

**Minutes of Regional Health Forum West Meeting held on
Tuesday, 21st May 2024 at 2.00pm in Room 1, Education Centre,
Merlin Park University, Galway.**

Miontuairiscí chruinniú an Fhórait Sláinte Réigiúnaigh a tionóladh Dé Máirt, 21ú Bealtaine, 2024 ag 2.00
i.n, i Seomra 1 an tIonad Oideachais,
Feidhmeannacht na Seirbhíse Sláinte, Ospidéal Ollscoile Páirc Mheirlinne, Gaillimh

Chairperson: Cllr Donagh Killilea

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

In attendance:

Tony Canavan, Executive Lead, Regional Health Forum/ Regional Executive Officer, HSE West and North West
Ann Cosgrove, Chief Operating Officer, Saolta University Health Care Group
Noreen Spillane, Chief Operating Officer, UL Hospitals Group
John Fitzmaurice, Chief Officer, Community Healthcare West
Dermot Monaghan, Chief Officer, Community Healthcare Cavan, Donegal, Leitrim, Monaghan, Sligo
Maria Bridgeman, Chief Officer, HSE Mid West Community Healthcare
Niall Murray, General Manager, Area Operations, NAS
Joe Hoare, Assistant National Director, Capital & Estates (West)
Marian Cavanagh, Regional Health Forum Office
Anna Lyons, Regional Health Forum Office

879/110/24 Minutes of previous meeting – 26th March 2024

The minutes of the previous meeting held on the 26th March 2024 were proposed by Cllr Michael Kilcoyne, seconded by Cllr John Cummins and adopted.

880/110/24 Matters Arising:

881/110/24 Chairman's Address:

Cllr Killilea thanked the Members, the Executive and Media for the courtesy and support received during his term as Chairperson of the Regional Health Forum West.

Sympathies were expressed by the Chair on behalf of the Members and Executive to the families of;
Professor Patricia Morris Thompson, sister of Cllr Seamus Morris
Eileen Francis, mother of Cllr Evelyn Francis Parsons
Mary Fitzgerald, mother of Ms Maria Bridgeman

882/110/24 Questions:

W110Q3940 - Diagnostics access for GPs:

Action: Maria Bridgeman to contact Cllr Grant regarding diagnostics access for GPs.

W110Q3943 - Agency numbers for Mayo Community Healthcare West:

Action: John Fitzmaurice to revert to Cllr Kilcoyne with the agency numbers for Mayo Community Healthcare West.

W110Q3946 - Car park income at Mayo University Hospital:

Action: Ann Cosgrove to provide Cllr Kilcoyne with a breakdown of the decrease in car park income at Mayo University Hospital from 2022 to 2023.

W110Q3948 - HSE Sepsis Campaign:

Action: RHF Office to forward link for the HSE Sepsis Campaign to the RHF Members and GPs in Galway (via Primary Care office).

W110Q3949 - Speech and Language figures in Tuam Primary Care:

Action: John Fitzmaurice to provide Cllr Killilea with the Speech and Language figures in Tuam Primary Care; service wait times compared to community services in Athenry and Galway city.

W110Q3950 - New O'Toole CNU in Tuam – Palliative Care Nurses:

Action: John Fitzmaurice to revert to Cllr Killilea whether the two pre-covid Palliative Care nurses at Áras Mhuire were incorporated into the current staffing of the new O'Toole CNU Tuam.

W110Q3952 - Scheduling of appointments at Sligo University Hospital:

Action: Ann Cosgrove to feedback to Sligo University Hospital regarding the possibility of considering public transport availability when giving appointments, in cases where this is viable.

W110Q3959 - Milltown House:

Action: Dermot Monaghan to revert to Cllr Doherty with an update in relation to Milltown House, following a meeting on Friday 24th May 2024 with HSE Estates.

W110Q3963 - Staffing figures of CDNT Services across Donegal:

Action: Dermot Monaghan to update Cllr McMonagle regarding are the 10 posts filled since January 2024 included in the 36 total figure of Table 2.

W110Q3989 - Renal Dialysis Unit Sligo University Hospital:

Action: Ann Cosgrove to advise Cllr Gilroy whether the new 4 bay unit will allow for the expansion of patient capacity, extra to the 63 patient numbers provided in the response.

W110Q3993 - HSE Estates Programme of work for Donegal:

Action: Joe Hoare to provide Cllr Brogan with information on the current status of; Renal Dialysis Extension, St. Conals Letterkenny (Project Ref: 13255) and the Oncology Unit Letterkenny University Hospital.

883/110/24 Motions:

W110M184 –Ennis Medical Assessment Unit operating hours:

This motion was proposed by Cllr Rita McInerney, seconded by Cllr Donagh Killilea and agreed by all Councillors present.

W110M185 –Consultant Ophthalmologist post at Letterkenny University Hospital:

This motion was proposed by Cllr Albert Doherty, seconded by Cllr Gerry McMonagle and agreed by all Councillors present.

Action: Ann Cosgrove to provide Cllr Doherty with an update regarding the Consultant Ophthalmologist post in Letterkenny University Hospital.

884/110/24 Any other Business:

The Executive Chairperson, Mr Tony Canavan on behalf of himself and his colleagues, extended best wishes to all Regional Health Forum West Members for their future endeavours, including those standing for election and those retiring.

885/110/24 Date & Time of Next Meeting:

The next **Regional Health Forum Meeting AGM** will take place on Tuesday, 16th July 2024 at 2pm in Galway.

The next **Regional Health Forum Committee Meeting** will take place on Tuesday, 22nd October 2024 at 2pm in Castlebar.

This concluded the business of the meeting.

Signed:

Cathaoirleach/Chairman

Adopted at the Regional Health Forum West meeting

QUESTIONS AND RESPONSES RECEIVED
REGIONAL HEALTH FORUM WEST – 16TH JULY 2024

Number:	QUESTION	RAISED BY	Page No.
W111Q3996	Toghermore House & Lands in Tuam.	Cllr D Killilea	4
W111Q3997	Pieta Tuam location.	Cllr D Killilea	4
W111Q3998	Update to new services planned for Tuam PCC.	Cllr D Killilea	4
W111Q3999	Dentists taking medical card patients in the Tuam area, access procedure.	Cllr D Killilea	4
W111Q4000	Update on the hydrotherapy pool in Cregg House.	Cllr M Casserly	5
W111Q4001	Any application for funding for Full Time Neurology Consultant LUH.	Cllr G McMonagle	5
W111Q4002	Respite Applications Donegal in the last twelve months.	Cllr G McMonagle	5-7
W111Q4003	Ambulances Crews based in Donegal.	Cllr G McMonagle	7
W111Q4004	Restoration and expansion of Day Care services for older people in Carndonagh.	Cllr G McMonagle	7-8
W111Q4005	Oncology Patients - any EDCP in acute hospitals within this RHA?	Cllr G Doherty	8
W111Q4006	Any plans for EDCP in LUH?	Cllr G Doherty	8-9
W111Q4007	ED pathways for presenting patients at LUH? e.g Paediatric etc.	Cllr G Doherty	9
W111Q4008	Current status of the plans for a new Community Hospital in Lifford?	Cllr G Doherty	10
W111Q4009	Heel Prick Test (Newborn Bloodspot Screening) – Mid West.	Cllr M Howard	10
W111Q4010	Cancer patients from other hospitals access to GUH.	Cllr M Kilcoyne	10
W111Q4011	Co. Mayo - HSE School Dental Scheme wait list, orthodontic treatment 2022 -2024 and criteria.	Cllr M Kilcoyne	11
W111Q4012	GP cover ratios - achievement measures Saolta Health Group area and timeline.	Cllr M Kilcoyne	11-12
W111Q4013	Timeline for the provision of a Bereavement Officer to MUH.	Cllr M Kilcoyne	12
W111Q4014	Update on the progress of Ballyhaunis Primary Health Care Centre.	Cllr A Gallagher	12
W111Q4015	Ballyhaunis Primary Health Care Centre – Operational Lease agreement.	Cllr A Gallagher	13
W111Q4016	Ballyhaunis Primary Health Care Centre – date scheduled for HSE occupation.	Cllr A Gallagher	13
W111Q4017	Services and staff for Ballyhaunis Primary Health Care Centre.	Cllr A Gallagher	13
W111Q4018	Contract status re building of the Carrick-on-Shannon hospital.	Cllr P Farrell	13
W111Q4019	Update on a permanent consultant post for the Camhs I.D. service in Sligo.	Cllr D Bree	13-14
W111Q4020	Physiotherapy Department in SUH - referrals and staffing.	Cllr D Bree	14
W111Q4021	Hydrotherapy Pool Cregg, Sligo, Update on the HSE and Woodbrook meeting.	Cllr D Bree	14-15
W111Q4022	Community Mental Health Team Sligo, access to therapies and resources, improvements?	Cllr D Bree	15
W111Q4023	Transportation to Medical Care (Mid West Area).	Cllr A Baker Bashua	15-16
W111Q4024	Ambulances based in Mid West region.	Cllr A Baker Bashua	16
W111Q4025	Paramedic staffing in the HSE Midwest Region.	Cllr A Baker Bashua	16-17
W111Q4026	Elderly patient’s appointment allocation from Clare to Nenagh.	Cllr A Baker Bashua	17

W111Q4027	Update on St. Brigid's Hospital Ballinasloe, timeline for the moving of stores.	Cllr A Harney	17
W111Q4028	Facilities for Ballinasloe Town AFC at the pitches at St Enda's on the St Brigid's Hospital campus.	Cllr A Harney	18
W111Q4029	Proposed PUH layout following the opening of the 50 bed replacement ward block.	Cllr A Harney	18
W111Q4030	Transfer of the former health centre in Aughrim, Co. Galway to local community?	Cllr A Harney	18
W111Q4031	UHG Psychiatry Outpatients Dept. - wait list and wait time for first appointment.	Cllr J Connolly	18
W111Q4032	Staffing at the pathology laboratory UHG.	Cllr J Connolly	18-19
W111Q4033	Elective procedures postponed due to pressures at UHG, monthly 2023 and 2024.	Cllr J Connolly	19-20
W111Q4034	Acute Mental Health Unit UHG, In Patient numbers 2023 by month, average length of stay.	Cllr J Connolly	20
W111Q4035	Progress report on PUH 50 bed replacement beds.	Cllr E Francis Parsons	20
W111Q4036	Progress update on Enhanced Community Care hub for Ballinasloe.	Cllr E Francis Parsons	21
W111Q4037	Ambulance base in Ballinasloe.	Cllr E Francis Parsons	21
W111Q4038	Update on sale/development of St Brigid's Hospital campus including Old Nurses Home Ballinasloe.	Cllr E Francis Parsons	21
W111Q4039	HSE plans to reduce wait times in A & E Dept. at UCHG.	Cllr E Mannion	21-22
W111Q4040	Proposed 40 bed Community Nursing Unit for Clifden.	Cllr E Mannion	22
W111Q4041	Dental services in North Connemara, improvement plans.	Cllr E Mannion	23
W111Q4042	Physiotherapist recruitment for Clifden District Hospital?	Cllr E Mannion	23
W111Q4043	Update on the HIQA-led review to consider the case for a second emergency department for the Midwest.	Cllr D McGettigan	23
W111Q4044	Overhaul of the DTSS scheme in consultation with dentists in the Midwest region?	Cllr D McGettigan	23
W111Q4045	Staff nurse to patient ratio is in the ED in UHL.	Cllr D McGettigan	23-24
W111Q4046	Breakdown of agency Nurses versus HSE Nurses staffing in UL hospital group from January to June 2024.	Cllr D McGettigan	24
W111Q4047	Current GP capacity in Limerick City and County, new patient capacity.	Cllr E O'Donovan	24-25
W111Q4048	Current staffing levels for Children disability network teams in CHO3.	Cllr E O'Donovan	25-28
W111Q4049	Adult pathway for eating disorder support in the Mid- West, and staffing.	Cllr E O'Donovan	28
W111Q4050	Parking management plans for around UHL.	Cllr E O'Donovan	28-29
W111Q4051	Actions following the recent ambulance service audit, wait times at SUH.	Cllr E McSharry	29-30
W111Q4052	Reopening of the Hydrotherapy pool at Cregg House?	Cllr E McSharry	30
W111Q4053	Plan and timeline re lifting of recruitment embargo across SUH and CHO 1 services.	Cllr E McSharry	30-31
W111Q4054	Staff recruitment to re-open the recently closed pain clinic at SUH.	Cllr E McSharry	31-32
W111Q4055	Transfer of West Clare Mental Health Medium Decency Hostel to Sofia Housing Agency, information on plan and for meeting needs of residents.	Cllr R McInerney	32
W111Q4056	Update on the extension of hours of operation at Ennis Small Injuries Clinic.	Cllr R McInerney	32-33
W111Q4057	Kilrush Primary Medical Care Centre.	Cllr R McInerney	33-34

W111Q4058	ShannonDoc Services in West Clare.	Cllr R McInerney	34-35
W111Q4059	Primary Care Services at Milford, Co. Donegal, timeline and services.	Cllr D Meehan	35
W111Q4060	Any plan in place to recruit neurological consultants in LUH, MS nurse, Epilepsy nurse?	Cllr D Meehan	35-36
W111Q4061	Lack of specialised speech and language and occupational therapy services in Donegal for adults with intellectual disabilities.	Cllr D Meehan	36
W111Q4062	Updated report on the delays in the area of HSE estates.	Cllr C Brogan	36-39
W111Q4063	Update on access to Diabetes services in Donegal.	Cllr C Brogan	39-42
W111Q4064	Updated report on the current capital programme in Donegal.	Cllr C Brogan	42-45
W111Q4065	Can we get an updated report on the rollout of the new Saolta area.	Cllr C Brogan	45-46

Number:	QUESTION	RAISED BY
W111Q3996	Can the HSE confirm what services are confirmed for Toghermore House & Lands in Tuam, and has the title been regularised to full ownership of the HSE.	Clr D Killilea
<p>The regularisation of Toghermore property title hasn't fully concluded but we are working towards that end, we aim to have a definite timeline around this and regarding the future plans in the coming months.</p> <p><i>J Fitzmaurice, Chief Officer, Community Healthcare West</i></p>		
W111Q3997	Can the HSE confirm that Pieta Tuam will be accommodated in a HSE co location in Tuam after the closure their own unit in Tuam. Is there a timescale.	Clr D Killilea
<p>In a recent meeting between Pieta House and the HSE, Pieta House advised that they are considering closing their offices in Tuam. They enquired about the potential to utilise HSE accommodation for the purposes of delivering their services in the Tuam area. The HSE will consider this request noting that there is big demand for accommodation in Tuam. The HSE is currently undertaking an options appraisal with regard to accommodation given increased demand for services in the area and the current shortage of suitable accommodation. There is no definitive timeframe on this.</p> <p><i>J Fitzmaurice, Chief Officer, Community Healthcare West</i></p>		
W111Q3998	Can the HSE give an update to new services planned for Tuam PCC and would they investigate the possibility of opening of a minor injury clinic.	Clr D Killilea
<p>In addition to the recently opened Diagnostics Department in Tuam Primary Care Centre, Primary Care Services are pleased to advise that construction of an Audiology booth is now complete and will become operational in July 2024.</p> <p>Accommodation is currently being renovated in Tuam to facilitate the expansion of services provided by the Ophthalmology Department with a planned operational date of Q4, 2024.</p> <p><i>J Fitzmaurice, Chief Officer, Community Healthcare West</i></p> <p>There are no plans to open a local injuries unit in Tuam.</p> <p><i>A. Cosgrove, Interim CEO, Saolta University Health Care Group</i></p>		
W111Q3999	Can the HSE confirm what dentist are taking medical card patients in the Tuam area, what is the procedure if there is a refusal from a dental practise in getting patient access to the scheme.	Clr D Killilea
<p>As of June 2024 there were five dentists in the Tuam area operating under the Dental Treatment Service Scheme (DTSS) and they are listed on the HSE Primary Care Reimbursement Service (PCRS) website. They are as follows:</p> <ol style="list-style-type: none"> 1. Dr. Amita Bhagwat 2. Dr. Conor Gill 3. Dr. Liam Tuohy 4. Dr. Antasas Paskanskas 5. Dr. Alison Browne <p>It is not possible to provide information on specific dentists who are currently in a position to accept new patients as this depends on the availability of appointments at each practice on a daily basis.</p> <p>However, if a dental practice cannot accept a patient, patients are provided with the list of all the dentists on the DTSS Scheme.</p> <p><i>J Fitzmaurice, Chief Officer, Community Healthcare West</i></p>		

W111Q4000	To seek an update on the hydrotherapy pool in Cregg House and what plans are in place to build a purpose build hydrotherapy facility in Sligo for the many people in the region who require this necessary service now and into the future?	Cllr M Casserly
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We await an updated business proposal in respect of operating the hydrotherapy pool. The business proposal is to be provided by Rosses Punto, the organisation under which the current owner of the former Cregg Campus trades.

We will review the proposal when received. If the proposal is acceptable, a business case will be developed and escalated to the Chief Officer CDLMS in respect of required funding. Currently there is no budget within Community Healthcare CDLMS to progress with Rosses Punto an arrangement to access the hydrotherapy pool. The Chief Officer will need to seek funding allocation through the regional/national budgetary allocation process.

Community Healthcare CDLMS does not plan to construct a purpose built hydrotherapy facility in Sligo.

D Monaghan, Chief Officer, Community Healthcare Organisation, (Cavan, Donegal, Leitrim, Monaghan, Sligo)

W111Q4001	With over 46% of the 675 MS Patients based in the LUH Catchment area has SAOLTA or LUH made an Application for Funding to provide a Full Time Neurology Consultant to provide daily Neurology Cover at LUH?	Cllr G McMonagle
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The Saolta Group is committed to progressing the development of neurology services for Letterkenny University Hospital.

It is a strategic priority for the group to develop and progress the Saolta Neurology Clinical Services review 2024. The group are also currently finalising the priorities for the Service Plan 2025 and the development of the neurology service in LUH forms part of the estimates submission for 2025.

A. Cosgrove, Interim CEO, Saolta University Health Care Group

W111Q4002	How many Respite Applications have been made in Donegal in the last twelve months, how many have been facilitated in their entirety and how many Request were unable to be met and why?	Cllr G McMonagle
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Adult Intellectual Disability Services

Respite facility	No. of applications received	No. facilitated to date	No. unable to be facilitated to date	Reasons
HSE Ballymacool Respite House Letterkenny	12	0	12	Ballymacool Respite House does not currently have the capacity to facilitate intake of new service users on the waiting list for respite. Some service users have been assessed as requiring single occupancy respite due to safeguarding risks, which reduces the number of beds available for respite
Rehab Care Seaview Respite House Mountcharles (by service arrangement with the HSE)	16	12	2	** 2 referrals unable to be facilitated as Rehab Care have been unable to engage with these 2 families to arrange respite assessments. Rehab Care continue to follow up with these families

HSE Drumboe Respite House Stranorlar Closed to Respite	0	0	n/a	As this centre is temporarily closed for respite, referrals have been temporarily redirected to Ballymacool and are included in the total number of referrals for Ballymacool of 12
Riverwalk House Closed to Respite	0	0	n/a	As this centre is temporarily closed for respite, referrals have been redirected to Ballymacool and are included in the total number of referrals for Ballymacool of 12
Total	28	12 **2	14	

Physical & Sensory Disability Services

Type	No. of new applications	No. approved to date	No. unable to be facilitated to date	Reasons
Grant Payments	56	54	0	2 applications received in June (currently being processed)
Holiday Respite Breaks	12	12	0	2 cancelled offered break
Cheshire Respite Breaks	3	3	0	
Fernhill Respite Breaks	23	3	18	18 active clients on waiting list due to lack of capacity
Alternative Nursing Unit Respite	15	13	2	1 awaiting assessment by nursing unit facility, 1 approved; however Respite Team are continuing to source respite facility suitable to meet the medical needs for this client.
Total	109	85	20	

Older Persons Services

No. of respite applications in the last twelve months - **640**

No. facilitated in their entirety - **422**

No. of requests that were unable to be met - **218**

Reasons

- Respite beds had to be closed in some locations due to refurbishment works / Fire Safety upgrade works required by HIQA.
- Staffing issues in some facilities.

- COVID 19 outbreaks at some locations.

The HSE and voluntary bodies provided additional Day Care Services to some clients that could not be facilitated for respite over the past 12 months.

D Monaghan, Chief Officer, Community Healthcare Organisation, (Cavan, Donegal, Leitrim, Monaghan, Sligo)

W111Q4003	Can I have a breakdown of how many Ambulances Crews are based in Donegal in any Twenty Four Hour period and where are the Crews and Ambulances based?	Cllr G McMonagle
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The resources based at these locations provide 24-hour 7-day cover. The table below indicates the number of ambulances on duty at each location from Monday to Sunday over a 24-hour period.

Where a station has more than one crew i.e. Letterkenny and Dungloe the shift start times are staggered as per the below bullet points

- Letterkenny when it has four crew start times are 7am, 8am, 10am and 11am. When it has 3 day crews start times are 7am, 8am and 10am. All nights shift are 1900 and 2000 start times.
- Dungloe start times are 8am and 10am with night crew commencing at 2000.

Pathfinder and the Community are county based and respond to call across the county.

➤ Location		Mon	Tues	Wed	Thur	Fri	Sat	Sun
Carndonagh	Days	1	1	1	1	1	1	1
	Nights	1	1	1	1	1	1	1
Letterkenny	Days	4	3	3	3	4	4	4
	Nights	2	2	2	2	2	2	2
Dungloe	Days	2	2	2	2	2	2	2
	Nights	1	1	1	1	1	1	1
Killybegs	Days	1	1	1	1	1	1	1
	Nights	1	1	1	1	1	1	1
Stranorlar	Days	1	1	1	1	1	1	1
	Nights	1	1	1	1	1	1	1
Donegal Town	Days	1	1	1	1	1	1	1
	Nights	1	1	1	1	1	1	1
Ballyshannon	Days	1	1	1	1	1	1	1
	Nights	1	1	1	1	1	1	1
Buncrana	Days	1	1	1	1	1	1	1
	Nights	1	1	1	1	1	1	1
Pathfinder	Days	1	1	1	1	1	AP only	AP only
Community Paramedic	Days	1	1	1	1	0	1	1

JJ McGowan, Chief Ambulance Officer - West

W111Q4004	Has HSE Estates completed the scoping exercise commenced to consider options to restore Day Care services for older people in Carndonagh and to explore a more inclusive and integrated service delivery option which would include Primary Care in order to meet the wider healthcare needs of the people of Inishowen? Has the HSE scheduled and agreed a July date to share and discuss the scoping exercise findings with the Restoration of Day Care local committee and local public representatives?	Cllr G McMonagle
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The scoping exercise is well advanced and has been expanded to include the third party premises presented as an option for the Older Persons Day Center in Carndonagh, this premises was inspected on Friday 28th June.

A meeting date in early August 2024 has been offered to the committee to discuss the scoping exercise findings with the Restoration of Day Services local committee.

D Monaghan, Chief Officer, Community Healthcare Organisation, (Cavan, Donegal, Leitrim, Monaghan, Sligo)

W111Q4005	Does any acute hospital within this Regional Health Area have a dedicated EDCP (Emergency Department Cancer Pathway) for Oncology patients presenting at ED?	ClIr G Doherty
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Patients undergoing active cancer treatment in Saolta hospitals who become ill at home can contact the Acute Oncology Nurses via a dedicated phone service. These patients are pre assessed by phone by the Clinical Nurse Specialist using the UKONS (UK Oncology Society) telephone triage tool for patients receiving systemic anti-cancer treatment.

This service ensures that vulnerable cancer patients are assessed, and where possible, avoid ED attendance.

The specialist nurses assess the patient's symptoms using an evidence-based tool and advise on the most appropriate care and management required.

The service is currently available from 8am to 4pm, Monday to Friday in LUH, SUH, MUH and PUH and 8am to 7pm in GUH where there are two Clinical Nurse Specialists for Oncology providing the service in ED.

The Acute Oncology Service also link in with community services such as Community Intervention Teams (CITs), GPs and public health nurses to provide additional support to patients where required. The aim is to build resilience to expand this service further, beyond Covid, so that more patients being treated for cancer can avail of the service

A. Cosgrove, Interim CEO, Saolta University Health Care Group

A number of pathways and initiatives have been implemented by the Cancer Directorate at UL Hospitals Group so that our patients can avoid the Emergency Department where possible.

For example, in response to the Covid-19 pandemic, the HSE National Cancer Control Programme (NCCP) funded 26 Acute Oncology Nurses in hospitals nationwide, including at University Hospital Limerick. Patients undergoing active cancer treatment who become ill at home can contact the Acute Oncology Nurses via a dedicated phone service instead of attending the Emergency Department.

While as many patients as possible will be kept at home through self-care or with community support, the Acute Oncology Nurses, together with the medical team, may deem it necessary for patients to come in for review.

A designated unscheduled room has been available in the Haematology/Oncology Day Ward since November 2022 to review these patients and to identify those who require admission. Up to five patients can be accommodated in the unscheduled room at any one time.

This room manages unwell cancer patients outside of routine appointments. On admission to the unscheduled care room, the patient is triaged and reviewed and is either discharged home with follow up or admitted. This service is available Monday – Friday between 9am – 5pm. During May, this service saw 336 patients.

C. Cowan, CEO, UL Hospitals Group

W111Q4006	What plans (if any) are currently in place to implement an Emergency Department Cancer Pathway in Letterkenny University Hospital?	ClIr G Doherty
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LUH are currently reviewing their pathways for the management of Medical Oncology and Haematology patients who require emergency admission as inpatients with a view to reducing the requirement for these patients to have to wait for prolonged periods within the Emergency Department. It must be noted that the current medical staffing levels within Medical Oncology

and Haematology do not allow for a full 24/7 on call cover and for the foreseeable future it is envisaged that outside of standard working hours patients will have to continue being seen by the general medical doctors working in the Emergency Department.

For all other sites specific cancer patients, their care will continue to be managed by the relevant specialty teams who provide 24/7 cover in the Emergency Department.

A. Cosgrove, Interim CEO, Saolta University Health Care Group

W111Q4007	What pathways currently exist for patients presenting to the Emergency Department at Letterkenny University Hospital e.g. Paediatric etc.?	Cllr G Doherty
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LUH has a number of pathways in place for patients presenting to the Emergency Department.

There is a paediatric stream every day in the Emergency Department, which is proving very successful, meaning less time spent in ED for children and their parents/guardians. There is a dedicated Paediatric waiting area and treatment area and two treatment rooms are ring fenced for children. The ED has a Paediatric trained nurse 24/7, supported by a Registrar and SHO Monday to Friday 10am to 10pm. Outside of these hours the team is supported by the Paediatric on call Registrar.

The Frailty at the Front Door service is also in place in the ED. This team assesses patients over the age of 75 years with the aim to identify patients in need of frailty support or/and further assessment. It carries out a comprehensive assessment on older people reviewing alternative pathways to avoid admission or to allow early discharge.

A minor injuries pathway is also in place and allows separate streaming of minor injuries. There are two ANPs for minor injuries and two cANPs in training, all work 12 hr shifts.

This pathway is also supported by a medical SHO/Registrar when available.

The Acute Medical Assessment Unit (AMAU) is open 5 days a week. Its official operating hours are 10.00-16.30, with the last patient seen to be admitted or discharged by 19.00 However it is also utilised as an escalation area when required.

There is a Community Intervention Team (CIT) Co-Ordinator onsite, who mainly deals with those patients deemed appropriate for OPAT in the community. OPAT (Outpatient Parenteral Antimicrobial Therapy) allows suitable patients on intravenous (IV) antibiotics to be discharged early from hospital and treated in their home or *community setting*. The Co-Ordinator works hand in hand with CIT in the community, the Hospital Consultants responsible for the patient and the Consultant Microbiologist. This allow for patients who need extended antibiotic therapy to have this service at home and saves hospital bed days.

There are also many other pathways utilised for ED, to include the Chest Pain Pathway, Cellulitis Pathway and DVT pathway. These pathways facilitate urgent Stress Tests, OPAT inclusion where appropriate, and Doppler scans to try and prevent admission. The ED Improvement Team meet every three weeks with an ongoing focus on developing additional pathways which will enable less admissions and allow some patients to complete their care at home.

The Pathfinder Service, operating in conjunction with the National Ambulance Service, was also introduced successfully at LUH. This service assesses lower acuity ambulance calls in the Community and arranges/recommends alternative health care whenever appropriate. In the first year of operation, the LUH Pathfinder team called out to the homes of 511 older people in the region, and managed to keep 81% of patients safely at home.

Community diagnostics are also being utilised to improve patient flow. Over 9,900 X-rays were carried out at the five newly-refurbished community X-ray facilities in Donegal up to end of June of this year from GP referrals.

The National Ambulance Service has deployed HALPs (Hospital Ambulance Liaison Person) and Tactical Officers to work with the LUH team in improving Ambulance throughput within the ED. We have also been working very closely with CHO1 to enhance admission avoidance initiatives.

A. Cosgrove, Interim CEO, Saolta University Health Care Group

W111Q4008	What is the current status of the plans for a new Community Hospital in Lifford?	Cllr G Doherty
<p>It is proposed to develop both a Community Nursing Unit and a Primary Care Unit in Lifford, Co Donegal through capital investment via the HSE Capital Plan over the coming years. The next step in the process is the completion of a detailed feasibility study for the development. The overall approach for the delivery of the projects will be determined following completion of the feasibility study.</p> <p>Joe Hoare, Assistant National Director, HSE Capital & Estates</p>		
W111Q4009	<p>Heel Prick Test. (Newborn Bloodspot Screening)</p> <p>Currently under this system Ireland screens for only nine diseases - Ireland screens newborns for fewer diseases than 75% of European countries.</p> <p>The European average is to screen for 18 diseases. The heel prick test has the potential to screen for 50 or more rare diseases.</p> <p>Are there any plans in the Mid West area to extend this test on newborns to include other diseases?</p>	Cllr M Howard
<p>The HSE's National Newborn Bloodspot Screening Programme currently screens for nine conditions. The screening programme commenced in 1966 and initially screened for five conditions until the addition of Cystic Fibrosis in 2011. In 2018, Medium Chain Acyl-CoA Dehydrogenase Deficiency (MCADD) and Glutaric Aciduria Type 1 (GA1) were added to bring the number to eight. Adenosine Deaminase Deficiency Severe Combined Immunodeficiency (ADA-SCID) was then added in 2022.</p> <p>The Minister for Health has recommended the addition of two more conditions, Severe Combined Immunodeficiency (SCID) and Spinal Muscular Atrophy (SMA), to the screening programme to bring the number of conditions screened for to 11. The HSE are progressing work on implementation of that recommendation during 2024 and into 2025.</p> <p>Any decision regarding the addition of new conditions to the National Newborn Bloodspot Screening Programme is based on recommendations from the National Screening Advisory Committee (NSAC).</p> <p>Maria Bridgeman, Chief Officer, HSE Mid West Community Healthcare</p>		
W111Q4010	What arrangements are in place in Galway University Hospital to facilitate cancer patients who need urgent treatment, which is not available in the hospital they are in e.g. Mayo University Hospital, which is not a cancer centre of excellence. How many beds are available at GUH, which is the centre of excellence, for such an emergency and what is the maximum length of time a patient might have to wait?	Cllr M Kilcoyne
<p>Current Pathway:</p> <p>The Consultants/Clinical Nurse Specialists (CNS) in another Saolta Hospital will contact the Consultant/ CNS/ Bed Management etc in GUH to inform them of the urgent request for treatment & patients are placed on the urgent transfer list. All necessary staff are copied on these emails. There is currently a pathway being developed for same.</p> <p>In the Claddagh, Haematology ward, there are 25 beds, 2 of which are protected beds.</p> <p>In St. Josephs, Oncology ward, there are 26 beds, 3 of which are protected beds.</p> <p>The protected beds are used for elective list of patients awaiting admission for their chemotherapy. CNMs on each ward contact patients regarding these admissions. However, on some occasions, if patients in ED/ urgent transfer, these patient's elective chemos are delayed as bed management may decide patients in ED/ urgent transfers take priority.</p> <p>We also utilise general medical or surgical beds on other wards within the hospital for these patients when there is no capacity available on the dedicated haematology/oncology wards however this is also dependant on bed availability.</p> <p>Admission of these patients is reviewed on a patient by patient basis and their clinical priority as decided by the Consultant and is also dependant on bed availability.</p> <p>A. Cosgrove, Interim CEO, Saolta University Health Care Group</p>		

W111Q4011	In relation to County Mayo, how many children are on the waiting list for an appointment, under the HSE School Dental Scheme. How many are awaiting procedures to be carried out; of the children who did receive appointments how many received orthodontic treatment in 2022, 2023 and 2024 to date? What are the criteria used to receive treatment from the HSE orthodontist.	CLlr M Kilcoyne
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Mayo Dental Service 03/07/24

- Main priority class 23/24 is 6th class. Some clinics are in position to see 4th class also, but not all. (34% of 4th class targeted). 2nd class not targeted in 23/24.
- Total number in targeted classes 23/24: 3162 (6th class in all and 4th class in some areas)
- Still to be seen for an assessment as of today are 911 children (29% of targeted classes)
- Treatment need for not yet assessed children can only be determined after their appointment. Of those assessed already, 213 awaiting treatment to be completed.
- 2038 of the above 23/24 cohort had assessment and treatment completed (65%)
- Please see [attached](#): Criteria for orthodontic eligibility in the HSE

J Fitzmaurice, Chief Officer, Community Healthcare West

W111Q4012	Given that the recommendation by the Irish College of General Practitioners is a ratio of 12 doctors per 10,000 of population for a safe level of Primary Care; what active measures are being taken to achieve this ratio in the area covered by the Saolta Health Group, in the context of the current GP shortage and what is the projected timeline to achieve it.	CLlr M Kilcoyne
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It is well recognised that there is currently an undersupply of General Practitioners (GPs) in Ireland. We are faced with a recruitment and retention challenge in the speciality which is being addressed in a number of ways by the Health Service Executive (HSE). Our population is growing and GP Visit Card Eligibility is being extended on an incremental basis. In an effort to deal with this matter, the Health Service Executive, in collaboration with the Irish College of General Practitioners (ICGP), is working hard to increase the number of GPs in Ireland. The number of doctors being accepted for training under the GP Training Scheme throughout the country has increased incrementally in recent years from 236 in 2021, 258 in 2022, 285 in 2023 to 350 in 2024 (an increase of 48% on the 2021 figure), and is likely to continue to increase going forward. The GP Training Programme is a four year programme so it is hoped that the increase in the number of qualified GPs will assist with the manpower problems in the future.

The main area of concern for Community Healthcare West is the challenges being faced in filling GP vacancies that occur in rural areas, many of which are traditionally single handed practices. In an effort to deal with this matter, Community Healthcare West recently collaborated with the Irish College of General Practitioners to attract candidates to work in rural GP Practices through a "Rural Fellowship Programme". This allows doctors to work under the supervision of qualified GPs where time is also allocated for academic study. It is a two year programme following which it is hoped that successful candidates would choose to work in rural General Practice. Two positions were approved for our area but unfortunately neither have been filled to date. The matter will be kept under review in conjunction with the ICGP.

In addition, the 2023 GP Agreement includes measures to try and maintain GP services in isolated rural communities including initiatives targeted at addressing hard to fill vacancies and initiatives addressing the current challenges of filling vacancies in rural and deprived areas.

All GP vacancies in Community Healthcare West are advertised in National Newspapers, Medical Journals, GP Buddy and on the HSE Website. Details are also circulated to existing GPs in the region together with recently graduated trainees from the Western GP Training Scheme. As already stated, it is becoming increasingly difficult to fill some GP vacancies, particularly in rural areas. On occasions it is necessary to recruit GPs through Locum Agencies in order to maintain services.

J Fitzmaurice, Chief Officer, Community Healthcare West

The HSE is committed to ensuring that patients throughout the country will continue to have access to GP services, especially in rural areas and that general practice will be sustainable in such areas into the future.

It has and continues to be increasingly difficult to fill GP vacancies particularly in rural areas. In the past in CHO 1, following repeated failures to fill vacancies, we have had no option but to engage with the “Doctor in Charge” process and recruit GPs from locum agencies in order to maintain GP services in certain locations. This is despite the increased support which was offered through the Rural Practice Support Framework and criteria (RPSF) which was introduced in 2016. The RPSF replaced the 1972 rural practice allowance arrangements and circulars, which were outdated, lacked specificity, were open to different interpretations and were overly restricted in terms of residency.

In CHO 1, we continue to offer ongoing support to GPs in organising and planning for future replacements. Vacant posts are widely advertised and details of all vacancies are circulated and communicated through the GP Community and the GP Training Schemes Network in Sligo & Donegal.

There are currently a small number of GMS vacancies in the North West, which it is hoped to fill in coming months.

The number of Doctors accepted into the GP Training Schemes across the country has increased substantially in the last number of years, with plans for further increase in numbers over the next three years. The training schemes operate over a four year cycle and it is hoped that a number of the newly qualified GPs will be attracted to take up GP posts in Ireland and that the GP training programme will go some way to addressing GP shortages especially in rural areas.

In addition, the new 2023 GP Agreement includes measures to try and maintain GMS GP services in isolated rural communities including initiatives targeted at addressing hard to fill vacancies and initiatives addressing the current challenges of filling vacancies in rural and deprived areas.

Another initiative in place is the Irish College of GPs (ICGP) Non EU Rural GP programme. This is a collaboration between the ICGP and the HSE on a Non EU Rural GP Programme, where non EU Doctors will work closely with trained GPs in rural practices over an agreed period of time providing additional manpower and support in practices who are struggling to attract and retain GPs and GP Locums.

D Monaghan, Chief Officer, Community Healthcare Organisation, (Cavan, Donegal, Leitrim, Monaghan, Sligo)

W111Q4013	Can the HSE give a firm timeline for the provision of a Bereavement Officer to Mayo University Hospital?	ClIr M Kilcoyne
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Mayo University Hospital has a number of programmes in place to enhance the quality of end of life care, working towards full compliance with the Hospice Friendly Hospital Standards of Care.

There are 2 CNS palliative care nurses, 0.5 end of life co-ordinator and a bereavement midwife for maternity in Mayo University Hospital. Social worker also liaises with bereaved families in certain circumstances.

It is accepted that there is a requirement for a Bereavement Officer at MUH and we will continue to review any funding stream which could lead to this appointment. There has previously never been a resource for a Bereavement Officer in the hospital for the general services.

A. Cosgrove, Interim CEO, Saolta University Health Care Group

W111Q4014	I seek an update on the progress of Ballyhaunis Primary Health Care Centre that has recently been confirmed to recommence in September 2024. What date is the developer due to commence work on site and has a schedule of works been submitted to the HSE?	ClIr A Gallagher
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A detailed programme for commencement through to completion is awaited and is expected to be submitted in the coming weeks.

Joe Hoare, Assistant National Director, HSE Capital & Estates

W111Q4015	Ballyhaunis Primary Health Care Centre Has this arrangement been facilitated within the original Operational Lease Agreement and if not what legal framework is this contract to be delivered and at what additional cost?	Cllr A Gallagher
The developer has formally advised that they are willing to proceed in accordance with the original signed Agreement for Lease and that they will adhere to the latest required HSE timelines. The HSE is not in a position to re-negotiate the commercial terms and the developer has acknowledged this.		
Joe Hoare, Assistant National Director, HSE Capital & Estates		
W111Q4016	Ballyhaunis Primary Health Care Centre What date is the HSE scheduled to occupy the building on?	Cllr A Gallagher
The HSE cannot confirm this date at present. It is understood that once work on site recommences the facility would be completed with 10 months. A minimum allowance of two further months would be required for the HSE to equip the building following agreement of practical completion. Therefore it is expected the HSE might occupy the building in late Q3 / Q4 2025.		
Joe Hoare, Assistant National Director, HSE Capital & Estates		
W111Q4017	Please list the services to be delivered from Ballyhaunis Primary Health Care Centre and the number of staff working in the building.	Cllr A Gallagher
A range of services will be delivered from the Primary Care Centre currently being developed in Ballyhaunis including:		
<ul style="list-style-type: none"> • GP Services • Public Health Nursing • Occupational Therapy • Physiotherapy • Speech & Language Therapy • Dental • Immunisation • Child and Family Psychology • Dietetics • Podiatry • Home Support • Visiting Integrated Care Services 		
Approximately 18 staff will be based in the centre.		
J Fitzmaurice, Chief Officer, Community Healthcare West		
W111Q4018	Has the contract been awarded to a contractor to build the Carrick-on-Shannon hospital.	Cllr P Farrell
Following the tender evaluation process which is still in progress, the internal HSE approval will then be sought for the award of the public works contract to build the new facility.		
Joe Hoare, Assistant National Director, HSE Capital & Estates		
W111Q4019	Can we have an update in regard to the approval of a permanent consultant post for the Camhs Intellectual Disability service in Sligo; the reply to include: (1) the date the Consultant Applications Advisory Committee (CACC) approved the post; (2) the date the letter of approval was issued to the Consultant Recruitment Section of the National Recruitment Service; (3) the date the Public Appointments Service advertised the post; (4) the closing date for applications for the post; (5) the proposed dates for the interview of applicants for the post (6) the expected date for filling the post.	Cllr D Bree

This post was approved by the Consultant Applications Advisory Committee on the 14th May 2024.

The Letter of Approval was issued on 20th May 2024.

This post was advertised by the Public Appointments Service on 18th June 2024

The closing date for applications is 11th July 2024

The interview board nominees have been submitted to the Public Appointments Service by the HSE. Interviews will be arranged by the Public Appointments Service as soon as the advertisement has closed

On the basis that a suitable candidate has been interviewed and selected by the interview board the appointment will be made following the pre-employment clearance process. The timeframe for the pre-employment clearance process is dependent on the candidate submitting their documentation on a timely basis, the approximate timeframe for the completion of the pre-employment process is approximately 6 – 8 weeks.

D Monaghan, Chief Officer, Community Healthcare Organisation, (Cavan, Donegal, Leitrim, Monaghan, Sligo)

W111Q4020	Has the Physiotherapy Department in Sligo University Hospital recently withdrawn physiotherapy services to patients referred to the service by G.P.'s; what is the reason for such a decision; how many physiotherapy posts are currently filled in the Physiotherapy Department in Sligo University Hospital: and how many physiotherapy posts are currently vacant in the Physiotherapy Department in the Hospital.	ClIr D Bree
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The Physiotherapy department in Sligo University Hospital (SUH) currently has a significant staff vacancy rate due to a variety of unfilled permanent vacancies, maternity leaves, long-term sick leaves and other absences.

We will be progressing the filling of vacancies as soon as it is possible to do so.

Please see below table which outlines the current filled and vacant posts in the Physiotherapy Department:

Grade	WTE	Vacant WTE **
Physiotherapist	7.00	1.00
Senior Physiotherapist	13.16	7.00
Clinical Specialist Physiotherapist	5.38	1.00
Physiotherapist-In Charge III	1.00	
Total	26.54	9.00

**9 wte vacant includes 3 Maternity Leave Relief, 1 Sick Leave Relief + 5 replacement of resignations/promotions

A. Cosgrove, Interim CEO, Saolta University Health Care Group

W111Q4021	Aware that there was communication between the HSE and Woodbrook (the agents for the owners of the hydrotherapy pool in Cregg, Sligo) on the 30th of April 2024, seeking a formal meeting to outline the national HSE position on funding, to explore whether a more cost effective option to operate the pool could be made available by Woodbrook Care, and to allow Woodbrook Care to clarify its plans in respect of the necessary upgrading of its facility where the hydrotherapy pool is	ClIr D Bree
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located; can the Forum now be provided with a full report on the outcome of the meeting.	
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The HSE met with a representative of Woodbrook Care on June 4th, 2024, in order to discuss the potential re-opening of the hydrotherapy pool at the former Cregg Services Campus.

Costings have been submitted by Rosses Punto (new trading name for the company which has ownership of the hydrotherapy pool).

Sligo/Leitrim HSE Disability Services will require access to the pool two days per week and have contacted other services in the Community Healthcare Area to ask that they consider whether their services would require access to the pool and if a joint funding application to regional and national HSE could be made to support the funding requirement for a lease arrangement.

The Woodbrook Care representative advised that they had contacted a number of external organisations in the Sligo area to explore their interest in accessing the pool but had received limited feedback from these organisations by way of interest.

As yet an agreement that can be funded and that is acceptable to both parties has not been reached.

D Monaghan, Chief Officer, Community Healthcare Organisation, (Cavan, Donegal, Leitrim, Monaghan, Sligo)

W111Q4022

To ask if the Community Mental Health Team in Sligo had access to cognitive behavioural therapy and clinical psychology in the past; and to ask if the Team currently has access to cognitive behavioural therapy and clinical psychology; and to ask if there are any proposals to improve resources to the Community Mental Health Team.

ClIr D Bree

Cognitive Behavioural Therapy

At present within SLMHS our clients have access to CBT. Seven staff are trained and can provide the service however this will be reducing to 6 staff later this year. We value this service and have agreed to support four additional staff members through this training commencing in September 2024. This course has been developed between the ATU St. Angela's and Sligo Leitrim Mental Health Service. The course will enable staff to be fully qualified within twelve months on completion of the course. We anticipate that by September 2025 ten staff in total will be providing this service.

Psychology

There are no plans to increase the number of Psychologists above our staff complement at present within this area. We would envisage that current vacancies in the service will be offered out to panels once permissible within the HSE. Psychology is available in our community teams providing a range of services.

D Monaghan, Chief Officer, Community Healthcare Organisation, (Cavan, Donegal, Leitrim, Monaghan, Sligo)

W111Q4023

Transportation to Medical Care (Mid West Area) – due to the significant increase in requests for assistance with transport to hospital appointments as treatment options and pathways have changed significantly over the last 5 years. The Irish Cancer Society only offers support for chemotherapy appointments, but most will need assistance for radiotherapy, targeted therapies, outpatient appointments and investigations. requests are made for all the above including trips to specialist care in Dublin etc A particularly vulnerable group are the elderly, local charities find themselves now “almost Personal Drivers” to these patients
As these people are HSE patients, is there no duty to care to provide transport for these people in need?

**ClIr A Baker
Bashua**

Non-emergency patient transport services, known as PTS, are typified by the non-urgent, planned, transportation of patients with a medical need for transport to and/or from a HSE (or funded agency) premises providing healthcare and between HSE (or funded agency) healthcare providers. Since 2011, the HSE has introduced the HSE non-Ambulance Patient Transport policy which is designed to provide support to requests for transport when the NAS do not have the capacity to provide same. This

policy sets out the pathways and process to seek and achieve sanction to access alternatives for patients as required. There is no statutory requirement for the HSE to provide Patient Transport Services. PTS are provided by the HSE on a discretionary basis as opposed to there being a mandatory requirement for provision. The NAS has been – and continues to be – under pressure to meet the increased activity for urgent and emergency calls. As a result of this the ability of NAS to commit to non-emergency work is limited.

Niall Murray, General Manager Area Operations, NAS.

Transport is paid for in-centre dialysis patients with journeys from destinations within the Hospitals Group’s catchment area in counties Clare, Limerick and Tipperary. This is in line with hospitals around the country.

The Irish Cancer society provides some transport for cancer patients to and from their hospital appointments.

C. Cowan, CEO, UL Hospitals Group

W111Q4024	How many actual roadworthy ambulances are based in the Midwest region, and can we be given a breakdown of where they are based (Ennis, UHL, Nenagh, etc.)? How often are these ambulances taken out of service due to maintenance? Are there are fully electric ambulances in the Midwest region and if there are, does the HSE have enough charging facilities?	Clr A Baker Bashua
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There are currently 32 operational Emergency Ambulances (EA) and six Intermediate Care vehicles (ICV) based in the Mid West

Station Breakdown		
Station	Emergency Ambulance	Intermediate Care Vehicle
Dooradoyle	7	6
Newcastle West	3	
Ennis	7	
Ennistymon	2	
Kilrush	2	
Scariff	2	
Nenagh	4	
Thurles	3	
Roscrea	2	

Service intervals for the EAs are every 20,000 kms and a Vehicle Roadworthiness Inspection (VRI) every 8 weeks in addition each EA completes a Commercial Vehicle Roadworthiness Test (CVRT) once a year.

The National Ambulance Service currently have no fully electric / zero Emissions ambulance operating in HSE Mid West. NAS Fleet and Assets Department are working closely on a number Environmental Climate action programmes both nationally and internationally, with view to examining suitable zero emissions fleet option.

Niall Murray, General Manager Area Operations, NAS.

W111Q4025	How many full-time or whole-time equivalent advance paramedics and part-time paramedics are employed in the HSE Midwest Region? How often are ambulances taken out of service due to a lack of staff to work them?	Clr A Baker Bashua
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The National Ambulance Service (NAS) HSE Mid-West serves people of the Mid-West through a highly skilled workforce, a fleet consisting of emergency ambulances, intermediate care vehicles and rapid response vehicles. The Mid-West also has a large number of alternative care pathways, including but not limited to Community Paramedic, Pathfinder and the Alternative Prehospital Pathway, these resources serve the people of the Mid-West offering a multitude of alternative pathways for care. The region is also served through the Clinical Hub, Community First Responder groups and further support is provided by the

South West Helicopter Emergency Medical Service (HEMS) and the Irish Coast Guard (IRCG) Service and Rescue Aviation Service.

Advanced Paramedic is a level of clinical practice, i.e. registered as an Advanced Paramedic with the Pre Hospital Emergency Care Council (PHECC). There is no specific employment grade within the HSE called Advanced Paramedic and hence, a variety of grades of staff may be registered as an Advanced Paramedic with PHECC.

There are currently 43 staff across a number of grades who are currently Privileged (Authorised) to Practice as an Advanced Paramedic in the HSE Midwest Region. The National Ambulance Service has no part-time paramedics employed in the Mid-West Region. Every attempt is made to ensure that no Emergency Ambulances are taken out of service due to staff shortfalls, in incidents where absences or vacancies occur, relief staff are rostered to cover. Given the dynamic impact of short notice absenteeism on shift cover arrangements, and the availability of staff to work overtime, it is not possible to retrospectively track which shifts, if any resulted in EAs being taken out of service due to staff shortages. On average over a 30 day period NAS HSE Mid-West operates at 92% ELS (Existing Level of Service).

Niall Murray, General Manager Area Operations, NAS.

W111Q4026	Elderly patients, many living alone with no families and no means of transport, are being sent from Clare to Nenagh for services with no consideration to their needs yet the same consultant or surgeon attends Ennis General Hospital and operates in UHL Limerick. Why is this practice taking place and surely better practices can be put in place such as distance, age, support, etc. should be part of a common-sense approach?	Clr A Baker Bashua
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UL Hospitals Group is made up of six hospital sites in the Mid West which function as a single hospital system. As such, patients may be offered appointments in any of our hospitals.

While we aim to facilitate patients as close to home as possible, sometimes it is necessary for patients to attend any one of our hospitals for treatment. This can be due to a number of factors including a patient’s clinical need or capacity and resources available.

For example, a Dedicated Cataract Centre (DCC) was set-up in Nenagh Hospital in July 2022 at the hospital’s modern Lough Derg suite alongside five other eye clinics (laser, intra-vitreous injections, post-operative review, pre-op assessment, and a day clinic for routine appointments).

The DCC runs twice monthly, each appointment providing patients with a consolidated, comprehensive range of tests and examinations—including a consultant appointment—that traditionally would have required multiple visits.

The centre has emerged as a leading centre for cataract surgery pre-assessment, with more than 40% of patients having surgery within a month of consultation, and 90% undergoing their operations within four months.

Prior to the implementation of the DCC Model, most cataract patients had average wait times of two to four years for the procedure.

Nenagh Hospital also has a urology service which provides day-case surgery as well as outpatient appointments.

C. Cowan, CEO, UL Hospitals Group

W111Q4027	Please provide an update in relation to St. Brigid's Hospital Ballinasloe and the timeline for the moving of stores from the main campus?	Clr A Harney
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A process is currently underway to determine the accommodation requirement to re-locate stores off the main campus in St Brigid’s. The purpose of this exercise is to determine the area required (square meters) to accommodate essential services and to explore where there is potential to utilise existing storage facilities. It is expected that this process will conclude in the next 4 weeks after which a determination will be made with regard to the most suitable location.

J Fitzmaurice, Chief Officer, Community Healthcare West

W111Q4028	Ballinasloe Town AFC have used the pitches at St Enda's on the St Brigid's Hospital campus over many years. Can a solution be worked on to allow the club to bring a portable toilet unit on site or access be provided to existing toilets.	Cllr A Harney
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The HSE can confirm that it is not possible to provide access to existing toilets, we are requesting further information with regard to the utilisation of a portable toilet unit and the HSE are open to further dialogue in this regard.

J Fitzmaurice, Chief Officer, Community Healthcare West

W111Q4029	Please provide details of the proposed new layout of Portiuncula Hospital following the opening of the new 50 bed replacement ward block.	Cllr A Harney
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Following the opening of the 50 bedded replacement ward block, the hospital in conjunction with HSE West Estates are working on a plan to upgrade and re-purpose the existing clinical space.

A. Cosgrove, Interim CEO, Saolta University Health Care Group

W111Q4030	Can a transfer of the former health centre in Aughrim, Co. Galway to the local community be facilitated?	Cllr A Harney
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The former Health Centre in Aughrim, Co Galway has been approved for disposal on the open market in accordance with HSE Property Protocols. Initially, interest from State bodies was explored as required by protocol and Galway County Council had expressed an interest to acquire. However, the local authority subsequently withdrew their interest. The HSE remain open to an acquisition of the property by the local authority for community or other use. However time is of the essence. The intention would be to place the property on the market for sale by Private Treaty and invite commercial offers for the property from any interested parties.

Joe Hoare, Assistant National Director, HSE Capital & Estates

W111Q4031	How many patients are awaiting their first appointment following referral to the Psychiatry outpatients department at UHG Galway? Can the forum be advised of the waiting list time for first appointment?	Cllr J Connolly
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As at 30th June, 2024, there were 30 patients referred to Mental Health Services awaiting the offer of a first appointment with a consultant at the Psychiatry Outpatients Department at UHG, which provides mental health outpatient appointments to clients in GR1 and GR2.

Upon their receipt, all referrals are discussed at MDT. Urgent patient referrals and Emergency Department presentations are contacted by a team member who offers priority appointments over the following 3 weeks. Currently, all people referred to Mental Health Services in GR's 1-3 are offered a first appointment, with their consultant, which is scheduled to take place within 3 months of receipt of the referral.

J Fitzmaurice, Chief Officer, Community Healthcare West

W111Q4032	What is the full staffing cohort at the pathology laboratory at University Hospital Galway? Does the laboratory currently enjoy its full staffing cohort?	Cllr J Connolly
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Total Laboratory staffing:

Department	Total WTEs	Vacancies
UCHG Biochemistry Total	38.71	6
UCHG Blood Bank Total	26.06	6.2
UCHG Histopathology	66.9	11
UCHG Haematology Total	47.83	6.6
UCHG Immunology Total	18.4	1.34
UCHG Laboratory Admin. Total	19.49	5.4
UCHG LABORATORY SUPPORT Total	2	
UCHG Microbiology Total	59.53	6

UCHG Phlebotomy Total	30.87	1.54
Specimen Reception Laboratory (GUH)	2	
UCHG Virology Total	13.86	3
Grand Total	<u>325.65</u>	<u>47.08</u>

The current Staffing figures in the Division of Anatomic Pathology (DAP) is as follows:

Location	WTE
Anatomic Pathology Admin	7.03
Anatomic Pathology Consultants	16.72
Anatomic Pathology Medical Team	7.77
AP Medical Scientists	24.28
Laboratory Aides Anatomic Pathology	11.10
Total	66.90

There are currently Medical Scientist 2.5 WTE vacancies in the Division of Anatomic Pathology, some of the additional vacancies are currently filled by agency staff to support the department until full recruitment can be obtained.

There is also one Consultant Perinatal Pathologist post vacant and one Consultant Haematologist post vacant which will be permanently filled in September, 2024.

A. Cosgrove, Interim CEO, Saolta University Health Care Group

W111Q4033	Can the forum be advised of the number of elective procedures that have been postponed due to pressures at the hospital and lack of bed capacity at University Hospital Galway on a monthly basis in 2023 and 2024?	Clr J Connolly
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GUH has experienced sustained periods of escalation in 2023 & 2024.

The highest numbers recorded have attended the Emergency Department in May & June this year. This leads to increased numbers of admissions putting extra pressure on bed capacity within the hospital. Some capacity may be required in our Surgical Day Ward during periods of escalation and as a result, some elective procedures may be postponed.

We are also experiencing high numbers of Cancer and Time Sensitive Urgent cases which need to be prioritised thus postponing or delaying elective procedures.

Please see below data on postponed day case and elective inpatient admissions. This information relates to appointments and procedures which did not go ahead at the original planned date. These appointments and procedures are rescheduled for a later date, often within a short period of the original appointment.

The data source for this information is the 'Weekly Hospital Cancellation of Planned Activity Data'. In this context 'cancellation' indicates that the original appointment was deferred, and therefore is rescheduled.

Hospitals follow national guidelines on scheduling inpatient, day case and planned procedures that require that they reschedule elective care appointments within six weeks of the original appointment date, taking account of the patient's availability to attend.

Galway University Hospitals	2023				2024
	Qtr1	Qtr2	Qtr3	Qtr4	Qtr1
All Other Day cases	664	514	714	836	983
Elective Inpatient Admission	159	132	123	107	156

We continue to offer our patients offers of outsourcing for treatment via the National Treatment Purchase Fund and also to insource at weekends providing additional capacity for procedures where possible.

A. Cosgrove, Interim CEO, Saolta University Health Care Group

W111Q4034	Can the Forum be provided with the number of patients admitted to the Acute Mental Health unit at UHG on a monthly basis in 2023? What was the average length of inpatient stay?	Cllr J Connolly
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AAMHU - 2023	Number of Patients Admitted
Month	
January	46
February	45
March	39
April	53
May	54
June	50
July	55
August	50
September	43
October	55
November	51
December	48
Total Admissions 2023	589

AAMHU - 2023	Average Length of Inpatient Stay in Days
Month	
January	30
February	25.8
March	28.8
April	27.4
May	29.6
June	28
July	28.2
August	28.9
September	27
October	28.2
November	27.9
December	29
Average LOS in 2023	28.2 Days

J Fitzmaurice, Chief Officer, Community Healthcare West

W111Q4035	Please provide progress report on PUH 50 bed replacement beds.	Cllr E Francis Parsons
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The 50 Bedded Replacement Ward Block is nearing completion and the hospital and HSE West Estates are currently working through the snag list with the developer.

A. Cosgrove, Interim CEO, Saolta University Health Care Group

W111Q4036	Please provide progress update on Enhanced Community Care hub for Ballinasloe.	Cllr E Francis Parsons
<p>Community Healthcare West services are compiling a Business Case for an Integrated Hub in Ballinasloe with the aim of submitting this through the National Capital Estates process in early Q4 2024.</p> <p>Incorporated into this Integrated Care Hub brief is:</p> <ul style="list-style-type: none"> • Older Persons services- Memory and assessment service, Home help service • Enhanced Community Care programme for Chronic Disease and ICPOP • Diagnostics suite- MRI, ultrasound, X-ray • Disability- Children’s Disability Network team • Mental health services for CAMHS, Adult Day Hospital and Network teams. • Primary Care services also incorporating Nursing, CHN team, Ophthalmology, Audiology, Urology, Paediatric team <p>We are working closely with Estates on this submission as such a development requires a significant capital investment in Ballinasloe</p> <p>J Fitzmaurice, Chief Officer, Community Healthcare West</p>		
W111Q4037	Please provide information including proposed location and planning implications for location of permanent Ambulance base in Ballinasloe.	Cllr E Francis Parsons
<p>The current location for the ambulance base in Ballinasloe is on the grounds of Portiuncula Hospital.</p> <p>As part of our estates review, the National Ambulance Service, in conjunction with HSE Estates, is currently reviewing the needs associated with the National Ambulance Service in Ballinasloe. Once refined, we will be able to determine how this best fits with the current HSE estates portfolio in the area. This process is very much in its infancy, and no changes are expected in the short term.</p> <p>JJ McGowan, Chief Ambulance Officer - West</p>		
W111Q4038	Please provide update on sale/development of St Brigid's Hospital campus including Old Nurses Home Ballinasloe.	Cllr E Francis Parsons
<p>The Internal review process based on the completed professional valuation remains ongoing with local engagement between Capital & Estates and Service Management planned over the coming weeks. Engagement has recently taken place with Galway Co. Council in respect of their interest. Our understanding is that the Local Authority will be progressing their own assessments over the coming period and further engagement on a potential part disposal is anticipated. This process is inclusive of the Old Nurses Home.</p> <p>J Fitzmaurice, Chief Officer, Community Healthcare West</p>		
W111Q4039	What plans are in place by the HSE to reduce the waiting times in the A & E Department of UCHG?	Cllr E Mannion
<p>UHG is continuing to see high numbers of attendances to our Emergency Department and work to address the sustained pressure on the hospital is ongoing. The hospital has made significant progress in reducing trolley numbers despite very high numbers attending with a particular rise in older patients who were admitted for care.</p> <p>In the first 6 months this year 40,021 patients attended the ED an 8% increase compared with 2023. The number of patients requiring admission has increased by 12% on the same period last year however the hospital has managed to decrease the number patients waiting on trolleys by 7%.</p>		

The number of patients aged 75 and older attending the ED increased by 10% with the admission rate for this age group increasing by 9% however the length of time older patients have to wait in the ED has reduced for the same period in 2023 from 14.1 to 12.4 hrs. This remains an area of intense focus for the hospital.

The hospital plans to build on that progress this year to further improve patient experience for those in our care. We will continue to progress vital capital developments required to support both scheduled and unscheduled care and we are continuing to work with community colleagues on hospital avoidance and improving egress capacity.

Current Priorities include:

- We continue to recruit Emergency Department Consultants to ensure further Senior Decision Makers are present.
- One new consultant is in post and one will commence in August, this brings the total number of Emergency Medicine Consultants to 6.5. The remainder of approved posts are being actively recruited which includes a Professor post and 2 x Paediatric ED Consultant posts.
- We have a Quality Improvement programme in place currently at triage where by all GP referrals are directed to the Rapid assessment Nurse and streamed accordingly, we have seen a reduction in our triage times with this initiative.
- Rapid Assessment Nurse is directing patients post triage to the Acute Surgical Assessment Unit, Acute Medical Unit, Gynae Department, ENT and Ophthalmology.
- A phlebotomy service is provided within the Emergency Department Monday to Friday.
- Registered Advanced Nurse Practitioners for Minor Injuries and Paediatrics are present to triage their own patients.
- We have conducted a Bed Utilisation Study in GUH and have identified additional actions in relation to patient flow within the hospital. This will assist in providing additional capacity for our patients who require admission from the Emergency Department.
- We are also availing of private capacity beds in the Galway Clinic and the Bon Secours Hospital for our frailty patients. A pathway in ED enables admission directly for Medical Patients, if required, to a bed in the Galway Clinic.

The Saolta Group want to ensure that the region has a Model 4 hospital that meets the highest standards and delivers the best possible outcomes for patients across the West and North West.

Saolta has identified urgent priority developments that need to be progressed with expediency; a new ED and Women’s and Children’s block; a new Laboratory, a Cancer Centre and bed block on the UHG campus.

The new plan will see all elective, day surgery and ambulatory care move to the MPUH campus while complex acute, oncology and maternity care remains in UHG. Separating acute and non-acute services will greatly improve efficiency and ultimately better serve our patients.

To manage delivery and timelines for the required infrastructure a formal project board has been established and is now finalising a master plan.

A. Cosgrove, Interim CEO, Saolta University Health Care Group

W111Q4040	Subject to planning approval for the proposed 40 bed Community Nursing Unit for Clifden which is due on the 11 th July is the HSE ready to go to tender for the project?	Clr E Mannion
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The HSE welcomes the notice of 11th July 2024 advising that Galway County Council has decided to grant permission for the proposed development at Clifden to develop a 40 bed residential care centre and associated works on the existing site subject to the 24 conditions set out in the schedule. These conditions will now be reviewed with the design team. There is a further 4 week period before a Final Grant of Planning can be issued from Galway County Council subject to there being no appeal to An Bord Pleanala. On completion of the planning process, the next step in the process is the completion of the detailed design for the new facility. The preparation of the tender documents will then follow. These deliverables will need to be completed over the coming months before the HSE is in a position to go to tender for the project.

Joe Hoare, Assistant National Director, HSE Capital & Estates

W111Q4041	What dental services are being provided in North Connemara and are there plans in place to improve this service?	Cllr E Mannion
<p>Children attending schools in North Connemara are seen in two dental clinics, one in Clifden Health Centre and one in Shantalla Health Centre, Newcastle Road, Galway.</p> <ul style="list-style-type: none"> • The Clifden Clinic is held every Monday and every second Friday. • The Shantalla Clinic is held every Monday through to Thursday. <p>These clinics provide scheduled dental care and an emergency dental service to children including children from North Connemara.</p> <p>The staff in the dental service continually explore initiatives to improve the dental service for children in Galway City and County.</p> <p>J Fitzmaurice, Chief Officer, Community Healthcare West</p>		
W111Q4042	A physiotherapist is required for Clifden District Hospital. What efforts are being made to recruit for one?	Cllr E Mannion
<p>HSE Community Healthcare West have made considerable efforts to source appropriate staffing in order to re-open Clifden District Hospital following a temporary pause to admissions earlier this year. We recognise that Physiotherapy is important for the rehabilitation needs of older people following a stay in an acute hospital. Currently we are endeavouring to meet this need through the use of agency on a sessional basis, however this is not always readily available. The matter is kept under review on a weekly basis.</p> <p>J Fitzmaurice, Chief Officer, Community Healthcare West</p>		
W111Q4043	Ask for an update on the HIQA-led review that was announced in May to consider the case for a second emergency department for the Midwest.	Cllr D McGettigan
<p>Please see below a response from HIQA in relation to their review into urgent and emergency care capacity in the Mid West region to determine whether a second emergency department is required:</p> <p><i>“As per the Minister for Health’s announcement of the review into urgent and emergency care capacity in the mid-west region, Terms of Reference will be finalised and published once the upcoming review by former Chief Justice Frank Clarke has been completed, so that its findings and recommendations can be considered.”</i></p> <p>C. Cowan, CEO, UL Hospitals Group</p>		
W111Q4044	Ask when or if an overhaul of the DTSS scheme in consultation with dentists in the Midwest region will take place.	Cllr D McGettigan
<p>Review of the DTSS has been promised by the Minister for Health, and will be undertaken as part of the implementation of the National Oral Health Policy. Policy implementation will be undertaken in three phases over an eight year period. While the implementation plan for Phase One (2024-2026) has not yet been published, it is at an advanced stage of development, and will include changes to services provided to eligible adults (currently provided under the DTSS). There are several Actions relating to redevelopment of services to adults- preventive packages, phase down of amalgam usage, clinical care pathways for the provision of complex care for eligible adults. Consultation with dentists and key stakeholders will be undertaken as part of the redevelopment process, which will be undertaken on a national basis.</p> <p>Maria Bridgeman, Chief Officer, HSE Mid West Community Healthcare</p>		
W111Q4045	Ask what the staff nurse to patient ratio is in the ED in UHL when the ED is operating at full capacity both day time and night time staff ratio for fully qualified RNs and how many auxiliary nurses.	Cllr D McGettigan
<p>Safer Staffing has been implemented in the Emergency Department (ED) at University Hospital Limerick. The implementation of the Safer Staffing Framework in the ED at UHL has enabled the uplift of 21.50 Staff Nurse Whole Time Equivalents (WTE), which is very welcome.</p>		

The ED Nursing Workforce is continuously under review and recruitment is ongoing. More recently, nursing staff caring for admitted patients in the ED has been reviewed with colleagues in the Department of Health.

The staff nurse to patient ratio in the ED is one nurse to every eight patients. As such, there are 23 staff nurses rostered to cover the night time shift and 24 rostered to cover the day time shift. There are also six health care assistants rostered during the day and four at night.

In addition, the number of non-consultant hospital doctors in the ED has risen from 26 to 47 since January 2023.

Two consultants in emergency medicine have also been recruited as well as an additional three consultants in paediatric emergency medicine.

In addition, an escalation policy has been adopted by UL Hospitals Group and the Emergency Department to allow us to be able to respond to periods of high demand for emergency care.

This allows us to better manage risk associated with variation in demand and/or available resources and to ensure that safe care can continue to be delivered to patients in the ED.

The internal escalation framework for the Emergency Department at UHL flows from and is compatible with the overall escalation framework for the UL Hospitals Group to better ensure an appropriate hospital-wide and group-wide response to periods of high demand.

Various triggers are set out in the escalation framework, arising from which staff will follow particular actions.

Such triggers include the number of patients present in the Emergency Department at any one time; the number of patients waiting to be seen; the number of admitted patients waiting for a bed; the acuity of the patients; the availability of staff and so on. The level of the escalation is discussed at Hospital Management Team meetings, which convenes twice daily, seven days a week.

The framework is very much a dynamic tool and the level of escalation can change over the course of any given day. Ongoing measures include opening surge capacity across all sites; transferring patients on trolleys to our inpatient wards; additional ward rounds by medical teams to expedite discharges or identify patients suitable for transfer to Ennis, Nenagh and St John's Hospitals; working closely with our colleagues in HSE Mid West Community Healthcare in order to expedite discharges and regular review of scheduled care.

C. Cowan, CEO, UL Hospitals Group

W111Q4046	Ask what the breakdown of agency versus HSE staffing in UL hospital group from January to June 2024 for staff nurses and health care assistants, with a breakdown for each hospital.	ClIr D McGettigan
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Agency staff for the most part are employed on a short-term basis to cover gaps in rosters. For example, temporary vacancies such as sick leave, are mitigated through the use of agency, overtime and redeployment. The situation is fluid and changes daily based on service demands. Spend on nursing agency cover is the lowest of any grade across the Group.

C. Cowan, CEO, UL Hospitals Group

W111Q4047	I am requesting details for current GP capacity in Limerick City and County? How many GP's are operating in Limerick and what is their current capacity to take in new patients?	ClIr E O'Donovan
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The number of GPs who hold a (General Medical Services) GMS contract with the HSE in Limerick (City & County) is 123 in total. This total is made up of 69 GPs based in Limerick City and 54 GPs located around the County.

As per the GP Agreement 2023, the number of patients that can be assigned to the GMS panel of a GP stands at 2,200. In the majority of cases, a medical card holder will be added to the GMS panel of the GP of their choice. However, if and when a medical card holder is not successful in securing the services of the GP of their choice, they have to advise the PCRS in writing of the names of three GPs who refused to add them to their panel.

The GP Assignment Team within the National Medical Card Unit will hold the patients' application and they are reviewed individually. The GP Assignment will endeavour to assign the medical card patient to an available GMS panel within their geographical area. If a GP cannot be located for the patient the GP Assignment Team will operate the patient assignment process with consultation, as appropriate, with local offices.

Supporting GP Capacity

There has been work undertaken here in the Mid-West to secure new GPs and increase capacity. Please see details below on two successful initiatives operational in the Mid West.

- Rural Fellowship Programme

The Rural Fellowship programme which is funded by the HSE and is a unique collaboration between the HSE, the Irish College of General Practitioners and the Disciplines of General Practice at University of Limerick. The GP fellow will experience a combination of clinical exposure in practices committed to providing high quality care in rural communities and it is part of a larger overall plan to address gaps in general practice service in rural areas in Ireland. The fellows will work with the ICGP and their work outputs are overseen by a steering committee chaired by ICGP, and including representatives of the HSE. This scheme is now operational and the first Fellow has now taken up position in **Lisdoonvarna, Co Clare as of early November 2023**.

- International Medical Graduate Rural GP Programme (IMG)

International Medical Graduate Rural GP Programme (IMG) aims to identify, support and integrate a cohort of International GPs into the Irish GP workforce. Candidates will embark on a supported pathway that will provide a non-standard route to membership of the Irish College of General Practitioners and Specialist Registration with the Irish Medical Council (IMC). The programme is open to doctors who have a general practice qualification from a jurisdiction that is not currently recognised as equivalent to criteria in Ireland. There are currently 11 IMG programmes in the Mid-West.

GP Engagement

Primary Care Services are continuously engaging with GP's to support with succession planning and have had some positive outcomes. Overall engagement with GP Practices has increased whereby support on accessing programmes and information is provided.

Current DIC Arrangements in place in the Mid-West

Mid-West Community Healthcare are currently managing two practices where GP's cannot be recruited to fill these vacancies. When a GP vacancy cannot be filled a Doctor in Charge Arrangement (DIC) is put in place. Doctor in Charge is the temporary provision of GP services by the Primary Care Unit/HSE to ensure GMS patients receive a continuity of service. There are two DIC arrangements currently in the Mid-West, Thurles and Kilrush. It is worth noting that as a direct result the Rural Fellowship Programme we were able to recruit a GP for Lisdoonvarna.

Maria Bridgeman, Chief Officer, HSE Mid West Community Healthcare

W111Q4048	What are the detailed current staffing levels for Children disability network teams in CHO3? What positions are filled, are these full time or part time posts and what positions are unfilled?	Cllr E O'Donovan
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Mid West Community Healthcare currently has 86% of approve posts filled in the Children's Disability Network Teams. A number of current vacant clinical posts are going through the recruitment process.

Please find below a comprehensive listing which outlines the following:

- Positions filled in each of the seven CDNTs in Mid West Community Healthcare
- Full-time/Part-time identified per position
- Whole Time Equivalent (WTE) vacant identified, where applicable, per position.

CDNT Name	Position	Tot WTE	Full-time	Part-time	WTE Vacant
Blackberry	Administration	3.04	2	2	1
Blackberry	CDNM	1	1		
Blackberry	Healthcare Assistant	1	1		
Blackberry	Occupational Therapist	3.6	2	3	
Blackberry	Physiotherapist	1.4	1	1	0.4
Blackberry	Psychologist	4	4		
Blackberry	Social Worker	2.5	2	1	
Blackberry	Speech and Language Therapist	5	5	0	1
Blackberry	Therapy Assistant	1	1		
Total		22.54	19	7	2.4

CDNT Name	Position	Total WTE	Full-time	Part-time	WTE Vacant
E Limerick	Administration	3	2	2	
E Limerick	CDNM	1	1		1
E Limerick	Clinical Nurse Specialist	1.74		2	
E Limerick	Early Intervention Specialist	1.81	1	1	1
E Limerick	Montessori Teacher	1	1		
E Limerick	Nurse	0.92		1	
E Limerick	Occupational Therapist	4.1	3	2	
E Limerick	Occupational Therapy Assistant	0.75		1	
E Limerick	Paediatric Link Worker	0.4		1	
E Limerick	Physiotherapist	4	4		
E Limerick	Psychologist	6.5	6	1	
E Limerick	Social Worker	2.5	1	3	
E Limerick	Speech and Language Therapist	4.5	4	1	
E Limerick	Therapy Assistant	1	1		
Total		30.22	22	13	2

CDNT Name	Position	Total WTE	Full-time	Part-time	WTE Vacant
Clare	Administration	4	4		
Clare	CDNM	1	1		
Clare	Early Intervention Specialist	2	1	2	0.4
Clare	Occupational Therapist	6	6		0.4
Clare	Paediatric Link Worker	1	1		1
Clare	Physiotherapist	2.6	2	1	0.2
Clare	Psychologist	5	5		1
Clare	Social Worker	2.4	2	1	0.4
Clare	Speech and Language Therapist	5.2	4	2	1.4
Clare	Therapy Assistant	1	1		
Total		30.2	27	6	4.8

CDNT Name	Position	Total WTE	Full-time	Part-time	WTE Vacant
N Tipperary	Administration	2.5	1	2	
N Tipperary	CDNM	1	1		
N Tipperary	Early Intervention Specialist	1	1		
N Tipperary	Family Support Worker	0.52		1	
N Tipperary	Nurse	1.6	1	1	1
N Tipperary	Occupational Therapist	5.2	4	3	0.9
N Tipperary	Paediatric Link Worker	0.3		1	
N Tipperary	Physiotherapist	3	3		1
N Tipperary	Psychologist	6	6		1
N Tipperary	Social Worker	3.6	3	1	0.6
N Tipperary	Speech and Language Therapist	5	5		3
N Tipperary	Therapy Assistant	1.75		3	0.6
Total		31.47	25	12	8.1

CDNT Name	Position	Total WTE	Full-time	Part-time	WTE Vacant
South City	Administration	2		2	
South City	CDNM	1	1		
South City	Occupational Therapist	1.4	1	1	0.4
South City	Physiotherapist	1	1		
South City	Psychologist	1	1		
South City	Social Worker	1	1		
South City	Speech and Language Therapist	2	2		
South City	Therapy Assistant	1.75	1	1	1
Total		11.15	8	4	1.4

CDNT Name	Position	Total WTE	Full-time	Part-time	WTE Vacant
Treehouse	Administration	3.26	3	1	
Treehouse	CDNM	1	1		
Treehouse	Clinical Nurse Manager	1	1		
Treehouse	Health Care Assistant	1	1		
Treehouse	Occupational Therapist	5.91	5	1	
Treehouse	Physiotherapist	3.06	2	2	0.4
Treehouse	Psychologist	5	5		2
Treehouse	Social Worker	3	3		1
Treehouse	Speech and Language Therapist	6	6		1
Treehouse	Staff Nurse	3.39	1	4	
Treehouse	Therapy Assistant	3.75	2	3	
Total		36.37	30	11	4.4

CDNT Name	Position	Total WTE	Full-time	Part-time	WTE Vacant
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W Limerick	Administration	3.08	1	3	
W Limerick	CDNM	1	1		
W Limerick	Early Intervention Specialist	1	1		
W Limerick	Occupational Therapist	4	4		
W Limerick	Physiotherapist	2	2		1
W Limerick	Social Worker	2.5	2	1	
W Limerick	Speech and Language Therapist	4	4		2
W Limerick	Therapy Assistant	1.75	1	1	
Total		19.33	16	5	3

Maria Bridgeman, Chief Officer, HSE Mid West Community Healthcare

W111Q4049	What is the current care pathway for an adult seeking support for an eating disorder in the Mid- West with current staffing levels for services in pathway?	Clr E O'Donovan
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The current pathway for an adult seeking support for an eating disorder is through GP referral, hospital referral or through one of the Mental Health Services Crisis Pathways which are as follows:

There is an Out of Hours Crisis Service that operates in the ED at the University Hospital Limerick from 4pm to 9am Monday to Friday and 24 hour service Saturday and Sunday. Referrals are triaged in ED and referred then to the Out of Hours Crisis Team and follow up as appropriate can be arranged with the Adult Community Mental Health Services.

When referrals are received and accepted, an appointment is offered and a Mental Health Assessment is completed. The client's needs are identified and a care plan is developed by a Multidisciplinary Team (MDT). General Adult Community Mental Health teams do not have a specialist eating disorder team, however they access specialist support and treatment from eating disorder units through third party providers if required.

While a small number of people benefit from more intensive treatment through day programmes or inpatient care, the most effective treatment setting is in the community. When an inpatient bed is required, adults can be referred by their treating consultant to our inpatient beds in our approved centres, Unit 5B and APU Ennis.

In exceptional circumstances where a need is identified for more specialised treatment the clients are referred to External practitioners with clinical expertise in this field. A Business Case from the treating Consultant is submitted seeking funding for placement with the relevant external practitioners.

Maria Bridgeman, Chief Officer, HSE Mid West Community Healthcare

W111Q4050	Can I please have detailed parking management plans for around UHL and what will be done to prevent staff and visitors to UHL from parking in residential areas around UHL?	Clr E O'Donovan
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Parking for staff is a major challenge for any public service body, and UL Hospitals Group has for some time prioritised working to provide sufficient parking capacity for staff at University Hospital Limerick (UHL). These measures are communicated with staff on a regular and ongoing basis.

At present, a total of 1,000 car parking spaces are provided for staff and patients. This includes three off-site staff parking locations served by a daily park-and-ride bus service.

These sites, open 7am-9pm, chiefly facilitate our clinical staff whose working days are rostered between 8am and 8pm, as well as administrative staff who wish to avail of the service.

The pressure on parking capacity at UHL has been further alleviated in recent times by the relocation of significant numbers of administrative staff to sites in Raheen Business Park.

We have also endeavoured to facilitate staff who wish to cycle to UHL by providing six secure bicycle bays onsite, with one further bay in planning. We are also in early stage discussions with Limerick City and County Council around the provision of a bike rental service in collaboration with Transport for Ireland.

The above measures enable us to provide approximately 400 spaces across three car parks on the UHL site for patients and their relatives. We have also relocated and increased by 40% the number of car parking spaces for patients with disabilities. These are now situated in the underground car park, close to the elevators.

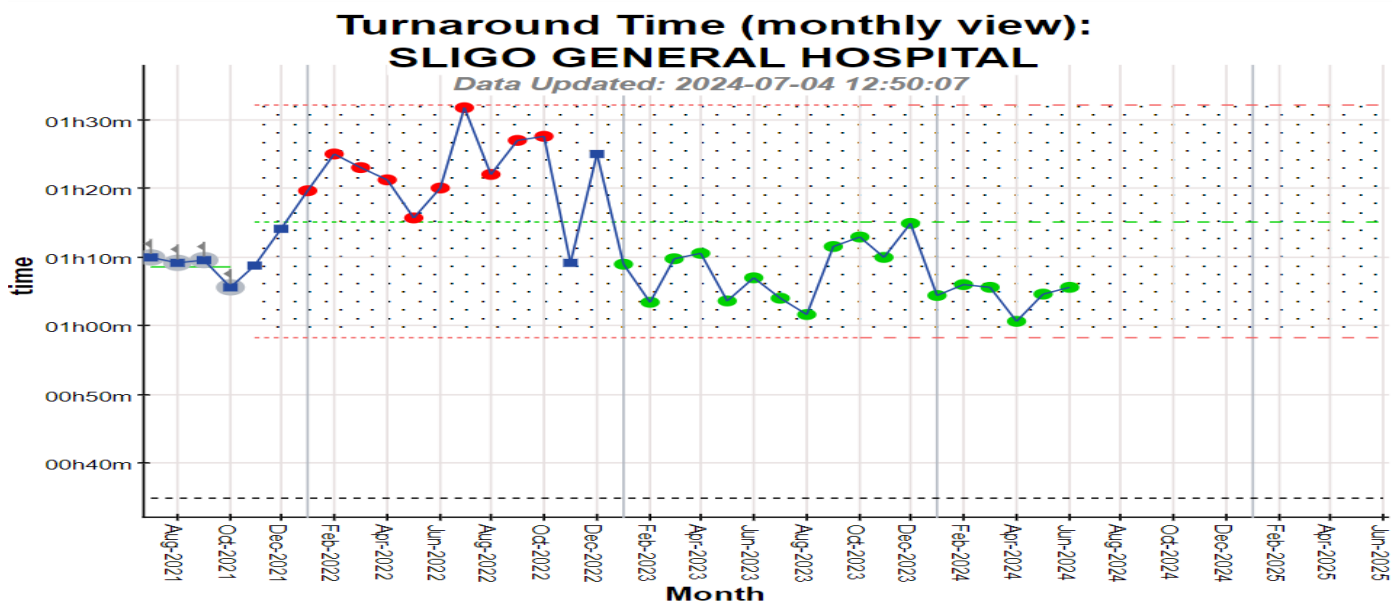
In the long term, the capital plan for UHL includes a proposal for a multi-storey car park on the site, but such a proposal is subject to planning permission and funding.

Meanwhile, given the level of present-day demand for parking at the only Model 4 acute hospital serving Limerick, Clare and North Tipperary, UHL site managers are acutely aware of the need to balance the needs of our staff and service-users against the rights of our residential neighbours, and we continue through our internal communications channels to urge all staff to engage with the parking measures provided.

C. Cowan, CEO, UL Hospitals Group

W111Q4051	What actions are being taken to address the deficit found in the recent ambulance service audit, namely the wait times at Sligo University Hospital?	Cllr E McSharry
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HSE internal audit carried out its review on Ambulance turnaround times in Sligo University Hospital on the 8th November 2023. It was over a 4 hour period and involved 6 Ambulances. The graph below show improvement in ambulance turnaround times since December 2022 and furthermore in December 2023 (one month post audit)



Continuous extensive engagement continues on a daily basis between the National Ambulance Service (NAS) and Sligo University Hospital in relation to ambulance to hospital (A2H) delays. Various steps have been introduced to alleviate the issue. The steps include:

- **Hospital Ambulance Liaison Person (HALP)** - The aim of this role is to work between the hospital and the ambulance service in order to have ambulance turned around in a more efficient manner. To date we have seen a positive impact for this role and will continue to monitor its progress over the coming period as per question W106Q3743 this role has been extended for the remainder of 2023 and we are seeking permanent funding for same.
- **Fit2Sit** – where patients are capable of sitting, then crews will focus on finding a safe place for the patient and effecting a clinical handover as quickly as possible
- **Rapid Handover Protocol** – the current arrangements are not effective and in this regard, crews will be provided with revised protocols on how to be more proactive in effecting patient disposition at the Emergency Department in a timely manner. The Rapid Handover Protocol will provide for red flagging of sites where A2H delays present a real risk of harm to patients awaiting a 999 response in the community.
- **NAS Cohorting** – where necessary and in the absence of clear clinical governance of patients awaiting clinical handover in the Emergency Department, NAS will request staff to engage in cohorting of patients at Emergency Departments to facilitate release of an emergency ambulance to respond to an awaiting 999 call. Crews will be provided with guidelines on how to do this safely.

The National Ambulance Service, in collaboration with the Acute Hospital Division of the HSE, has developed a new process for recording hospital turnaround times. This process separates the hospital and ambulance components, enabling more detailed reporting and improved governance.

JJ McGowan, Chief Ambulance Officer - West

W111Q4052	Is it the intention that the business case to reopen the Hydrotherapy pool at Cregg House will be accepted and funded?	Clr E McSharry
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Community Healthcare CDLMS await an updated business proposal in respect of operating the hydrotherapy pool. The business proposal is to be provided by Rosses Punto, the organisation under which the current owner of the former Cregg Campus trades.

Community Healthcare CDLMS will review the proposal when received. If the proposal is acceptable, a business case will be developed and escalated to the Chief Officer for Community Healthcare Cavan, Donegal, Leitrim, Monaghan, Sligo in respect of required funding. Currently there is no budget within Community Healthcare CDLMS to progress with Rosses Punto an arrangement to access the hydrotherapy pool. The Chief Officer will need to seek funding allocation through the regional/national budgetary allocation process.

D Monaghan, Chief Officer, Community Healthcare Organisation, (Cavan, Donegal, Leitrim, Monaghan, Sligo)

W111Q4053	What is the HSE plan and time lines to lift the recruitment embargo across Sligo University Hospital services and the community services (CHO 1)?	Clr E McSharry
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As 2024 HSE Recruitment had surpassed budgeted Paybill/WTE, HSE Directive issued 10/11/23 that all posts not in confirmed contracting were to be paused.

Any candidates successful at interview and who were confirmed on panels at this time were written to and advised of the HSE Recruitment pause and that the SUH Recruitment Department would be in contact with them once approval to recruit to post is received.

Below is the WTE in SUH for June 2023 to June 2024.

SUH WTE June 2023 / July 2023 / June 2024

Hospital	Staff Category	Census WTE JUN 2023	Census WTE JUL 2023	Census WTE JUN 2024
Sligo University Hospital	Management & Administrative	285.05	284.65	292.46
	Medical & Dental	271.82	274.78	298.41
	Nursing & Midwifery	772.62	774.41	798.32
	Health & Social Care Professionals	227.04	224.45	233.29
	General Support	238.75	241.56	239.90
	Patient & Client Care	192.73	193.76	184.90
	Result	1,988.01	1,993.61	2,047.28
Our Lady's Hospital Manorhamilton	Management & Administrative	12.84	12.84	14.21
	Medical & Dental	7.59	7.48	7.59
	Nursing & Midwifery	30.60	32.01	31.83
	Health & Social Care Professionals	7.14	7.15	5.41
	General Support	12.53	11.66	9.14
	Patient & Client Care	22.35	23.14	24.67
	Result	93.05	94.28	92.85
	Total Result	2,081.06	2,087.89	2,140.13

There has been an unprecedented level of investment by the Government in the health service workforce in recent years. As of the end of May 2024 there are 7,637 (headcount) staff working in the health services in CH CDLMS (CHO1), an increase of 1,577 healthcare staff since May 2020.

These increases include:

- 361 nurses and midwives;
- 47 doctors and dentists;
- 219 health and social care professionals.

Safe staffing has been approved through the conversion of 418 agency staff and new development funding has been made available for an additional 2,969 staff for 2024 (2,268 under the remit of the Department of Health and 701 under the remit of the Department of Department of Children, Equality, Disability, Integration and Youth).

Recruitment to the health sector must continue but it must be done in a controlled and sustainable manner that remains within the financial resources secured for this purpose.

The HSE is currently finalising the 2024 Pay and Numbers Strategy with the Department of Health. Once finalised and advised to services, this will underpin the clear requirement to have a robust approach to managing our pay and numbers along with autonomy for Regions and National Services to operate within the same.

Despite the recruitment pause the CEO of the HSE has made derogations in relation to a range of essential services, including Disability Services.

T. Canavan, Regional Executive Officer, HSE West and North West

W111Q4054	Can an indication be given to when the appropriate staff will be recruited and in place to re open the recently closed pain clinic at Sligo University Hospital?	Clr E McSharry
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The two Consultants providing the Chronic Pain service in SUH have both moved to new roles in other hospitals. Recruitment to fill these 2 vacant Consultant Anaesthetic posts in the Pain service is actively ongoing.

Advertisements are active in all appropriate websites and agencies for temporary posts, while the process for permanent filling of posts is undertaken.

A temporary Consultant will commence in early July to oversee the governance of the Pain Management and Education a psychologically-based rehabilitative treatment for people with persistent pain.

In relation to existing patients on our day case list and review outpatients, we are continuing to work through alternative arrangements for these patients. These arrangements include exploring outsourcing of new OPD and day procedures. Notification will be sent to GP's and patients as we secure alternative arrangements.

A. Cosgrove, Interim CEO, Saolta University Health Care Group

W111Q4055	Please provide information on the plan by the HSE to transfer the operation of the West Clare Mental Health Medium Decency Hostel in Shannon Heights, Kilrush to the Sofia Housing Agency. How will the needs of the residents be honoured?	ClIr R McInerney
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The HSE has undertaken a National Transfer of Ownership project to facilitate and support the transfer of HSE mental health housing to approved housing bodies in order to provide secure tenancies to existing and future tenants. Under this initiative each resident has access to a dedicated tenancy support worker to assist them with their tenancy.

The benefits of these formalised tenancies for residents is that they are protected under statute with open ended tenancies, a home for life and all the associated tenant rights and landlord obligations. Tenants will have greater ownership of their arrangements and this project is a move away from the outdated institutionalised model. The transfer of ownership will also see these residences refurbished and maintained to rigorous standards with arrangements in place for prompt responses to maintenance requests. Shannon Heights is part of this project.

The residents of Shannon Heights will continue to access their care and treatment, including Mental Health Services, through HSE Community Services. Only residents housing rights and entitlements are affected by this process. Appropriate supports, based on clinically assessed need will continue to be provided for residents as per their individualised care plans. All residents are assessed by their Consultant and a clinical decision is made whether they meet the requirements outlined as part of the Transfer of Ownership Project before transfer is completed.

It is a requirement of the National Transfer Project that residents who agree to transfer to Sophia Housing must not require overnight supervision. Of note, only those residents who are deemed suitable and assessed as not requiring overnight supervision are involved in this process. On call support will be available at night time from Clare Mental Health Service and Sophia Housing for those residents who agree to be part of this project and who are deemed suitable as per their assessed needs. A process of engagement with residents, family members and staff is ongoing, in preparation for this transfer of ownership programme

The team engaged with the Residents and their families last year. All three residents were clinically assessed and were deemed suitable to reside in the accommodation without overnight supervision. There will be constant review of their care plans and ongoing support and intervention from their Community Mental Health multidisciplinary team.

This project has been successfully rolled out in a number of areas including the Limerick area and is a very positive initiative that provides the residents involved with as much independence as possible within their home setting.

Maria Bridgeman, Chief Officer, HSE Mid West Community Healthcare

W111Q4056	What is the update and timeline on the delivery of the extension to the Ennis Small Injuries Clinic hours of operation to 8am - 12 night?	ClIr R McInerney
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The Injury Unit in Ennis is open daily from 8am-8pm, 365 days a year.

The HSE undertook a national review of Injury Units in 2023 and recommended the standardisation of operating hours around the country so that all Injury Units would operate from 8am to 8pm.

We currently have no plans to expand the operating hours of Ennis Injury Unit beyond 8pm.

More than one in three of all unscheduled care presentations to our services are now taking place at our Injury Units. All three are achieving the national targets of patient experience times of under two hours.

In 2023, 46,704 patients attended our Injury Units in Ennis, Nenagh and St John’s, representing a 6% increase on 2022 and since 2019 attendances have grown by 40% - see below:

	2019	2022	2023
Ennis Hospital	11,517	13,251	15,245
St John’s Hospital	11,534	17,187	17,583
Nenagh Hospital	10,215	13,566	13,876
Annual Group Total	33,266	44,004	46,704

During the first six months of this year, 24,565 patients attended our three Injury Units, representing a 4% increase on the same period last year.

C. Cowan, CEO, UL Hospitals Group

W111Q4057	Please outline the range, availability, and frequency of the services available in the Kilrush Primary Medical Care Centre. How do these relate to what is available in other centres in Clare?	Clr R McInerney
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Please see below table which outlines the core clinics provided by the HSE at Kilrush Primary Care Centre:

HSE Services available	Frequency of clinics/services
Public Health Nursing	Clinics held daily (e.g. Leg Ulcer Clinics, Wound Dressing, Child Health Clinics) Domiciliary care is provided for patients living in the Kilrush area as required
Podiatry Services	One clinic held each week
Physiotherapy Services	Clinics held daily
Dental Services	The HSE dental service provides clinics four days a week as follows: Dental clinics held two days per week Hygienist clinic held two days per week
Speech & Language Therapy Services (Paediatric & Adult)	Paediatric Service – clinics held daily Adult Service – clinic held once a week
Civil Registration Service	Service is operational on a daily basis
Occupational Therapy	Domiciliary assessments and interventions are carried out for patients covered by the Kilrush & Kilkee Primary Care Teams
Audiology Services	Two clinics held each month
Immunisations	Catch up clinics arranged as required to capture children missed in schools
Stop Smoking Clinic	One clinic held each week
Breastfeeding Clinic	One clinic held each clinic

- The frequency of the core clinics mentioned above compares favourably with other HSE centres in Co. Clare, with the exception of the Primary Care Centre in Ennis, Co. Clare. In line with the demographics of Ennis and the surrounding areas covered by the Primary Care Centre in Ennis, the resulting higher demand for services means that the frequency of clinics/services held at the Primary Care Centre in Ennis would be higher than that of other centres across the county such as Kilrush.
- In 2021, the HSE piloted a new Specialist Lymphoedema Clinic which opened in Ennis, Co. Clare. As part of the pilot, the Specialist Clinic is accepting referrals for adults from Co. Clare and referrals for children from across the Mid West area (Clare, Limerick and Nth. Tipperary). Therefore, anyone from the Kilrush area who is referred to the service will have to travel to Ennis, Co. Clare to attend the Specialist Clinic.
- Primary Care Psychology services for Co. Clare are provided from the Primary Care Centre in Ennis. Therefore, anyone from the Kilrush area who is referred to the service will have to travel to Ennis to avail of the service.

Maria Bridgeman, Chief Officer, HSE Mid West Community Healthcare

W111Q4058	What are the current hours of operation, the process, and the availability at locations of ShannonDoc Services in West Clare?	Clr R McNerney
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The HSE has a Service Level Agreement (SLA) in place with ShannonDoc for the provision of GP Out of Hours services to GMS (medical card) patients across the HSE Mid West area. Under the terms of the SLA, the HSE provides an agreed level of funding to ShannonDoc for the provision of Out of Hours GP services and ancillary services across the HSE Mid West area (Clare, Limerick and Nth. Tipperary). ShannonDoc is a private co-operative which is owned and part funded by c170 members (General Practitioners).

ShannonDoc provides the following:

- Urgent Out of Hours medical services when a patients' GP surgery is closed;
- ShannonDoc is a service provided to patients whose GP is part of the ShannonDoc Co-operative;
- ShannonDoc is not for routine (non-urgent) medical problems e.g. prescription renewal, test results, medical certificates etc.;
- ShannonDoc is not a walk in service – it is appointment based only;
- ShannonDoc can be contacted on Lo-call 0818 123500 or 061 459500 and the call will be answered by the ShannonDoc Call Centre located in Limerick.

ShannonDoc operates from three Core Treatment Centres and a number of satellite treatment centres across the Mid West region. The Central Call Centre is located in Limerick. Following triage, the nurse will identify the immediate need of the patient (i.e. home visit, visit to a Treatment Centre, phone/virtual consultation with a doctor or referral to Accident & Emergency). ShannonDoc have an effective triage system in place whereby patients receive a timely co-ordinated clinically appropriate response to their needs. Urgent cases are triaged by the nurse within 20 minutes and an appointment arranged for the patient to be seen within 2 hours of clinical assessment.

There are 11 Treatment Centres located across Clare, Limerick and Nth. Tipperary providing Out of Hours in the Mid West region. There are three Core Centres located at Ennis in Co. Clare, Dooradoyle in Limerick and Nenagh in Co. Tipperary.

The operating times for the three Core Treatment Centres are as follows:

- Weekdays: Monday to Thursday 18:00 to 08:00
- Weekends: Friday to Monday 18:00 (Friday) to 08:00 (Monday)
- Bank/Public Holidays 18:00 to 08:00

In addition to these core Treatment Centres there are 8 satellite Treatment Centres listed below with the operating times are as follows;

Co Limerick: Newcastle West and Hospital:

- Monday to Thursday 6pm to 8am - Weekend: 6pm Friday to 8am Monday Bank Holidays including Christmas are 9am to 8am.

Co Clare

- Shannon: Monday to Thursday 6pm to 11pm – Weekend: 9am to 10pm
- Miltown Malby: Monday to Thursday 6pm to 8am – Friday 6pm to 9am – Weekends: Sat 7pm to 9am Sunday - Sunday: 7pm to 8am Mon - Bank Holidays including Christmas are 9am to 8am
- Kilrush: 9am to 7pm Weekends and Public Holidays
- Ennistymon: 9am to 7pm Weekends and Public Holidays

Co Tipperary:

- Roscrea: Monday to Friday 6pm to 11pm – Saturday and Sunday 9am to 10pm
- Thurles: Monday to Friday 6pm to 11pm – Saturday and Sunday 9am to 10pm

There is not a doctor on site at all times in the satellite treatment centres Centres, ShannonDoc have a Mobile Doctor Units across the Mid West in place since 2020; the Mobile Doctor will attend the patients at their preferred treatment centre.

ShannonDoc operate a triage system and every patient is offered an appointment in as timely a manner as possible within the service level agreed response times as follows;

- Emergency: Passed to appropriate services within 3 minutes and where requested be seen within 45 minutes
- Urgent: 90% of urgent cases should have an appointment within 2 hours of clinical assessment (taking into account travel time and doctor workload)
- Routine: 90% of less urgent cases should have an appointment within 6 hours of clinical assessment

Maria Bridgeman, Chief Officer, HSE Mid West Community Healthcare

W111Q4059	Planning permission has been granted for a facility in Milford, Co Donegal to host primary care services such as OT, physio therapy and day centre. Can we be provided with information on when this facility will be open for HSE and patient use, as well as a full breakdown of clinical spaces and services available there?	Cllr D Meehan
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A need has been identified to relocate Older Persons Day Services and Physiotherapy services from Ramelton Community Hospital. Work has been underway to identify what options might be available to provide these services from an alternative location. A facility in Milford has been identified as an option and discussions have taken place with the landlord in this regard. Any proposed lease arrangement will be subject to national approval. There would also be a requirement for fit out works prior to occupancy. The process needs to be advanced further over the coming period before a timeframe for availability of any such facility can be advised.

Joe Hoare, Assistant National Director, HSE Capital & Estates

W111Q4060	The Neurological Association of Ireland recently launched a campaign to highlight lack of neurological consultant services available in Letterkenny University Hospital, meaning patients often have to travel to Sligo. Is there any plan in place to recruit neurological consultants in LUH, and will this include the supports necessary to provide outpatient services with the appointment of an MS nurse and an epilepsy nurse?	Cllr D Meehan
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The North West regional Consultant-led Neurology service commenced in 2008. There are 3 Consultant Neurologists supported by a team of NCHD's, CNSs, ANPs and other Health and Social Care professionals. Consultants travel to Letterkenny University Hospital on a weekly basis to provide an outpatient and consult service for Donegal patients. However, any specific Neurology diagnostic work ups and treatment are delivered from Sligo University Hospital either as day cases or inpatients.

The Saolta Group is committed to progressing the development of neurology services for Letterkenny University Hospital.

It is a strategic priority for the group to develop and progress the Saolta Neurology Clinical Services review 2024. The group are also currently finalising the priorities for the Service Plan 2025 and the development of the neurology service in LUH forms part of the estimates submission for 2025.

A. Cosgrove, Interim CEO, Saolta University Health Care Group

W111Q4061	There is currently a lack of specialised speech and language and occupational therapy services in Donegal for adults with intellectual disabilities. Is there any plan to address this gap in public service provision in Donegal?	Cllr D Meehan
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Two Senior Speech and Language Therapists (SLTs) were appointed to the Donegal Intellectual Disability (ID) Service in 2023 to work as part of a multidisciplinary team to support people with disabilities who live in residential settings. In addition a private SLT is employed to work in this service area on a part time, ongoing basis.

One of these SLT posts is temporarily vacant and the Donegal ID Service has requested derogation approval from national HSE to recruit a temporary replacement SLT to the post. If derogation approval is confirmed, the service in collaboration with HSE Human Resources will progress with recruiting an SLT on a temporary basis. The service has also contacted recruitment agencies to request the recruitment of a Senior SLT on temporary basis as an alternative in the event of delays or challenges to the HSE recruitment into this post should derogation be received. Speech and Language support to people with disabilities who live in the community is provided by the Primary Care Speech and Language Therapy Service.

There is one Senior Occupational Therapist (OT) post for Donegal ID Services. The post became vacant in 2022 and despite a subsequent recruitment campaign, the service was unable to recruit a replacement Senior OT at that time. The service has not been in a position to progress a further recruitment campaign since the embargo on recruitment was introduced in June 2023. However, the post has been recommended as a critical post for derogation by national HSE and as soon as derogation is confirmed, a recruitment campaign will be initiated by the HSE Human Resources department as a priority. As a contingency measure, the service has recruited part time agency OTs on two separate occasions to support it in areas of priority needs in residential settings. In addition, the Primary Care Occupational Therapy service is providing support to high priority referrals in the service.

D Monaghan, Chief Officer, Community Healthcare Organisation, (Cavan, Donegal, Leitrim, Monaghan, Sligo)

W111Q4062	Can I have an updated report on what steps are being taken to address the delays in the area of HSE estates that's holding up progress in all areas of the patient services?	Cllr C Brogan
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The HSE Capital & Estates team are advancing the delivery of a significant capital programme of approved major capital projects along with an extensive minor capital programme. The major project lifecycle typically takes a number of years as the project progresses through initiation, design and construction with the design stage taking 12 -15 months typically and construction taking 12 to 24 months depending on the scale and scope of the project.

Capital & Estates currently have a requirement to recruit a number of replacement staff where approval is required in order to do so. Two senior project management posts in Donegal are currently vacant. One of these posts has been approved for replacement and it is anticipated that a new person will commence in the role in September 2024. Approval of the second post has been sought.

Please see below a list of the major capital projects in Donegal from the HSE Capital Plan for this year.

Project Ref.	County	Facility	Brief Description of Project	Stage Current (Jan 2024)	Stage By End 2024
10027A	Donegal	Letterkenny University Hospital	Fire Safety Works to Medical Ward Block (scope of works under review, may not be required - possible fire engineering solution)	Detailed Design	Complete 2024
11017C	Donegal	Letterkenny University Hospital	Renal Dialysis expansion. Increasing Capacity from 14 to 21.	Detailed Design	Tender
11117	Donegal	Dungloe	Primary Care Centre - including accommodation for GPs - by Operational Lease Model	Under Review	TBC
11393	Donegal	Letterkenny University Hospital	Fire Safety Upgrade - Fire Alarm upgrade & new Emergency lighting system.	Construction	Complete 2024
11439	Donegal	Cleary Centre, Donegal Town	New ID Adult Day Services facility	Detailed Design	Detailed Design
11543	Donegal	Letterkenny University Hospital	Electrical Infrastructure Upgrade, 1980's building. Phases 2 & 3. Equipment purchase in 2021	Detailed Design	Detailed Design
11544	Donegal	Letterkenny University Hospital	Boiler replacement (Enabling works 2022, new gas tank)	Detailed Design	Construction
11587	Donegal	Letterkenny University Hospital	Extension to Laboratory (Microbiology, Virology and Immunology) to provide capacity for Additional Covid 19 Testing (additional equipment and staff already in place) and to bring the Lab up to current standards (not upgraded post flooding event). Stage 2c June 22	Construction	Complete 2024
11600	Donegal	Letterkenny University Hospital	Accommodation for Physio and OT dept at LUH (420sqm). This accommodation is to reinstate accommodation dispersed due to flooding at LUH.	Tender	Construction
11601	Donegal	Letterkenny University Hospital	New Aseptic Compounding unit. Extension and reconfiguration of the existing	Detailed Design	Detailed Design
11604	Donegal	Donegal Hospice	New extension to Donegal Hospice to provide 4 No. bedrooms with family/visitor accommodation. 4 No. existing bedrooms are to be converted for administration/clinical use. Overall bed capacity will remain as existing. Funded by Donegal Hospice.	Detailed Design	Construction
11631	Donegal	Letterkenny	St. Conal's Refurbishment - fabric upgrade of Block R	Construction	Complete 2024
11651	Donegal	Letterkenny University Hospital	Weather proofing: Flat roof covering repair and balcony spalling repair works, phased project.	Detailed Design	Construction
11768	Donegal	Lifford	Proposed 25 bed Community Nursing Unit (approx 1827sqm) at Lifford to replace the existing.	Appraisal	Detailed Design

11769	Donegal	Lifford	Proposed new Primary Care Centre (approx 3000sqm) at Lifford.	Appraisal	Detailed Design
11850	Donegal	Letterkenny University Hospital	Extension to the existing Orthodontics Dept (360sqm). The extension will create additional space for new radiology equipment, 2 no. additional treatment rooms, new reception and waiting area and refurbish existing space	Appraisal	Appraisal
11851	Donegal	Letterkenny University Hospital	Relocate existing AMAU and admin accommodation to a new extension (538sqm) providing 6 no. single rooms. Reconfigure vacated space to provide additional enclosed single ED cubicles (6 No.) & to create separate enclosed ED Paediatric Treatment single cubicles (4 No.) and a stand-alone waiting room.	Appraisal	Detailed Design
11925	Donegal	Buncrana	Renovation of an existing HSE health centre at McGinn Avenue, Buncrana (190sqm) and conversion to an ambulance base.	Appraisal	Construction
12025	Donegal	St. Conal's Hospital	St. Conal's Refurbishment - Redevelopment of existing building (3000sqm) to provide a permanent Admin Hub. This will allow the relocation of administration services from the St. Conal's Main Building and thus allow that building to be refurbished. It is proposed that Tusla will also relocate to this building.	Appraisal	Appraisal
10091	Donegal	Letterkenny	110 Bed CNU & Medical Rehab to replace existing beds and address capacity deficit as per Service Priority List (formerly PPP). Board Decision no: 300623/42	Construction	Construction
11660	Donegal	Falcarragh CNU	Refurbishment (HIQA agreement to follow Dungloe) - 35 beds	Construction	Complete 2024
11662	Donegal	Buncrana CNU	Refurbishment (To follow Carndonagh) - 30 beds	Detailed Design	Tender
11424	Donegal	Ramelton CNU	HIQA Compliance - Refurbishment - 30 beds	Appraisal	Appraisal
11425	Donegal	St Joseph's, Stranorlar	HIQA Compliance - Refurbishment - 67 beds	Appraisal	Appraisal
14162	Donegal	Ballinacor, Killygordon, Lifford, Co. Donegal	Purchase and refurbishment of residential dwelling at Ballinacor, Killygordon, Lifford	Detailed Design	Construction
14163	Donegal	Millbrae, Carndonagh, Co. Donegal	Purchase of a site, demolition of the existing building and the construction of a new house for De-congregation.	Appraisal	Detailed Design
14164	Donegal	Tiernaleague, Carndonagh, Co. Donegal	Purchase and refurbishment of residential dwelling at Tiernaleague, Carndonagh, Co. Donegal for four residents	Appraisal	Detailed Design

13230	Donegal	HUB 01 - St. Conals, Letterkenny	Extension (200sqm) to existing Chronic Disease Management Hub to provide support accommodation.	Detailed Design	Construction
13255	Donegal	HUB 01 - St. Conals, Letterkenny	New building to house ECC Hub (2824sqm) to include ICPOP, ICPCD, Diagnostics etc. A road realignment is required as enabling works.	Appraisal	Detailed Design

Joe Hoare, Assistant National Director, HSE Capital & Estates

W111Q4063	Can we get an updated report on what steps are being taken to address the huge challenges with access to Diabetes services in Donegal?	Clr C Brogan
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A Diabetes Policy and Services Review group was recently established by the Minister for Health, the group will report on any gaps in current diabetes services and provide a set of actions to improve service delivery and patient outcomes. The first meeting of the review group has taken place and their findings will inform the strategic direction of diabetic services nationally and across the HSE West and North West region.

Letterkenny University Hospital (LUH) is committed to improving access for our Diabetes patients. The hospital is delivering a robust diabetic service with a multi-disciplinary team approach. In the last year our focus has been on those awaiting a first appointment with a hospital consultant.

We have reduced the total number awaiting a first appointment from 243 to 40, and from a wait time of just over 2 years to under 12 months.

Our waiting list for Type 1 Diabetes has reduced from 39 patients in January 2024 to 12 in June 2024 and the waiting time has dropped from 24 months to 3 months.

All patients referred with Type 1 Diabetes are now offered an appointment within 6-8 weeks.

There are 40 patients with Type 2 Diabetes 40 patients who are awaiting an appointment date, the majority of patients have been waiting less than 3 months.

LUH currently facilitate 4 adult outpatient clinics per month (2 Diabetic clinics, 1 Endocrine Clinic, 1 x GIM/Endocrine clinic). In addition to these clinics there are 1 x pump clinic & 1 x transition clinic).

There are four Paediatric Diabetes Outpatients Clinics per month. Two of these are Consultant led and the other two are nurse led.

Staffing

Consultants

LUH is approved for 2.0 WTE Consultant posts with 100% commitment at LUH. In addition, since October 2022, LUH was also approved for a further Consultant post (1.0 WTE) who has a 50% commitment to LUH and 50% commitment to Donegal Primary Care Service through the National Framework for the Integrated Prevention and Management of Chronic Disease, the National Clinical Programme (NCP) for Diabetes and the Enhanced Community Care Programme (ECC Programme). In addition, there will also be a diabetes pregnancy related service delivered in Letterkenny through a sessional commitment from a consultant post currently being recruited which will be serving the region.

There is one Consultant Physician with a special interest in Diabetes Mellitus currently employed at LUH to provide a General Medical Consultant Service with a Special Interest in Diabetes. This clinician provides an excellent service both on an inpatient and out-patient basis and currently provides additional clinical services and clinical governance to the ECC Programme.

There is a second Consultant who is contracted for 12 hours per week on a Public Only contract who provides Endocrinologist Services on an outpatient basis. This is a two-year contract which provides two Consultant delivered outpatient diabetes clinics per week.

LUH has recently advertised all three of the permanent Consultant Endocrinologist positions through the Public Appointment Service. This is the only approved path to permanent consultant appointment in Ireland.

Interviews took place on the 8th January 2024 for one of these posts. One candidate was offered the post but has since decided not to take up the position. This has now been re-advertised and the closing date has passed. There are applicants for the posts and we await interview dates which are currently being scheduled.

LUH also re-advertised the two remaining permanent positions (Hospital & ECC posts) and a number of candidates are awaiting interview. This recruitment is being managed by the Public Appointment Service as it is for all permanent consultant posts in Ireland filling. We have attempted to recruit locums, pending the arrival of the permanent appointments and did secure a fixed term consultant from the Hospital/Community shared post for 12 months, ending in January 2024.

We can also confirm that LUH has employed a full-time experienced Registrar in Endocrinology who assists with the ECC programme and also the in-patient consult service at LUH.

There is currently one Consultant Paediatrician with a Special Interest in Diabetes and, in addition, one Paediatric Registrar with a special interest in Diabetes.

An existing Galway Consultant Endocrinologist for diabetes and pregnancy provides a monthly clinic on site in LUH.

GUH is recruiting for another academic Consultant Endocrinologist who will have the same commitment to diabetes care in LUH subject to contractual agreement.

Podiatry posts

LUH is funded for one Staff Grade Podiatrist and one Senior Grade Podiatrist both of which are vacant following a recent resignation. This staffing level is an increase from the previously funded allocation of one Staff Grade Podiatrist.

Approval has been granted to progress the permanent recruitment of a podiatrist. We will prioritise and progress this post immediately.

By way of additional support to Podiatry and in the interim we have identified an agency podiatrist to work in LUH and are awaiting CORU registration to allow this appointment. We are currently working with the Saolta Group Podiatry Manager and colleagues in community podiatry to put interim arrangements in place.

Recently LUH has facilitated three podiatry clinics supported by the Saolta Group Podiatry Manager & her Team, 70 patients (both new and review) were seen at clinic. Further clinics are scheduled to be run fortnightly to the end of August.

Psychology support to Diabetic Services

LUH are not resourced and do not have approval for Psychology support. This is an ongoing identified deficit and we will continue to prioritise this request, as and when the HSE Recruitment policy stabilises. We have applied for Psychology support through 2025 Estimates process.

Nursing and HSCPs

There is currently 1.0 WTE ANP Paediatric Diabetes plus 1.0 WTE ANP Gestational Diabetes. Injection clinics and Pump Clinics held twice per month and an ANP clinic facilitated twice weekly. It is envisaged that the Dose Adjustment for Normal Eating (DAFNE) programme will be introduced in LUH later in the year.

There is currently 2.5 WTE dietitians posts allocated to Diabetes Services in LUH. All and these positions are filled.

There are currently 2.0 x WTE Acute Clinical Nurse Specialists in posts for the adult Diabetes Services. In addition, there is one WTE staff nurse and one Clerical officer.

We have applied for an additional Adult Diabetes ANP through 2025 Estimates process.

Access to Pump Start Therapy for Adults with Type 1 Diabetes across Donegal

No Adult with Type 1 Diabetes across Donegal is being offered Pump Start Therapy.

The Patient Pathway for this therapy is as follows:

- Patients commence their pump therapy journey in Dublin or Galway and once the therapy is established, the Team in LUH take over their care.
- There are currently 66 patients attending Pump Clinics in LUH.
- We will be reviewing the potential to initiate and to introduce adult pump starts when the new Endocrinologists are in post. This will ensure strong clinical governance arrangements around this process.

Additional support to Donegal paediatric patients for pump starts is provided from Sligo with ongoing care provided from LUH.

Children with T1 diabetes across Donegal

Children are seen on a regular basis every 3 months for diabetes care, and when they move into transition clinics are then seen every 6 months for a few times, but once they pass into their 20's they join the waiting list of recall clinics for Adults.

There is currently 1.0 x WTE ANP Paediatric Diabetes plus 1.0 WTE ANP Gestational Diabetes. There is an Injection clinic and Pump Clinic held twice per month and an ANP clinic facilitated twice weekly.

There are currently 2.0 x WTE Acute Clinical Nurse Specialists in posts for the adult Diabetes Services. In addition, there is one WTE staff nurse and one clerical officer.

There is currently 2.5 WTE dietitians posts allocated to Diabetes Services in LUH. All of these positions are filled.

Outline of the emergency plan for diabetes care in LUH

Letterkenny University Hospital is committed to improving access for our Diabetes Patients. In the last year, our focus has been on those awaiting a first appointment with a hospital consultant.

Whilst the National Doctors Training Programme, Model 3 Hospital Project was only launched in 2023, I believe that this is a significant step on a national recognition of the specific challenges facing Model 3 Hospitals and the National need to maintain and enhance their Model 3 Hospitals contribution to the delivery of health care within our Country. LUH volunteered to be a pilot site, which was promoted by Saolta University Health Care Group and approved by the HSE is very significant. I believe this project has the potential to become the most effective vehicle for addressing the unique needs and challenges of acute services in Donegal since the formation of the HSE.

We have been experiencing significant challenges in relation to Consultant Endocrinologist recruitment, which is a problem shared by many model 3 hospitals across all specialties in Ireland. We do however acknowledge the particularly challenging situation in respect of recruitment in Letterkenny. We hope that the pilot scheme launched by the National Doctors Training Programme to encourage recruitment in model 3 hospitals will help with this situation. This report clearly outlines the challenges of recruiting consultants to Model 3 hospitals. However, recent recruitment advertisements have provided some re-assurance that the situation will ease soon.

Both the Saolta Executive and Letterkenny University Hospital Management Teams fully recognise the significant impact of Diabetes on the community in Donegal and remain fully committed to the further development and enhancement of services to deliver a fit for purpose and sustainable service. This includes our commitment to developing an integrated primary, community, and acute service model as opposed to the traditional Hospital based service. We hope that the progress made over the last two years as outlined above provides reassurance regarding this commitment. Although recruitment, and consultant recruitment in particular, has been particularly challenging we are glad to note that our new service model is proving more effective in attracting candidates. We are fortunate to have the ongoing support of LUH and look forward to successfully recruiting new consultant colleagues in the coming months. We will also be working in collaboration with patients and Donegal Branch of Diabetes Ireland to further define the multidisciplinary supports required for our patients.

We engage on an on-going basis with the Donegal Branch of Diabetes Ireland in relation to the provision of diabetes services in the Donegal region, and in particular we are now focusing on the access to review out –patient appointments for patients with Type 1 Diabetes.

A. Cosgrove, Interim CEO, Saolta University Health Care Group

W111Q4064	Can we get an updated report on the current capital programme in Donegal and what stage everything is at?	Clr C Brogan
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Attached please see below a list of the major capital projects in Donegal from the HSE Capital Plan for this year. Work also takes place locally with the various services to prepare new submissions to seek to get more projects onto the HSE Capital Plan and approved for future funding allocation. There is also a significant programme of minor works and a capital equipment replacement programme annually. The major project lifecycle typically takes a number of years as the project progresses through initiation, design and construction with the design stage taking 12 -15 months typically and construction taking 12 to 24 months depending on the scale and scope of the project.

Project Ref.	County	Facility	Brief Description of Project	Stage Current (Jan 2024)	Stage By End 2024
10027A	Donegal	Letterkenny University Hospital	Fire Safety Works to Medical Ward Block (scope of works under review, may not be required - possible fire engineering solution)	Detailed Design	Complete 2024
11017C	Donegal	Letterkenny University Hospital	Renal Dialysis expansion. Increasing Capacity from 14 to 21.	Detailed Design	Tender
11117	Donegal	Dungloe	Primary Care Centre - including accommodation for GPs - by Operational Lease Model	Under Review	TBC
11393	Donegal	Letterkenny University Hospital	Fire Safety Upgrade - Fire Alarm upgrade & new Emergency lighting system.	Construction	Complete 2024

11439	Donegal	Cleary Centre, Donegal Town	New ID Adult Day Services facility	Detailed Design	Detailed Design
11543	Donegal	Letterkenny University Hospital	Electrical Infrastructure Upgrade, 1980's building. Phases 2 & 3. Equipment purchase in 2021	Detailed Design	Detailed Design
11544	Donegal	Letterkenny University Hospital	Boiler replacement (Enabling works 2022, new gas tank)	Detailed Design	Construction
11587	Donegal	Letterkenny University Hospital	Extension to Laboratory (Microbiology, Virology and Immunology) to provide capacity for Additional Covid 19 Testing (additional equipment and staff already in place) and to bring the Lab up to current standards (not upgraded post flooding event). Stage 2c June 22	Construction	Complete 2024
11600	Donegal	Letterkenny University Hospital	Accommodation for Physio and OT dept at LUH (420sqm). This accommodation is to reinstate accommodation dispersed due to flooding at LUH.	Tender	Construction
11601	Donegal	Letterkenny University Hospital	New Aseptic Compounding unit. Extension and reconfiguration of the existing	Detailed Design	Detailed Design
11604	Donegal	Donegal Hospice	New extension to Donegal Hospice to provide 4 No. bedrooms with family/visitor accommodation. 4 No. existing bedrooms are to be converted for administration/clinical use. Overall bed capacity will remain as existing. Funded by Donegal Hospice.	Detailed Design	Construction
11631	Donegal	Letterkenny	St. Conal's Refurbishment - fabric upgrade of Block R	Construction	Complete 2024
11651	Donegal	Letterkenny University Hospital	Weather proofing: Flat roof covering repair and balcony spalling repair works, phased project.	Detailed Design	Construction
11768	Donegal	Lifford	Proposed 25 bed Community Nursing Unit (approx 1827sqm) at Lifford to replace the existing.	Appraisal	Detailed Design
11769	Donegal	Lifford	Proposed new Primary Care Centre (approx 3000sqm) at Lifford.	Appraisal	Detailed Design

11850	Donegal	Letterkenny University Hospital	Extension to the existing Orthodontics Dept (360sqm). The extension will create additional space for new radiology equipment, 2 no. additional treatment rooms, new reception and waiting area and refurbish existing space	Appraisal	Appraisal
11851	Donegal	Letterkenny University Hospital	Relocate existing AMAU and admin accommodation to a new extension (538sqm) providing 6 no. single rooms. Reconfigure vacated space to provide additional enclosed single ED cubicles (6 No.) & to create separate enclosed ED Paediatric Treatment single cubicles (4 No.) and a stand-alone waiting room.	Appraisal	Detailed Design
11925	Donegal	Buncrana	Renovation of an existing HSE health centre at McGinn Avenue, Buncrana (190sqm) and conversion to an ambulance base.	Appraisal	Construction
12025	Donegal	St. Conal's Hospital	St. Conal's Refurbishment - Redevelopment of existing building (3000sqm) to provide a permanent Admin Hub. This will allow the relocation of administration services from the St. Conal's Main Building and thus allow that building to be refurbished. It is proposed that Tusla will also relocate to this building.	Appraisal	Appraisal
10091	Donegal	Letterkenny	110 Bed CNU & Medical Rehab to replace existing beds and address capacity deficit as per Service Priority List (formerly PPP). Board Decision no: 300623/42	Construction	Construction
11660	Donegal	Falcarragh CNU	Refurbishment (HIQA agreement to follow Dungloe) - 35 beds	Construction	Complete 2024
11662	Donegal	Buncrana CNU	Refurbishment (To follow Carndonagh) - 30 beds	Detailed Design	Tender
11424	Donegal	Ramelton CNU	HIQA Compliance - Refurbishment - 30 beds	Appraisal	Appraisal
11425	Donegal	St Joseph's, Stranorlar	HIQA Compliance - Refurbishment - 67 beds	Appraisal	Appraisal
14162	Donegal	Ballinacor, Killygordon, Lifford, Co. Donegal	Purchase and refurbishment of residential dwelling at Ballinacor, Killygordon, Lifford	Detailed Design	Construction
14163	Donegal	Millbrae, Carndonagh, Co. Donegal	Purchase of a site, demolition of the existing building and the construction of a new house for De-congregation.	Appraisal	Detailed Design

14164	Donegal	Tiernaleague, Carndonagh, Co. Donegal	Purchase and refurbishment of residential dwelling at Tiernaleague, Carndonagh, Co. Donegal for four residents	Appraisal	Detailed Design
13230	Donegal	HUB 01 - St. Conals, Letterkenny	Extension (200sqm) to existing Chronic Disease Management Hub to provide support accommodation.	Detailed Design	Construction
13255	Donegal	HUB 01 - St. Conals, Letterkenny	New building to house ECC Hub (2824sqm) to include ICPOP, ICPCD, Diagnostics etc. A road realignment is required as enabling works.	Appraisal	Detailed Design

Joe Hoare, Assistant National Director, HSE Capital & Estates

W111Q4065	Can we get an updated report on the rollout of the new Saolta area?	Clr C Brogan
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Update on Health Region, HSE West and North West

Central to the Sláintecare vision is the reorganisation of the HSE into six new health regions and a revised national structure which supports this model. The new regional structures will provide the organisational and aligned corporate and clinical governance arrangements to enable population-based planning, management, and delivery of integrated care for people within a region. Work is ongoing to put in place the people, processes and structures required to make this transition.

Regional Executive Management Team (EMT)

Recruitment is currently underway for a number of regional director posts, including regional clinical directors, regional directors of people and regional directors of finance. The regional directors will be members of the EMT in each health region. They will report directly to the REOs.

It is envisaged that HSE West North West EMT will include:

- Regional Clinical Director
- Regional Director of Planning & Performance
- Regional Director for People
- Regional Executive Nurse Midwife (RENM)
- Regional Director of Population & Public Health
- IHA Managers
- Regional Director of Finance
- eHealth Director
- Regional Director of Communications & Public Affairs
- Regional Disability Lead
- Office of the Regional Executive Officer

Integrated Healthcare Areas (IHAs)

IHAs will be the substructures within each of the 6 new health regions. There will be 20 IHAs in total. They will serve a population of around 300,000 and will take account of local geographies, population size, needs and services.

IHAs will bring together both acute and community services as well as other non-HSE providers. This will be crucial to supporting and enabling integrated care.

Interviews to appoint Integrated Healthcare Areas Managers have taken place with appointments expected in the coming weeks.

In HSE West and North West the Integrated Health Areas are:

Donegal

Sligo / Leitrim / West Cavan / South Donegal

Mayo

Galway / Roscommon

The focus of the IHA is on the health of the population across the continuum of care from living well at home to inpatient care.

T. Canavan, Regional Executive Officer, HSE West and North West