

**Minutes of Regional Health Forum West Annual General Meeting held on
Tuesday, 28th June 2016 at 2.00pm in Room 1, Education Centre,
HSE Offices, Merlin Park, Galway**

Miontuairiscí Cruinnithe Chinn Bhliana an Fhóiraim Réigiúnach Sláinte, a tionóladh ar an Mháirt 28th,
Meitheamh, 2016 ag 2.00 .i.n, i Seomra 1 an tIonad Oideachais,
Feidhmeannacht na Seirbhíse Sláinte, Páirc Mheirlinne, Gaillimh

Chairperson: Cllr Tom McNamara

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

In attendance:

Ann Cosgrove, Chief Operating Officer, Saolta University Health Care Group

Noreen Spillane, Chief Operating Officer, UL Hospital Group

John Hayes, Chief Officer, Area 1

Tony Canavan, Executive Lead/Chief Officer, Area 2

Kevin Little A/National Director, HR

Marian Cavanagh, Regional Health Forum Office

Norah Owens, Regional Health Forum Office

565/64/16 Nominations for Chair of Regional Health Forum

Cllr Damian Ryan nominated Cllr Tom McNamara who was seconded by Cllr John Carroll.

Cllr Tom McNamara was unopposed and deemed elected as Chairman of the Regional Health Forum West. Cllr Tom McNamara accepted the Chain of Office and thanked the councilors who supported his nomination and thanked them for their confidence in him. The councillors welcomed Cllr McNamara back after his surgery and congratulated him on his re-election.

566/64/16 Nominations for Vice Chair of Regional Health Forum

Cllr Caillin Ellis nominated Cllr Rosaleen O’Grady and she was seconded by Cllr Keith Henry. Cllr O’Grady was also elected unopposed and she thanked her colleagues for their support. She congratulated the Chairman and said she was looking forward to working with him for the year ahead. The councillors congratulated her on her re-election.

567/64/16 Nominations for Chair of Regional Health Forum Committee

Cllr David Doran nominated Cllr Gerry McMonagle and he was seconded by Cllr John Carroll. Cllr. McMonagle was also re-elected unopposed.

568/64/16 Nominations for Vice Chair of Regional Health Forum

Cllr Rosaleen O’Grady nominated Cllr Keith Henry and he was seconded by Cllr. Damian Ryan. Cllr. Henry was elected, un-opposed as Vice Chair of the Regional Health Forum Committee.

The meeting was adjourned for 10 minutes to facilitate the taking of the official photographs of the Chairpersons and Vice Chairpersons of both the Forum and the Committee.

569/64/16 Minutes of previous meeting 24th May, 2016

The minutes of the previous meeting held on the 24th May, 2016 were proposed by Cllr Damian Ryan, seconded by Cllr Michael Creaton and adopted.

570/64/16 Matters Arising:

W63Q1794 – Post of Registrar in Thurles

T Canavan informed David Doran that the process of recruitment has commenced for the Registrar in Thurles and it would be after Summer when it was expected this process would be complete.

Monksland Primary Care Centre:

Cllr Tony Ward requested confirmation from T Canavan that Monksland Primary Care Centre would remain in CHO Area 2 and not transfer to CHO Area 8 as recently reported.

T Canavan agreed to meet the Roscommon councillors following the meeting.

571/64/16 Chairman’s Address:

New Councillor:

The Chairman informed the meeting that Cllr Michael Loftus of Mayo Co Co replaced Cllr Brendan Mulroy who resigned from the Regional Health Forum and conveyed Cllr Loftus’s apologies for this meeting.

572/64/16 Questions:

W64Q1830 – Funding for Dromcollogher Respite Care Centre

Action: T Canavan to revert to B Gloster to confirm that CHO Area 3 has no financial shortfall in funding as a result of CHO Area 4 (South) sending patients to this centre.

W64Q1830 – A & E – Mayo General Hospital

Action: A Cosgrove to revert to Cllr Damian Ryan with a copy of the National Escalation Policy.

W63Q1836 – Mental Health services in HSE West for 12-18 yrs

Action: J Hayes to revert to Cllr G McMonagle with the process of recruiting staff.

In particular to give an update on the recruitment of a counsellor for the Donegal area given the staff member had given ample notice they were leaving and the post is still vacant.

W63Q1838 – Response times in rural areas of Donegal

Action: Paudie O’Riordan to telephone Cllr Gerry McMonagle and Cllr Gerry Crawford to discuss issues re ambulance response times in rural Donegal

W63Q1839 – Vacant post in Letterkenny University Hospital

Action: A Cosgrove to revert to Cllr G McMonagle with an up to date position on the recruitment of a Dietician for Letterkenny University Hospital

573/64/16 – Motions

W63M61 – Recruitment of Student Nurses

This motion was proposed by Cllr Keith Henry, seconded by Cllr. Rosaleen O’Grady and adopted. The following amendment is to be included in the Motion. The amendment was supported by all members.

NUMBER	MOTION	PROPOSED BY
W64M65	To ask the Minister for Health to lift the recruitment embargo to enable all nursing and other clinical staff to attain work experience as was the practice previously.	Cllr K Henry

574/64/16 – Any Other Business:

Venue Change: It was proposed by Cllr Damien Ryan and seconded by Cllr Michael Kilcoyne to move the Regional Health Forum committee meetings to different areas other than Galway. The six Regional Health Fora meetings to remain in Galway.

Action: T Canavan agreed to look at other options in advance of preparing the 2017 schedule.

Plaque: Cllr Padraig Conneely proposed a plaque be erected with the names inscribed of the Chairpersons from 2006 to date.

Action: RHF office to organise.

575/64/16 Date & time of Next Meeting:

The next **Regional Health Forum meeting** is now scheduled to take place on Tuesday, 27th September, 2016 at 2pm in Galway. This is the Annual General Meeting.

The next **Regional Health Forum Committee** meeting will take place on Tuesday, 25th October, 2016 at 2pm in Galway.

This concluded the business of the meeting.

Signed:

Cathaoirleach/Chairman

Adopted at the Regional Health Forum West meeting

QUESTIONS & RESPONSES
REGIONAL HEALTH FORUM WEST – 27th SEPTEMBER,
2016

NUMBER	QUESTION	RAISED BY	Page No:
W65Q1840	Management structure and staffing levels and location of bases of the NAS in County Donegal.	Cllr G Crawford	3
W65Q1841	Number of Adult and Elderly Social workers and appointment waiting times for Tuam.	Cllr D Killilea	3-4
W65Q1842	Current position on the appointment of an ophthalmologist in Tuam health centre.	Cllr D Killilea	4
W65Q1843	The expected opening time and Services planned for the new Tuam Health Centre	Cllr D Killilea	4
W65Q1844	Future plans for Toghermore House Tuam.	Cllr D Killilea	4
W65Q1845	Staffing of ambulance base in Mid West	Cllr A Norton	4-5
W65Q1846	When is it expected to re-instate the allocation of home help hours in the Galway area?	Cllr M Hoade	5
W65Q1847	Update on new E.D. in Galway?	Cllr M Hoade	5-6
W65Q1848	Allocation of Lotto funding for the vital "meals on wheels" service in parts of rural Galway.	Cllr M Hoade	6
W65Q1849	Nurse recruitment to GUH or MPUH since 28.06.16.	Cllr M Hoade	6
W65Q1850	Update on plans for internal and external signage at MPUH since it was raised at the RHF of 24.11.15.	Cllr T O' Flaherty	6-7
W65Q1851	Return of Helipad lands at GUH to Community, costs, if any, of repairs/landscaping?	Cllr N McNelis	7
W65Q1852	Costs, staffing, best practice and monitoring of same of new 50 bed inpatient mental health unit opening at GUH.	Cllr N McNelis	7
W65Q1853	Regional spend on national "little things campaign", results measurement and campaign targeting of communities/individuals	Cllr N McNelis	8
W65Q1854	Costs/frequency/user plans of MPUH and GUH PARK AND RIDE service.	Cllr N McNelis	8
W65Q1855	Existing Staff contract extensions from 65 years to 66.	Cllr K Henry	8-9
W65Q1856	Exact date for the opening of the new A+E Department in LUH.	Cllr PJ Ryan	9
W65Q1857	Parking and refreshment concessions to patients waiting more than 3 hours in LUH A&E	Cllr PJ Ryan	9

W65Q1858	Measures to ease the overcrowding situation at A+E LUH.	Cllr PJ Ryan	9-10
W65Q1859	The proposed new mental health unit at SUH, and the estimated 9 million monies allocated!	Cllr F Gurn	10-11
W65Q1860	Update on the implementation of the proposed clinical care pathway for young girls after receiving the HPV vaccine	Cllr F Gurn	11
W65Q1861	Update on the provision of cardiac catheterisation lab for SUH.	Cllr R O'Grady	11
W65Q1862	Update on the provision of mammography services at SUH.	Cllr R O'Grady	11
W65Q1863	Update on the development at Nazareth house Sligo.	Cllr R O'Grady	12
W65Q1864	Update on ongoing provision of services at Cloonamahon, Sligo.	Cllr R O'Grady	12
W65Q1865	Waiting list numbers for Home Help Hours and Home Care Packages in South Roscommon and in County Roscommon	Cllr T Ward	12
W65Q1866	Additional car spaces at RUH.	Cllr T Ward	13
W65Q1867	Restriction of 20 Parking places at Roscommon Hospital	Cllr P Kilduff	13
W65Q1868	Rehabilitation facility at RUH.	Cllr P Kilduff	13
W65Q1869	School Dentist and Dental Nurses based and working in South Leitrim area.	Cllr F Armstrong McGuire	13
W65Q1870	Has there been an increase in the Home Care Packages in Leitrim?	Cllr F Armstrong McGuire	13
W65Q1871	Delays of over 12 months to CAMHS for children in Leitrim.	Cllr F Armstrong McGuire	13-14
W65Q1872	How many Medical Procedures / Operations were cancelled / postponed per month in 2015 and to date in 2016 at MUH.	Cllr M Kilcoyne	14
W65Q1873	How many patients are awaiting first appointments with Consultants/ Specialists at MUH following GP referral?	Cllr M Kilcoyne	14
W65Q1874	10.09.16 Mayo Westdoc patient advised to attend at MUH, taken via Ambulance (3 hour wait for Ambulance) for procedure, private ambulance return.	Cllr M Kilcoyne	14-15
W65Q1875	Will residents who wish to remain living in Aras Attracta be accommodated?	Cllr M Kilcoyne	15-16
W65Q1876	Why did it take the Ambulance 2 Hrs and 30 min to respond to a Galway city Emergency call.	Cllr P Conneely	16
W65Q1877	Number of procedures cancelled at UHG and MPUH since 01.01.16 to date, and reasons for same.	Cllr P Conneely	16
W65Q1878	Conclusion of the Savita Halappanavar case?	Cllr P Conneely	16-17

W65Q1879	Outcome of the HSE Internal Audit in relation to a contract been awarded to Northgate?	Cllr P Conneely	17
W65Q1880	Recruitment to LUH Orthodontic Services in order to address waiting lists and give earlier patient appointments.	Cllr G McMonagle	18
W65Q1881	Update on Recruitment of an Addiction Counsellor for Under 18 year old's in Donegal?	Cllr G McMonagle	18
W65Q1882	Any Plans to Review the current Case Mix funding mechanism to ensure fairness based on Inpatient numbers?	Cllr G McMonagle	18
W65Q1883	Impact of current year budget overrun if any in UL Hospitals Group. Would cuts, if any, affect bed capacity or theatre time in the hospital group.	Cllr M McCreesh	18-19
W65Q1884	Transferred to November meeting	Cllr M McCreesh	
W65Q1885	UHL new Maternity Hospital project timeline, staffing capacity and parking plans.	Cllr M McCreesh	19
W65Q1886	What is status of the UL Hospitals Group 2015 review and update of the Major Emergency?	Cllr M McCreesh	19
W65Q1887	What primary treatments are now being done in LUH?	Cllr C Brogan	20
W65Q1888	Breakdown on current waiting list at LUH for ENT, Urology, Orthopaedics, Cardiology, and Nephrology.	Cllr C Brogan	20-21
W65Q1889	Breakdown of patient referrals from LUH for last 3 years, what they were referring patients for.	Cllr C Brogan	21-22

NUMBER	QUESTION	RAISED BY
W65Q1840	Could I have a the details of the adm / management structure and staffing levels of the NAS in County Donegal To include the number of full time and relief staff all paramedic grades location of ambulance bases in the county and the monies paid to private ambulance providers for services provided in County Donegal for years 2015 And 2016 to date.	Cllr G Crawford

The National Ambulance Service in the Northwest has its Regional HQ in Ballyshannon.

Total Staffing:

Administration:

4 Business Support staff to support the Ambulance Management

Operationally:

- 1 Assistant Chief Ambulance Officer with responsibility for the NW reporting to the Chief Ambulance Officer for Area West
- 2 Ambulance Officers for Donegal/Sligo and Leitrim
- 76 Front Line staff - 60 Rostered and 16 relief
- Of these 30 Advanced Paramedics and 46 Paramedics
- There are 11 Supervisor Grades within the overall figure

Ambulance stations in:

Carndonagh, Letterkenny, Lifford, Stranorlor , Donegal Town, Killybegs and Ballyshannon.

The National Emergency Control Centre also has a centre in Ballyshannon responsible for the Northwest and West regions.

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

Letterkenny University Hospital spent €1.25 million on private ambulance providers in 2015 and €700,000 from January to July 2016 so far this year. This figure relates to secondary care only. Community Healthcare organisations have access to Intermediate Care Vehicles also and on occasions they have to backfill with private providers if ICVs are not available.

Letterkenny University Hospital offers all non-emergency ambulance transport requests within the county to the NAS, if they are not able to respond (or cannot respond in a timely manner such as the transfer of an elderly patients to a community hospital by a certain time, say late evening or night), then the request is escalated to a private carrier. All non-emergency ambulance transfers between Letterkenny University Hospital and Galway & Dublin hospitals are done by private carriers as the NAS cannot take the ICVs out of the county as this leaves no transport to move patients between community hospitals and Letterkenny University Hospital and on occasions, they are used to support front line emergency ambulances.

A. Cosgrove, COO, Saolta University Health Care Group

W65Q1841	Could the executive confirm the number of Social workers that are dedicated to adult care and elderly care in the Tuam district and the waiting times for an appointment.	CLlr D Killilea
<p>There are no Social Workers that are dedicated to adult care and elderly care in the Tuam district. There are a number of services however that provide social work services to adults in the Tuam area.</p> <p>The Mental Health Services have two Social Workers based in the Tuam area working with adults referred from the Mental Health Sector Team as part of a multidisciplinary team. These Social Workers have a base in Toghermore. These services are mainly provided to adults under 65 years of age. The regional psychiatry of later life team have a Social Worker that provides services throughout the county including Tuam. This service is mainly provided to persons over the age of 65.</p> <p>The Safeguarding Team for Galway consists of 2 Social Workers which cover the county including the Tuam area. If the need arises the Safeguarding Social Worker for Roscommon may also cover areas of North Galway including Tuam. This is an adult service for the general population with an emphasis on the most vulnerable including the elderly and those with a disability.</p> <p>T. Canavan, Chief Officer, CHO 2</p>		
W65Q1842	Could the executive confirm the current position on the appointment of an ophthalmologist in Tuam health centre.	CLlr D Killilea
<p>The recruitment process is ongoing and interviews are expected to take place in October or November.</p> <p>T. Canavan, Chief Officer, CHO 2</p>		
W65Q1843	Could the executive confirm the planned services for the new health centre under construction in Tuam and the number and type of new appointments proposed to be there. What is the expected opening time of the centre and is it running on time.	CLlr D Killilea
<p>The anticipated completion time is October 2017; the build is running slightly ahead of schedule. There will not be any new appointments as a result of completion of building, but will allow current services which are delivered in different sites to be delivered on one site and allow future development of services. Tuam Primary Care Centre will be the base for two Primary Care Teams, Dental services and Ophthalmology services. There will also be a number of bookable rooms to support visiting services. There will be employment through Public Private Partnership company in cleaning, portering and security services.</p> <p>T. Canavan, Chief Officer, CHO 2</p>		
W65Q1844	Could the executive confirm that there are no plans to close down any of the existing services at Toghermore House Tuam.	CLlr D Killilea
<p>I can confirm that Mental Health Services have a working group constituted to review our current provision services, and in particular the provision of Residential Services, CHO-wide including</p>		

Toghermore, with a view to providing the most appropriate care settings for our service users in line with Mental Health policy. That group has been involved in initial planning consultations with Toghermore services in recent weeks. These discussions are ongoing.

T. Canavan, Chief Officer, CHO 2

W65Q1845	<p>I understand that no ambulance officer was available in Limerick to attend a serious incident at Shannon Airport on Wednesday morning, August 31st. 23 passengers and crew were treated at the airport while 12 were later transported to hospital. I have been told that no ambulance officer was available in the mid west and that one had to be sent from Tralee.</p> <p>Can you confirm how many ambulance officers are based in the mid-west area?</p> <p>Is there usually an officer rostered to be on call?</p> <p>Why was there no officer available to respond to this incident?</p> <p>Can you confirm that an officer was sent from Tralee?</p>	Cllr A Norton
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There are a total of three officers based in the Mid West, an Assistant Chief Ambulance Officer who has overall responsibility for the Mid West and 2 Operations Resource Managers reporting to him. There is no officer on call system in the Mid West.

National Emergency Operations Control attempted to call the officers who were off duty but were unable to do so but an off duty officer from Tralee responded. Officers in the Mid West have after duty hours and weekends regularly responded to calls at Shannon airport while off duty.

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

W65Q1846	<p>It has been brought to my attention that there is no home help hours currently been allocated in the Galway area expect for palliative care patients. When is it expected to re-instate the allocation of home help hours in the Galway area.</p>	Cllr M Hoade
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CHO2 has been providing home care supports in excess of the funded levels of service and is now required to bring the level of service and expenditure back into line and within allocated budgets.

T. Canavan, Chief Officer, CHO 2

W65Q1847	<p>Given recent media reports regarding Galway's E.D Department recording one of the highest attendances, what progress has been made regarding the provision of a new E.D. in Galway. During the summer months there has been a increase in cancellation of elective procedures, is this due to the large number's of patient's presenting at E.D. Was there any ward closure's during the summer month's.</p>	Cllr M Hoade
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There is an urgent need to replace the current ED facility at University Hospital Galway. A Cost Benefit Analysis has been developed for the provision of a replacement Emergency Department and was submitted to HSE Estates nationally. Discussions have taken place and an updated document will shortly be resubmitted for their consideration.

The ED remains busy and high numbers of patients continue to attend. This has an impact on admissions. The availability of beds, combined with the high acuity of patients in the hospital are the factors that most impact the deferral and rescheduling of a patient's procedure.

GUH is a Model 4 hospital and Cancer Centre and accepts referrals from other hospitals within the Group. This presents challenges to meet these demands within the available capacity. The hospital has had to defer and reschedule some non urgent elective cases in order to accommodate increased urgent cancer cases.

Jan - Sept 18th 2016	Grand Total
Hospital Cancelled	1982
Patient Cancelled	2687
Total Cancellations YTD	4669

Inpatient elective procedures are up by 5% on last year (YTD) reflecting the increase in activity as a result of an increased number of Hospital Consultants with increased caseloads. Much of this workload reflects urgent elective cancer cases and the tertiary status of the hospital within the region.

Hospital wide efforts to increase patient discharges are ongoing; however there is a high level of acuity in relation to both the patient profile and the needs of these patients outside of the acute hospital setting.

The hospital continues to deliver services and did not close any wards over the summer months. The hospital carried out statutory air handling ventilation cleaning on the oncology wards, which led to a temporary reduction of 12 beds per day, over 2 week period. This maintenance work was carried out with little disruption overall.

Provision was made to accommodate some of the affected patients in the Clinical Research Facility in order to continue patient treatment.

A. Cosgrove, COO, Saolta University Health Care Group

W65Q1848	The HSE in the past has supported a number of community projects through Lotto funding, some of the projects to benefit from this is "meals on wheels". This funding is to provide a vital service in the community and has now been cut, and in many parts of rural County Galway this will put the provision of the service into question. The small amount of money allocated to Community Resource Centre's was very beneficial for providing the service. Can you confirm what is the situation	ClIr M Hoade
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	going forward regarding this.	
<p>Unfortunately this year we were oversubscribed by the amount of groups and the amount of funding sought through National Lottery grants in Galway, therefore we were unable to provide funding for all requests made.</p> <p>In all we had applications from 127 organisations but due to the limit in funding we were only in a position to support 85 of those.</p> <p>We remain committed to working with community and voluntary groups and acknowledge the service that they provide.</p> <p>T Canavan, CHO, Area 1</p>		
W65Q1849	How many new nurses have been recruited in GUH or Merlin Park since our last Forum meeting. What procedure's have been effected during the summer month's because of not having full number of nursing staff. What plan's are in place to ensure that services are not effected, because of not having adequate staff.	Cllr M Hoade
<p>There are on -going staff nurse recruitment campaigns locally and nationally both through the National Recruitment Service and local interviews, scheduled on a weekly or bi weekly basis.</p> <p>Specific campaigns have been launched for specialist areas such as ED, theatres, critical care. International campaigns for theatre nurses continue and we provide an Adaptation programme for successful candidates.</p> <p>Senior nurse managers attended recruitment exhibitions in Dublin and United Kingdom in an effort to recruit staff in recent months. From September 2015 to date there have been 113 new nurses recruited through the various recruitment efforts. In addition, of the 2015 nursing graduates, 55 remain in the hospital, of the 2016 (56) graduates all have been offered one year temporary contracts (pre reg) and one staff member has returned from career break.</p> <p>The hospital continues to match nursing staff to activity across wards and theatre lists. Staff allocation is based on service need with ongoing focus on maintaining staff numbers.</p> <p>A. Cosgrove, COO, Saolta University Health Care Group</p>		
W65Q1850	Can you confirm what plans if any has taken place since the item of signage was raised at the November 24 th 2016 meeting with regard to improving signs both internally and externally at Merlin Park Hospital.	Cllr T O' Flaherty
<p>There is a requirement to upgrade signage on the MPUH site; this will continue to be reviewed and progressed subject to available funding and resources in the context of a minor capital programme of works for 2017.</p>		

In relation to external signage on the site, HSE Estates and Galway City Council have been linking to develop directional signage on the roads leading to and at the entrance to Merlin Park Hospital.

A. Cosgrove, COO, Saolta University Health Care Group

W65Q1851	Can you update the members about the Helicopter landing pad at University Hospital in Galway and when will the lands be given back for community use. Will these lands have to be repaired / landscaped before being handed back. Have you costs for these works. How many helicopter landings has there been in UHG this year., can a breakdown of origins be given eg transfer from hospitals, rescues, lifted from Islands.	Cllr N McNelis
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The helipad was relocated temporarily to enable the construction of replacement car parking, in advance of the building of the new Adult Acute Mental Health Unit (AAMHU) and Radiation Oncology Facility.

Improvement/enabling works have been carried out on the original helipad area at UHG. They are as follows:

- Reinstatement of helipad lighting
- Replacement/reinforcement of windows at Paediatric Outpatient Dept
- Trees around the area have been trimmed back to improve visibility/access
- Bollards installed close to helipad to ensure vehicles cannot park in the vicinity

Additional works may be required on the new tri-level car park following the Air Corps/ Coastguard trial flights into the original helipad:

- Lowering of two street lights at entrance to car park
- Installation of cladding

Discussions have taken place with officials of Galway City Council to discuss plans regarding the future use of the temporary helipad on Galway City Council lands. Discussions are ongoing in relation to this matter.

There have been 222 helicopter landings in UHG this year (as at 16/09/16). Detailed information regarding origin of helicopter flights has been requested from the Aero-Medical Unit (National Ambulance Service). However, this information is not available at this time.

A. Cosgrove, COO, Saolta University Health Care Group

W65Q1852	Re the new 50 bed inpatient mental health unit that is opening in University Hospital. What are the costs for this unit. How many staff will be deployed to the new unit. What is the best practice that is being operated here. How will this unit be monitored for best practice.	Cllr N McNelis
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The contract sum for this project is €13.28m+VAT

The building of a new multi-million euro acute psychiatric in-patient unit in Galway is a significant

new capital development for people with severe, enduring and disabling mental health issues in CHO2. Operational implementation planning for this project is ongoing and the final staffing requirements for the unit, working with our developing community-based teams across the region to better support clients in their local areas, will be determined in conjunction with our colleagues in National MH division and following consultation with relevant stakeholders.

The new hospital will provide a modern, safe and secure therapeutic environment, which will greatly enhance the capacity of the local HSE to work with service users and their families to achieve recovery from mental health problems. This 50 bedded purpose-built facility will replace out-dated facilities in GUH, and is in line with implementing national policies and best international practice on mental health care, monitored and regulated by the Mental Health Commission.

T Canavan, CHO, Area 1

W65Q1853	Re the national "little things campaign" that is being run at moment, how much has been spent in this region on this campaign. How are results of this campaign being measured. How is the campaign targeting communities to become involved and promote to individuals.	Cllr N McNelis
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A) How much has been spent in this region on this campaign.

€7096 has been spent in CHO2 on the #littlethings campaign.

B) How are results of this campaign being measured.

As a mental health promotional campaign, the success of the campaign was measured by the ability of the campaign to reach target audiences, in particular young adults and men.

With the assistance of the Mayo GAA partnership, we reached over 30,000 followers on twitter and we estimated that the signage used in Pearse Stadium viewed on RTÉ's The Sunday Game, combined with promotional badges worn by RTÉ commentators were viewed by an audience of 250,000+.

We estimate that the NUIG partnership resulted in positive campaign exposure of between 4,000-8,000 students in NUIG.

C) How is the campaign targeting communities to become involved and promote to individuals.

Targeting wide audience awareness and, in particular, men, the CHO2 has engaged with Connaught GAA in a partnership to promote the #littlethings campaign. All five county grounds in Connaught (Mayo, Galway, Roscommon, Sligo, Leitrim) are currently displaying #littlethings signs promoting a partnership with HSE mental health services and the respective county GAA. In addition, videography of prominent male GAA county players was used to promote our message at Senior Football Championship events.

To reach our target young adult demographic, CHO2 engaged in a partnership with National University Galway. This culminated with 80 student societies in the university agreeing to promote one of the 'littlethings' as a theme during societies week, getting maximum exposure to a large percentage of the

16,000 students in the university. Videography of prominent GAA county players was used to advance our message.

T Canavan, CHO, Area 1

W65Q1854	Re the PARK AND RIDE service for Merlin Park and University Hospital can you provide the forum with costs of operating the service, numbers of users and plans to extend this with increased frequency and allow other users including patients.	Cllr N McNelis
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TOTALS NUMBERS	DEPARTING UCHG	DEPARTING MPUH	TOTALS	OPERATING COSTS
JUNE – DECEMBER 2015	33640	31067	64707	€128,329.60
JAN – AUGUST 2016	48377	49536	97913	€152,880

A. Cosgrove, COO, Saolta University Health Care Group

W65Q1855	How many contract extensions have been offered to existing staff to bring them from their 65th Birthday to their 66th and by what role in the service (Staff Nurse etc.)? In how many instances have the terms relating to pay changed and when did this procedure start?	Cllr K Henry
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For the period 2014-2016, 57 contract extensions have been offered to existing staff after their 65th Birthday in Area West.

The contract extension covers the following staff categories Medical & Dental, Nursing, Health & Social Care Professionals, Patient & Client Care, General Support Staff and Administration

The Department of Health confirmed that retirees may be rehired in the health sector in order to protect the continued provision of safe frontline services, on a temporary basis in exceptional circumstances, in the short-term, until appropriate alternative arrangements are made.

In these circumstances retirees Pension payments are abated which ensures that their payments are no greater than the salary for the particular post.

Francis Rogers, Assistant National Director of HR.

W65Q1856	Would it be possible to get an exact date for the opening of the new A+E Department in Limerick University Hospital.	Cllr PJ Ryan
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We expect to have the final date in the coming weeks but, I will provide you with an update on the progress of the new ED at the Regional Health Forum meeting today.

C Cowan, CEO UL Hospital Group

W65Q1857	Due to the situation that has arisen regarding the overcrowding at Limerick University Hospital would it be possible for people who are required to wait more than 3	Cllr PJ Ryan
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	hours in the A+E Department to have some concession made available too them regarding parking and refreshments.	
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If approval is given by the medical team, all patients who have been triaged in our Emergency Department and are receiving treatment there are offered some food and beverages at frequent intervals. This includes hot and cold food and beverages at regular mealtimes.

For patients awaiting commencement of treatment, the medical team must first deem it appropriate before they are offered any food or beverages.

The UL Hospitals parking policy enables a family member who is with a relative for more than 24 hours in our ED to avail of free parking.

C Cowan, CEO UL Hospital Group

W65Q1858	Due to the on-going overcrowding situation at A+E Department in Limerick University Hospital, I call on the CEO of the UL Hospital Group to outline what measures she is putting in place to elevate the situation.	Cllr PJ Ryan
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UL Hospitals Group welcomes the recent publication of the HSE’s Winter Initiative Plan for 2016/2017, which will take effect from late October/early November 2016.

Nationally, this plan involves a multi-pronged approach to increase capacity and resources across the acute and community system over the winter months.

The plan contains a number of key measures aimed at hospital avoidance, timely access, and hospital discharge. It will be implemented through a specific and detailed planning process involving all hospitals and Community Healthcare Organisations (CHOs) across the country.

In accordance with the national plan, UL Hospitals Group will provide its Winter plan 2016/2017 to the HSE for validation by the end of September. Once this is agreed and in place, the specific details will be announced by UL Hospitals Group.

The national plan has already confirmed that UHL is one of 10 acute hospitals that will benefit from the provision of 950 additional homecare packages over the winter period and this is very welcome.

The ED at UHL is one of the busiest in the country with over 60,000 attendances annually. The numbers presenting continues to increase year-on-year and of those presenting, the proportion requiring admission, including many frail elderly patients, has also increased.

UL Hospitals Group regrets that any patient had to face long waits in our emergency department during busy periods.

Amongst the measures being taken to relieve pressure on the ED are: the transfer of suitable patients from UHL to Ennis Hospital, Nenagh Hospital, St John’s Hospital and Croom Orthopaedic Hospital; the transfer of appropriate patients to community care settings; working closely with

Community Intervention Teams to provide antibiotics and other basic care in a patient's home or care facility; communication with GPs to ensure patients are referred to ED only where appropriate; extra ward rounds; and as a last resort, extra beds are put on wards. For reasons of patient safety, it is preferable to have extra patients on wards rather than in an overcrowded emergency department.

The Medical Assessment Unit (MAU) in Ennis is now open from 8.00am to 6.00pm on Monday to Friday and from 10.00am to 6.00pm on Saturday and Sunday. In addition there are MAUs in UHL, Nenagh and St. John's, operating 5 days a week, 8.00am to 6.00pm. MAUs facilitate the immediate assessment, diagnosis and treatment of patients presenting with medical conditions such as chest infections, COPD (chronic obstructive pulmonary disease), Pneumonia, Urinary Tract Infections, fainting episodes, clots in the leg, anaemia or non acute cardiac problems.

Our Injury Units in St John's, Ennis and Nenagh continue to provide a vital service to support the emergency care service in the Mid West. Injury Units are locally based services treating minor injuries and are a safe alternative to the ED for a number of injuries and conditions including sprains, suspected broken bones and lacerations. Up to the end of June 2016, over 13,500 patients have been seen in the Injury Units across the group. An awareness campaign around the range of services provided by Local Injury Units has been running throughout the summer.

C Cowan, CEO UL Hospital Group

<p>W65Q1859</p>	<p>Can the executive reassure the public that the approved construction of the new mental health unit at Sligo University Hospital for which planning permission has been granted and for which expressions of interest to build same have been invited will not be deferred or impeded as a result of the government decision to proceed with the construction of the National Children's Hospital in Dublin. The current antiquated mental health centre in Ballytivnan Rd, Sligo serving the Sligo/Leitrim and South Donegal catchment area which has already been condemned by the Mental Health Commission as "something from a previous century" and "unfit for purpose", has now been served with a notice by Sligo County Council advising that the water supply is unsuitable for human consumption. It is therefore imperative that the monies allocated for the new unit at Sligo University Hospital (estimated to be in the region of 9 million euro) are ring-fenced and that no portion of this estimate is allocated or diverted to help fund the proposed National Children's Hospital.</p>	<p>Cllr F Gurn</p>
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The proposed Acute Mental Health Unit at Sligo University is included in the HSE Capital Programme 2016-2021 and is currently at Tender preparation stage. It is intended to commence Stage 1 (Expressions of interest) of the tender process in the next month. Following completion of the shortlisting of contractors, approval will be sought to proceed to Stage 2 of the tender process.

It is intended, subject to approval and funding availability, that the project will proceed to construction in mid 2017 with a projected construction programme of 18 months.

There are some enabling works that need to be completed prior to the construction of the main buildings and these have been progressed to tender award stage, with construction due to commence shortly. It is planned that these enabling works will be complete in early 2017. This includes provision of temporary accommodation, for decanting of the ETC building, and the relocation of the oxygen compound.

J Hayes, Chief Officer, Area 1

W65Q1860	Following on from the motion on the HPV vaccine, Gardasil that I tabled at this year's May meeting of the RHF (Motion W63M62) and the response of Simon Harris TD Minister for Health to a Dáil Parliamentary question tabled by Maureen O'Sullivan TD [20613/16], can the executive give an update on the HSE's progress on implementing the proposed clinical care pathway as advised by the minister for the young girls who have experienced varied adverse medical conditions after receiving the vaccine.	Cllr F Gurn
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A very large number of clinical trials and scientific studies have proven HPV vaccines, including Gardasil, to be highly effective in preventing the virus that causes 70% of cervical cancer. These trials and studies have also proven HPV vaccines, including Gardasil, to be very safe, with extremely low rates of serious possible side effects. What little scientific research has been done contradicting this overwhelming consensus; has consistently been shown to be flawed and unreliable. There is no evidence whatsoever that HPV vaccination caused the health difficulties observed among the 400 young women represented by the group REGRET.

However, this issue has highlighted a gap in the service for children and adolescents who may be experiencing these debilitating symptoms.

Professor Alf Nicolson, National Clinical Lead in Paediatrics, together with colleagues is currently developing a care pathway for all children and adolescents who experience these types of symptoms.

A Bell, Health Promotion, Department of Health

W65Q1861	Update on the provision of cardiac catheterisation lab for Sligo university hospital.	Cllr R O'Grady
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The mobile Cardiac Catherisation Lab continues to provide a service in SUH one day per week. Following a decision by the Saolta Board to proceed with a fixed Cath lab in SUH, a project group has been established to progress with this development. Market research exercise has been conducted as part of the first steps regarding this new service.

A. Cosgrove, COO, Saolta University Health Care Group

W65Q1862	Update on the provision of Mammography services at Sligo University Hospital.	Cllr R O'Grady
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This project is being progressed between the HSE NCCP and the successful tenderer Action Cancer. The projected date for the first week of service is November 2016. The mobile unit will be based at Sligo University Hospital. Communication and operational protocols are being put in place to link with the oncology units at Sligo University Hospital and University Hospital Galway. This will be a surveillance mammography service. It is envisaged that there will be two one-week visits in 2017 but the frequency of future visits will depend on the number of patients and the monthly profile of the patients requiring annual mammography from these counties.

A. Cosgrove, COO, Saolta University Health Care Group

W65Q1863	Update on the development at Nazareth house Sligo.	Cllr R O'Grady
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Following clarification of the site boundaries for the proposed development, the HSE intend to lodge a planning application, in the coming weeks, for the renovation and refurbishment to Old Nazareth House in order to provide a Primary Care centre and associated Child Centred services.

This will be a new, modern Primary Care Centre for the surrounding population.

The centre is currently occupied by Adult Audiology, Community Adolescent Mental Health Services and part of Early Intervention Services for children.

The new upgraded facility will cater for a Primary Care Team, all of the Early Intervention/Disability Services (associated with Children 0 - 18 years) together with services provided by TUSLA.

Subject to planning approval and funding availability it is intended to proceed with construction /refurbishment in 2017.

J Hayes, Chief Officer, Area 1

W65Q1864	Update on ongoing provision of services at Cloonamahon Sligo.	Cllr R O'Grady
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- Services provided within the Cloonamahon campus will continue for the foreseeable future. Currently, forty two people with an intellectual disability are supported on this campus.
- Considerable financial investments resulting in substantial improvements were made to the Campus over the years in making this facility as homely as possible for residents. The HSE are currently putting in place certain essential upgrades that are required.
- However, it is acknowledged by the HSE that these premises, by their current layout and design, are not suitable to support people with an intellectual disability living ordinary lives as identified within the national policy "Time to move on from congregated settings" [2011] and the "National Housing Strategy for People with Disability 2011-2016". Cloonamahon are part of a national programme to support people to live good lives in their local communities. As we all agree, people with an Intellectual Disability have the same right to live an ordinary life as everyone else in society. It is well written and accepted by people with a disability that smaller groups with adequate support can access a lot more natural support networks in local communities

J Hayes, Chief Officer, Area 1

W65Q1865	Can the HSE please inform the meeting how many people are on the waiting list for Home Help Hours and Home Care Packages in South Roscommon and in County Roscommon	Cllr T Ward
<p>As of 12th September in South Roscommon we have a total of 10 applicants on the Home Help Waiting List in Co. Roscommon, 7 of these applicants are new applicants and 3 are already in receipt of Home Help hours and are looking for additional hours.</p> <p>In North Roscommon we have 15 clients on the waiting list for Home Help, 6 of these applicants are new applicants and are currently not in receipt of any Home Help hours and a further 9 of the applicants are already in receipt of some Home Help hours and are on the Waiting List for extra hours.</p> <p>Regarding Home Care Packages, there are 97 clients on the Home Care Packages Waiting List in Co. Roscommon, 62 clients in South Roscommon and 35 clients in North Roscommon as of 12th September.</p> <p>We are in the process of reviewing all cases on the Home Care Packages Waiting List.</p> <p>Almost all clients on the Home Care Packages Waiting List are already in receipt of mainstream Home Help hours.</p> <p>T Canavan, CHO, Area 1</p>		
W65Q1866	Can the HSE please inform members of this forum if the HSE has any plans to provide additional car spaces at Roscommon County Hospital?	Cllr T Ward
<p>The requirement for an additional 130 car parking spaces is included in the agreed Spatial Plan for the RUH site approved by the Saolta Group in January 2016.</p> <p>The Minister for Health's recent announcement of €1.5m to progress the planning and design of the Specialist Rehab unit will also include additional and improved parking on the RUH site. At this point, it is not possible to provide a timeframe for the provision of additional parking, however it remains a priority for the site.</p> <p>A. Cosgrove, COO, Saolta University Health Care Group</p>		
W65Q1867	Why are ridiculous parking restrictions in force at Roscommon Hospital where over twenty prime spaces remain inaccessible to the public each day until 10am.	Cllr P Kilduff
<p>There are 17 parking spaces outside the Urgent care Centre which are available each morning from 10.00am. This ensures that only patients, rather than staff park in this area. We have conducted a study of this area and each parking space is turned around 3-4 times from 10.00am to 5pm. If the spaces were available from 8.00am staff would park in these spaces all day. A security staff member is on duty from 7.00am to 2pm Monday to Friday to assist patients find parking.</p> <p>A. Cosgrove, COO, Saolta University Health Care Group</p>		

W65Q1868	When will the proposed rehabilitation facility at Roscommon Hospital, formally announced now by three Ministers for Health, actually be open to the public?	Cllr P Kilduff
<p>On Wednesday 7th September 2016 the Minister for Health announced €1.5m to progress the design, tender and planning of the Specialist Rehab Unit. We cannot advise when the unit will open at this stage in the project.</p> <p>A. Cosgrove, COO, Saolta University Health Care Group</p>		
W65Q1869	What is the current position re School Dentist and Dental Nurses based and working in South Leitrim area?	Cllr F Armstrong McGuire
<p>The current position regarding the dental service in South Leitrim is that we have one dental team based in Carrick on Shannon providing routine and emergency services to the eligible population within the resources available. A dentist is currently taking a short leave of absence to carry out further studies in London and they are due to return after this study. Their clinics will be covered by the relocation of a team normally based in Sligo, and the service level will be reviewed on a constant basis, with additional services being provided as the need arises.</p> <p>J Hayes, Chief Officer, Area 1</p>		
W65Q1870	Government have given extra funding to Health Services across the country. How much and where is the extra spend in Leitrim? Has there been an increase in the Home Care Packages in Leitrim?	Cllr F Armstrong McGuire
<p>The HSE continue to increase home help hours and home support services in the Sligo/Leitrim area. The number of budgeted home help hours delivered in Sligo/Leitrim in 2015 was 403,000. This will increase to 425,000 hours in 2016. Home care packages continue to be provided in line with the HSE operational plan for 2016. Recently, the CHO 1 area covering the counties of Donegal, Sligo, Leitrim, Cavan and Monaghan received additional funding of €607,000 for the provision of Aids and Appliances to assist the discharge of patients from Acute Hospitals in the Area.</p> <p>J Hayes, Chief Officer, Area 1</p>		
W65Q1871	What is the reason for the unacceptable delays in attaining appointments to the Child and Adolescent Mental Health Services (CAMHS) for children in Leitrim? Children who have been assessed and referred to the service are waiting over 12 months for an initial appointment. In a teenagers life 12 months is a very long time.	Cllr F Armstrong McGuire
<p>Sligo Leitrim Child and Adolescent Mental Health Services (CAMHS) is a multidisciplinary team which includes Consultant Psychiatrist, Registrar, Occupational Therapist, Speech and Language Therapists, Social Care Leaders, Psychologists, Family Therapists, Nurse Specialists, Team Coordinator and Administration</p> <p>CAMHS provide assessment and treatment services to children and young people with emotional and behavioural disorders; psychiatric conditions e.g. depression, phobias and psychosis, mood disorders, anxiety disorders, family relationship problems, developmental disorders (attention deficit hyperactivity disorder (ADHD/ ADD)); suicidal behaviours and ideation where intent is present, eating disorders etc. Liaison work with other services i.e. Paediatric Services, Tusla – the</p>		

Child and Family Agency, Community Psychology, Schools and Intellectual Disability Services is also a vital element of work.

The waiting time for appointments for children to access this Service, is due predominately to the fact that the CAMHS Team which should have 2.0 Whole Time Equivalent Consultant Psychiatrists, has been operating with only one Consultant since November, 2015.

A 2nd Consultant has been secured and is expected to take up post from early October 2016. This will significantly improve waiting times for appointment time for children. Finally I wish to confirm that all urgent referrals have been responded to by the CAMHS Service to date.

J Hayes, Chief Officer, Area 1

W65Q1872	How many Medical Procedures / Operations were cancelled / postponed per month in 2015 and to date per month in 2016 at Mayo University Hospital?	Cllr M Kilcoyne
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Unfortunately, at this time we do not have access to comprehensive data relating to cancellations in Mayo University Hospital. However the IT Department at the hospital is currently working on a process to capture this data and once completed, it will be available and provided to the Councillor.

A. Cosgrove, COO, Saolta University Health Care Group

W65Q1873	How many patients are awaiting first appointments with Consultants/ Specialists at Mayo University Hospital having been referred by their G.P and how many of these are waiting over one year, over two years and over three years ?	Cllr M Kilcoyne
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The following table details the amount of patients awaiting first appointments with Consultants at Mayo University Hospital:

0-12mths	12-24mths	24-36mths	36+	Total
4990	1307	198	5	6500

A. Cosgrove, COO, Saolta University Health Care Group

W65Q1874	On 10 th September 2016 Westdoc refused to attend a patient in her home in South Mayo to carry out a procedure and advised that she be taken to Mayo University Hospital by ambulance. She waited three hours for an ambulance to come from Clifden to South Mayo to take her to Mayo University Hospital where the procedure was carried out. She was refused an ambulance to take her back to her home and she had to hire a private ambulance at a cost of €150.00. Why did Westdoc refuse to attend her home? Why had she to wait three hours for an ambulance to come to take her to the	Cllr M Kilcoyne
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	hospital? Why was she refused an ambulance to take her back to her home? Is the HSE satisfied with this level of service given to this ninety year old woman?	
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Westdoc cannot comment on any individual case without the consent of the patient.

All calls received by Westdoc are triaged. This Triage is carried out by either a Nurse and where deemed necessary by a Doctor. Based on the history and presenting symptoms the following options are exercised,

- Nurse Triage only.
- Doctor Triage only.
- Appointment given for treatment centre.
- Home Visit.
- Referral to hospital.

If in the opinion of either the Nurse or Doctor that based on medical evidence the Patient is best served by attending a hospital, this is the advice given. Westdoc will provide assistance in contacting the ambulance service if necessary.

Brian O’Keeffe, Chief Executive, Westdoc

Calls received by the National Emergency Operations Centre are managed through the Advanced Medical Priority Dispatch System (AMPDS). This will give the code depending on the acuity of the call. The AMPDS is a recognised international system to ensure that high acuity calls are prioritised. Calls that are classified as a low acuity call will be assigned an ambulance, but will be assigned a lower priority depending on the call and this may on occasions cause a delay in the response times.

It is not the policy of the National Ambulance Service to return patients to their homes by emergency ambulance.

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

W65Q1875	In relation to the HSE’s proposals to move residents from Aras Attracta in Swinford to live in the community, will residents who wish to live in Aras Attracta continue to be accommodated there?	Cllr M Kilcoyne
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The HSE is actively pursuing the implementation of the National Policy “A Time to Move on from Congregated Settings” in respect of Aras Attracta.

We are working closely with residents and their families to identify suitable Community based accommodation and hope to progress this process with some residents before year end.

The process itself has involved conducting an Independent Needs Assessment for each client currently resident in Aras Attracta and in this way identify the types of supports required to allow them to live fulfilling and successful lives in the Community.

We have appointed a Project Team, who are working with residents, supported by families and staff, to identify where they would like to live and with whom.

In total there are currently 89 residents in Aras Attracta and we are aware that there are significant numbers who are ready to move out. We are working with these people initially. We are also aware, however that there are families and residents who are not ready and are very anxious and concerned about the proposed changes. We will continue to work with these individuals and their families to allay their concerns and fears. We acknowledge that this whole process will take time and must be done in a way and at a pace that is appropriate to the residents themselves.

We have also put very significant measures in place to ensure that the lives of people while they continue to live in Aras Attracta over the coming years can be as good as possible. We have implemented very significant safeguarding arrangements, introduced a new governance structure and opened two Social Care bungalows on campus to date. Wherever possible, we are availing of opportunities to ensure that the residents of Aras Attracta can live ordinary lives doing ordinary things such as availing of local amenities and services, going to the shops and taking part in various social activities.

T Canavan, CHO, Area 1

W65Q1876	On the 9 th July 2016 at 7.10pm – a 999 call was made to UHG – Ambulance Service for his wife who had collapsed at their home – why did it take the Ambulance 2 Hrs and 30 min to respond to this Emergency call - a distance of half a mile.	ClIr P Conneely
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The National Emergency Operations Centre of the National Ambulance Service is responsible for the call taking, triaging (i.e. assigning an acuity level to a call to prioritise the dispatch to calls) and the dispatch of an ambulance to the call. The dispatcher has a view of the ambulances that are free to respond and their location in order to send the nearest available. This is to ensure that the most acute patients are prioritised through an internationally recognised system from Life Threatening, Cardiac and Trauma calls to Urgent calls.

The Operations Centre will always assign an ambulance to a call. The nearest available ambulance and most appropriate crew, e.g. where if available an Advanced Paramedic is part of the crew will also be assigned to the call.

A number of issues may impact on the timely response to the call:

- Where the available crew is located and the distance to the call.
- The acuity of the call if calls have to be prioritised depending on acuity.
- It can happen on occasions that a crew can be assigned to a call and while en route a more acute call comes into the Operations Centre then the dispatched crew can be reassigned to the call.
- How busy the area is at the time and the call volume.

Over the last number of years the number of emergency calls to the Ambulance Service has grown incrementally by up to 5% per annum. A Capacity Review was commissioned and has been published which indicated the additional resources required across the country and where these would best be placed.

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

W65Q1877	How many procedures were cancelled at UHG and Merlin Park Hospitals since 1 st January 2016 to date and the reason for same.	Cllr P Conneely
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Galway University Hospitals continues to manage capacity across both sites, which presents challenges particularly in times of peak demand.

Below is a breakdown of cancellations year to date.

Jan - Sept 18th 2016	Grand Total
Hospital Cancelled	1982
Patient Cancelled	2687
Total	4669

The hospital continues to monitor patient numbers requiring admissions and discharges.

A. Cosgrove, COO, Saolta University Health Care Group

W65Q1878	Has the Death of Savita Halappanavar R.I.P at UHG been formally concluded by the HSE and what compensation/settlement was made to the family and what was the legal costs incurred by the HSE and what was the outcome of 3 damning reports on the care of Savita Halappanavar at UHG in relation to the staff at UHG.	Cllr P Conneely
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After Mrs Halappanavar's tragic death in October 2012, three investigations were held: the HSE patient safety review (the Professor Arulkumaran review); the Coroner's Inquest; and a HIQA review.

At a special board meeting in October 2013, the board of Saolta University Health Care Group asked for an external review after 12 months of the implementation of the HIQA recommendations and, in the interests of full transparency, to make available the report from this audit at a public board meeting.

At a public board meeting in Galway on Dec 4, 2014, Saolta University Health Care Group gave an update on the implementation of the local recommendations arising from all three investigations, including the results of an independent review by Ernst & Young of the Group's progress in implementing the HIQA recommendations.

In his report to the board Dr Pat Nash, Group Clinical Director of Saolta University Health Care Group, found that all of the local recommendations arising from the HSE patient safety review - the Professor Arulkumaran review – and all of the Coroner's applicable local recommendations have

either been fully implemented or, where there is on-going implementation, there is an implementation plan in place.

In addition, the independent review by Ernst &Young reported in December 2014 that all of the five local HIQA recommendations directly relating to patient care have all either been fully implemented or where there is on-going implementation, there is an implementation plan in place.”

In his report to the board Dr Pat Nash stated, “A clear structure is in place at UHG to progress the implementation of the recommendations from the three investigations, with clear lines of responsibility/accountability. “

Dr Nash gave an further update to the board in December 2015.

In summary, of the 34 recommendations,

- Implementation of 6 of the HIQA recommendations have shown improvement since the EY assessment – 3 moving from ‘Amber Green*’ to ‘Green’ and 3 moving from ‘Amber Red’ to ‘Amber Green’
- 22 recommendations are assessed as ‘Green’ (meets or exceeds expectations)
- 12 recommendations are assessed as Amber Green and work is ongoing to improve implementation - the main challenges are staff recruitment and capital funding
- 1 recommendation remains at ‘Amber Red’ – implementation of National Standards for Safer Better Healthcare. In 2016, particular focus will be placed on implementing these recommendations.

**We cannot comment on ongoing legal matters and/or confidential settlement agreements as it would be entirely inappropriate to do so.*

A. Cosgrove, COO, Saolta University Health Care Group

W65Q1879	What is the outcome of the HSE Internal Audit in relation to a contract been awarded to Northgate by the Saolta Health Care Group – UHG for €393,000, and did the Audit find the contracts were awarded without Public Procurement Guidelines and were the contracts approved by the Chief Financial Officer of the Saolta Health Care Group.	Cllr P Conneely
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The HSE Internal Audit has concluded and the report was released by the HSE under the Freedom of Information Act in July 2016. The details of the recommendations are attached in Appendix 1 and they have all been fully implemented by the Saolta Group. Copies of the audit report are available under the Freedom of Information process.

A. Cosgrove, COO, Saolta University Health Care Group

W65Q1880	In light of the growing Waiting Lists for Orthodontic Services at Letterkenny University Hospital can you tell me if the HSE in a position to recruit the necessary personnel to address these growing waiting lists and allow patients to access Orthodontic	Cllr G McMonagle
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	services earlier?	
<p>A Dental Nurse post was approved and filled earlier this year at the Orthodontic Unit in Letterkenny University Hospital. In addition, one staff member returned from leave and a Specialist in Orthodontics working in both Sligo and Letterkenny has increased her contractual commitment to Letterkenny University Hospital. Activity within the service has started to increase and wait times have reduced in recent months.</p>		
<p>A. Cosgrove, COO, Saolta University Health Care Group</p>		
W65Q1881	Can I have an update on the Recruitment Process to fill the vacancy of an Addiction Counsellor for Under 18 year old's in Donegal and can you tell me what steps the HSE have been and are taking to provide counselling for Minors in Donegal requiring counselling during this recruitment process and can i also be informed how many Minors are currently awaiting counselling services and for how long?	Cllr G McMonagle
<p>a) In July 2016 a 0.8 wte was assigned to accept referrals for the 18+ age group. b) Six referrals were received to the 15th August which were under 18 years old. Two are now 18 years of age and will be seen in the normal way. One young person is currently outside the area, two are being seen by Donegal Child and Adolescent service and the CAMHS service has provided information to the referrer on the remaining case. c) With Mental Health nurses now graduating a staff nurse will be assigned to the addiction counselling vacancy.</p>		
<p>J Hayes, Chief Officer, Area 1</p>		
W65Q1882	Can I be told if the HSE have any Plans to Review the current Case Mix funding mechanism it employs to allocate funding to hospitals across the State to ensure Fairness in funding based on Inpatient numbers	Cllr G McMonagle
<p>In line with Government policy, the HSE has just introduced an Activity Based funding system in 2016. This implementation will occur on a phased basis similar to implementations in other countries.</p> <p>ABF allocates funding to hospitals based on the number and complexity of patients treated in each hospital. This is a fairer and more transparent basis than the previous historical block grant system of funding hospitals.</p> <p>Information on Activity based Funding (ABF) can be found at www.hpo.ie.</p>		
<p>National Hipe Data Office</p>		
W65Q1883	Can the UL Hospitals Group outline the impact of any budget overrun for the current year? Will there be any reduction in bed capacity at any hospital in the group or reduced theatre	Cllr M McCreesh

	time if cuts are required?	
<p>UL Hospitals Group has a number of control measures in place to contain costs as we head into the busy winter period. However any beds currently closed are as a result of necessary refurbishment works to comply with infection prevention and control standards and other regulation. The 12 beds currently closed on Ward 3D at UHL are due to reopen by the end of October. Once these works are completed, there should be fewer bed closures due IP&C concerns over the winter months. There are no plans to close beds for budgetary considerations.</p> <p>The Peri-operative Directorate are putting plans in place to ensure only emergency surgery is performed in ULHG during the Midterm break period in November for four days and during the two week period over Christmas. This plan is to ensure that emergency and urgent cases are managed in a timely manner over the holiday period as traditionally cancellation rates for elective surgery are high at these particular times.</p> <p><i>C Cowan, CEO UL Hospital Group</i></p>		
W65Q1884	Deferred to the November meeting	Cllr M McCreesh
W65Q1885	With regard to the New Maternity Hospital planned on the campus of University Hospital Limerick, what is the main timeline for this project now that capital funding has been approved? Can a breakdown of the staffing capacity for this new facility be provided and the plans to provide sufficient parking to accommodate both staff and visitors?	Cllr M McCreesh
<p>At national level Ireland’s first National Maternity Strategy for the period 2016-2026 “Creating a Better Future Together” has been launched and a government decision has been made to re-locate the four standalone maternity hospitals in Dublin and Limerick to new state-of-the-art hospitals on the campuses of adult teaching hospitals. This includes the relocation of the University Maternity Hospital Limerick to the Dooradoyle Campus. Also, mention of these relocation projects is contained in the government’s Capital Plan “Building on the Recovery: Infrastructure and Capital Investment 2016-2021”. As a result, detailed planning has commenced regarding how best to accommodate the proposed new maternity hospital on the UHL site including a review of the scope of the project itself including staffing requirements and also a review of the enabling works required. The need to carefully consider car parking requirements is acknowledged and we are confident that the scheme can be developed to provide the appropriate capacity for both staff and the public. There is no definite timeline available at this point as the timeline is ultimately dependent upon the procurement methodology selected for project delivery and the availability of the required Exchequer capital funding to support that project delivery strategy.</p>		

The initial work on the new Maternity Hospital is looking at the capital project in line with other capital projects. It is only when the project is approved and proceeding will work commence on the staffing capacity and requirements.

C Cowan, CEO UL Hospital Group

W65Q1886	What is status of the review and update of the Major Emergency Plan undertaken by UL Hospitals Group in March 2015? Does the UL Group have a fire certificate?	Cllr M McCreesh
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A Major Emergency Plan for the UL Hospitals Group has been developed, following a review undertaken across the Group. The plan will be the UL Hospital Group response to any external Major Emergency, including, but not limited to an incident at Shannon Airport. The launch plans for the Major Emergency Plan are currently being finalised.

There is no single fire certificate covering UL Hospitals Group. Ongoing developments within the hospitals require fire certificate applications to be sought and granted on a continual basis as the need for same arises.

C Cowan, CEO UL Hospital Group

W65Q1887	What primary treatments are now being done in Letterkenny General Hospital?	Cllr C Brogan
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IN-PATIENT SERVICES	DAY CASE SERVICES	OUT-PATIENT SERVICES	DIAGNOSTIC SERVICES
		Respiratory	Pathology
	Anaesthetics	Anaesthetics	Histopathology
Cardiology	Cardiology	Cardiology	Microbiology
Emergency Medicine			Radiology
	Dental	Oral Surgery	Cardiac Investigations
Geriatric	Geriatric	Geriatric	Pulmonary Investigations
Gynaecology	Gynaecology	Gynaecology	
Haematology	Haematology	Haematology	
Medical	Medical	Medical	THERAPY SERVICES
Nephrology	Nephrology	Nephrology	Physiotherapy
	Renal Dialysis	Endocrinology	Occupational Therapy
Obstetrics	Obstetrics	Obstetrics	Speech & Language Therapy
Oncology	Oncology	Oncology	Dietetics
	Ophthalmic		
	Oral-Maxillofacial		
Orthopaedic	Orthopaedic	Orthopaedics	
Paediatric	Paediatrics	Paediatrics	
Surgery	Surgery	General Surgery	
Urology (Partial)	Urology	Symptomatic Breast Surgery	
		Colo-rectal Surgery	
		Urology	
		Neurology	
		Dermatology	
		ENT	

A. Cosgrove, COO, Saolta University Health Care Group

W65Q1888	Can we have a breakdown on our current waiting list for Letterkenny General Hospital in areas of ENT , Urology, Orthopaedics ,Cardiology, and Nephrology	ClIr C Brogan
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Specialty	0-3 months	3-6 Months	6-9 Months	9-12 Months	12-15 Months	15-18 Months	18-21 Months	21-24 Months	24-36 Months	36-48 Months	48+ Months	Grand Total
Cardiology	361	280	199	219	202	28	0	0	0	0	1	1290
Nephrology	54	49	35	35	20	7	0	0	1	0	0	201
Orthopaedics	631	454	335	289	186	131	53	39	50	5	5	2178
Otolaryngology (ENT)	521	506	534	388	102	3	0	0	0	0	0	2054
Urology	160	119	119	58	52	45	60	72	167	5	0	857
Grand Total	1727	1408	1222	989	562	214	113	111	218	10	6	6580

A. Cosgrove, COO, Saolta University Health Care Group

W65Q1889	Can we have a breakdown of patient’s referrals from Letterkenny General Hospital over the last 3 years and what they were referring patients for?	ClIr C Brogan
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Historically Letterkenny University Hospital has always referred patients as required to more specialist tertiary services and that practice continues.

It is difficult to provide comprehensive data as there are a wide variety of referrals made by LUH clinicians to other service providers for a range of treatments.

Outlined below are the details of those patients referred from LUH to hospitals within the Saolta Group and those patients referred to hospitals outside the Saolta Group.

In-patient discharges by discharge destination					
HSE West Hospital					
	2012	2013	2014	2015	2016 Jan-Aug
Cardiology	29	16	14	18	7
Emergency Medicine	1				
Geriatric	117	76	53	61	27
Gynaecology	4	3	3		
Haematology	1	4	11	12	15
Haematology/Oncology				2	
Medical	317	314	347	410	334
Nephrology	18	10	9	8	4
Obstetrics	1	3	1	3	1
Oncology	7	8	5	11	7
Orthopaedic	89	75	94	89	71

Paediatric	5	1	4	4	2
Surgery	84	91	93	95	89
Sum:	673	601	634	713	557
Non HSE-West Hospital					
	2012	2013	2014	2015	2016
Cardiology	43	17	33	21	27
Geriatric	14	13	15	15	4
Gynaecology	2	1	3	4	1
Haematology	5	6	5	8	5
Haematology/Oncology				1	
Medical	214	188	235	202	128
Neonatal	5	7	1	2	
Nephrology	10	9	10	6	
Obstetrics	5	8	8	13	11
Oncology	19	14	9	23	14
Orthopaedic	26	21	35	31	18
Paediatric	73	70	56	72	55
Surgery	93	71	52	49	37
Sum:	509	425	462	447	300
Sum:	1182	1026	1096	1160	857

A. Cosgrove, COO, Saolta University Health Care Group

Saolta University Health Care Group and Northgate

Recommendations

- R1. Internal Audit recommends that National Financial Regulations are complied with for all future expenditure. This will help to support the purchase decision and achieve best value for money.
- R2. It is recommended that a register of interests should be established and maintained for senior management at all hospital groups and that this should be reviewed when sourcing potential suppliers. This register should be comprehensive, up to date and be subject to review by the National Director's Office for Acute Hospitals. This will help to avoid situations where a potential conflict of interest may arise with a supplier to a hospital group.
- R3. Consultation with HSE Procurement should take place prior to hospital groups entering into any significant purchase commitments. This will help to avoid possible conflict between local procurement arrangements and future national procurement exercises.
- R4. HSE terms and conditions should always be used when entering into contracts with suppliers.
- R5. All contracts in excess of €25,000 which have been awarded without a competitive process must be disclosed to the Comptroller and Auditor General in accordance with Circular 40/02.
- R6. The current arrangement involving the secondment of IT Project Management services from Northgate to SUHG should be concluded and replaced by the new procurement framework agreement once this becomes available.