at 01 8287100 or at info@cancercontrol.ie

The NCCP has developed and updated the National Breast Cancer GP Referral Guideline (2021) to assist GPs in determining which women require referral to Symptomatic Breast Disease Clinics for further investigation and treatment. This guideline is applicable to women of any age. The aim of this guideline is to ensure that women with signs and symptoms suggestive of breast cancer can be rapidly identified and treated, irrespective of age.

The NSS is also currently working with the NCCP to create new information for women on the breast cancer risks, as an aid to women who are seeking to reduce their risk of developing breast cancer.

Encouraging women to be symptom-aware

We continue to encourage women to be symptom-aware. We emphasise that BreastCheck is a screening service for

well women within the population age range and is not for women with symptoms. If a person has any concerns or symptoms concerning their breasts, they should not attend screening; they should instead contact their GP who will give them the appropriate advice.

Symptoms of breast cancer can include:

- a lump in either breast
- discharge from either of the nipples (which may be streaked with blood)
- a lump or swelling in either of the armpits
- a change in the size or shape of one or both breasts
- dimpling on the skin of the breasts
- a rash on or around the nipple
- a change in the appearance of the nipple, such as becoming sunken into the breast

It is important that women of every age are breast aware. This means knowing what is normal for them so that if any unusual change occurs, they will recognise it. The sooner a person notices a change, the better, because if cancer is found early, treatment is more likely to be successful. We advise that women get into the habit of looking at and feeling their breasts at least on a monthly basis. More information on techniques for checking their breasts is available on breastcheck.ie

We provide updates on breast screening on www.breastcheck.ie Women can also contact their clinic directly or email info@breastcheck.ie. For other queries women can call the Freephone information line **1800 45 45 55**.

F. Murphy, Chief Executive, National Screening Service

W95Q3085	What details are available on Specialist Menopause Clinic roll out and the portion of funding allocation to HSE West. Funding is said to be ringfenced through the Women's Health Fund. Please provide further information on the setting up of specialist menopause clinics in HSE West, locations, staffing and timelines.	Cllr E Francis Parsons
-----------------	--	-------------------------------

At present we have no specialist menopause service in the Saolta Group, as was the case across the country prior to the recent opening of such a service in the National Maternity Hospital. This clinic was established following investment from the Women’s Task Force in the Department of Health. We have been advised that the task force has plans for further investment and roll out of similar services across the country; we have received no details or time lines on this as yet.

Currently women who require input specialist menopausal service can be referred from primary health (GPs) to be seen by a Consultant Obstetrician and Gynaecologist in each of our units.

A. Cosgrove, COO, Saolta University Health Care Group

W95Q3086	<p>Please provide an update on the HPV Vaccination programme, and its current roll out in CHO2 with regard to both males and females with an age/sex index. What options are available to those over the age of 15 who have missed out on the HPV vaccine because of impacts of COVID both on immunisation team availability/ workload and school closures during the pandemic? What are the options and monetary cost to older adolescents/ teenagers for whom there are no mop up clinics who wish to be vaccinated against HPV? Can measures and cost reductions be put in place for older teens and young adults to be facilitated and encouraged to seek protection through HPV vaccination?</p> <p>The HPV vaccine program targets 12/13 year olds in school and is offered for free but requires parental consent. If not given, children have the option at</p>	Cllr E Francis Parsons
-----------------	---	-------------------------------

	<p>16 to get the vaccine as at that age they can give their own medical consent. However, if the child has not received the vaccine in the scheme, they are forced to incur approx €670 charge? How can 16 year olds be expected to pay and why is this charge there for young dependents? Is a discretionary medical card a route option to vaccination for YAD who wish to have the HPV vaccination such as those who missed school vaccination, ie due to no parental consent?</p>	
<p>Decisions regarding funding & cohorts for vaccination programmes are taken at Department of Health and National HSE level.</p> <p>The Department of Health policy on the funding for the 2nd level school immunisation states that the programme for 2020/2021 is only available in 1st year.</p> <p>The HSE immunisation teams are tasked with implementing these Department of Health recommendations and can only provide the vaccinations for children in 1st year as detailed in the policy.</p> <p>There is no budget allocated for those outside of the prescribed age cohort & local immunisation departments in Community Healthcare West do not have discretion in this matter.</p> <p>Please see Minister Stephen Donnelly's reply to a similar question in Dail below (also available from: https://www.kildarestreet.com/wrans/?id=2020-10-20a.1857)</p> <p>'Anyone not in 1st year of secondary school or age equivalent in special schools or home schooled during the 2020/2021 school year who wishes to get the HPV vaccine, must go to their GP or sexual health clinic and pay privately for the vaccine and its administration'.</p> <p><i>Breda Crehan-Roche, Chief Officer, Community Healthcare West</i></p>		
W95Q3087	<p>Please provide a roadmap of dates and locations for resumption of respite care and disability day care services in HSE West, including transport supports.</p>	Cllr E Francis Parsons
<p><u>DAY SERVICES AND TRANSPORT</u></p> <p>In March 2020, Day Services closed nationally and Service Users were subsequently supported via outreach and virtual supports to the greatest extent possible and in accordance with their wishes. Throughout this period, some individuals were supported in their family home, their own home or in residential settings. A small number of people continued to attend their Day Service locations.</p> <p>Across Community Healthcare West (CHW) there are 120 Day Service locations, quite a number have additional satellite services and hubs, which are operated on behalf of CHW by 12 Agencies. Day Services locations reopened in August 2020 in line with Public Health Guidance.</p> <p>Offer and take up of a service was compounded for a variety of reasons, in the main:-</p> <ul style="list-style-type: none"> · Family concerns for person attending and vulnerability of others at home. · Waiting for vaccination process to commence. · The emergence of the Delta Covid-19 variant. · Space limitations at service locations. · Transport occupancy curtailment. · Day Service staff supporting individuals in residential services. <p><u>Vaccination status:</u></p> <p>All Day Service attendees have been offered a Covid-19 vaccine and are fully vaccinated if they chose to avail of a vaccination.</p>		

Space limitations:

Funding was provided by Community Healthcare West to support the reopening of Day Services. These included resources to rent additional spaces in local community facilities or funding to adapt/renovate existing buildings to offer increased hours of support in the location. Funding was allocated for technology which allowed delivery of online learning and support.

Day Service Staff:

Funding was provided by Community Healthcare West to repatriate Day Service staff back into some Day Service locations while ensuring sufficient staff availability to continue to support those in their residential service.

Transport:

Funding for transport provision was also made available where existing routes were impacted due to capacity and implementation of social distance guidelines.

Transport capacity allowable was 25% from August 2020, increasing to 50% and then 75% during the summer of 2021 as population vaccination numbers increased and a corresponding easing to lower restriction levels. Public transport is now restored to 100% capacity. This means service providers are enabled to make plans knowing they can utilise the fullness of this resource.

Resumption of Services:

Day Service providers observed the guidance developed by the HSE, "Framework for the Resumption of Adult Disability Day Services" to enable the safe restoration of services.

Quantum of Service Reports are collated for each Agency on a quarterly basis to track the level of Day Service resumption. The most recent Quantum of Service report for CHW indicates that the average resumption of services for day attendees stands at 18 hours in location per week with an additional 6 hours average remote supports to those who are not attending the physical service location. This shows a steady increase since the last quarterly data collation. There is now potential for the full restoration of Adult Disability Day Services from 22nd October when the final restrictions is envisaged to be lifted across the country.

All Day Service providers in Community Healthcare West have been contacted and requested to develop their individual Day Service location roadmaps to increase the level of Day Service provision to full 100% restoration to pre Covid-19 level of service for each Day Service user by 22nd October.

All people in receipt of Day Service supports and their families have also been notified of plans to enable the full restoration of services and providers will continue to engage with them in relation to arrangements.

These roadmaps will focus on the period from 3rd September to 22nd October and plans for the increase in service levels are in line with the dates outlined in the Government's Reframing Roadmap.

It is important to note that when full service is restored, the infection prevention and control measures that have been put in place to support the resumption of services will still be in place after 22nd October in line with the Government's Roadmap, which includes:-

- Service user and Day Service location Risk Assessments.
- Service user training in managing Covid-19.
- Staff training in managing Covid-19.
- Protocols to support the Health and Wellbeing of day attendees and staff.
- Enhanced environmental hygiene - maintenance and cleaning of Day Service locations.
- Pod like arrangements in Day Service locations (6 people or less).
- Service transport - infection control measures including PPE.
- Protocols for the management of suspected and confirmed cases of Covid-19.

· Provision of information to the HSE to track the activity of Covid-19.

Community Healthcare West continues to support Day Service attendees and our Agency partners (service providers) as they work to restore their former service capacity.

RESPITE SERVICES

Since March 2020, respite services in Community Healthcare West have been significantly impacted by Covid-19. All agencies providing respite have reported significant challenges and all services have had concerns raised by families of children and adults with complex needs who were unable to avail of their allocated Respite Service. In line with the HSE document, *“Reshaping Disability Services from 2020 and Beyond”* and in line with Covid-19 restrictions documentation, all agencies are working towards a return to full respite capacity where possible; however, there are significant service delivery challenges in the system and requests for Respite Services. Disability Services Managers are working with the agencies as it is imperative that all Respite Services now resume as we now need to learn to live with the virus. The risks associated with providing the service must be balanced with the risks to individuals and their families should a Respite Service remain closed or providing reduced capacity.

Respite capacity is currently at approximately 85% across the Community Healthcare West region with some agencies such as the Brothers of Charity, Roscommon and St. Hilda’s, Athlone back at full capacity and others with plans to increase to 90-95% over the coming weeks. Staffing deficits may delay re-opening to full capacity in some services if the Agencies are unable to recruit sufficient staff. The Agencies are currently running recruitment campaigns for additional staff to support the full resumption of Respite Services.

Community Healthcare West have been allocated €490,000 to fund 1152 enhanced respite nights in 2021.

The following plan for respite is proposed for the period 1st August 2021 – 31st December 2021 and has been agreed with the Agencies. The review of where to allocate funding focused on current emergency cases, business cases and service needs. The proposal has endeavoured to be fair and equitable to all individuals and to support various respite options and in a person centred manner. This proposal was reviewed by the Head of Disability Services on 8th July and approved as follows:

Funding from 1st August 2021 will support:

- 6 children in Roscommon who all need urgent enhanced respite / family support and in-home support.
- An additional 21 bed nights per month in Ability West St Teresa’s Service, Ballinasloe as well as an additional 21 bed nights per month in the Brothers of Charity Crannog Respite, Galway City (increased opening to 26 nights per month- previously 19).
- 20 respite nights per month with a Host Family in Galway and 20 further respite nights per month with a Host Family in Roscommon.
- 6 Mayo service users receiving supports including one with an In-home support package.

Once-off funding in 2021 will also finance the following initiatives:

- New respite service Galway East sector: First year open 12 weekday nights and one weekend per month.
- Brothers of Charity - Galway Connemara, Loughrea/Gort areas: Alternative respite in-home support, family support and support children in Progressing Disability Service networks.
- Ability West: Service will allow 11 adults to remain at home with In-home support 3 hours per day by 7 days In-home support.
- An Individualised Respite Service for one individual.

Funding will free up respite capacity as follows:

- 9 Eden House (Brothers of Charity), Galway bed nights per month will be freed up with the funding of In-home supports for one individual.
- Additional funding will also free up respite capacity that is already in our system but has been unavailable

due to one child residing in the Brothers of Charity Crannmór Respite Service facility, Galway and one child residing in the Ability West Holly Service with these 2 children now moving to service provider, Resilience.

This respite proposal will support many families so they have ongoing support and do not reach crisis point or require admission to acute services or emergency residential placements.

The proposal will support the development of a new Respite Service in Galway for adults and children. Centre-based respite will be enhanced by 111 nights which will provide much needed support to vulnerable children and adults and their families throughout Galway.

Evaluation and review process

Please note each agency will be given a letter outlining their budget allocation and quantum of service and performance which will be reviewed and monitored regularly by Disability Services management over the 5 month period.

Breda Crehan-Roche, Chief Officer, Community Healthcare West

W95Q3088	Elective Hospital Merlin Park. Could I be informed of the timescales for the construction and completion of the proposed Elective Hospital on the grounds of Merlin Park and if the Dept of Health has given approval for this project including the number of beds and the capital costs involved.	Cllr L Carroll
-----------------	--	-----------------------

In 2019 the Saolta University Health Care Group published the outcome of the options appraisal process undertaken to identify the most appropriate way to proceed with the future development of hospital services in Galway, to enable the delivery of the best possible outcomes for patients across the West and North West of Ireland.

As part of the options appraisal process, a Regional Elective Hospital Scoping Study for the development of a Regional Elective Hospital in Galway was also undertaken. This outlines capacity, including the infrastructural requirements, necessary to develop an elective hospital which will serve the wider region. We are currently engaging with Sláintecare (Department of Health) and the national team in relation to their proposed model. In June Saolta made a submission to the Elective Hospitals Site Selection for Merlin Park University Hospital (MPUH) to be the chosen site. Last week we wrote to the Sláintecare office seeking an update on the progress of our submission. We are awaiting a response.

It is our view that the Sláintecare elective model will deliver on phase 1 of our more comprehensive requirement as outlined in the Elective Hospital Scoping Study. We aim to maintain the resource requirements outlined in the scoping study and continue to work with the national project team to develop a facility that adds the greatest value to patients in this region.

The National Development Plan (February 2018) stated that, “New dedicated ambulatory elective only hospital facilities will be introduced in Dublin Galway and Cork. These facilities will provide high volume, low complexity procedures on a day and outpatient basis, together with a range of ambulatory diagnostic services. The high volume of demand for such services in these major urban centres is sufficient to justify the construction of dedicated ambulatory centres.”

The introduction of these dedicated elective/ambulatory sites is also in line with the recommendations of the 2018 Health Service Capacity Review and the Sláintecare Implementation Strategy (August 2018).

In 2019 the Sláintecare Programme Implementation Office (SPIO) established an Elective Hospitals Oversight Group to guide the development of the elective/ambulatory sites, as outlined in the National Development Plan (February 2018).

The Elective Hospitals Oversight Group has the following terms of reference:

1. To develop the elective hospital capacity with a ten-year horizon of need, which facilitates the separation of scheduled and unscheduled care.
2. To provide quicker, higher quality, safer care for selected, elective patients.
3. To create capacity for acute hospital sites and reduce/eliminate outlier boarding (trolleys).
4. To drive down waiting lists, both outpatient and inpatient/day case.
5. To reduce cancellations.
6. To reduce acute hospital footfall.

The provision of accident and emergency services is not within its terms of reference.

The Oversight Group is following the process outlined in the Public Spending Code. As required under the Code, a Strategic Assessment Report was completed for the development of Elective Hospital facilities. This sets out the rationale for investment, the alignment of the programme with strategic requirements of Government, and some initial options, etc.

T. Canavan, CEO, Saolta University Health Care Group

An application form in respect of the Merlin Park Campus was submitted in response to an invitation for submissions by the Sláintecare Programme Implementation Office in the Department of Health for the Elective Hospitals site selection process. Our understanding is that as a result, the Merlin Park site is being assessed based on the application submitted. A subsequent site visit to Merlin Park University Hospital was also facilitated as part of this process.

As required for such major public project proposals the Sláintecare Programme Implementation Office are following the government’s Public Spending Code, which has a number of formal approval steps. It is anticipated that when the Evaluation Panel have completed their assessment of sites their recommendation will be included in a preliminary business case (PBC) which will be submitted to government for approval. It is also anticipated that the Sláintecare Programme Implementation Office will revert with the outcome of the process in due course.

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

W95Q3089	ED BLOCK GUH. Could I be informed if a planning application has been lodged in respect of a new 7 storey ED Block in GUH to also include a Women’s and Children's fit out and the repurposing of the existing maternity facilities.	Cllr L Carroll
-----------------	--	-----------------------

The development of a new Emergency Department at University Hospital Galway is key to addressing current suboptimal accommodation and associated risk issues, meeting service demands and national standards as set out in:-

- The National Emergency Programme - A Strategy to improve safety, quality, access and value in Emergency Medicine in Ireland (2012)
- Standards for Emergency Department Design and Specification for Ireland in 2007 (IAEM)

The current Department is unfit for purpose, involves patients being regularly cared for on corridors, and in general impacts negatively on the hospitals ability to meet National Targets in relation to wait times for patients in ED due to the inability to effectively streamline patients.

The proposed ED will be configured in a way that provides maximum opportunity to address the anticipated and unrecognized elements of future emergency medicine provision and also the evolution of services in the context of hospital groups.

The proposed new build Emergency Department & Women & Children’s for University Hospital Galway will address existing infrastructural deficits; ensure compliance with National Clinical Care Standards including those listed above, address service capacity and risk issues.

The Women and Children’s developments are linked to the National Maternity Strategy 2016 – 2026 and model of care for neonatology and Paediatrics.

It is intended to provide the Emergency department accommodation at ground and first floor levels with the Women’s and Children department occupying the upper four floors. A small part of the existing ED will remain which will be refurbished and form part of the overall new ED.

This proposed new ED and Women & Children’s block project is a large and complex one. The project requires several enabling works contracts to be completed on site before the main project works could commence construction. There is a need to clear the site / zone to be able to build the new block. It is important to note that this is a project in excess of €250m and is subject to the full rigours of the latest Public Spending Code. As such this project will require Government approval on the Preliminary Business Case and at two other “gates” prior to commencing construction.

The next step in the process in terms of the new block is to update the original Cost Benefit Analysis required under the previous public spending code to develop the required Strategic Assessment Report/Preliminary Business Case Report now needed under the current Public Spending Code to advance the project. This work is underway and will be completed later this year. The project will then need to be progressed through the planning process in 2022. The construction procurement process would subsequently follow in late 2022 and 2023 with a view to the construction works being delivered over a period of 2.5 years. This would mean that the new facility could potentially be ready in mid-2026.

Temporary Emergency Department at UHG

An interim ED is currently being delivered on the UHG site. Site works have been completed and a building works contract has been awarded, works commenced in July ’21 and are scheduled to be completed within 12 months. The new facility will improve the infrastructure in the short term and also help free up the site required for the proposed new ED Women and Children’s block.

The handover of the temporary Emergency Department is scheduled for the end of April 2022. Phase 2/Internal area is scheduled for handover at the end of July 2022. Some fitting out works are included in the contract as part of the project. End User fit-out will commence on the above handover dates.

T. Canavan, CEO, Saolta University Health Care Group

W95Q3090	Primary Health Care Centre Oranmore. Could I be informed of the timescale for the construction of a new Primary Health Care Centre in Oranmore including the anticipated completion time for such construction.	Cllr L Carroll
-----------------	--	-----------------------

Planning permission for a new primary care centre and associated works at Junction of Main Street & the N67, Oranmore, Co. Galway was granted earlier this year following a decision in favour of same by An Bord Pleanála.

The HSE’s Capital & Estates division are currently engaging with the developer with a view to finalising agreement for lease documents before the end of this year. Subject to successfully concluding legal agreements for accommodation for primary care services it is anticipated that construction might have commenced on site by late Q1 / early Q2 next year. The timescale for construction is yet to be confirmed but is likely to be between 18-20 months from date of commencement.

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

W95Q3091	Can the HSE confirm when day care services will resume for people in the	Cllr P Farrell
-----------------	--	-----------------------

Mohill Community Centre.	
--------------------------	--

The Day Services which operated in Mohill prior to the Covid-19 pandemic, re-opened in the purpose built day centre located in the Ballinamore Primary Care Centre on 27/07/2021.

The Mohill Day Centre facility was reviewed by the Infection Prevention Control team and did not meet Infection Prevention and Control requirements for Day Centres on re-opening post the Covid-19 pandemic.

Leitrim Development Company will manage the Day Service in Ballinamore, on behalf of the HSE, through a Service Level Agreement. A Leitrim Development Company representative contacted those older people who had attended the Mohill Day Centre facility, prior to the COVID-19 pandemic. The representative advised the HSE that the majority of those contacted were happy to attend the Day Centre in Ballinamore. Those who did not wish to attend the Day Centre in Ballinamore were offered alternatives, such as attendance at the Mohill Active Age Club or Drumsna Day Centre and had agreed to consider these options. Leitrim Development Company will continue to link with these older people.

Those who will attend the Ballinamore Day Care service will be supported through transport provided by SITT, which is funded through the HSE. Attendees will receive a hot cooked meal prepared by the Ballinamore Nursing Unit kitchen.

The Day Centre in Ballinamore provides attendees with access to a public health nurse and allied health professionals, as appropriate, in the adjoining Primary Care Health Centre. The Ballinamore Day Centre meets all Infection Prevention and Control guidelines. The decision to reopen the Day Centre in Ballinamore was taken in the best interests of day service users who previously attended Arus Carolan.

Older Persons Services have advised the Public Health Nurses that the Centre is operational and accepting referrals.

John Hayes, Chief Officer, CHO1