

**Minutes of Regional Health Forum West held on
Tuesday, 24th November, 2015 at 1.00pm in Room 1, Education Centre,
HSE Offices, Merlin Park, Galway**

Miontuairiscí Cruinnithe Chinn Bhliana an Fhórais Réigiúnach Sláinte, a tionóladh ar an Mháirt 24, Samhain,
2015 ag 1.00 .i.n, i Seomra 1 an tIonad Oideachais,
Feidhmeannacht na Seirbhíse Sláinte, Páirc Mheirlinne, Gaillimh

Chairperson: Cllr Tom McNamara

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

In attendance:

Maurice Power, Chief Executive Officer, Saolta University Health Care Group
Collete Cowan, Chief Executive Officer, UL Hospital Group
Tony Canavan, Chief Officer, Area 2
Ann Cosgrove, Chief Operating Officer, Saolta University Healthcare Group
Francis Rogers, A/National Director, HR
Paudie O'Riordan, Chief Ambulance Officer, West
Marian Cavanagh, Regional Health Forum Office
Norah Owens, Regional Health Forum Office

538/60/15 Minutes of previous meeting 22nd September, 2015

The minutes of the previous meeting held on the 22nd September, 2015 were proposed by Cllr David Doran, seconded by Cllr. Michael Creaton and adopted.

539/60/15 Matters Arising:

Sexual Assessment Treatment Unit : Cllr C Connolly requested a current update on the progress of the permanent premises for the Sexual Assault Treatment Unit.

Action: A Cosgrove to revert to Cllr. C Connolly with an update.

Addiction Counselling Building: Cllr. C Connolly is seeking an update on the status of this building.

Action: T Canavan to revert to Cllr C Connolly with an update.

Motion: W59M53 – Dept of Psychiatry

Action: RHF Office to follow up with Minister Kathleen Lynch's office regarding a response to this motion.

540/60/15 Chairman's Address:

Chief Operating Officer, Saolta University Healthcare Group

The Chairman congratulated Ann Cosgrove on her new post as Chief Operating Officer, Saolta University Healthcare Group and welcomed her to the top table.

2016 Schedule for Regional Health Forum meetings

The 2016 schedule was circulated and agreed by members.

541/60/15 Questions:

W60Q1703 – Free Parking for Cancer Patients

Action: T Canavan to follow up re parking for cancer patients at Clonmel General Hospital

W60Q1708 – HSE Staff on stress related illness

Action: F Rogers to bring back to the HR Directorate the importance of a comprehensive database which is required to address this issue as a priority and help capture the extent of the problem.

W60Q1712 – FOI Requests for Mayo University Hospital

Action: M Power to follow up on issues raised by Cllr L Chambers

W60Q1720– Roll out of blood screening test of Haemochromatosis

Action: RHF Office to revert to Cllr B Mulroy when the response is received from the HSE national office.

W60Q1723 – Aras Attracta

Action: T Canavan to revert to Cllr. M Kilcoyne with the number of empty rooms/bungalows currently in Aras Attracta.

W60Q17331 – Signage at Merlin Park Hospital

Action: A Cosgrove agreed to look at both internal and external signage for Merlin Park Campus

W60Q1736 – Cost of Rented Premises in Roscommon

Action: T Canavan to forward the names of the Directors of Royal Cove Development Limited to Cllr. T Ward

W60Q1740 – Recommendations following the death of a patient

Action: M Power to revert to Cllr C Connolly with the date a meeting took place and update her on the review of the case.

W60Q1745 – Rates for residential care in private nursing homes

Action: RHF office to refer these related queries to the National Treatment Purchase Fund Department

[A] What criteria are used by NTPF in choosing the nursing homes?

[B] Why is there such inconsistency of pricing of these homes across the country?

542/60/15 – Motions

W60M54– Special Meeting of Saolta Management

This motion was proposed by Cllr C Brogan, seconded by Cllr. E Scanlan and adopted.

Action: M Power agreed to meet the members together with his management team.

W60M55– Waiting Lists/One MRI Facility in GUH

This motion was proposed by Cllr. C Connolly, seconded by Cllr T O’Flaherty and adopted.

W60M56 Hydraulic Fracturing –

This motion was proposed by Cllr. F Gurn, seconded by Cllr. C Ellis and adopted

Action: This motion to be referred to the other 3 Regional Fora, The Minister for Environment & Minster for Health

543/60/15 Date & time of Next Meeting:

The next **Regional Health Forum Committee** meeting will take place on Tuesday, 15th December, 2015 at 1pm in Manorhamilton.

The next **Regional Health Forum meeting** is now scheduled to take place on Tuesday, 23rd February, 2016 at 2pm in Galway.

This concluded the business of the meeting.

Signed:

Cathaoirleach/Chairman

Adopted at the Regional Health Forum West meeting

QUESTIONS RECEIVED

REGIONAL HEALTH FORUM WEST – 23rd February, 2016

NUMBER	QUESTION	RAISED BY	PAGE NO.
W61Q1746	Waiting times for cataract procedure?	Cllr L Chambers	2
W61Q1747	Trolley waits at Mayo General Hospital	Cllr L Chambers	2
W61Q1748	Progress at Sacred Heart Hospital, Castlebar	Cllr L Chambers	3
W61Q1749	Update on Rheumatology services	Cllr L Chambers	3
W61Q1750	Do diabetes patients have access to hospital based dietetics outpatient services	Cllr M Hourigan	3-4
W61Q1751	Bariatric surgery available in the Mid West region?	Cllr M Hourigan	4
W61Q1752	CNS available to patients in the primary and secondary service in Limerick and how many are prescribing?	Cllr M Hourigan	5
W61Q1753	HR procedure and background checks relating to prospective clinical employees?	Cllr P Conneely	5
W61Q1754	Cancellation of day case procedures in GUH and MUH?	Cllr P Conneely	5-6
W61Q1755	Cost of remote storage and delivery of healthcare records?	Cllr P Conneely	6-7
W61Q1756	Shuttle bus costings for Galway University Hospitals	Cllr P Conneely	7-8
W61Q1756#	Standards for Foster Care Homes	Cllr T O'Flaherty	8
W61Q1757	Guidelines for Foster Care Reviews	Cllr T O'Flaherty	8
W61Q1758	How many Foster homes have been deemed unsuitable	Cllr T O'Flaherty	8
W61Q1759	Post of Community Ophthalmologist for Tuam Area	Cllr D Killilea	9
W61Q1760	Steps taking when recruiting a doctor from EU and non EU	Cllr D Killilea	9
W61Q1761	Future plans for Toghermore House	Cllr D Killilea	9
W61Q1762	Staffing levels at Tuam Ambulance base	Cllr D Killilea	10
W61Q1763	Vacant properties in HSE West areas	Cllr F Gurn	10-12
W61Q1764	Update on Manse House, Manorhamilton,	Cllr F Gurn	12
W61Q1765	2009/10 report on Community Care beds	Cllr G Crawford	12
W61Q1766	Waiting times for ENT beds in University Hospital Galway	Cllr C Connolly	12-13
W61Q1767	Public Nursing home beds – Galway City & County	Cllr C Connolly	13-14
W61Q1768	Primary Care facilities planned for Galway City & County	Cllr C Connolly	14-15
W61Q1769	Number of patients referred to private facilities	Cllr C Connolly	15-17
W61Q1770	Progress on a new ED department for UHG	Cllr M Hoade	17
W61Q1771	Dental facilities for senior citizens in Galway Mayo regions	Cllr M Hoade	18
W61Q1772	Waiting list for scoliosis and funding for more surgeons?	Cllr M Hoade	18

NUMBER	QUESTION	RAISED BY:
W61Q1746	Can the HSE executive explain the long waiting list for patients awaiting a cataracts procedure? What is the current waiting time to get the procedure done? What is being done to reduce the waiting time?	Cllr L Chambers
<p>Cataract procedures are undertaken in University Hospital Galway and Sligo University Hospital. There are 268 patients waiting over 12 months for a cataract procedure.</p> <p>Currently the demand for ophthalmology exceeds capacity in the system. All internal process efficiencies have been implemented to ensure that we are maximising the use of existing capacity. However to deal with the number of patients awaiting outpatient appointments or procedures requires additional capacity either internal or external. An additional consultant was appointed in UHG in 2015 and Sligo employed locum services in 2015.</p> <p>Some initiatives implemented in Sligo to improve waiting times for patients include, post- surgery follow up in the community which frees up hospital capacity. An integrated hospital and community project began last year which has focused on reducing out-patient waiting times facilitated by the Consultant Ophthalmologists working with Community Ophthalmic Physicians.</p> <p><i>A. Cosgrove, COO, Saolta University Health Care Group</i></p>		
W61Q1747	What measures are being taken by Mayo General Hospital to reduce the number of patients waiting on trolleys?	Cllr L Chambers
<p>The following measures have been put in place in MUH in order to address the number of patients waiting for admission to hospital:</p> <ul style="list-style-type: none"> • An elderly frail team has been implemented consisting of an Occupational Therapist, Pharmacist, Social Worker, Physiotherapists and Nurses, to help older patients to have earlier supported discharges, reducing length of stay for these vulnerable patients. • MUH is putting in place specialist nursing teams to reduce lengths of stay in hospital, particularly targeting those with longer term, more chronic illnesses such as COPD and Heart Failure. • MUH is working very closely with colleagues in the community to reduce the number of delayed discharges and maximise the use of these step down beds. Transitional care beds are used in nursing homes when appropriate. • MUH has extended radiology services to 8pm on weekdays and is also providing weekend sessions in order to reduce the wait times for diagnostic services. The cardiac service is being expanded also in order to reduce wait times for cardiac tests. 		

- As part of the escalation process we are utilising day beds in the Acute Medical Assessment Unit and Day Surgery Units on a daily basis. Additional patients are being transferred to wards from the ED while they wait admission. Non- elective surgery has been reduced.
- Management Team meet 4 times per day at patient safety flow management meetings to continuously review and monitor the situation on an on-going basis

A. Cosgrove, COO, Saolta University Health Care Group

W61Q1748	What is the up to date position with the Sacred Heart Hospital in Castlebar? What progress has been made to date in terms of the tender process and contacts?	Cllr L Chambers
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Tenders have now been returned for this project and the tender assessment is progressing. It is hoped to appoint a contractor at the end of February / early March with construction expected to commence in April / May 2016.

T Canavan, Chief Officer, Area 2

W61Q1749	Please provide an up to date report on the rheumatology consultant that has been hired to Manorhamilton and the service to be provided to Castlebar. How many patients are expected to be seen on a weekly, monthly and annual basis?	Cllr L Chambers
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The Rheumatology service for the Saolta University Health Care Group is currently based in Manorhamilton and in Galway. It is planned that the Manorhamilton service will provide an outreach service to Mayo University Hospital. A person has been recommended for this position and the details regarding the number of patients to be seen will be finalised when the Consultant takes up post.

A. Cosgrove, COO, Saolta University Health Care Group

W61Q1750	Do diabetes patients have access to a hospital based dietetics outpatient service?	Cllr M Hourigan
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Diabetic patients do have access to the dietetics outpatient service at the University Hospital Limerick.

- General type II diabetic patients referred to the dietetic service are transferred to the care of the community dieticians for either group education (DESMOND programme) or one to one consultation.
- type I diabetics are seen in general dietetic led clinics.
- People with gestational diabetes who are referred to our service attend a dietetic run group education group.

We do not have any specialist diabetes dietitian or dietitian led diabetes clinics at the University Hospital Limerick.

C Cowan, CEO UL Hospital Group

Galway University Hospitals

Referrals from GUH medical teams for type 1 or type 2 diabetes patients have access to the dietetics outpatient service if they are attending the Diabetes day centre.

Sligo University Hospital

As per the regional dietetic referral guidelines, patients with type 2 diabetes are referred to community based Nutrition and Dietetic Services.

In recent years due to the increasing volume and complexity of our in-patients, the Dietetic Service has introduced a system of caseload management based on clinical priority. Our paediatric patients (as a result of a new dedicated paediatric diabetes dietitian position) receive a full outpatient service.

Letterkenny University Hospital

Letterkenny University Hospital (LUH) has an agreement in place with the Dietetic Community Services. All children, all type 1, those with gestational diabetes and complex type 2 remain under the care of hospital dietetic service, while all other type 2 are referred to Community Dietetic Services.

There is an arrangement in place between LUH, Sligo University Hospital and Community Services and service guidelines are in place for referral of diabetic patients.

Mayo University Hospital

Paediatric Service

A service is provided to paediatric patients which involves:

- 7 three hour multi-disciplinary team (MDT) out-patient clinics per quarter, which facilitate the care of **90** paediatric diabetic patients (young people who are diagnosed prior to their 15th birthday are seen in the paediatric service, and remain in the paediatric service until completion of second level education)
- The current service provision from a paediatric dietitian is 0.05WTE.

Adult Service

September 2016- Present

- There is one full time dietitian with 50% of time allocated to diabetes out-patients
The service in place provides for:
 - Nurse/Dietitian- led clinic once per week treating unstable type 1 and type II diabetes patients on insulin
 - Weekly MDT clinic involving medical team, dietitian and diabetes Clinical Nurse Specialist treating unstable type 1 diabetics
 - Dietitian led clinic twice a month for unstable type I patients
 - Training is scheduled for March 2016 to up -skill current staff to facilitate implementation of DAFNE type I Diabetes education programme in the coming months.

Type II diabetes patients who so wish are re-directed to the community dietetic service for

individual consults or participation on the DESMOND type II Diabetes educational programme.

Portiuncula University Hospital

Portiuncula University Hospital has a weekly outpatients in diabetes which is consultant led.

Diabetic patients attending Portiuncula Hospital have access to dietetic outpatient services, this includes, adult, paediatric, young adolescent and mothers presenting with gestational diabetes.

Roscommon University Hospital

Roscommon University Hospital has no outpatient Dietetic Clinic.

A. Cosgrove, COO, Saolta University Health Care Group

W61Q1751	Is bariatric surgery available to patients that need it, in the Mid West region?	Cllr M Hourigan
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Bariatric surgery is currently not available in UL Hospitals Group. This is available in a limited number of public hospitals around the country, this includes Galway & Dublin.

C Cowan, CEO UL Hospital Group

W61Q1752	What is the number of clinical nurse specialists available to patients in the primary and secondary health service in Limerick? How many of this number are prescribing	Cllr M Hourigan
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UL Hospital Group:

Within the UL Hospitals Group, there are three Clinical Nurse Specialists for the adult diabetes services:

- 0.4 WTE in the primary health service and
- 2.2 WTE in the secondary care
- There are 2 Clinical Nurse Specialists involved in prescribing.

For the paediatric diabetes services there are;

- 2.5 WTE Clinical Nurse Specialists Diabetes in Paediatrics. None of them are involved in prescribing.

C Cowan, CEO UL Hospital Group

HSE Mid-West Community Healthcare:

The HSE Mid-West Community Healthcare has 0.4 WTE clinical nurse specialist available for patients with diabetes in the primary health service in Limerick. This CNS is not involved in prescribing. This post is managed by the UL Hospitals Group.

B Gloster, Chief Officer, HSE Mid West Community Healthcare

W61Q1753	Will a review of HR procedures and background checks relating to prospective clinical employees take place following the recent findings of a Medical Council Fitness to Practise Inquiry concerning a former employee of Galway University Hospitals?	Cllr P Conneely
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Hospitals in Saolta University Health Care Group follow the standard HSE procedures when recruiting medical staff. This includes interview, checking Medical Council registration, seeking references, referral to occupational health and Garda vetting. In addition, NCHDs must be employed under NCHD Contract 2010 which obliges them to sign a declaration. When issues arise in relation to any doctor's performance, depending on the nature of the concerns, they may be placed off- call for a period of time, they may be placed under the close supervision of a more senior colleague or following that, and again depending on the circumstances the HSE's Disciplinary process may commence. Since July 2015 a single personal record, known as the National Employment Record (NER) has been rolled out for all junior doctors working on any HSE or voluntary hospital. This will contain all of their up-to-date HR information, including references, Garda clearance, statutory declarations and a full training record. Access to this record will be available to all prospective employers 6 weeks in advance and this will be fully implemented for all doctors in the system by July 2016.

Following the completion of the Irish Medical Council's Inquiry the Minister for Health requested the HSE to review its recruitment processes in relation to the hiring of medical staff. The Saolta Group are currently undertaken a review of the processes in place across the Group to establish if there is learning from any of the issues raised as part of this Inquiry.

A. Cosgrove, COO, Saolta University Health Care Group

W61Q1754	How many inpatient and day-case procedures scheduled to take place at Galway University Hospitals and Mayo General Hospital were cancelled between 1 August 2015 and 1 January 2016?	Cllr P Conneely
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Mayo University Hospital

Aug-15		Sep-15		Oct-15	
Hospital Cancellations	Patient Cancellation	Hospital Cancellations	Patient Cancellation	Hospital Cancellations	Patient Cancellation
3	43	0	69	1	66

Nov-15		Dec-15	
Hospital Cancellations	Patient Cancellation	Hospital Cancellations	Patient Cancellation
5	65	0	63

Galway University Hospital

2015		
	Procedure deferred by hospital	Procedure deferred by patient
August	248	281

September	338	314
October	236	269
November	215	358
December	195	326

A. Cosgrove, COO, Saolta University Health Care Group

W61Q1755	How much has been spent on the remote storage and delivery of healthcare records in respect of Galway University Hospitals and other facilities in the Saolta University Hospital Group each year since 2008, the name of the company or companies providing such a service, and the details of the contract currently in place.	Cllr P Conneely
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Galway University Hospitals

	2008	2009	2010	2011
Lynx(52543X)	€ 6,893.60	€ 5,106.01	€ 8,615.82	€ 3,157.85
SSL(80849Y)	€ 108,392.66	€ 219,221.45	€ 300,719.26	€ 274,521.19

	2012	2013	2014	2015
Lynx(52543X)	€ 1,118.49	€ -	€ -	€ -
SSL(80849Y)	€ 438,484.45	€ 509,311.58	€ 710,060.08	€ 709,678.70

The current SLA for the external storage of records is with Source & Supply Logistics Limited. The SLA is operational until 15th June, 2016.

The service being provided includes :-

- Storage of healthcare records remotely
- Delivery of healthcare records to and from University Hospital Galway

Sligo University Hospital

Sligo University Hospital use offsite storage facilities provided by a company called RSS for the storage of some healthcare records RSS. They provide both storage and deliver the records to the hospital on a request basis.

SUH RSS Document Storage

2015	70,244.06
2014	42,969.26
2013	20,768.10
2012	25,622.87
2011	28,064.67
2010	28,460.44
2009	26,469.00
2008	23,900.98

Roscommon University Hospital

Roscommon University Hospital commenced using RSS for the storage of medical records in January 2016 and there are no details of costs available yet. Up until then they did not use external storage.

Letterkenny University Hospital

Letterkenny University Hospital store their records in a facility located in Glencar, Letterkenny. The annual rental fee for this facility is €20,000.

Portiuncula University Hospital

Portiuncula University Hospital pays €56479.74 for the storage of medical records to Record Storage Services, Clooney, Co Sligo in 2015 this will be a recurring cost.

A. Cosgrove, COO, Saolta University Health Care Group

W61Q1756	Please provide details of all costs associated with the shuttle bus service for Galway University Hospitals since its commencement, and data on the number of passengers availing of the service.	Cllr P Conneely
<p>MPUH – UHG Shuttle Bus Service</p> <p>Following a tender process the successful service provider commenced the service from MPUH to UHG in June 2015. The cost of this service for the period June 2015 until 31st January 2016 was €146,529; the number of staff members/passengers availing of this service for the period was 75,752.</p> <p>This service is now also being utilised by patients/carers during off-peak periods.</p> <p>NUIG/Dangan – UHG Shuttle Bus</p> <p>The costs of this service for 6 months are €88,650, the number of staff members/passengers using the service over this timeframe was 6,465. This service is currently being reviewed from a cost viability perspective.</p> <p>A. Cosgrove, COO, Saolta University Health Care Group</p>		
W61Q1756 #	<p>In light of the recent revelations regarding the abuse suffered by a young woman with an intellectual disability in a HSE registered foster care home, can the Executive answer the following in relation to foster care homes in this region;</p> <p>Are there written guidelines governing the standards to be met by foster homes prior to the placement of children also are there different guidelines governing the standards to be met by foster homes prior to the placement of children with an intellectual or physical disability and can the members be given copies of these guidelines.</p>	Cllr T O’Flaherty

Fostering Regulations are issued by the Department of Children & Youth Affairs. The National Standards Document is developed from this, and applies to all fostering placements. Please also see further attachments relating to policy and procedure used by Tusla. The National Assessment framework is used for the assessment of foster carers. When completed it is presented to the local fostering committee for approval. All Foster carers are reviewed after one year and then every 3 years. Children placed in foster care are reviewed at the following intervals;

- ✓ 2 weeks after placement
- ✓ 2 months after first review
- ✓ At 6 month intervals for the first 2 years
- ✓ Every year after this

The National Standards for Foster Care link is:

[www.dcy.gov.ie/documents/.../National Standards for Foster Care.pdf](http://www.dcy.gov.ie/documents/.../National_Standards_for_Foster_Care.pdf)

The National Assessment Framework is available on the TUSLA website at www.TUSLA.ie

J. Smyth, Service Director, West Region, TUSLA

W61Q1757	When were the guidelines for Foster Homes last reviewed and/or updated and what are the review procedures for children placed in foster care; how often are these reviews carried out and by whom.	Cllr T O'Flaherty
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The Fostering Framework is used for assessing all aspects of a proposed placement, including the home. These were issued in 2015. The child in care record is utilized for the reviews (see Appendices 1 & 2) and the Child's social worker ensures all concerned are invited to every review including the child where possible. I have also attached one of the many policy documents we use in fostering - *the health and safety checklist*.

(See Appendix 1 & 2)

J. Smyth, Service Director, West Region, TUSLA

W61Q1758	In the last 5 years, how many homes (if any) have been deemed unsuitable for the placement of children also how many children (if any) have been removed from foster care homes?	Cllr T O'Flaherty
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As part of the review of foster carers that is carried out by the area fostering committee. The continued suitability of the family to remain active on the fostering panel is assessed and a recommendation is sent by the chairperson to the area manager for his/her approval. Fostering committees publish their reports and included in these is the numbers of carers reviewed and recommendations made.

J. Smyth, Service Director, West Region, TUSLA

W61Q1759	Could the CEO please inform me as to the current situation regarding an Ophthalmologist Appointment for Tuam Health Centre and also the Number of Patients now waiting to see an Eye specialist from the Tuam area Health Clinic?	Cllr D Killilea
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The post of Community Ophthalmologist which covers the Tuam Area has been approved for rehire. The Job Description is finalised and has been submitted to the National Recruitment Service in the last week.

Interim arrangements have been put in place with review patients being seen in Saturday clinics in

Shantalla and urgent new patients are being referred for consultations with a private Ophthalmologist.

There are currently 499 children waiting to be seen in the Tuam clinic.

T Canavan, Chief Officer, Area 2

W61Q1760	Could the CEO outline the steps taken when hiring a doctor from both EU and NON EU countries, and that they are confident that all doctors hired by HSE west are competent people, and also is there any plans to input safety barriers in case a problem arises.	Cllr D Killilea
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The recruitment of doctors is carried out within our Medical Manpower Department. There is a standard operating procedure which is followed when recruiting doctors to work in the hospital either directly or through a recruitment agency. This would include steps that would cover the advertisement, shortlisting, interview and clearance of suitable applicants.

In relation to Consultant recruitment, this is also done through the Medical Manpower Department in conjunction with the Public Appointment Services and the National Recruitment Services. This would also follow clearly set out steps in relation to approval, advertisement, shortlisting, interviewing, and clearances of successful applicants.

Where safety concerns arise they are raised and dealt with through the respective training body in relation to NCHD's, HSE internal procedures i.e. disciplinary etc or a Medical Council referral if appropriate.

A. Cosgrove, COO, Saolta University Health Care Group

C Cowan, CEO UL Hospital Group

W61Q1761	Could the CEO outline the future plans for Toghermore House, Tuam and that there is no threat to its closure.	Cllr D Killilea
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Galway/Roscommon Mental Health Services is committed to the full implementation of the National Policy Vision for Change.

This policy along with the final report of the "Expert Review Group on Community Mental Health Services in Galway/ Roscommon" are the guiding principles in the implementation of a recovery model of care, focused on the service user reaching their maximum potential.

As a result of the recommendations in this report each service user in residential care, including Toghermore House, is being assessed by a multidisciplinary Rehabilitation Team.

Following these assessments, comprehensive, recovery based individual care plans will be formulated with the service user and their family/carers in Toghermore.

T Canavan, Chief Officer, Area 2

W61Q1762	Could the Director of the Ambulance service give me an update as to the staffing levels for Tuam Ambulance base, and plans for future staffing increases?	Cllr D Killilea
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The current staffing levels are a total of 8 staff. The National Ambulance Service recruited over 80 staff in 2015 that will come on stream throughout 2016. This will continue

throughout 2016 with between 80 and 100 planned to come into the service. It is planned that some of these will be deployed into Tuam and others areas across the West.

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

W61Q1763	Can the executive advise the number of vacant properties owned by the HSE within the region which have lain idle for more than three years and the cost of maintaining same.	Cllr. F Gurn
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SiteName	Address		County	Use	Status	Status Update	Estimated Maintenance Cost 2015
Coffin House	Tuamgraney	Scariff	Clare	Primary Care Building	Vacant - Derelict	For Sale	€430.20
Mullagh Health Centre	Mullagh		Clare	Primary Care Building	Vacant since the CWO retired from the area - 2012.	To be placed on the Market for Sale	€3,738.56
Newpark Hostel	Tulla Road	Ennis	Clare	Mental Health	Vacant since 02.03.2012	To be placed on the Market for Sale	€2,163.50
Old Dispensary	Knonkagonnell	Inagh	Clare	Primary Care Building	Vacant - Derelict	Check	€0.00
Killaniv Dispensary	Townland of Knockadangan	Kilmaley	Clare	Primary Care Building	Vacant - Derelict	For Sale	€0.00
Ballyhahill Health Centre	Ballyhahill		Limerick	LHO - Primary Care	Vacant check since when	For Sale	€2,628.00
Gerald Griffin Street, 28/29 Lower			Limerick	Mental Health	Vacated Nov 2012	Sale Agreed	€1,000.00
Littleton Health Centre	Littleton		Tipperary	Community Services	Vacated 2012	For Sale	€3,097.00
Former Convent	Borrisoleigh		Tipperary	Mental Health	Vacant	Sale Agreed	€487.00

Site Name	Block Name	County	Category	Status	Estimated Maintenance Cost 2015
St. Brigids Hospital Campus	Site Block	Galway East	Mental Health	90% Vacant	€430.20
Gorteeny Health Centre	Gorteeny Health Centre	Galway East	Community Health	INUSE	Nil
Headford Day Centre (Convent)	1st Floor, Headford Day Centre (Convent)	Galway East	Mental Health	Partially Vacant	Nil
Kilmilkin Health Centre	Kilmilkin Health Centre	Galway West	Community Health	Vacant For Sale	Nil
St. Brendan's Home	Main Block, Lake Road	Galway East	Older People Services	Partially Vacant	Nil, but capital works ongoing on campus.

St. Brendan's Home	Mrs Toppings Bungalow	Galway East	Older People Services	Vacant Under Review	Nil
Loughrea Health Centre	Loughrea Health Centre	Galway East	Community Health	Vacant	€800
Oranmore Health Centre	Oranmore Health Centre	Galway East	Community Health	Vacant For Sale	Nil
Toghermore Training Centre	Coffee Shop	Galway East	Mental Health	Vacant Under Review	Nil
Tuam Community Hospital (Bon Secours Site)	Tuam Community Hospital (Bon Secours Site)	Galway East	Hospital	Vacant Under Review	€3054, new roof put on as Capital towards new project
Turloughmore OLD Health Centre	Turloughmore OLD Health Centre	Galway East	Community Care	Vacant For Sale	Nil
Balla Health Centre	Balla Health Centre	Mayo	Community Health	Vacant For Sale	
Louisburgh Health Centre (Old)	Dispensary, Louisburgh	Mayo	Community Health	Vacant For Sale	
Cloonfad Health Centre	Cloonfad Health Centre	Roscommon	Community Health	Vacant for Sale	
Loughglynn Health Centre	Loughglynn Health Centre	Roscommon	Community Health	Vacant for Sale	
Sacred Heart Home, Roscommon	Public Health Nurses Offices	Roscommon	Public Health	Vacant Under Review	
Brideswell Health Centre (NEW)	Brideswell Health Centre (NEW)	Roscommon	Community Health	Vacant for Sale	
Keadue Health Centre (old)	Keadue Health Centre (old)	Roscommon	Community Health	Vacant For Sale	
Ballydangan Health Centre	Ballydangan Health Centre	Roscommon	Community Health	Vacant Under Review	
Cloonmore	Cloonmore Health Centre	Roscommon	Community Health	Vacant For Sale	

SiteName	Address	County	Use	Status	Status Update	Estimated Maintenance Cost 2015
Old Heath Centre	Pettigo	Co Donegal	Old Heath Centre			None
Old Nurses Residence/ Health Centre	Derrybeg	Co Donegal	Old Nurses Residence/ Health Centre			None
Carrigart Old Health Centre		Co Donegal	Carrigart Old Health Centre			None

Clonmany Old Health Centre		Co Donegal	Clonmany Old Health Centre			None
Creelough Old Health Centre		Co Donegal	Creelough Old Health Centre			None
St Johnston Old Health Centre		Co Donegal	St Johnston Old Health Centre			None

In total 6 HSE owned properties have lain idle in the Leitrim, West Cavan, Donegal, Sligo area for over three years. These are all Old Health Centres. No maintenance costs have been incurred on the properties.

Estates Department

W61Q1764	The Manse, New Line, Manorhamilton, Co. Leitrim has not been occupied other than for storing records since it was purchased in approximately 10 – 15 years ago. What was the executive's intention when the house was purchased and could you advise what it intends doing with the property? It is reported that urgent remedial work would need to be immediately carried out to prevent the building disintegrating beyond repair.	Cllr. F Gurn
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The Manse property, also known as Fox's House, was purchased in 2003 by the North Western Health Board. The property was purchased to provide residential accommodation for Mental Health Service clients who were then resident in Sligo. A planning application for reconstruction and upgrade was submitted to Leitrim County Council in August 2003. The Council raised a number of queries. In particular they required a sight - line of at least seventy metres at the road entrance. In order to provide this, discussions were held with an adjoining landowner. Unfortunately, the price being sought by the landowner was not considered reasonable and negotiations proved fruitless. As a result, the renovation project stalled for a considerable period of time. During this time, the model for delivering residential services to Mental Health clients changed and the Manse Project, as proposed, was no longer required. Concurrent to this, the then North Western Health Board needed to provide additional office accommodation at the Head Quarters building in order to facilitate increasing staff numbers. A decision was taken to transfer archive material from Head Quarters to the Manse, thus freeing up much needed space at Head Quarters. This happened in 2006. A local voluntary group, North Leitrim Men's Group, sought part of the premises as a base for their activities. This was facilitated. To date, the premises continues to be used for archive purposes and as a base for North Leitrim Men's Group. Remedial work is indeed required to the premises. A survey has been carried out but no work programme has been finalised. The HSE continue to need the archive space concerned. Equally, it is our understanding that the North Leitrim Men's Group will continue to need the part of this premises that they are using. The use of this premises is being kept under review.

J Hayes, Chief Officer, Area 1

W61Q1765	Will the HSE give me a copy of the findings of the initial report 2009 / 2010 into the needs and plans for Community care beds going forward?	Cllr G Crawford
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Not available at time of printing

W61Q1766	Please clarify the number of people on the Otolaryngology (ENT) in patient/Day case waiting list in University Hospital Galway, a breakdown of the length of time that patients are waiting on that list for procedures and why they are waiting and how many have been referred to private medical facilities from this list in the last two years.	Cllr C Connolly
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ENT inpatient/daycase waiting time as of 11/2/2016

There are 841 patients waiting for an appointment date for an inpatient or daycase procedure in ENT in GUH.

0-3 Mths	3-6 Mths	6-8 Mths	8-12 Mths	12- 15 Mths	15-18 Mths	18- 24 Mths	24- 36 Mths	36-48 Mths	48+ Mths	Grand Total
173	142	75	130	95	82	120	22	1	1	841

193 patients were referred to the private sector for treatment in 2014 and 2015 as outlined below:

- **129 patients in 2014**
- **64 patients in 2015**

A. Cosgrove, COO, Saolta University Health Care Group

W61Q1767	In relation to public nursing home beds in Galway City and County including Áras Ronán, Áras Mhic Dara, Unit 5 and Unit 6 in Merlin Park Hospital and Clifden please clarify the number of beds in each public nursing home facility stating the bed capacity, bed occupation and the numbers on any waiting list and clarifying the reasons for same including the up to date position re the refurbishment of the nursing home in Carraroe.	Cllr C Connolly
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The following is the position

Aras Mac Dara

Bed Capacity - 47

Beds Occupied - 33

Waiting List - 9

14 beds currently closed due to ongoing renovations to comply with HIQA regulations. It is anticipated that these renovations will be complete by end of May 2016 at which time we will reopen those beds.

Aras Ronan

Bed Capacity -12

Beds Occupied -11

Waiting List - 2

Units 5 & 6

Bed Capacity -52

Beds Occupied – 52

Waiting List - 12

St. Anne's, Clifden

Bed Capacity -24

Beds Occupied – 23

Waiting List – 0

T Canavan, Chief Officer, Area 2

W61Q1768

Please clarify the position in relation to status of primary care facilities planned for Galway City and County clarifying the current status of whatever plan is in place for this area including Knocknacarra and an explanation for the delay in rolling out same together with clarification of on the nature of the lease/contract including the financial agreement in place in relation to the primary care centre in Doughiska.

Cllr C Connolly

The following table is a summary of Primary Care Projects within Galway City and County

	Primary Care Centre	Method of development
Primary Care Centres in operation	Galway City East Primary Care Centre (Doughiska) Athenry Primary Care Centre Loughrea Primary Care Centre	Operational lease Operational lease Capital
Primary Care Centres in development	Mountbellew Primary Care Centre.(due for completion Q3 2016) Tuam Primary Care Centre(due to be operational Q3 2017)	Operational lease Public Private partnership
Primary Care Centres in planning(in preparation to go for planning permission)	Moycullen Primary Care Centre Portumna Primary Care Centre Gort Primary Care Centre Inis Boffin Primary Care Centre	Operational lease Operational lease Operational lease Capital
Primary Care Centres proposed, pending approval from National Property committee	Galway City West PCC Oranmore PCC	To be Confirmed Operational Lease

CHO 2 does not have a plan at present to develop a Primary Care Centre in Knocknacarra. As in City East, a single location is envisaged for City West however the City West facility is planned to be a larger facility to accommodate the identified service needs

The HSE has advertised on 3 occasions for the development of Primary Care Centres by operational lease since 2007. There were a number of factors as to why projects have not come to fruition. These include inability to meet the requirement to have a G.P practice located in the facility and co-location of the GP practice with HSE Primary Care services, the downturn in the economy and the difficulty in securing suitable sites.

A proposal has been developed for a Primary Care Centre on the Shantalla clinic site. This would be the base for 4 Primary Care Teams in the West of the city, in conjunction with Mental Health and Hospital outreach services. This would replace the existing premises in Shantalla with a modern integrated facility.

This project is a candidate for inclusion in a further PPP initiative in a similar manner to Tuam's inclusion in the current PPP bundle of projects.

The City East Primary Care Centre in Doughiska is an operational lease in accordance with standard national documentation under the National Primary Care Infrastructure programme completed following public advertisement in late 2007. The lease is for 25 years and the annual cost is €240,529.

T Canavan, Chief Officer, Area 2

W61Q1769

Please clarify the number of patients referred to private hospitals/facilities for inpatient/outpatient procedures/operations including Scans/MRIs in the last two years with a breakdown for each year and the name of the private hospitals/facilities in question.

Cllr C Connolly

GUH Inpatient/Outpatient Procedures (referred out)

The following table outlines the number of patients referred to private hospitals for inpatient/outpatient procedures and the private facilities to which they were referred

Hospital	Inpatient and Daycase		Outpatient	
	2014	2015	2014	2015
Barringtons	60	252	0	91
Galway Clinic	335	874	0	0
St Francis, Mullingar	45	60	0	49
Bons	989	0	0	777
Sligo	0	0	0	0
Mater	0	0	0	0
Total	1429	1186	0	917

MRI/CT Scans (referred to MPIC)

The table below outlines the number of scans (CT and MRI) that have referred to Merlin Park Imaging Centre for 2013/2014/2015 under the SLA.

Public Patients Referred to Imaging Centre 2011 -2015

	2011	2012	2013	2014	2015
CT	1788	1928	1917	1598	2230
MRI	758	807	911	1099	1316
Total	2546	2735	2828	2697	3546

Letterkenny University Hospital:

2014	Beacon	NWIH	352 Healthcare	Mater	Galway Clinic	Blackrock Clinic	Total	
In-Pt		834	6	1	23	2	866	
OPD								
2015								
In-Pt	5	171					176	
OPD	373	1480	780	161			2794	

Portiuncula University Hospital:

24 Pain/Anaesthetic outpatients were outsourced to the Mater Private in 2014. Also in 2014, 46 Urology outpatients were outsourced to St Francis, Mullingar.

There were 13 Pain/Anaesthetic outpatients outsourced to private hospital, Sligo in 2015

There were no MRI's/Scans outsourced.

Roscommon University Hospital:

Orthopaedics and ENT were not outsourced in 2014.

2015 Orthopaedics

- 60 patients referred to 352 Medical C/O Kingsbridge Hospital Sligo.
- 45 patients referred to Bon Secours Hospital, Glasnevin, Dublin.

2015 ENT

- 150 Patients referred to St Francis Hospital Mullingar.
MRI scans are provided by Alliance Medical, MRI Centre, Portiuncula Hospital, Ballinasloe

2015

- 56 Inpatient Referrals
- 278 Outpatient Referrals

2014

- 50 Inpatient Referrals
- 215 Outpatient Referrals

Sligo University Hospital**Inpatients and day-cases outsourced in 2014:**

Private Hospital	Garden Hill Sligo	NWIH Ballykelly	Blackrock Clinic Dublin	Galway Clinic	St Francis Hospital Mullingar
Numbers of patients	ENT x 82 Maxillofacial x 8 Urology x 21	ENT x 33	ENT x 6 Maxillofacial x 1 Orthognatic x 1 Orthopaedic x 12	Urology x 8	Orthognatic x 8

Inpatients and day-cases outsourced in 2015:

Private Hospital	Kingsbridge Sligo
Numbers of patients	ENT x 120 Urology x 54

Outpatients outsourced in 2015:

Private Hospital	Kingsbridge Sligo
Numbers of patients	Dermatology x 598 Gynaecology x 60 Orthopaedics x 585 Pain Control x 26 Urology x 145

A. Cosgrove, COO, Saolta University Health Care Group

University Hospitals Limerick

Details	Private Hospital/Facility	2014	2015	Total
Inpatients /Day Case Procedure/Operations	Barrington's Hospital Limerick	74	139	213
Endoscopy Referrals	Barrington's	151	200	351

	Hospital Limerick			
Outpatient Procedure/Operations:	Barrington's Hospital Limerick	-	1420	1420
	Galway Clinic	-	72	72
MRIs from the Diagnostics Directorate	Barrington's Hospital Limerick	-	1	1
	Limerick Clinic	-	1	1
Cardiac MRIs	Galway Clinic	5	-	5
	Blackrock	44	64	108
Pet Scans (Perioperative)	St James Hospital	72	80	152
	Mater	24	28	52

C Cowan, CEO UL Hospital Group

W61Q1770	Can you confirm to me following the Taoiseach's admission that the ED department is not fit for purpose and we are not listed on a capital programme if you have received any contact from the Department regarding a new ED department for UCHG.	Clr M Hoade
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We are currently updating the cost benefit analysis for a new Emergency Department. It is planned that the updated brief will be submitted to the National Capital Approvals Committee in March 2016.

A. Cosgrove, COO, Saolta University Health Care Group

W61Q1771	Can you confirm is there any dental facilities available to our senior citizens in the Galway Mayo region.	Clr M Hoade
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The majority of senior citizens now have a Medical Card and these patients have access to the Dentist of their choice participating in the Dental Treatment Services Scheme. A list of DTSS dentists is routinely available at local Health Centres on request or from the local Dental Department

The chosen dentist can assess and provide care, including fillings and dentures and if required, the dentist can refer the patient onto other services, for example Oromaxillo facial Surgery

T Canavan, Chief Officer, Area 2

W61Q1772	Can you confirm what the situation is for the 520 patients on a waiting list for a procedure to correct the disease know as Scoliosis? Have any funding been made available to provide more surgeons.	Clr M Hoade
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UL Hospitals Group Response:-

We do not provide surgical service for scoliosis at the UL Hospitals Group.

C Cowan, CEO UL Hospital Group

Galway University Hospitals Response:

	ACTIVE
Orthopaedic WL	891
Spinal WL	68
Scoliosis WL	3

There are currently 4 patients awaiting scoliosis procedures at GUH.

There are currently 10 Orthopaedic Consultants practicing at Galway University Hospitals, 4 (2 locums) of whom have a special interest in spine and 1 of whom carries out scoliosis surgery.

Spinal surgery is high end complex work, our emergency spinal trauma work is significant however we have been actively working to progress the elective aspect of this service. We have redeployed resources from other service areas to support the scoliosis service and since the 11th January 2016 have established a fortnightly theatre list to facilitate scoliosis procedures.

A. Cosgrove, COO, Saolta University Health Care Group

HEALTH AND SAFETY CHECKLIST FOR FOSTER CARE APPLICANTS

(Adapted from BAAF 2009)

Sample Template

Standard 9 of the National Standards for Foster Care (2003) requires that foster carers' homes provide a safe, healthy and nurturing environment for children and young people.

Please complete this questionnaire which will accompany your assessment report for the foster care committee and return to the assessing social worker for inclusion as part of the assessment of your suitability to foster. Once completed, it will be verified by your assessing social worker.

Applicant name(s):

Address:

Telephone number:

Date of Inspection:

Assessing social
worker:

ISA:

Applicant 1 signature _____

Applicant 2 signature _____

Kitchen	Yes	No
Is the chest freezer kept locked?		
Are kettle flexes short?		
Are knives safely stored?		
Are surfaces kept clean?		
Is the fridge clean?		
Is there a cooker guard?		
Are cleaning materials stored safely?		
Is there a fire blanket?		
Are pets allowed in the kitchen?		
Do pets eat in the kitchen?		

Living area	Yes	No
Are rooms clean and in good decorative order?		
Is flooring clean and safe?		
Is furniture fit for purpose?		
Does furniture comply with fire safety requirements?		
Is there sufficient heating?		
Are there any glass tables that could be a potential hazard?		
Are large areas of glass fitted with safety glass or film cover?		
Is a fireguard required?		
In the event of a fire, are the window lock keys accessible?		

Hallway/stairs/landing area	Yes	No
Is flooring safe and in good condition?		
Are the stairs safe?		
Are banisters fitted in or have a maximum gap of four inches?		
Is the lighting sufficient?		
Are smoke detectors fitted and working at each level of the house?		
Is the area clear of clutter or any fire hazards?		
Are stair guards required?		
Does everyone know where the key to the front door is kept?		

Bedroom 1 (where child will sleep)	Yes	No
Are child proof locks fitted to the windows?		
Is the room light and airy?		
Is the room in good decorative order?		
Is the flooring clean and safe?		
Is the heating sufficient to the room and fixed to the wall?		
Is there a suitable bed and bedding?		
Is there suitable storage space the child's belongings?		

Bedroom 2 (where child will sleep)	Yes	No
Are child proof locks fitted to the windows?		
Is the room light and airy?		
Is the room in good decorative order?		
Is the flooring clean and safe?		
Is the heating sufficient to the room and fixed to the wall?		
Is there a suitable bed and bedding?		
Is there suitable storage space the child's belongings?		

Bedroom 3 (where child will sleep)	Yes	No
Are child proof locks fitted to the windows?		
Is the room light and airy?		
Is the room in good decorative order?		
Is the flooring clean and safe?		
Is the heating sufficient to the room and fixed to the wall?		
Is there a suitable bed and bedding?		
Is there suitable storage space the child's belongings?		

Bathroom	Yes	No
Is the bathroom clean and hygienic?		
Are facilities sufficient for the intended number of people in the house?		
Can the door lock be opened in an emergency?		
Is there a light or heater operated by pull cord?		
Are shampoos, cosmetics, cleaning agents stored out of reach?		
Are razor blades/ scissors stored safely?		

Cars/ garage	Yes	No
Are all vehicles taxed up to date?		
Is the tax disc in date?		
Are all vehicles insured?		
Do all vehicles have up to date NCT certificates?		
Are all vehicles fitted with suitable safety restraints?		
Are any potentially hazardous DIY fluids stored safely?		
Is all DIY equipment stored safely?		
Is there a chest freezer in the garage?		
Is any chest freezer locked?		
Is the garage kept locked?		

Garden	Yes	No
Is all gardening equipment stored safely in a locked he/shed?		
Is the back garden securely fenced in?		
Is any play equipment safe and securely attached?		
If there is a trampoline, does it have a safety net?		
If there is a sandpit is it clean and hygienic?		
Are any ponds safely covered or securely fenced in?		
Is any green house fitted with safety glass and kept locked?		
Is the garden kept free of pet waste?		
Is any swimming pool or hot tub kept safely covered?		

General safety	Yes	No
Are window blinds operated without loop cords?		
Are cigarettes, lighters and matches stored out of reach?		
Is alcohol stored safely and out of reach?		
Are gas appliances and boilers serviced annually?		
Is there a fire extinguisher?		
Is there a fire escape plan?		
Do you have a carbon monoxide alarm?		
Are medicines stored safely and securely?		
Is there a first aid box with suitable and		

General safety	Yes	No
in-date contents?		
Do toys comply with safety standards?		
Are any guns stored securely?		
Is there a current gun license?		
Is gun ammunition stored separately and securely?		
Are the house and contents insured?		
Is there a current registration certificate for any septic tank, where relevant?		



Appendix 2

CHILD IN CARE RECORD – CARE PLAN

SECTION A

1. Care Plan for

Name		DOB		Date Care Plan Initiated	
Care Plan No		Report No		Case No	

2. Legal Status of Child in Care

Voluntary (S4)	<input type="checkbox"/>	CO (S18)	<input type="checkbox"/>
ECO (S13)	<input type="checkbox"/>	Special CO (S23)	<input type="checkbox"/>
ICO (S17)	<input type="checkbox"/>	Other – Voluntary Relative (S36)	<input type="checkbox"/>

Date of Commencement:

Date of Expiry:

3. Overall Aims of Care Plan

Return to Birth Family	<input type="checkbox"/>	Return to Extended Family	<input type="checkbox"/>
Long Term Care	<input type="checkbox"/>	Shared Care	<input type="checkbox"/>
Adoption	<input type="checkbox"/>	Independence (triggered at age 16 & linked to Leaving Care Plans)	<input type="checkbox"/>

SECTION B

Family composition

4.1 Reason (Need) for Care including Pre-Care History

4.2 Type of Placement

Type of Placement Proposed

General Foster Care <input type="checkbox"/>	Relative Foster Care <input type="checkbox"/>	Residential <input type="checkbox"/>	Special Care <input type="checkbox"/>	Other <input type="checkbox"/>
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4.3 Child's needs

(a) Health

(b) Education

(c) Emotional and behavioural development

.

(d) Identity

(e) Family & social relationships

(f) Social skills

(g) Self care skills

4.4 Child's Interests and Talents

4.5 Child's View

4.6 Parents' View

4.7 Summary/Analysis

4.8 Ability of placement to meet child's needs

1.9 Actions to meet specific needs

	Action	Person Responsible	Time Scale
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

4.10 After Care Plan

SECTION C

5. Names of Persons involved in drawing up the care plan

Person	Name	Signature
Child/Young Person		
Parent /Carer/Significant Other		
Parent /Carer/Significant Other		
Social worker		
Others Involved		

Role		
Telephone		

Names of other persons with whom the plan should be shared (See guidance).

NAME

ROLE

TELEPHONE

ADDRESS

6. Approval & Review Date

Care Plan Formalised ☐ Date: _____ Date of Review: _____

Plan Approved Team Leader _____

Date: _____

Guidance

1. General Principles: Care Planning for Children in Care

General Principles:

"Care planning is not, and should not become, a bureaucratic or administrative event which is apart from, or in addition to, social work intervention with children and their families" (Horgan and Sinclair, 1997)

The care plan should be completed in consultation with the child or young person and their birth family, and carers should be involved in discussions particularly in relation to the Placement Plan for the child.

Children in care need information about their roots and identity and their care plan will be a source of information for their entire childhood and into adulthood. It is important to fill in the care plan as completely as possible for this reason, as it forms part of their life story.

The National Standards for Foster Care and Foster Care Regulations (1995) state that "Care plans are prepared before the child is placed...or, in the case of an emergency placement, within 14 days".

The care plan should be shared with the child and the birth parents unless to do so would place the child at risk of harm or in danger.

The care plan should also be shared with the foster carers, who should be given a copy of the **placement plan** for their own records.

If the child leaves the foster placement, the placement plan should be returned to the allocated social worker, or local social work office. To ensure confidentiality for the child or young person the foster carer should be advised to store this document in a safe place.

Article 12 of the United Nations Convention on the Rights of the Child (1989) states:
State Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.

For this purpose, the child shall in particular be provided the opportunity to be heard in any judicial and administrative proceedings affecting the child, either directly, or through a representative or an appropriate body.

Please note: the Care Plan and Placement Plans are part of the suite of forms designed under the Standard Operating Business Procedures and may not be amended in any manner.

Section 1:

Care plan number is 1 and is updated at every child in care review.

Report number and case number are as per Intake Assessment Referral.

Section 2:

Legal Status: If the legal status changes (for example the child moves from an Emergency Care Order to an Interim / Full Care Order) the dates of each care order should be recorded in this section.

Section 4.1

Reason for Care

Refer to category agreed in the Initial Assessment Form

Section 4.2

Type of Placement

Please specify what type of residential / foster care: HSE or private provider. SCO means Special Care Order

Other could mean Supported Lodgings / At Home under a Care Order: Please specify.

Guidance for each section of need assessment

Section 4.3

(a) Health

- Name and address of current GP.
- Name of PHN if the child is under six years of age.
- Name and address of birth family GP.
- Any known significant medical history?
- Does the child have a disability?
- Does the child have any medical / dietary allergies?
- Record what immunisations the child has had and any immunisations still needed.
- Record date of last medical examination and any findings.
- Is the child on medication? Please outline.
- Are there any dietary needs?
- What are the child's sleep patterns?
- Any optical or audiology needs?
- Any dental treatment needed?
- Please outline any health promotion needs (including diet and fitness / sex education / advice on smoking / contraception / drug or alcohol use)
- Any other specialist service needed – psychology / psychiatry / speech and languages / O.T. / Physio / early intervention service / other (specify)

- Has the child met developmental milestones?

Section 4.3 (b) Education

- Has the school report form been requested?
- Has the report been received? Is it attached to the care plan?
- Make sure the name of the school / teacher / principal is on the care plan.
- What class is the child in?
- Is non school attendance an issue for this child?
- Please record any additional educational needs including the need for an educational psychological assessment (NEPS) / extra tuition / special needs assistant / language support / after school activities / link with School Completion Project / Educational Welfare Officer (EWO)?
- Are there any issues in school that need to be addressed (bullying / social interaction etc.)?
- How will birth parents be involved in the child's education?
- Who attends parent / teacher meetings?
-

Section 4.3 (c) Emotional / Behavioural Development

- How has the child reacted to being in care (if a recent admission)?
- How does the child get on in his/her foster care family?
- Are there behavioural difficulties? Please specify.
- Does the child have positive self esteem?
- Is the child able to show affection to others?

Section 4.3 (d) Identity

The longer the child is in care, the more comprehensive this section should become as more efforts may be needed to help the child maintain their identity.

- Does the child understand why he/he/she is in care?
- Does the child know his / her family tree? (diagram)
- Has life story work been undertaken if necessary? Please outline.
- Are there any needs that need to be addressed in relation to culture / ethnicity / religion / language / disability / sexual identity?
- Are there any cultural dietary requirements or hair and skin care needs?
- Where relevant, does the child have access to information about country of origin and access to others of a similar religion and ethnicity?
- Have the parents expressed a religious preference for the child?
- Is the placement a same religion placement? If not, have the parents been notified of arrangements to maintain religious identity and are they in agreement?
- Are the carers aware of the identity needs of the child?

Section 4.3 (e) Access

The care plan should record details of the child's family and the access arrangement that is in place for the child (e.g. once a week / a month / daily etc) and should record...

- If the child has contact with both parents
- If the child has contact with siblings
- Is there access with significant others in the child's life / extended family members / friends / previous carers if applicable?
- Are access visits supervised and if so, what are the reasons for supervising?
- Is there a written access plan is on file?

Section 4.3 (f) Family & Social Relationships

Attachments in the child's family...

- Is there anyone in the child's family he/she would like to see more of?
- Does the child have friends in the community?
- Does the child have any friends who are also in care?

Section 4.3 (g) Social Skills

- Does the child make friends easily?
- Does the child enjoy social relationships with peers of same and opposite sex?
- Does the child have a good sense of self esteem?
- Does the child enjoy play?
- Is there a plan for age-appropriate social events like attending discos / school trips?

Section 4.3 (h) Self-care Skills

- Can the child complete basic self care tasks such as dressing, washing, and toileting in line with his / her chronological or developmental age?
- Does the child have an awareness of danger and show an ability to stay safe in the foster family?

Section 4.4 Child's Interests & Talents

- What leisure pursuits and hobbies does the child enjoy?
- What is the agreed plan to promote and facilitate the child's interests and hobbies?
-

Section 4.5 Child's View

There are a number of ways to ensure the child's views and wishes are heard in their care plan and placement plan and also in the child in care review process. Please refer to previous points highlighted in this section of these guidance notes.

Section 4.6 Parents' View

- Parents /guardians need to be given the opportunity to give their views as part of the care plan.
- Parents can represent their views in writing using the template form in Section 6 of these guidance notes or directly to the social worker.
- Efforts to contact both parents should be recorded on the care plan. Consider the viability of contacting extended family to obtain information for the child on parents if they are absent from his/her life.
-

Section 4.7 Summary/Analysis: Please state your professional opinion and analysis of this child's situation.

Section 4.8 Ability of placement to meet child's needs: Include issues such as safety, emotional responsiveness, nurturing, stimulation, guidance & stability.

Section 4.9 Actions to meet specific needs: "Actions to meet specific needs" should be filled out for each section of the care plan which requires actions. Please include additional boxes as required.

Please group actions under each heading of the care plan e.g. 'health', 'education', etc.

At each child in care review these actions should be reviewed and updated.

These form the recommendations for work to be done for the child which are reviewed at every subsequent review.

It is recommended that the following is included as a standard action in each care plan.

Has the child or young person been given information on the following: (please tick):

- The Children's Book about Foster Care ☐
- Their rights in care ☐
- Complaints Procedure ☐
- Contact details for their social worker ☐
- Contact details for EPIC ☐
- Has the safe guarding role of the social worker been outlined to the child /young person?

Yes ☐ No ☐

- If no to any of the above please outline why not:

References

1. Chapman, R., Morrison M. (2011) Undertaking a fostering assessment: A guide to collecting and analysing information for Form F. BAAF:London
2. Department of Finance (1997) *Freedom of Information Act* Dublin: The Stationery Office
3. Data Protection Act (2003) Office of the Data Protection Commissioner
4. Department of Health (1991) Child Care Act Dublin: The Stationery Office
5. Department of Health (1995) Child Care (Placement of Children in Foster Care) Regulations Dublin: The Stationery Office
6. Department of Children and Youth Affairs (2011) *Children First: National Guidance for the Protection and Welfare of Children* Dublin: The Stationery Office
7. Luke, N. and Sebba, J. (2013) How are foster carers selected? An international literature review of instruments use within foster carer selection: Rees Centre for research in Fostering Education; University of Oxford
8. HSE National Policy, Procedures and Best Practice Guidance for Foster Care Committees (2012), Dublin