

**Minutes of Regional Health Forum West Meeting held on  
Tuesday, 26<sup>th</sup> March 2024 at 2.00pm in Room 1, Education Centre,  
Merlin Park University, Galway.**

Miontuairiscí chruinniú an Fhórait Sláinte Réigiúnaigh a tionóladh Dé Máirt, 26ú Márta, 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

<b>Members Present</b>	<b>Members Present (continued)</b>	<b>Members Absent</b>
Cllr Finola Armstrong McGuire	Cllr Michael Kilcoyne	Cllr Tom Crosby
Cllr Declan Bree	Cllr Seamus Morris	Cllr Frankie Daly
Cllr Ciaran Brogan	Cllr Dara Mulvey	Cllr John Egan
Cllr John Carroll	Cllr Cillian Murphy	Cllr Donal Gilroy
Cllr Liam Carroll	Cllr Declan McDonnell	Cllr Liam Grant
Cllr Tom Conaghan	Cllr Rita McInerney	Cllr Sean Hartigan
Cllr John Connolly	Cllr Martin McLoughlin	Cllr Mary Howard
Cllr Gerry Crawford	Cllr Gerry McMonagle	Cllr Dan McSweeney
Cllr John Cummins	Cllr Daithí Ó Cualáin	Cllr Martina O'Connor
Cllr Albert Doherty	Cllr Dr Evelyn Francis Parsons	Cllr John O'Hara
Cllr Paddy Farrell	Cllr Peggy Ryan	Cllr Peter Roche
Cllr Francis Foley		Cllr John Sheahan
Cllr Blackie Gavin		Cllr Kevin Sheahan
Cllr Felim Gurn		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  
Colette Cowan, CEO, UL Hospitals Group  
John Fitzmaurice, Chief Officer, Community Healthcare West  
Maria Ferguson, Head of Human Resources, Community Healthcare Cavan, Donegal, Leitrim, Monaghan, Sligo  
Maria Bridgeman, Chief Officer, HSE Mid West Community Healthcare  
John Joe McGowan, Chief Ambulance Officer- West, NAS  
Marian Cavanagh, Regional Health Forum Office  
Anna Lyons, Regional Health Forum Office  
Pauline Clerkin, Regional Health Forum Office

**872/109/24 Minutes of previous meeting – 27<sup>th</sup> February 2024**

The minutes of the previous meeting held on the 27<sup>th</sup> February 2024 were proposed by Cllr Martin McLoughlin, seconded by Cllr Michael Kilcoyne and adopted.

**873/109/24 Matters Arising:**

**874/109/24 Chairman's Address:**

**Action:** RHF office to issue a letter of condolences to the Agboola and Groarke families on the passing of Alicia Agboola, RIP, on behalf of the Regional Health Forum Members.

**875/109/24 Questions:**

**W109Q3886 - Mid West readmission data during cancer treatment:**

**Action:** Colette Cowan to provide Cllr Rita McInerney with the statistics for the profile of patients readmitted during cancer treatment.

**W109Q3894 - Statistics of admissions from Emergency Department attendances:**

**Action:** Colette Cowan to provide Cllr Cillian Murphy with the statistics of admissions from ED attendances at UHL.

**W109Q3894 - Number of admissions from the Emergency Department:**

**Action:** Tony Canavan to circulate the data link regarding admissions from the ED Department to the Regional Health Forum members.

**W109Q3895 - New Primary Care Pathway at the ED, University Hospital Limerick:**

**Action:** Colette Cowan will provide Cllr Cillian Murphy with the geographical profile of patients who attended via the new primary care pathway after the pilot scheme is completed. The outcomes of the pilot scheme will be circulated to all Regional Health Forum members once available.

**W109Q3898 - Older Persons Services for Lifford:**

**Action:** Dermot Monaghan to provide Cllr Gerry Crawford with the older persons services plans for Lifford.

**W109Q3902 - Donegal Mental Health Services:**

**Action:** Dermot Monaghan to keep Cllr Albert Doherty updated on the consultation process for families in relation to the de-congregation and also regarding the funding submission by Donegal Mental Health Services.

**W109Q3904 - Community Group Home, Carndonagh:**

**Action:** Joe Hoare to keep Cllr Albert Doherty updated regarding the transfer of the site (Construction of Community Group Home, Carndonagh (Ref.23/51195)) into HSE Ownership.

Noted: Cllr Doherty is requesting the issue of road safety be highlighted in the tender document.

**W109Q3930 - Restoration of Day Care Services in Carndonagh:**

**Action:** Dermot Monaghan to update Cllr Albert Doherty on the progress of the restoration of Day Care Services in Carndonagh. Cllr Albert Doherty has requested a HSE representative attend a meeting with the Committee for the Restoration of Carndonagh Day Care Services.

**W109Q3905 - Transfer of medical files at Sligo University Hospital:**

**Action:** Ann Cosgrove to provide Cllr Declan Bree with the cost of file transportation from the Medical Records Department to the Outpatients department at Sligo University Hospital.

**W109Q3906 - CAMHS MHID Consultant Psychiatrist for Sligo/Leitrim:**

**Action:** Maria Ferguson will provide an update from Medical Manpower in relation to the submission for a CAMHS MHID Consultant Psychiatrist for Sligo/Leitrim and respond to Cllr Declan Bree.

**W109Q3922 - Speech and Language Therapy, Network 4 (West Galway):**

**Action:** John Fitzmaurice to revert to Cllr Dáithí Ó Cualáin with an update regarding the 1 vacant SLT post in adult services in the Network 4 (West Galway) area.

**W109Q3933 - Ramelton Community Nursing Unit:**

**Action:** Joe Hoare to revert to Cllr Ciaran Brogan regarding the review of the scope of works required at Ramelton Community Nursing Unit.

**Action:** Dermot Monaghan to provide Cllr Ciaran Brogan with an update regarding if Day Care Services could be restored in Ramelton and whether an Expression of Interest can be issued via the local media to try and facilitate keeping this service in Ramelton.

**Standing Orders were suspended due to time; Cllr Dáithí Ó Cualáin proposed the continuation and it was seconded by Cllr Seamus Morris.**

**876/109/24 Motions:**

**W109M180 – Independent Investigation into the reconfiguration of Emergency Services in the Mid West:**

This motion was proposed by Cllr Seamus Morris, seconded by Cllr Declan Bree and agreed by all Councillors present.

**W109M181 – IT Systems at University Hospital Limerick:**

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

**W109M182 – Hydrotherapy Pool at Cregg Campus:**

This motion was proposed by Cllr Declan Bree, seconded by Cllr Seamus Morris and agreed by all Councillors present.

**W109M183 – St Brigid’s Hospital Campus:**

This motion was proposed by Cllr Evelyn Francis Parsons and seconded by Cllr Liam Carroll and agreed by all Councillors present.

**877/109/24 Any other Business:**

Cllr Killilea expressed his appreciation to John Fitzmaurice, Chief Officer, Community Healthcare West and also on behalf of Cllr Carroll and Cllr Parsons, for the progress made in relation to the reopening of the Seven Springs Day Centre in Loughrea.

Cllr Killilea suggested ‘Young Carers Ireland’ for a RHF West Committee presentation.

**Action:** RHF office to add to the list of presentations requested by Councillors for RHF West Committees.

**878/109/24 Date & Time of Next Meeting:**

The next **Regional Health Forum Committee Meeting** will take place on Tuesday, 23<sup>rd</sup> April 2024 at 2pm in Manorhamilton.

The next **Regional Health Forum Meeting** will take place on Tuesday, 21<sup>st</sup> May 2024 at 2pm in Galway.

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 – 21<sup>ST</sup> MAY 2024**

<b>Number:</b>	<b>QUESTION</b>	<b>RAISED BY</b>	<b>Page No.</b>
<b>W110Q3935</b>	UHL Step down facility at the New Community Nursing Home in Nenagh – decision and budget.	<b>Cllr S Morris</b>	<b>4</b>
<b>W110Q3936</b>	St. Conlon’s Nursing Home continuation?	<b>Cllr S Morris</b>	<b>4-5</b>
<b>W110Q3937</b>	How are the MAUs in Nenagh, St Johns and Ennis going to go 24-hour in terms of staffing etc?	<b>Cllr S Morris</b>	<b>5</b>
<b>W110Q3938</b>	Surgical Unit at Scoil Carmel in Limerick, funding details.	<b>Cllr S Morris</b>	<b>5-6</b>
<b>W110Q3939</b>	Will the Merlin Park Mortuary be demolished and if so, use of site?	<b>Cllr D McDonnell</b>	<b>6</b>
<b>W110Q3940</b>	Report on the Radiology department at UHL; MRI wait times, future development.	<b>Cllr L Grant</b>	<b>6-7</b>
<b>W110Q3941</b>	Timeline and plan for extended operating hours of the MAU in Ennis, additional hours for the injury clinic?	<b>Cllr L Grant</b>	<b>7-8</b>
<b>W110Q3942</b>	Update on the new Primary Health Care facility planned for Tubbercurry.	<b>Cllr D Mulvey</b>	<b>8</b>
<b>W110Q3943</b>	What services in the HSE in Mayo use agency staff?	<b>Cllr M Kilcoyne</b>	<b>8-9</b>
<b>W110Q3944</b>	Medical Card/ Doctor Only cards in Mayo	<b>Cllr M Kilcoyne</b>	<b>9</b>
<b>W110Q3945</b>	How many patients in Mayo have availed of treatment outside the state, funded by the HSE, in 2022 and 2023?	<b>Cllr M Kilcoyne</b>	<b>9-10</b>
<b>W110Q3946</b>	Car parks Mayo and Galway; number, locations, income 2020 to 2023, exempted patients.	<b>Cllr M Kilcoyne</b>	<b>10-11</b>
<b>W110Q3947</b>	Malnutrition assessment policy Galway Hospitals.	<b>Cllr D Killilea</b>	<b>11-12</b>
<b>W110Q3948</b>	Galway Hospital: Sepsis cases via GPs/ ED in last 12 months, any deaths, legal cases, 2021 policy implementation.	<b>Cllr D Killilea</b>	<b>12-13</b>
<b>W110Q3949</b>	Physio, OT and Speech and Language in Tuam Primary Care centre service wait times compared to community services in Athenry and Galway City, governance, audits, value for money.	<b>Cllr D Killilea</b>	<b>13</b>
<b>W110Q3950</b>	New O Toole CNU in Tuam; Will the 2 palliative care beds be maintained, plans for the fit out of therapy rooms.	<b>Cllr D Killilea</b>	<b>13</b>
<b>W110Q3951</b>	Travel to SUH - What measures have been supported by RHF West to encourage and maintain the transport measures that were in place periodically in the region?	<b>Cllr F Armstrong-McGuire</b>	<b>14</b>
<b>W110Q3952</b>	SUH: Scheduling of appointments giving consideration to recognising distance and public transport availability?	<b>Cllr F Armstrong-McGuire</b>	<b>14</b>
<b>W110Q3953</b>	Issues at Entrance at SUH for people with mobility issues and vulnerable people.	<b>Cllr F Armstrong-McGuire</b>	<b>15</b>
<b>W110Q3954</b>	Update on progression of build of new Hospital in Carrick on Shannon.	<b>Cllr F Armstrong-McGuire</b>	<b>15</b>
<b>W110Q3955</b>	The number of deaths of in-patients on trolleys in ED's for the years 2019, 2020, 2021, 2022 and 2023; UHL, GUH, Ennis, Nenagh, LUH, MUH, PUH, SUH.	<b>Cllr C Murphy</b>	<b>15-17</b>
<b>W110Q3956</b>	Pilot project UHL to determine the county of origin of each attendees to the ED at UHL.	<b>Cllr C Murphy</b>	<b>17</b>
<b>W110Q3957</b>	Services available in the primary care center in Kilrush 2019 – 2024, future additional services?	<b>Cllr C Murphy</b>	<b>18-19</b>

<b>W110Q3958</b>	Any details with regard to the provision of a new ambulance base in Kilrush?	<b>Clr C Murphy</b>	<b>19</b>
<b>W110Q3959</b>	Riverwalk House and Milltown House: are works and staffing requirements complete to resume Respite services at these locations?	<b>Clr A Doherty</b>	<b>20</b>
<b>W110Q3960</b>	Will DMHS restore and return CAMHS services to outreach centres previously used in Inishowen?	<b>Clr A Doherty</b>	<b>20-21</b>
<b>W110Q3961</b>	Radharc na Sleibhte, SRU, Carndonagh – Assertive outreach treatment team, refurbishment, info/plans shared with residents and families/carers?	<b>Clr A Doherty</b>	<b>21</b>
<b>W110Q3962</b>	Restoration of Day Care Services in Carndonagh to include Primary Care and wider Health Care provision and delivery at Carndonagh?	<b>Clr A Doherty</b>	<b>21-22</b>
<b>W110Q3963</b>	Update on the progress to date in the filling of vacant Post's in CDNT Services across Donegal?	<b>Clr G McMonagle</b>	<b>22-24</b>
<b>W110Q3964</b>	Update on Drumboe House, Stranorlar: when will Childrens Respite Services be available there again, any increase in Respite Beds for Children across Donegal?	<b>Clr G McMonagle</b>	<b>24-25</b>
<b>W110Q3965</b>	Options to address Diabetic Care in LUH	<b>Clr G McMonagle</b>	<b>25</b>
<b>W110Q3966</b>	Cross Border Health Care Procedures via the NTPF, what hospitals are providing the services; no of patients 2019 – 2023, other treatments available.	<b>Clr G McMonagle</b>	<b>25-29</b>
<b>W110Q3967</b>	Update on the approval of a permanent consultant post for the Camhs Intellectual Disability service in Sligo.	<b>Clr D Bree</b>	<b>29</b>
<b>W110Q3968</b>	Hydrotherapy pool in Cregg (Sligo); communication with owners since 26.03.24, update regarding funding, expected re-opening date.	<b>Clr D Bree</b>	<b>29-30</b>
<b>W110Q3969</b>	Assaults and physical attacks on staff in SUH 01.01.23 to date; number of attacks where knives or other weapons were used, legal action, security review?	<b>Clr D Bree</b>	<b>30-31</b>
<b>W110Q3970</b>	How many dentists in (1) Sligo, (2) Leitrim, provide services to medical card holders under the Dental Treatment Services Scheme (DTSS).	<b>Clr D Bree</b>	<b>31</b>
<del>W110Q3971</del>			
<b>W110Q3972</b>	Update on the new ED and Maternity and Paediatrics Department at UHG?	<b>Clr J Connolly</b>	<b>31</b>
<b>W110Q3973</b>	Can the Forum be informed why the service for the transport of patients to and from St Francis Day Care Centre in Newcastle, Galway have been discontinued?	<b>Clr J Connolly</b>	<b>31-32</b>
<b>W110Q3974</b>	Demand for Primary Health care services to be provided in Leenane Health Centre.	<b>Clr E Francis Parsons</b>	<b>32</b>
<b>W110Q3975</b>	Staffing levels at St Anne's Community Nursing Home Clifden and Clifden District Hospital.	<b>Clr E Francis Parsons</b>	<b>32-33</b>
<b>W110Q3976</b>	Update on the complement of GP posts / availability in Ballinasloe town including any increased primary medical care resources being put in place to cater for the increased demand.	<b>Clr E Francis Parsons</b>	<b>33</b>
<b>W110Q3977</b>	Update on plans for the sale or development of the St Brigid's Hospital Campus	<b>Clr E Francis Parsons</b>	<b>33</b>
<b>W110Q3978</b>	Update on what stage in the process is the Primary care centre for An Spidéal at?	<b>Clr D Ó Cualáin</b>	<b>34</b>
<b>W110Q3979</b>	Transport process in place in HSE run CNU's within CHO West to bring long term residents to outpatient hospital appointments or review clinics.	<b>Clr D Ó Cualáin</b>	<b>34</b>

<b>W110Q3980</b>	Triage system utilised in the ED GUH, adherence to timescales.	<b>Cllr D Ó Cualáin</b>	<b>34</b>
<b>W110Q3981</b>	Current healthcare vacancies within GUH and Community Healthcare West and impact on services.	<b>Cllr D Ó Cualáin</b>	<b>34-36</b>
<b>W110Q3982</b>	Cost to reconfigure UHL to alleviate the current pressures as opposed to upgrading Ennis General Hospital as a Model 3 with A&E.	<b>Cllr R McInerney</b>	<b>36</b>
<b>W110Q3983</b>	Average turnaround time for an ambulance/paramedic crew when dropping off a patient to A&E in UHL.	<b>Cllr R McInerney</b>	<b>36-37</b>
<b>W110Q3984</b>	ED UHL patient numbers and related staffing numbers.	<b>Cllr R McInerney</b>	<b>37-38</b>
<b>W110Q3985</b>	Eating Disorder referrals to each CAMHS team in CHO2, related staffing, wait list for first appointment.	<b>Cllr J Connolly</b>	<b>38-39</b>
<b>W110Q3986</b>	Patient numbers in Slí Nua Community Mental Health Team for Homeless People in Galway City, staffing cohort.	<b>Cllr J Connolly</b>	<b>39</b>
<b>W110Q3987</b>	Update on the current status of the proposed Primary Health Care Centre for Oranmore.	<b>Cllr L Carroll</b>	<b>39</b>
<b>W110Q3988</b>	Lymes Disease HSE protocol, status, guidelines, treatment.	<b>Cllr D Gilroy</b>	<b>39-40</b>
<b>W110Q3989</b>	Renal Dialysis Unit service and future development plan for SUH.	<b>Cllr D Gilroy</b>	<b>40</b>
<b>W110Q3990</b>	Limits on Continuous Glucose Monitoring sensors for Insulin Pump dependent children, appeals procedure/additional training re accidental removal.	<b>Cllr D Gilroy</b>	<b>41-42</b>
<b>W110Q3991</b>	Current use of the former Woodhaven Centre at 1 <sup>st</sup> Sea Road Sligo, F91 V5D1, use of respite rooms, any state investment in provision of facilities.	<b>Cllr D Gilroy</b>	<b>42</b>
<b>W110Q3992</b>	Updated report on the current status of the proposed new CNUs at Ballyshannon, Stranolar, Lifford and Ramelton, services, staffing and timeframe.	<b>Cllr C Brogan</b>	<b>42-43</b>
<b>W110Q3993</b>	Updated report from HSE estates as to their programme of work for Donegal, projects, timeframe for completion.	<b>Cllr C Brogan</b>	<b>43-45</b>
<b>W110Q3994</b>	Update on capital development projects at LUH and a timeframe for schedule of works?	<b>Cllr C Brogan</b>	<b>46-47</b>
<b>W110Q3995</b>	Removal of the €4 daily charge for service users who attend their disability day service in CHO 1 area?	<b>Cllr C Brogan</b>	<b>47</b>

Number:	QUESTION	RAISED BY
<b>W110Q3935</b>	It was announced recently that the New Community Nursing Home in Nenagh was to be used as a "step-down "facility for UHL. When was it decided, where did the funding come from how much funding has been allocated for it and what budget did it come from and for how long will the contract to the private company be for?	<b>Cllr S Morris</b>
<p>The HSE is seeking to support UL Hospitals Group by temporarily running the new Community Nursing Unit (CNU) in Nenagh as a step down sub-acute rehabilitation facility.</p> <p>The funding for this project has been made available through the HSE as part of the package of supports for the Mid West as announced recently by the Minister for Health Stephen Donnelly TD.</p> <p>Nenagh CNU has capacity for 50 residents. An additional 60 WTE (whole-time equivalent staff) are required to facilitate the opening of this facility as a CNU.</p> <p>The additional staff are now approved and a recruitment plan is under development. Initial indications are for a timeline of approximately one year to recruit these staff.</p> <p>On this basis in March, the Regional Executive Officer HSE Mid West decided to repurpose the facility in the interim, pending HIQA registration and the recruitment of staff for the new CNU.</p> <p>This temporary measure is intended to provide immediate services to elderly people in north Tipperary who have been identified for sub-acute and rehabilitation needs.</p> <p>This unit will be used for a period of about one year as a step down sub-acute facility which will be run by a private provider with expertise in such services. A procurement process has commenced to identify a suitable provider in line with HSE procurement rules. The facility will be a collaborative partnership between the HSE and the successful provider. As the procurement process is ongoing, the cost of this project is currently unavailable.</p> <p>It is intended that this arrangement will be reviewed within one year and that Nenagh CNU will open approx. 12 months after the contract commences with the private provider. This interim use will greatly support the region pending the completion of the first of two new 96 bed blocks for UHL scheduled to be completed in early 2025.</p> <p>The benefit of having access to rehabilitation and sub-acute care for our elderly population in North Tipperary and across the wider region cannot be underestimated. Older people will avail of the right care and closer to their own homes and communities. Inpatient rehabilitation has many positive impacts, not least because it enables recovery of the older person, meaning they can live an independent life, for longer, in their own homes and reduce the overall risk of readmission to acute hospital.</p> <p>It is important to state that no resident of St Conlon's will be discommoded owing to this interim decision and the existing St Conlon's will continue to operate while the recruitment for the new CNU is finalised. The HSE is fully committed to opening Nenagh CNU as a long-term care facility. The Regional Executive Officer HSE Mid West, Ms Sandra Broderick, was pleased to meet hospital campaigners in the region recently and to reassure them of this.</p> <p><b><i>Maria Bridgeman, Chief Officer, HSE Mid West Community Healthcare</i></b></p>		
<b>W110Q3936</b>	The St Conlon's Nursing Home was due to be closed under threat from HIQA and only got a stay of execution due to the promise of the soon-to-open Community Nursing Home. What can the HSE do to stop St Conlon's being closed while the new Unit is otherwise being used?	<b>Cllr S Morris</b>

The HIQA registration for St Conlon’s is due to expire on 19<sup>th</sup> June 2024. An application to renew registration was submitted to HIQA on 14<sup>th</sup> December 2023. The registration cycle is three years and an application to renew registration must be submitted six months in advance of the registration expiry date. Response times to applications for renewals vary but we would anticipate a response soon.

**Maria Bridgeman, Chief Officer, HSE Mid West Community Healthcare**

<b>W110Q3937</b>	How are the MAUs in Nenagh, St Johns and Ennis going to go 24-hour in terms of staffing etc?	<b>Cllr S Morris</b>
------------------	--	----------------------

The expanded Medical Assessment Unit services across UL Hospitals Group are making a significant and positive impact on delivering timely care to patients referred by their GPs to hospital for urgent medical assessment.

All three Mid West MAUs are currently open from 8am-8pm. We are working with all stakeholders on planning for the continued expansion of our MAU services including a further extension of opening hours.

The opening hours of the region’s three Medical Assessment Units at Nenagh, Ennis and St John’s will be extended to 24/7 on a phased basis throughout 2024.

In the event of major capital projects or a significant expansion of our services, it is our usual practice to establish a HR working group to chart out the recruitment and training required to support additional staffing. We look forward to working within these proven structures to engage staff representatives to gradually increase our MAU services to 24 hour operations over time.

The Regional Executive Officer of HSE Mid has established a Regional Improvement Programme Board to ensure the measures recently announced by the Minister for Health – including the expansion of the MAU services – are implemented in a timely manner

In 2023, 15,006 patients were referred to our Medical Assessment Units in Ennis, Nenagh and St John’s, representing an 18% increase on 2022. Please see below the number of attendances at our MAUs between 2020-2023:

MAU attendances				
	2020	2021	2022	2023
<b>Ennis MAU</b>	6,228	6,791	7,735	7,397
<b>Nenagh MAU</b>	1,904	1,303	2,470	4,146
<b>St John’s MAU</b>	1,960	2,477	2,478	3,463
<b>Total</b>	<b>10,092</b>	<b>10,571</b>	<b>12,683</b>	<b>15,006</b>

During the first quarter of this year 4,091 patients attended our three MAUs, representing a 9% increase on the same period last year.

**C. Cowan, CEO, UL Hospitals Group**

<b>W110Q3938</b>	We were recently told that Limerick wasn't considered for funding for a surgical unit and yet thankfully there has been a planning application for one at Scoil Carmel in Limerick when did we get the go-ahead for the funding of this and how much funding has been allocated?	<b>Cllr S Morris</b>
------------------	--	----------------------

The Minister for Health Stephen Donnelly TD announced Limerick as one of five surgical hub locations in December 2022.

Please note that these surgical hubs are on a smaller scale to the standalone elective-only hospitals set out in the Sláintecare Report (2017). In December 2021, the Government confirmed that the locations for these elective hospitals would be in Galway, Cork and Dublin. These locations were chosen by government to allow for new facilities of a size and scale to implement a national elective care programme to tackle waiting times on a national basis.



The Minister for Health Stephen Donnelly subsequently confirmed that Limerick was among the five locations for the surgical hubs.

Surgical hubs are a key priority for the HSE and UL Hospitals Group in improving access for surgical patients and reducing waiting lists. These plans are aligned with the Programme for Government and key HSE policies including Sláintecare and the National Waiting List Action Plan. Surgical Hub developments are estimated at a cost of €100-120 million.

Our planning application provides for two new operating theatres and two procedure rooms in a state-of-the-art development on the Scoil Carmel site. It is proposed that the new surgical hub will operate as a satellite of University Hospital Limerick with key staff moving between the sites.

The Sláintecare Report calls for an end to long waiting times and sets out ambitious access targets. The report highlights the need for greater separation between emergency and elective care in order to create the ringfenced elective capacity to support the achievement of Sláintecare access targets. This has become an increasing problem in UHL in recent years with frequent cancellations of scheduled care patients to accommodate medical patients admitted through the Emergency Department and time-critical and emergency surgery.

This proposed development is an essential part of our strategy to improve access and reduce wait times for our surgical patients, resulting in fewer patients having their surgeries postponed.

A planning application was submitted to Limerick City and County Council for the proposed surgical hub at Scoil Carmel in late 2023.

**C. Cowan, CEO, UL Hospitals Group**

<b>W110Q3939</b>	When will the Merlin Park Mortuary be demolished as this was indicated two years ago and no progress; and if demolished what use is proposed for site.	<b>Cllr D McDonnell</b>
------------------	--	-------------------------

Planning permission has recently been granted for the demolition of this building. It is intended to progress in due course and tidy up the general area most likely with the provision of additional staff car parking.

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

<b>W110Q3940</b>	Can I get a comprehensive report on Radiology department at UHL. What are the average waiting times for MRI scans? What are the plans and timeline for future development.	<b>Cllr L Grant</b>
------------------	--	---------------------

There are currently two MRI scanners in UHL, one owned by UL Hospitals Group and a second operated by Alliance Medical which serves patients in the hospital and also provides a GP service out-of-hours.

We face considerable challenges in the provision of diagnostic scans, including MRI, in University Hospital Limerick as demand for radiology tests now exceeds available capacity.

Priority at present is being given to inpatients and to oncology outpatients. Through the Alliance service mentioned above, for example, a certain number of MRI slots are available at the weekends for patients who have been discharged from UHL during the week to return at the weekend for their scan. Without this service, these patients would remain in hospital.

Please see below the current number of patients currently on the MRI outpatient waiting list at University Hospital Limerick and the length of time they have been on the waiting list.

<b>Weeks</b>	<b>Number</b>
0-3	386
3-6	263
6-13	551
13-26	680

26-52	1,081
52-78	764
78+	2,995
Total	6,720

In relation to future developments, planning permission was secured in October 2023 for an extension to the Radiology Department at UHL. This includes a single-storey extension to the MRI Department for an additional MRI scanner, and an upper floor extension to the Radiology Department for Consultant Radiologist offices, on-call facilities, teaching space and changing-room facilities.

The extension project has two parts: enabling works, which are currently out to tender; and the main building phase, which is planned to go to tender shortly. We expect the project to be completed in Q1 2026.

Please note that in 2023, over 19,000 radiology scans (including MRIs) were carried out in the HSE Mid West under the GP Access to Community Diagnostics Scheme, reducing referrals to Emergency Departments, Acute Medical Units and outpatient departments. This record activity for the scheme surpassed the 15,755 radiology scans completed in 2022.

**C. Cowan, CEO, UL Hospitals Group**

<b>W110Q3941</b>	I'm happy to see the announcement of extended operating hours of the MAU in Ennis. Can you give a timeline and plans for this? Will the injury clinic be getting any additional hours?	<b>Cllr L Grant</b>
------------------	--	---------------------

The expanded Medical Assessment Unit services across UL Hospitals Group are making a significant and positive impact on delivering timely care to patients referred by their GPs to hospital for urgent medical assessment.

All three Mid West MAUs are currently open from 8am-8pm. We are working with all stakeholders on planning for the continued expansion of our MAU services including a further extension of opening hours.

The opening hours of the region's three Medical Assessment Units at Nenagh, Ennis and St John's will be extended to 24/7 on a phased basis throughout 2024.

In the event of major capital projects or a significant expansion of our services, it is our usual practice to establish a HR working group to chart out the recruitment and training required to support additional staffing. We look forward to working within these proven structures to engage staff representatives to gradually increase our MAU services to 24 hour operations over time.

The Regional Executive Officer of HSE Mid has established a Regional Improvement Programme Board to ensure the measures recently announced by the Minister for Health – including the expansion of the MAU services – are implemented in a timely manner

In 2023, 15,006 patients were referred to our Medical Assessment Units in Ennis, Nenagh and St John's, representing an 18% increase on 2022. Please see below the number of attendances at our MAUs between 2020-2023:

<b>MAU attendances</b>				
	<b>2020</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>
<b>Ennis MAU</b>	6,228	6,791	7,735	7,397
<b>Nenagh MAU</b>	1,904	1,303	2,470	4,146
<b>St John's MAU</b>	1,960	2,477	2,478	3,463
<b>Total</b>	<b>10,092</b>	<b>10,571</b>	<b>12,683</b>	<b>15,006</b>

During the first quarter of this year 4,091 patients attended our three MAUs, representing a 9% increase on the same period last year.

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, 46,702 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
<b>Ennis Hospital</b>	<b>11,517</b>	<b>13,251</b>	<b>15,245</b>
<b>St John's Hospital</b>	<b>11,534</b>	<b>17,187</b>	<b>17,583</b>
<b>Nenagh Hospital</b>	<b>10,215</b>	<b>13,566</b>	<b>13,876</b>
<b>Annual Group Total</b>	<b>33,266</b>	<b>44,004</b>	<b>46,704</b>

During the first quarter of this year 11,020 patients attended our three Injury Units, representing a 6% increase on the same period last year.

**C. Cowan, CEO, UL Hospitals Group**

<b>W110Q3942</b>	I seek an update on the new Primary Health Care facility planned for Tubbercurry south Sligo.	<b>Cllr D Mulvey</b>
------------------	---	----------------------

Tubbercurry Primary Care Centre is currently at Stage 2C, that is the detailed design stage.

The Stage 2C report is due for completion in Q2 2024 and subject to approval and funding, this will go to tender for the project in Q3 2024. The Project has an overall construction programme of 18 months.

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

<b>W110Q3943</b>	What services in the HSE in Mayo use agency staff?	<b>Cllr M Kilcoyne</b>
------------------	--	------------------------

**Please see below the number of agency staff in Mayo University Hospital:**

<b>Area</b>	<b>Number of WTE Agency Staff</b>
Nursing	6
Medical Staff	7.5 Consultants & NCHD's on an adhoc basis to cover short term leave
Scientific Staff	1
HCA	17-18 depending on weekly service needs
Clerical Admin	2

**A. Cosgrove, COO, Saolta University Health Care Group**

**Services in Mayo Primary Care who use Agency Staff:**

- Orthotics
- Dental
- Physiotherapy
- Occupational Therapy
- Administration
- Speech and Language Therapy
- Ophthalmology
- Psychology
- Public Health Nursing

**Health and Wellbeing:**

- Currently there are agency Vaccinators working in Mayo.

**Mental Health Services:**

- Locum Consultant in Mayo Mental Health Services.

**Older Persons Services:**

- All of the Public Community Nursing Units and the three District Hospitals in Mayo employ agency staff.
- Integrated Care Programme for Older People (ICPOP) employ a Clinical Nurse Manager in the Mayo Hub.
- Home Support Services

**Quality, Safety and Service Improvement:**

- Quality, Safety and Service Improvement do not have any agency staff.

**Disability Services**

- There currently are a small number of agency staff in our CDNT across Mayo and we also have agency staff in Mayo Community living who provide residential services for adults with disabilities.

***J Fitzmaurice, Chief Officer, Community Healthcare West***

<b>W110Q3944</b>	How many GP's in Mayo operate the Medical Card/ Doctor Only card. What is the maximum number of patients per GP on each scheme. What was the total number of medical cards/ Doctor Only cards in Mayo in 2021, 2022 and 2023 and currently in 2024?	<b>Clr M Kilcoyne</b>
------------------	---	-----------------------

75 GPs provide services to Medical Card patients in Mayo under the Medical Card/Doctor Visit Card Scheme.

The maximum number of patients that each GP can have on their panel is 2,000. However this figure is increased to 2,200 for GPs who hold an Under 6 contract.

The total number of Medical Cards and Doctor Visit Cards in Mayo in 2021, 2022, 2023 and currently in 2024 is as follows:

Year	Medical Cards	Doctor Visit Cards	Total
2021	52,916	14,029	66,945
2022	53,802	14,348	68,150
2023	55,679	16,688	72,367
2024	54,929	17,804	72,733

***J Fitzmaurice, Chief Officer, Community Healthcare West***

<b>W110Q3945</b>	How many patients in Mayo have availed of treatment outside the state, funded by the HSE, in 2022 and 2023?	<b>ClIr M Kilcoyne</b>
------------------	---	------------------------

Patients may access healthcare outside the State funded by the HSE via a number of schemes e.g. Treatment Abroad Scheme (TAS), the Cross Border Directive (CBD) and the Northern Ireland Planned Healthcare Scheme (NIPHS). In addition to these schemes patients who reside abroad but have an income (e.g. pension) from Ireland, may also access healthcare in other countries for which Ireland provides the funding. The HSE only collates information in relation to the county of residence of patients accessing healthcare abroad in respect of the NIPHS only.

The numbers of patients from Mayo who accessed healthcare in the private sector in Northern Ireland under the NIPHS and who claimed reimbursement from the HSE in 2022 and 2023 is as follows:

**NIPHS Reimbursement by County Mayo 2022**

County	Number of Reimbursements Q1	Number of Reimbursements Q2	Number of Reimbursements Q3	Number of Reimbursements Q4	2022 Total
Mayo	8	8	19	14	49

**NIPHS Reimbursement by County Mayo 2023**

County	Number of Reimbursements Q1	Number of Reimbursements Q2	Number of Reimbursements Q3	Number of Reimbursements Q4	2023 Total
Mayo	15	11	30	28	84

**National Schemes & Reimbursements**

<b>W110Q3946</b>	How many HSE car parks are in Mayo and in Galway and the location of each? What was the income from each location in 2020, 2021, 2022 and 2023. What category of patients are exempted from car parking charges?	<b>ClIr M Kilcoyne</b>
------------------	--	------------------------

**Mayo University Hospital:**

There is one main public car park and two staff car parks in Mayo University Hospital.

**The following patients are exempt from care park charges:**

- Oncology Patients
- Renal Dialysis Patients
- Frequent Paediatric Patients

**Car Park Income**

Year	Amount Net	Hospital
2020	118,746.75	Mayo University Hospital
2021	60,810.52	Mayo University Hospital
2022	132,152.41	Mayo University Hospital
2023	103,285.58	Mayo University Hospital

**Portiuncula University Hospital:**

Portiuncula University Hospital has one main car park which facilitates wheelchair accessible parking spaces and designated spaces for patients attending Oncology and the Warfarin Clinic all of which are free of charge. There are also other exceptions such as long stay patients, compassionate grounds and social circumstances and all our Nurse Managers in clinical areas are aware that parking permits can be issued on a case by case basis.

Below is the breakdown of income for PUH from 2020 – 2023.

Year	Value
------	-------

2020	€ 76,196.84
2021	€ 31,770.14
2022	€ 43,786.06
2023	€ 82,882.32

**Galway University Hospitals:**

There are 4 fee paying car parks at University Hospital Galway.

These are located at the front of the Main University Hospital, Maternity Car Park, Back Entrance of the Hospital and Paediatric Department.

There is 1 car park that is in use by both staff and patients at the side entrance of the Hospital and there are free car park spaces located at various areas around the University Hospital Galway.

Spaces are also available which are designated for Wheelchair users / disability permit holders.

A reduced parking fee for patients attending for treatment in the Radiation Oncology Building will be applied as soon as the car park in that area is fully operational which is expected later this month.

A 7 day multi entry ticket can be facilitated for visitors for €30 a week also.

There is currently a discount for parents of babies in NICU offering a discount of €4 day. There is a reduced rate of €4 for parents for the duration of the inpatient stay for her baby boy/girl who is in the Neonatal Intensive Care Unit.

Free parking is available in various locations and at all units in Merlin Park University Hospital.

There are 8 staff car parks, including 2 designated for Consultants and 1 for On-Call staff.

Year	Income Generated
2023	€1,045,272
2022	€933,593
2021	€657,290
2020	€630,115

**A. Cosgrove, COO, Saolta University Health Care Group**

**25 Newcastle Road, Galway – Community Healthcare West:**

Community Healthcare West has one public car park which facilitates service users attending Shantalla Health Centre, Civil Registration Service and other community care services.

Below is the income received from car parking for 2023 **for the 65 spaces we have at 25 Newcastle Road site**

Year	Value
2023	€32,426.40

**J Fitzmaurice, Chief Officer, Community Healthcare West**

<b>W110Q3947</b>	Is the malnutrition assessment policy still being carried out on admission of patients in Galway Hospitals and is the hospital management fully confident of its implementation. To this question have any complaints or queries been made in relation to assisted feeding of patients in the hospitals and or issues with staffing.	<b>Cllr D Killilea</b>
------------------	--	------------------------

**Galway University Hospital:**

The Malnutrition Screening Assessment (MST) is conducted for all admitted patients to GUH.

The Dietetics teams assess patients’ nutritional needs overall and the Speech & Language Therapists assess patients in terms of mechanical ability / evidence of a gag reflex/ swallow assessment as per risk management.

GUH are committed to the “Red Tray” initiative aligned to the National Framework. Our vulnerable cohort of patients are given a “Red Tray” which identifies their need and prioritises these patients who may need assisted feeding.

GUH hold regular Nutrition and Hydration Committee meetings. The aim of the GUH Nutrition and Hydration Committee is to implement the Health Service Executive Food, Nutrition and Hydration Policy (2018) so that practice at Galway University Hospitals is consistent with the national framework for food, nutritional care and hydration provision for adult patients in acute hospitals. A quarterly report monitors the number of MSTs conducted for patients by auditing various wards. This committee also includes a patient council representative. The Nutrition and Hydration Steering Committee is part of the hospital’s Quality and Patient Safety and Risk Programme/Clinical Governance framework.

We have liaised with our Quality & Patient Safety Department and can confirm that one complaint has been received which is specific to assisted feeding and staffing. This is currently being followed up for investigation.

**Portiuncula University Hospital:**

On admission all patients are assessed using the Malnutrition Universal Screening Tool (MUST). These MUST Guidelines are fully implemented in Portiuncula University Hospital. If a specialist eating plan is required, the CNM s have nutrition plans that they implement, according to the needs of the patient, until the patient is reviewed by a dietician. The nutrition/food plans are developed by the Dietetics Department in conjunction with the Catering Department. Every patient is weighted weekly and is re-assessed using MUST tool.

In relation to assisted feeding there are no complaints recorded. The hospital actively promotes protected mealtimes for patients to ensure that staff can focus on assisting patients during this time.

***A. Cosgrove, COO, Saolta University Health Care Group***

<b>W110Q3948</b>	Can the Co Galway hospital management team confirm how many cases of sepsis have presented (from GP and general admissions through A&E) in the last 12 months, were any deaths recorded from same and is there any legal cases or investigations pending as a result. Are the HSE confident that the 2021 National sepsis guidelines policy is being implemented.	<b>Clr D Killilea</b>
------------------	---	-----------------------

**Galway University Hospitals:**

- There were 678 cases (discharges) who were admitted to GUH as an Emergency or Emergency readmission and had a diagnosis relating to Sepsis.
- There were 146 cases in the Hospital, where the patient later died, who were admitted as an Emergency or Emergency readmission between 01/04/2023 & 31/03/2024. Please note that this categorisation does not confirm that the patient’s death was as a result of sepsis. We cannot provide the number of deaths specifically as a direct result of sepsis as a patient may already have another diagnosis or primary underlying condition and these figures would not accurately reflect the question being asked.
- There are currently no legal cases pending relating to a death from sepsis in the last 12 months.
- The National sepsis guidelines from 2021 are being implemented in GUH and the use of INEWS is audited quarterly.
- Sepsis audits are undertaken in GUH and retrospective data is reviewed for a specific period. These patient charts with a categorisation of sepsis are reviewed and the results are reported and communicated to the National Sepsis Group.

**Portiuncula University Hospital:**

From 2023 – 2024 there were 72 cases where the principal diagnosis was sepsis and from 2023 – 2024 there were 164 cases where sepsis was the secondary diagnosis, however, this may not be accurate as we are reliant on HIPE coding system and in all instances the primary source of infection is recorded first e.g. respiratory or uro-sepsis. Sepsis will be coded as a secondary diagnosis in these cases. Where sepsis is a secondary diagnosis this may not be the main reason for admission.

Deaths recorded: Not available

Legal Cases: There are currently no legal cases pending

PUH follows the National Sepsis Guidelines and the hospital has an oversight governance group which monitors training and education of staff in relation to identification, treatment and management of sepsis.

**A. Cosgrove, COO, Saolta University Health Care Group**

<b>W110Q3949</b>	Can the HSE confirm the waiting times from referral to first appointment for Physio, OT and speech and language in Tuam Primary Care centre compared to community services in Athenry and Galway City from GP and Hospital referrals. Who provides governance and audits these services to ensure value for money and adequate workflows.	<b>Clr D Killilea</b>
------------------	---	-----------------------

<b>Occupational Therapy</b>	<b>Galway City</b>	<b>Tuam</b>	<b>Athenry</b>
<b>Adults with the highest priority:</b>	1-2 Weeks	1-2 Weeks	1-2 Weeks
<b>Adults and Children in other priority's:</b>	12-52 Weeks	12-52 Weeks	12-52 Weeks
<b>Paediatrics (From Referral):</b>	4-8 Months	8-12 Months	8-12 Months
<b>Adults (From Referral):</b>	6 Weeks approx.	4-6 Weeks	4-6 Weeks

<b>Physiotherapy</b>	<b>Galway City</b>	<b>Tuam</b>	<b>Athenry</b>
<b>Patients Referred following a fracture or Orthopaedic Surgery</b>	1-2 Weeks	1-2 Weeks	1-2 Weeks

Patients with less acute hospital conditions and patients referred from GPs generally have a longer waiting time, depending on clinical need.

The volume of referrals received in Tuam Primary Care Centre compared to Athenry and Galway City is higher. It is not possible to accurately provide the waiting times from referral to first appointment as this varies according to clinical need and prioritisation.

The services are managed through the primary care governance structure. Service activity & performance is monitored through KPI reporting on a monthly basis and any issues relating to quality will be managed collectively between Primary Care and Quality Safety and Service Improvement (QSSI).

**J Fitzmaurice, Chief Officer, Community Healthcare West**

<b>W110Q3950</b>	Congratulations to all involved in the opening of the new O Toole CNU in Tuam. Will the 2 palliative care beds be maintained in the new CNU and what are the plans for the completion of the fit out of the therapy rooms.	<b>Clr D Killilea</b>
------------------	--	-----------------------

We are delighted to be finally in the new unit and the residents of Áras Mhuire are settling into their new home.

Palliative care beds in Tuam have not been in use since pre-Covid. We are continuously engaging with our colleagues across the local health services to ascertain the need for palliative care provisions as part of the ongoing development of the CNU services.

Beds will be primarily for long stay though there is capacity to utilise for other purposes i.e. palliative.



We have a fully equipped physiotherapy room. We are in the process of equipping the sensory room and plan to finalise this in the coming months to meet the needs of our residents.

**J Fitzmaurice, Chief Officer, Community Healthcare West**

<b>W110Q3951</b>	<p>There have been many efforts to make comfortable the journey by patients/clients from their homes to SUH. This has involved volunteers using their own cars for a personal service, a community car scheme was initiated and used for a time as well as charity sponsorship of vehicles for client use. Local link should have a role from Railway to SUH also. Yet people have difficulties accessing hospital appointments independently of carers or family members.</p> <p>What measures have been supported by RHF West to encourage and maintain the transport measures that were in place periodically in the region?</p>	<b>Cllr F Armstrong-McGuire</b>
------------------	---	---------------------------------

Below is a status update on SUH Green campus initiatives regarding identifying Local Link and bus connections and services to SUH:

**1. Identification and promotion of awareness of bus services and timetables servicing SUH**

There are **6 local link routes servicing SUH** (Dromahair, Dowra, Ballinamore, Ballaghderreen, Coolaney and Ballyshannon). Each route services the hospital multiple times during the day from Monday to Sunday. There is also **a Bus Eireann Route from Ballina to Enniskillen** which services SUH. SUH Green campus committee are actively progressing plans along with SUH Patient Engagement forum to promote and encourage awareness and use of local link connections and services to SUH. A local signage company is producing a replica of each local link time table in an enlarged format (easily readable) for SUH. Each time table will be located in our main entrance area with the SUH stop highlighted in yellow, again to make it easily identifiable and readable.

In addition, adjacent to the timetable we are going to produce a location map (you are here) with the bus stop identified on the map.

**2. Interagency/interdepartmental Collaboration**

The local link bus stops at a covered bus shelter on hospital entrance side of road and also outside the Grammer school on opposite side of road. SUH Green campus to progress options with NTA/Sligo COCO to query if bus shelter could be erected on grammer school side of road and if local link timetable or QR codes could be put on bus stops. SUH also looking at options of outpatient appointment letters for local link timetable to be included in letter or QR code on letter linking to local link website. Work in progress with SUH patient experience forum and representative groups promoting awareness of transport connections to SUH.

**A. Cosgrove, COO, Saolta University Health Care Group**

The HSE acknowledges the vital role played by the many local groups that promote community development, participation and inclusion; and the services provided by organisations such as the Leitrim Volunteer Centre are an important part of that infrastructure.

There are undoubtedly serious challenges for transport providers due to the current energy crisis, and whilst the HSE is supportive of the objectives of a Community Car Scheme initiative, it is not funded for the provision of rural transport of this nature. The HSE is therefore unable to commit to financial assistance for this service which is more appropriately within the remit of the Department of Rural and Community Development or the National Transport Authority.

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

<b>W110Q3952</b>	<p>It would be much appreciated by those using public transport to and from SUH appointments if the times of public transport could be taken into consideration. Scheduling appointments for very early or late in the day causes undue stress. Can those scheduling and arranging appointments be encouraged to give more consideration to recognising distance and transport availability?</p>	<b>Cllr F Armstrong-McGuire</b>
------------------	--	---------------------------------

Unfortunately due to the volume of patients attending hospital services, it is not possible to have timeslots available based on geographical location of patients. However, we are introducing text alert systems to improve notification of appointment times for patients.

**A. Cosgrove, COO, Saolta University Health Care Group**

<b>W110Q3953</b>	The entrance to SUH is problematic for people with mobility issues and for people dropping vulnerable people off for appointments. Leaving a vulnerable person just inside the door while the driver/carer leaves to park the car can be very stressful for both. Clients who are disorientated when dropped in the foyer area can be lost within the hospital in the minutes it takes for the driver to park and come back to the entrance. This is an issue for many and should have a workable and safe solution.	<b>Cllr F Armstrong-McGuire</b>
------------------	--	---------------------------------

To assist patients accessing the hospital, there is a shuttle bus service in operation daily to transport both patients and visitors from the main car park to the hospital entrance. We are also in the process of re-instating our Hospital Volunteer Programme to assist patients navigating their way through the Hospital. As part of a wider development, the entrance will be redesigned as part of the new 42 Bed Development, which we hope will provide for improved access for patients going forward. This capital development is likely to start late Q3 2024 and will take 30 months to complete.

**A. Cosgrove, COO, Saolta University Health Care Group**

<b>W110Q3954</b>	May I have an update on progression of build of new Hospital in Carrick on Shannon.	<b>Cllr F Armstrong-McGuire</b>
------------------	---	---------------------------------

Tenders have now been received from contractors for the proposed 90 Bed Community Nursing Unit at Carrick on Shannon, Co. Leitrim. The evaluation process will be completed over the coming weeks and approval will then be sought for the award of a public works contract for the project. It is anticipated that works would start on site towards the end of this year. The building works are then likely to take 24 months to complete.

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

<b>W110Q3955</b>	Can I receive a breakdown of the number of deaths of in-patients on trolleys in ED's for the years 2019, 2020, 2021, 2022 and 2023 in the following hospitals - University Hospital Limerick, Galway University Hospitals, Ennis Hospital, Nenagh Hospital, Letterkenny University Hospital, Mayo University Hospital, Portiuncula University Hospital and Sligo University Hospital.	<b>Cllr C Murphy</b>
------------------	---	----------------------

See below the number of inpatients who died in the Emergency Department at University Hospital Limerick for the years requested.

Year	No of patients who died in ED
2019	58
2020	48
2021	41
2022	51
2023	41

Please note that the above dataset includes patients admitted to hospital for whom a bed has been booked but who remained in the ED at the time of their passing. It does not include patients who have unfortunately passed away by the time they have arrived in ED or critically injured or critically unwell patients who are brought directly to resuscitation following an accident or sudden illness.

The majority of the above patients (90%) were triaged as the highest category (P1 and P2) indicating a life-threatening illness or patients who are at end-of-life.

A single room pathway is in place in the ED for patients who are seriously ill or dying to expedite admission to the main hospital. This is in line with the Hospice Friendly Hospitals ethos, which UHL supports.

In almost all cases, deaths occur in single rooms/cubicles in the zones and in the Clinical Decision Unit, where we use the end-of-life symbol. Our end-of-life care co-ordinator has been running clinical skills days which include referral to palliative care, symptom control, and communication skills and many ED staff have attended.

We have a strong Patient Advocacy Liaison Service presence for support of patients and families in the ED as well as a bereavement room where families can spend time with their loved one following their death.

**C. Cowan, CEO, UL Hospitals Group**

**Sligo University Hospital:**

<b>Year</b>	<b>ED Deaths</b>
2019	18
2020	26
2021	34
2022	34
2023	38

Data provided is based on deaths in ED but it is not possible to state who was on a trolley or in an ED treatment bay. This level of detail would involve an extensive look at each patient record, which would be hugely time consuming.

**Galway University Hospitals:**

Deaths in the Emergency Department are recorded as incidents on our Quality & Patient Safety management system called Q-Pulse.

We have reviewed these records and can confirm the following number of deaths occurred in ED or upon arrival to ED.

2019	22
2020	33
2021	40
2022	53
2023	47

This data does not contain details specific to whether the patient was on a trolley or in a treatment cubicle/bay. To ascertain this level of detail each patient record would need to be reviewed.

**Portiuncula University Hospital:**

Deaths in ED: - The below is the deaths in ED for the years 2019 to 2023. We cannot distinguish accurately between those who were admitted patients from ED attendance.

<b>Attendance Year</b>	<b>No of Deaths in ED</b>
2019	16
2020	9
2021	8
2022	15
2023	24

### **Mayo University Hospital**

These are all the totals of patients who died while in the Emergency Department from 2019-2023.

<b>Year</b>	<b>Number of In-Patient Deaths in ED</b>
2019	21
2020	23
2021	21
2022	30
2023	22

### **Letterkenny University Hospital:**

<b>Year</b>	<b>ED Deaths</b>
2019	21
2020	18
2021	15
2022	14
2023	40

We do not record the location of deaths in the Emergency Department (ED). When a patient passes away in the ED, the majority of whom die in the Resuscitation rooms, the actual location of the death is not routinely documented.

### ***A. Cosgrove, COO, Saolta University Health Care Group***

<b>W110Q3956</b>	In May 2023 the forum passed the motion asking “UHL group to undertake, as a pilot project over 6 months, the necessary monitoring to determine the county of origin of each attendee to the ED at UHL and report the results to this forum”. Can I be advised if this monitoring is still being undertaken, and if so, can I be provided with a breakdown of the results to date?	<b>Cllr C Murphy</b>
------------------	--	----------------------

UL Hospitals Group continues to capture the county of origin of each Emergency Department (ED) presentation.

Please see below the total number of ED presentations this year up to the 09th May 2024 broken down by county:

<b>County of origin</b>	<b>Presentations</b>
Clare	7,657 (25%)
Limerick	17,743 (58%)
Tipperary	3,306 (11%)
Other	1,936 (6%)
Total	30,642

Please note this data may be subject to a small margin of error as no comprehensive data quality validation has been carried out.

**C. Cowan, CEO, UL Hospitals Group**

**W110Q3957**

Can I be provided, in tabular form by year from 2019 to 2024, the details of the services available in the primary care center in Kilrush. And details of what additional services may be planned for the future.

**Cllr C Murphy**

Please see below, details of the HSE Services available at Kilrush Primary Care Centre between the years 2019 – 2024:

**2019-2024**

- Public Health Nursing (e.g. Child Health Clinics, Woundcare etc.). Domiciliary care is also provided for patients living in the Kilrush area as required.
- Podiatry
- Dental
- Speech & Language Therapy
- Occupational Therapy (Adults) – domiciliary assessments and interventions are carried out for patients covered by the Kilrush & Kilkee Primary Care Teams.
- Civil Registration
- Audiology
- Orthodontics (temporarily suspended in July 2023 due to retirement)

The following HSE services have operated on a sessional basis from the Kilrush Primary Care Centre between 2019 – 2024:

- Paediatric Occupational Therapy (assessments and interventions carried out for children who have mild functional difficulties, school visits may also be arranged)
- Psychology
- Counselling
- Diabetic Retinopathy

**2021**

Primary Care Physiotherapy Services were transferred from Regina House to the Kilrush Primary Care Centre.

**2022**

In April 2022, the GP Out of Hours Service, ShannonDoc, moved into the Primary Care Centre. They had previously operated from Regina House in Kilrush.

In March 2020, ShannonDoc introduced Mobile Doctor Units across the Mid West area. Kilrush is a Regional Treatment Centre which means that while there may not be a GP on site at all times, an appointment will be arranged for the patient to be seen by a GP in the treatment centre in Kilrush if required. The Core Treatment Centre in Co. Clare is based in Ennis and there is a GP available at all times during the opening hours which are as follows:

Monday to Thursday 18:00 – 08:00

Weekends: Friday 18:00 – Monday 08:00

Bank Holidays: 18:00 – 08:00

**2023-2024**

HSE Orthodontic Services were provided at Kilrush Primary Care Centre prior to the retirement of the Specialist Orthodontist in July 2023. Since the retirement, all patients from the Kilrush area who were in active treatment had their orthodontic care transferred to the HSE Orthodontic and Restorative Service based on the grounds of St. Camillus' Hospital in Limerick. Patients from the Kilrush area referred for HSE Orthodontic assessment have had their assessment carried out in Limerick since this retirement. It is anticipated that when the post is filled, that HSE Orthodontic Services will resume in both Ennis and Kilrush.

**The following HSE services are available to the population of Kilrush and the surrounding areas based on a Hub & Spoke Model:**

### **Chronic Disease Management**

The Chronic Disease Team for Co. Clare is located in the purpose built Chronic Disease Hub which is located in the Primary Care Centre at Station Road, Ennis, Co. Clare. Chronic Disease Services focus on the three Chronic Disease Groups:

- Cardiovascular Disease
- Respiratory Disease (including Chronic Obstructive Pulmonary Disease and Asthma)
- Type II Diabetes

Patients from Kilrush and the surrounding areas are referred by their GP and offered an appointment with the Specialist Team at the Chronic Disease Hub in Ennis. It is planned that when the services provided by the Chronic Disease Team are developed and additional resources (staffing) are in place, patients will be able to access the service and receive the necessary follow up closer to home.

### **Health Promotion Services**

A weekly Quit Mid-West, Stop Smoking Clinic takes place in the Chronic Disease Hub in Ennis. “Minding Your Well Being” which is a programme specifically for people with Chronic Disease also commenced across the Mid-West. A “Self-Management Support Programme” for empowering those living with a Chronic Disease to self-manage their condition commenced in Ennis in September 2022.

### **Lymphoedema Clinic (located in Ennis, Co. Clare)**

The Specialist Lymphoedema Clinic opened in Ennis in 2021. The Specialist Lymphoedema Team consists of a Senior Physiotherapist, a Clinical Nurse Specialist and a Multi-task Attendant. Patients from the Kilrush area who are referred to the service are offered an appointment to meet with the Lymphoedema Team in the clinic in Ennis, Co. Clare.

**The following support services are available to Older Persons in Kilrush and the surrounding areas:**

#### **ALONE Support Co-ordinator**

ALONE works closely with the HSE to support older people living at home. ALONE Support Co-ordinators act as main points of contact to enable older people to access the supports and services they need.

There is an ALONE Support Co-ordinator aligned to each of the HSE Community Healthcare Network (CHNs) areas and one has been appointed to serve the West Clare Network (which includes Kilrush and the surrounding areas).

#### **Healthy Age Friendly Homes Co-ordinator**

Healthy Age Friendly Homes Co-ordinators are appointed by the County Councils. The role of the Co-ordinator is to support older people to live in their own home with dignity and independence, for as long as possible. They work closely with the HSE teams (e.g. Physiotherapy, Nursing etc.) in the community so they can reach out to older people who may be feeling isolated and vulnerable in their homes. There is a Co-ordinator aligned to each of the HSE Community Healthcare Network (CHNs) areas and one has been appointed to serve the West Clare Network (which includes Kilrush and the surrounding areas).

***Maria Bridgeman, Chief Officer, HSE Mid West Community Healthcare***

**W110Q3958**

Can I be provided with any details with regard to the provision of a new modern, expanded and fit for purpose ambulance base in Kilrush?

**Cllr C Murphy**

The HSE Capital Plan currently has no provision for the development of a new ambulance base in Kilrush. However, the National Ambulance Service (NAS) is examining options for a new ambulance base in the area and will progress any suitable options with HSE Capital and Estates through the development of a Strategic Assessment and Preliminary Business Case (Capital Submission).

In the meantime, the NAS will continue to serve the people of Clare through our existing bases in Ennis, Ennistymon, Kilrush, Scariff and the wider Midwest region.

**Niall Murray, General Manager Area Operations, NAS.**

**W110Q3959**

Riverwalk House and Milltown House.

Are all necessary works and staffing requirements complete enabling Respite services provision and resumption at these locations?

**Cllr A Doherty**

**Riverwalk Respite House** – All remedial works have been completed in Riverwalk Respite House. Riverwalk Respite Service will not reopen in May 2024 as planned due to challenges in recruiting the approved and required staffing compliment for the service. Recruitment to the Nursing and Health Care Assistant positions that are required has not yet been completed successfully. On a positive note the HSE Human Resources department has advised that the nursing post at Riverwalk Respite House has been accepted and the candidate is going through pre-employment clearances at present. A revised reopening time frame for Riverwalk respite services is more likely September 2024 but should the required staffing appointments be achieved by the HSE Human Resources department sooner the service will recommence at an earlier date.

In response to the ongoing recruitment and retention challenges experienced in health and social care services across the Community Healthcare Area including Donegal Disability Services, the Disability Services management team in partnership with the Human Resources team have proactively progressed a number of initiatives such as rolling recruitment campaigns, bespoke Disability Services recruitment campaigns in Northern Ireland, recruitment fairs locally, nationally and the UK, bank nurse panels and sponsorship schemes.

**Milltown House** –Following receipt of a Structural Engineers report on Milltown House, the HSE Estates Department has undertaken a technical assessment of Milltown House to ascertain the extent of the work required and projected costs to return Milltown House to a fit for purpose state to deliver respite services. This will require the facility to meet all regulatory standards and requirements as assessed by the Health Information & Quality Authority. Donegal Disability Services are currently awaiting the report of the aforementioned technical assessment in order to inform next steps in respect of this potential development at Milltown House.

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

**W110Q3960**

CAMHS outreach services.

Will DMHS restore and return CAMHS services to outreach centres previously used in Inishowen?

(Incl.use of room at SPRAOI Carndonagh,a central location in the Inishowen peninsula)

**Cllr A Doherty**

The room at Spraoi in Carndonagh was very helpful when Inishowen CAMHS was based in Letterkenny. We ran occasional satellite clinics in Carndonagh and Buncrana.

We have not used the room in Carndonagh recently. We are keen to release it so that it can be used by other community services while not in use by Donegal Mental Health Services.

The room was used predominantly by the two nursing staff from the Inishowen team. CAMHS services were not withdrawn from the area, one nurse retired in July 2023 and has not been replaced due to the current HSE recruitment embargo. The other nurse is currently on leave with the post being vacant since the end of Dec 2023.

CAMHS have now moved their entire service to a purpose built Primary Care Centre in Buncrana. Previously, we were only able to offer a limited service in Inishowen, most patients had to travel to Letterkenny. This move has meant the reduction in travel distance from 60km to 20km, for families from Carndonagh.

Consolidating our service in the new Primary Care Centre building has helped us to improve how we deliver our service. We are proud to report that Inishowen CAMHS has had one of the shortest waiting lists in the country, since moving to the Primary Care Centre.

We would like to provide services even closer to young people's homes, but given the rural nature of Inishowen and current staff shortages within the service, multiple bases around the peninsula are not viable. We do offer remote consultations where appropriate and according to family preference.

I would be hopeful that when the current vacancy is filled and the second post returns from leave, Donegal Mental Health Services will have access to the room in Spraoi in Carndonagh again.

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

<b>W110Q3961</b>	Radharc na Sleibhte,SRU,Carndonagh. How advanced are plans to establish and develop a base for the envisaged assertive outreach treatment team at Radharc na Sleibhte Carndonagh? How detailed and advanced are necessary building refurbishments plans for Radharc na Sleibhte? Will HSE ensure that contacts and information on proposed plans and timelines are shared with residents at Radharc na Sleibhte and their families/carers?	<b>Cllr A Doherty</b>
------------------	---	-----------------------

Radharc na Sleibhte in Carndonagh is in the process of transitioning from a residential service to a community service. There has been a national policy in place for some years now within mental health services to reduce the level of service users residing in congregated settings. There is also a new draft Mental Health Act to be progressed shortly that requires residential settings to meet higher standards of care. The policy of moving away from institutional living is a longstanding goal of successive government policies over the last number of decades and replacing the institutional settings with appropriate community support structures to promote independent and integrated living within communities. This project will be a hugely positive step towards achieving this for the people of Inishowen.

Donegal Mental Health Services have been preparing to meet our obligations under these standards and part of that process is the transition of Radharc na Sleibhte to meet the needs of the community in the future.

Donegal Mental Health services have identified the need to transition from a residential setting model to a recovery-focused crisis intervention/ set down facility (patients admitted to the Approved Centre and depending on their level of need may transfer to Radharc na Sleibhte in Carndonagh before discharge home). We will commence a feasibility study with HSE Estates to incorporate an 8-10-bed crisis/step-down facility supported with 24-hour staff cover. We aim to have this study completed before the end of Quarter 4.

The introduction of the seven-day outreach service will then support those who require it to remain in their own home and integrate with their local community. This is a recovery-based model promoting independence, hope, and choice for all and will be a further development of initiatives such as the wellness café that have been developed over the last few years. We now plan to use part of the building to provide this service.

We also plan to develop a Day Hospital service for more acute short-term service users, similar to that available in Letterkenny for many years, which has been very successful in reducing the level of admissions that have been required to the Department of Psychiatry. This will support some of those with acute conditions to receive appropriate interventions while continuing to live in their own home.

Donegal Mental Health Service aims to commence the reconfiguration work on 1st March 2025.

The Acting Area Director of Nursing together with a representative from the Donegal Mental Health Area Management Team will arrange to meet families, advocates, and other representative members on or before 5th June 2024. This will be an opportunity for all to discuss and present any concerns and/or suggestions. We will work together as a collective group to ensure we continue to meet the mental health needs of everyone living in Inishowen.

A time, date, and venue will be forwarded before 21<sup>st</sup> May 2024.

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



<b>W110Q3962</b>	“Donegal Older Persons Services will continue to prioritise the restoration of day services in Carndonagh” received Apr 22 <sup>nd</sup> past. Will Older Persons Services, HSE Estates, HSE Property Management ensure that the "scoping exercise and preliminary work" currently underway to consider to restore Day Care Services in Carndonagh includes Primary Care and wider Health Care provision and delivery at Carndonagh? Will HSE further ensure that all identified Health service needs are costed and submitted for budget 2025 consideration?	<b>ClIr A Doherty</b>
------------------	---	-----------------------

Donegal Older Persons Services, HSE Primary Care, HSE Estates and HSE Property Management are committed to ensuring that the scoping exercise, option appraisal and preliminary work is in progress currently to consider restoring Day Services in the Carndonagh area which includes Primary Care and the wider Health Care Service Needs of the population of Carndonagh. The scoping exercise involves collating information on present and future service needs in the Carndonagh Area in order to make an informed decision regarding the preferred location for future HSE facilities / services both in Carndonagh and on the Hospital Campus.

The Scoping exercise will also advise on sequencing, priorities and timelines. This exercise includes Primary Care and the OPS Day Centre. Timelines for the exercise can be given as the preferred options are determined.

Once the option appraisal is completed the business case can be submitted to National HSE for consideration.

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

<b>W110Q3963</b>	Can I have an update on the progress to date in the filling of vacant Post's in relation to CDNT Services across Donegal?	<b>ClIr G McMonagle</b>
------------------	---	-------------------------

Please find in Table 1 below a breakdown, as of 10<sup>th</sup> May 2024, in relation to vacant positions in the Children’s Disability Network Teams (CDNTs) Donegal:

- Donegal East & Inishowen CDNT
- Donegal North CDNT
- Donegal South West CDNT

At this time some of the vacant positions are going through the national HSE derogation process and will not be reflected in the data in Table 2 below as per status update from the Human Resources (HR) department. Also the vacant administration posts within Donegal CDNTs are currently not comprehended by the derogation process applicable within Disability Services and therefore cannot be progressed for recruitment at this time.

Table 1:

<b>CDNT</b>	<b>Vacant Positions</b>
Donegal East & Inishowen	1.8 WTE Senior Speech & Language therapist 1 WTE Staff Grade Speech & Language Therapist 1.8 WTE Senior Physiotherapists 1 WTE Staff Grade Physiotherapist 1 WTE Social Care Worker 1 WTE Clinical Specialist Occupational Therapist 1 WTE Administration Officer V 1 WTE Administration Officer IV  Total = 9.6 WTE
Donegal North	1.8 WTE Social Care Worker 2 WTE Staff Grade Psychologist 1 WTE Social Worker 1 WTE Senior Occupational Therapist 1 WTE Staff Grade Physiotherapist Special Schools positions:

	<ul style="list-style-type: none"> <li>• 1 WTE Senior Speech &amp; Language Therapist</li> <li>• 1 WTE Senior Occupational Therapist</li> <li>• 1 WTE Senior Physiotherapist</li> <li>• 1 WTE Senior Psychologist</li> </ul> <p>Total = 10.8 WTE</p>
Donegal South West	<p>1.8 WTE Social Care Worker  1 WTE Staff Grade Occupational Therapist  0.8 WTE Senior Occupational Therapist  1 WTE Clinical Specialist Occupational Therapist  1 WTE Staff Grade Speech &amp; Language therapist  0.5 WTE Senior Physiotherapist  1 WTE Psychology Assistant</p> <p>Total = 7.1 WTE</p>

The HR department has provided the following update in relation to recruitment to Donegal CDNT positions with Table 2 providing detail in relation to the status of funded/approved positions, i.e. posts that have received derogation and are on the HR Sharepoint system.

Table 2:

Row Labels	Awaiting Approval	Campaign to be assigned / underway	Post at Offer Stage	Post accepted	Recruitment Complete	Stopped Temporarily	TOTAL	posts filled since Jan 24
CDNT Dgl East & Inishowen	3	4		1	1	2	11	3
CDNT Dgl North	3	10	1	2	1	1	18	6
CDNT Dgl South West	3	2		2			7	1
<b>Grand Total</b>	<b>9</b>	<b>16</b>	<b>1</b>	<b>5</b>	<b>2</b>	<b>3</b>	<b>36</b>	<b>10</b>

**Human Resources Update provided by Head of HR;**

The Human Resources Department is very aware of the challenging workforce environment which is being experienced in our CDNTs at present. In response, all and every avenue to attract candidates to work in our services is being actively explored.

**CDNT Teams Recruitment**

There are a number of specific actions which we are undertaking as follows.

- CHO1 HR continued focus on establishing panels across all grades – rolling campaigns.
- Posts expressed to all panels by CHO1 HR in an effort to fill.
- Weekly report received by CHO1 HR from National Recruitment Services (NRS) on posts they are expressing to their panels.
- Posts returned as “unable to fill” now standardly re-offered to panels as they are formed.
- CHO1 HR interviews taking place routinely across all grades for CDNTs.
- Working with CDNT National Recruitment Campaign

**Media Campaign**

- The HR Department in CH CDLMS ran a bespoke media campaign in October advertising CDNT recruitment campaigns across the CHO1 area. CHO1 media campaign ran for 4 weeks from 17.10.2023 – CHO1 newspapers x 5; radio stations x 4; social media.
- A “Home for Christmas” campaign ran in local newspapers throughout CHO1 over 2 week Christmas/New Year period.
- Staff CHO1 Facebook page updated with information on CDNT posts on an ongoing basis & staff actively encouraged to repost. Followers have increased to 6,600 in recent weeks.
- All & any enquiries re posts are being followed up by CDNMs & HR staff with bespoke interview arrangements made as required.
- Monthly joint meetings on recruitment & retention held by CHO1 Disability Services & HR department.
- Engaging with Donegal County Council to advertise posts on the Lookwest website which is managed by the Western Development Commission.

### **Job Fairs**

- The CDNT Service and HR Department attended the Atlantic Technological University (ATU) Job Fair on the 23.10.2023 to promote roles within the CDNT Service.
- Donegal Healthcare Jobs Fair took place on 21.11.2023 which was organised by CH CDLMS in collaboration with the Inishowen Development Partnership. A number of expressions of interest were received at the event which were actively followed up by the HR Department. It was attended by 2275 adults from the general public & 183 secondary school pupils from the five colleges in the area. This was also attended by HR and Disability Services.
- We also attended the ATU Nursing Fair on 29.11.2023.
- HR and CDNT Representatives attended the “London Irish Centre Event” on the 8th February to promote careers in the CH CDLMS area. The event was a Donegal promotion event focusing on opportunities to live work and invest in Donegal.
- Disability Services will be represented at the next jobs/recruitment fair in the London Irish Centre which is due to be held on 16<sup>th</sup> May 2024

### **Education**

- Bursary initiative with ATU, Letterkenny & Coventry University – 23 candidates awarded bursary in OT, PT & Dietetics. 7 candidates coming on stream in 2024 and 16 in 2025. Next phase of scheme was launched week of 13.05.2024. CH CDLMS has committed to funding this bursary scheme for three years to try to attract suitably qualified Health and Social Care Professionals to this area.

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

<b>W110Q3964</b>	Can I have an update on Drumboe House, Stranorlar and when will Childrens Respite Services be available there again and is there any Plan to increase Respite Beds for Children across Donegal?	<b>ClIr G McMonagle</b>
------------------	---	-------------------------

Drumboe House, Stranorlar is one of four centres in Donegal that are registered to provide respite services for children and adults with disabilities on alternate weeks. The four centres are as follows:

- Drumboe Respite House, Stranorlar
- Riverwalk Respite House, Carndonagh
- Ballymacool Respite House, Letterkenny
- Seaview Respite House, Mountcharles

### **Drumboe and Riverwalk Respite Houses:**

The provision of respite services in Drumboe and Riverwalk Respite Houses had to be temporarily suspended due to the requirement to provide emergency residential accommodation for people with a disability, who would otherwise have become homeless. Alternative accommodation has been secured for those who temporarily resided in Riverwalk Respite House. The Donegal Human Resources department is recruiting the approved nursing and health care assistant positions for Riverwalk House with the aim of reopening respite services to children and adults as soon as possible. Recruitment in the context of national workforce shortages is proving challenging. Donegal Disability Service is also actively seeking suitable alternative accommodation for the people with disabilities who reside in Drumboe House.

**Ballymacool and Seaview Respite Houses:**

Ballymacool Respite House provides respite services to 104 children and adults six nights per week. Rehab Care Seaview Respite House provides a respite services to 50 children and adults seven nights per week. Seaview Respite service was recently extended to six and then seven days per week on the 15<sup>th</sup> July 2023 and 14<sup>th</sup> August 2023 respectively in response to the reduction in Drumboe and Riverview respite provision. In addition, alternative respite supports such as direct payments and intensive support packages have been offered to service users and their families whilst the availability of respite is reduced.

Donegal Disability Services are committed to restoring and enhancing respite provision for service users as a matter of priority. Business Cases have recently been submitted seeking funding for additional respite capacity in Donegal Disability Services as follows:

- To extend respite in Ballymacool Respite House to seven days per week.
- To extend respite in Riverwalk Respite House to seven days per week when it reopens.
- To provide evening and weekend Respite Services in the service’s Ballaghderg facility in Letterkenny.

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

<b>W110Q3965</b>	Has Letterkenny University Hospital considered all options to address the crisis in Diabetic Care at the Hospital for the over 500 Type1 Diabetic Patients in need of care like relocating some of the twelve Endocrinologists working out of Galway University Hospital on a temporary basis until such time the vacant consultant posts at LUH are filled?	<b>ClIr G McMonagle</b>
------------------	--	-------------------------

There are currently 6.2 full time equivalent consultant endocrinologists in Galway with HSE appointments. Five of these consultant endocrinologists have joint appointments between the hospital and university and all of these have teaching and research responsibilities in Galway.

One consultant attends Letterkenny from Galway 1 day per month leaving Galway at 6 am and returning at 10pm. This is by agreement with the consultant and there is no contractual obligation to do so.

GUH will interview on the 13<sup>th</sup> May 2024 for another academic Consultant Endocrinologist who will have the same commitment to diabetes care in LUH but this will be a contractual obligation.

***A. Cosgrove, COO, Saolta University Health Care Group***

<b>W110Q3966</b>	What are the different Cross Border Health Care Procedures that can be accessed through the NTPF, what Hospitals are providing the services and can I have in Tabular Form the number of Patients that have opted or been referred to Hospitals outside the State in 2019,2020,2021,2022 & 2023 to have procedures carried out and what other Treatments are available on a Cross Border basis?	<b>ClIr G McMonagle</b>
------------------	---	-------------------------

Please see list of 88 live procedures the NTPF has a tender for with the panel hospitals at present.

Procedure name	Specialty
Anal Canal EUA	General Surgery
Excision of lesion or lesions of skin - general surgery	General Surgery
Haemorrhoidectomy	General Surgery
Laparoscopic Cholecystectomy	General Surgery

Repair of incisional hernia, unilateral	General Surgery
Repair of inguinal hernia, bilateral	General Surgery
Repair of umbilical hernia, unilateral	General Surgery
Wedge resection of ingrown toenail	General Surgery
Administration of agent into joint or other synovial cavity, not elsewhere classified	Orthopaedics
Administration of agent into soft tissue, not elsewhere classified	Orthopaedics
Arthroscopic reconstruction of cruciate ligament of knee with repair of meniscus	Orthopaedics
Arthroscopy of hip, with or without synovial biopsy	Orthopaedics
Arthroscopy of knee, with or without synovial biopsy	Orthopaedics
Arthroscopy of shoulder, surgical, with lysis and resection of adhesions, and/or removal of loose body or foreign body, and/or synovectomy or bursectomy, and/or debridement with or without manipulation	Orthopaedics
Correction of hallux valgus by osteotomy of first metatarsal, unilateral	Orthopaedics
Correction of hammer toe	Orthopaedics
Epidural infusion of other or combined therapeutic substance(s)	Orthopaedics
Palmar fasciectomy for Dupuytren's contracture	Orthopaedics
Palmar fasciectomy for Dupuytren's contracture involving 2 digits (rays)	Orthopaedics
Reconstruction of cruciate ligament of knee with repair of meniscus	Orthopaedics
Release of carpal tunnel - Orthopaedics	Orthopaedics
Removal of pin/screw/wire/plate	Orthopaedics
Removal of pin/screw/wire/plate	Orthopaedics
Total arthroplasty of hip, unilateral	Orthopaedics
Total arthroplasty of knee, unilateral	Orthopaedics
Ablation for SVT/Flutter/WPW; Comprehensive EPS with atrial ablation, single focus; includes electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording (when necessary) with intracardiac catheter ablation of arrhythmogenic focus, with treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathway, accessory atrioventricular connection, cavotricuspid isthmus or other single atrial focus or source of atrial reentry.	Cardiology
Ablation of arrhythmia circuit or focus involving one atrial chamber	Cardiology
Angiogram/Coronary Angiography	Cardiology
Cardiac electrophysiological study - comprehensive electrophysiologic evaluation with right atrial pacing and recording, right ventricular pacing and recording, HIS bundle recording, including insertion and repositioning of multiple electrode catheters	Cardiology
Cardioversion	Cardiology

Percutaneous Coronary Intervention (PCI) by Transcatheter Placement of a Drug Eluting Stent more than one vessel – price to include 1 stent only and any subsequent stents inserted will receive payment of €800 each more than 1 stent	Cardiology
Percutaneous Coronary Intervention (PCI) by Transcatheter Placement of a Drug Eluting Stent single vessel – price to include only 1 stent	Cardiology
Surgical Removal of a Tooth or Tooth Fragment	Maxillofacial
Surgical Removal of 2 or more Teeth	Maxillofacial
Total Vaginal Hysterectomy	Gynaecology
Total Abdominal Hysterectomy	Gynaecology
Repair of pelvic floor prolapse to include cystocele and/or rectocele repair	Gynaecology
Laparoscopy with or without biopsy, with or without D&C, with or without tubal irrigation/insufflation	Gynaecology
Laparoscopic salpingo-oophorectomy, complete or partial, unilateral or bilateral	Gynaecology
Hysteroscopy +/- dilation and cutterage	Gynaecology
Interruption of sapheno-femoral junction varicose veins (surgical) Interruption of multiple tributaries of varicose veins	Vascular / Gen Sur
Interruption of sapheno-femoral junction varicose veins (laser) Interruption of multiple tributaries of varicose veins	Vascular / Gen Sur
Release of carpal tunnel - Plastic surgery	Plastic Surgery
Palmar fasciectomy for Dupuytren's contracture involving 2 digits (rays)	Plastic Surgery
Palmar fasciectomy for Dupuytren's contracture involving 1 digit (ray)	Plastic Surgery
Palmar fasciectomy for Dupuytren's contracture involving >= 3 digits (rays)	Plastic Surgery
Excision of lesion or lesions of skin - surgical excision of benign lesion or lesions (includes sebaceous cysts) - plastic surgery	Plastic Surgery
Bilateral Pinnaplasty/pinna, partial excision with flap reconstruction/Otoplasty	Plastic Surgery
Excision of lesion - Head or Neck - Tender expires end of May 2024	Plastic Surgery
Augmentation mammoplasty, bilateral - Tender expires end of May 2024	Plastic Surgery
Fat Graft (lipofilling) - Tender expires end of May 2024	Plastic Surgery
Lipectomy of abdominal apron - Tender expires end of May 2024	Plastic Surgery
Lipectomy of abdominal apron - radical - Tender expires end of May 2024	Plastic Surgery
Liposuction - Tender expires end of May 2024	Plastic Surgery
Mastopexy - Tender expires end of May 2024	Plastic Surgery
Reconstruction of breast using myocutaneous flap - Tender expires end of May 2024	Plastic Surgery
Reduction mammoplasty, bilateral, +/- nipple repositioning - Tender expires end of May 2024	Plastic Surgery
Urine flow study	Urology
Circumcision	Urology
Circumcision	Urology
Cystoscopy	Urology
Excision of hydrocele - hydrocelectomy, bilateral	Urology
Lithotripsy - Extracorporeal shock wave lithotripsy (ESWL) for urinary tracy stone(s)	Urology
Ureteroscopy or urethroscopy - with or without biopsy INPATIENT ONLY	Urology
Ureteroscopy or urethroscopy - with or without biopsy DAYCASE ONLY	Urology
TURP	Urology
Orchidopexy, inguinal approach with or without hernia repair, unilateral	Urology

Frontal sinusectomy (also known as FESS)	ENT
Tympanoplasty	ENT
Myringotomy, bilateral, with insertion of grommets	ENT
Tonsillectomy and/or adenoidectomy	ENT
Septoplasty	ENT
Nasal/Sinus endoscopy, surgical; with biopsy, polypectomy or removal of diseased mucosa, lesions or debridement (I.P.)	ENT
Nasal/sinus endoscopy, surgical, with control of nasal haemorrhage	ENT
Nasal/Sinus endoscopy, surgical, with antrostomy, unilateral	ENT
Nasal/Sinus endoscopy, surgical, with antrostomy, bilateral	ENT
Nasal/sinus endoscopy, diagnostic, unilateral or bilateral	ENT
Myringotomy, with or without grommets, bilateral	ENT
Tonsillectomy and/or adenoidectomy	ENT
Mastoidectomy	ENT
Laryngoscopy, direct, operative with biopsy	ENT
Laryngoscopy - flexible/rigid under topical anaesthesia	ENT
Bilateral Pinnaplasty/pinna, partial excision with flap reconstruction/Otoplasty	ENT
Ethmoidectomy	ENT
Routine squint operation, horizontal, vertical or oblique surgery two or more muscles	Ophthalmology
Cataract	Ophthalmology
Ablation - paediatrics	Cardiology
Catheterisation / Angiogram - paediatrics	Cardiology

The NTPF have a panel of 20 private providers across the island of Ireland, listed below.

- Beacon Hospital
- Blackrock Health Blackrock Clinic
- Blackrock Health Galway Clinic
- Blackrock Health Hermitage Clinic
- Bon Secours Hospital Cork
- Bon Secours Hospital Dublin
- Bon Secours Hospital Galway
- Bon Secours Hospital Limerick
- Bon Secours Hospital Tralee
- Charter Medical Private Hospital
- Kingsbridge Private Hospital Belfast
- Kingsbridge Private Hospital North West
- Kingsbridge Private Hospital Sligo
- Mater Private Cork
- Mater Private Dublin
- The Sports Surgery Clinic
- St Vincent's Private Hospital
- UPMC Aut Even Hospital
- UPMC Kildare Hospital
- UPMC Whitfield Hospital

The below data represents the number of patients that accepted an offer to have their procedure carried out in an NTPF panel hospital outside of the Republic of Ireland in the years 2021, 2022 and 2023. Unfortunately, the 2019 and 2020 data is not readily available and would require a considerable amount of time and resources to compile.

<b>Year of Offer</b>	<b>Number of Patients outsourced from Donegal, Sligo, Leitrim, Mayo, Roscommon, Galway, Clare, Limerick and North Tipperary</b>
2021	834
2022	2574
2023	2737

**Corporate Services, National Treatment Purchase Fund.**

<b>W110Q3967</b>	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 indicate (1) the date the application for approval of the post was submitted to the National and Consultant Applications Advisory Committee (CACC); (2) the decision taken by the CACC at its meeting on the 9 <sup>th</sup> of April; (3) what arrangement have been made for the recruitment of a consultant and when will the post be advertised.	<b>ClIr D Bree</b>
------------------	--	--------------------

**The Date the application for approval of the post was submitted to the National and Consultant Applications Advisory Committee (CAAC)**

The application for this post was submitted to CAAC on 22<sup>nd</sup> April 2024 for consideration at the CAAC meeting scheduled to take place on 14<sup>th</sup> May 2024.

**The decision taken by the CAAC at its meeting on the 9<sup>th</sup> April.**

This post was not considered at the meeting held on the 9<sup>th</sup> April due to revised paperwork required by NDTP as a result of the restructuring of the HSE Areas.

We have been advised that this post has been recommended for approval by CAAC on 14<sup>th</sup> May 2024, and we now awaiting the Letter of Approval to issue.

**What arrangements have been made for the recruitment of a consultant and when will the post be advertised.**

The Letter of Approval will be issued to the Consultant Recruitment Section of the National Recruitment Service who will instigate the recruitment campaign for the permanent filling of this post with the Public Appointments Service. We will be requesting that they expedite the filling of this post.

Public Appointments Service will advertise this permanent post once the required supporting documentation is in place. The CHO1 Medical Manpower Manager is currently liaising with Mental Health service regarding the preparation of the Job Specification and Interview Board Nominees in advance of the official request being received from the Consultant Recruitment Section of NRS.

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

<b>W110Q3968</b>	Aware that the agents for the owners of the hydrotherapy pool in Cregg (Sligo) have indicated to the HSE that the pool can potentially be re-opened in the current year; and further aware that the HSE Disability Services have completed a business case regarding the funding/costing required in order to avail of the hydrotherapy pool; can we be advised as to what communications there has been with the owners of the pool in the period since the last Health Forum Meeting (26 <sup>th</sup> of March 2024), and can we have an update in regard to the funding for the project and when it is expected that the hydrotherapy pool will be re-opened.	<b>ClIr D Bree</b>
------------------	---	--------------------

**Update on Project / Funding**



An updated Business Case in relation to HSE Disability Services accessing the hydrotherapy pool owned by Woodbrook Care at the former Cregg Services site was submitted in March 2024 to Community Healthcare Cavan, Donegal, Leitrim, Monaghan, Sligo (CH CDLMS) Disability Services Head of Service.

The Business Case sets out an annual funding requirement of €230,400 for Woodbrook Care to operate the hydrotherapy pool at its premises on the former Cregg Services site on a two day per week basis for people accessing HSE Disability Services.

AS the 2024 Letter of Allocation with details of any new development/service extension funding had not been received, the business case and funding requirement was escalated to national HSE Disability Operations.

National Disability Operations following discussions with National Estates colleagues have expressed concern regarding the level of cost proposed by Woodbrook Care for HSE Disability Services to access the hydrotherapy pool two days per week

**Communication with Woodbrook Care since 26<sup>th</sup> March 2024**

The most recent communication with Woodbrook Care was on the 30th of April 2024 seeking to arrange a formal meeting. The purpose of the meeting is to outline the national HSE position on funding, to explore whether a more cost effective option can be made available by Woodbrook Care and to clarify its plans in respect of the necessary upgrading of its facility where the hydrotherapy pool is located. A date for this meeting has not yet been confirmed.

CH CDLMS Disability Services continue to support individuals to avail of alternative hydrotherapy and swimming resources in the Sligo and/or Leitrim areas.

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

<b>W110Q3969</b>	Can the Forum be advised as to the number of assaults and physical attacks on staff in Sligo University Hospital in the period 1 <sup>st</sup> of January 2023 to date; the number of attacks where knives or other weapons were used; whether legal action is or has been taken against the perpetrators and if there has been a review of security procedures at the hospital.	<b>Cllr D Bree</b>
------------------	--	--------------------

**Based on the Definition of assault in Ireland**

As described by the Non-Fatal Offences Against the Person Act, 1997, a person is guilty of assault in Ireland if: **He/She applies force, causing an impact on the body of another person.**

**Q1. Assaults and physical attacks on staff in Sligo University Hospital in the period 1<sup>st</sup> of January 2023 to date;**

63 Assaults and physical attacks recorded.

Note assaults mainly classified as unintentional due to patients clinical presentation example; dementia, cognitive challenges, disorientation, mental health challenges. Note many incidents above by same patient during hospital stay.

**Q2. The number of attacks where knives or other weapons were used;**

Number of attacks where knives were used- none recorded

Number of attacks where other weapons were used- 13 recorded

Other weapons used- walking stick, zimmer frame, IPAD, remote control, plate, cup, glass, phone , IV stand, commode lid, bottles of urine, jug water

**1. whether legal action is or has been taken against the perpetrators**

Note assaults mainly classified as unintentional due to patients clinical presentation example dementia, cognitive challenges, disorientation, mental health challenges. Note many incidents above by same patient during hospital stay.

An Garda Siochana with cases in progress:

Assault minor on a member of staff, Suspect is charged and before the courts.

Assault minor, Patient on patient assault, Suspect is before the courts

**2. if there has been a review of security procedures at the hospital.**

- External Security Review of the Emergency Department of Sligo University Hospital (December 2023)

- Security Review of SUH completed by Crime Prevention Officer (Nov 2021)
- Security Survey report – EPA / An Garda Siochana report (June 2022)
- Hospital watch committee launched and strong interagency partnership developed with An Garda Siochana and SUH (Jan 2023)
- Ongoing local reviews of security risk assessments and security procedures. In addition, new Head of security appointed, additional 24/7 security staff in place, upgrade of security two way communication systems, security drills with ED introduced, CCTV reviewed, extended and upgraded. New additional security base in ED to increase visibility and presence of security in ED. Ongoing, lighting & signage upgrade across SUH and campus. Increasing Door Access controls with additional 24/7 security staff supporting door access controls, increasing swipe card door access controls and barrier access Controls implemented.
- Emergency planning training, workshops and reviews ongoing supported by SAOLTA emergency planning team
- Helipad security review and security training (2023)

**A. Cosgrove, COO, Saolta University Health Care Group**

<b>W110Q3970</b>	How many dentists in (1) Sligo, (2) Leitrim, provide services to medical card holders under the Dental Treatment Services Scheme (DTSS).	<b>Cllr D Bree</b>
------------------	--	--------------------

Please see below the most up to date list of DTSS contractors in Sligo and Leitrim.

List of DTSS Practitioners providing services under the Dental Treatment Services Scheme

<b>Name</b>	<b>Address</b>	<b>Phone Number</b>
Dr. Brian Mc McCaughey	Main Street, Grange, Co. Sligo	071-9163774
Dr Stephen Campbell	Markievicz House, Sligo	071-9321051
Dr Gavin Deasy	Markievicz House, Sligo	071-9321051
Dr Noel Sweeney	Dublin Road, Carrick-on - Shannon, Co Leitrim	071-9621055

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

<b>W110Q3972</b>	Can the Forum be updated on the current financial and infrastructural status of the plans to build the new Emergency Department and Maternity and Paediatrics Department at UHG?	<b>Cllr J Connolly</b>
------------------	--	------------------------

The development of a new Emergency Department at UHG is crucial to address current suboptimal accommodation and associated patient risk issues.

The new block is intended to provide Emergency Department accommodation at ground and first floor levels with the Women’s & Children department occupying the upper four floors. The Women’s & Children’s department is currently working out of sub-optimal facilities and this development will provide a modern and fit for purpose development.

In compliance with the Public Spending Code, a Strategic Assessment-Preliminary Business Case (SA-PBC) has been completed, approved by the HSE Board in November 2023 and submitted to the Department of Health as Approving Authority. The DOH issued feedback on the SA-PBC on the 31<sup>st</sup> of January, 2024 and additional financial detail was provided in recent weeks to assist in the process and service related queries will be forwarded to DoH shortly.

Once approved, we will move towards the detailed design and tendering process. We will be able to provide a date for the planning application for the new ED and Women & Children’s development at UHG once that is complete.

As a large and extremely complex project, the delivery of this development requires a number of enabling works before the project can commence. The Temporary Emergency Department Development was completed Jan ‘23. The Site Clearance of the Old ED and Prefab area and underground works commenced in November 2023. Works to be completed by Q2 2024.

**A. Cosgrove, COO, Saolta University Health Care Group**

<b>W110Q3973</b>	Can the Forum be informed why the service for the transport of patients to and from St Francis Day Care Centre in Newcastle, Galway have been discontinued?	<b>Clr J Connolly</b>		
<p>The transport service to and from St. Francis Day Service ceased in 2023. This was following the retirement of the existing driver, that coincided with the bus coming to its end of life. Since then families have been organising their own transport to the service.</p> <p><i>J Fitzmaurice, Chief Officer, Community Healthcare West</i></p>				
<b>W110Q3974</b>	There is a demand for Primary Health care services to be provided in Leenane Health Centre as patients have to travel to Clonbur to attend GP services and many patients find travelling difficult as they are elderly and transport can also be difficult to arrange. Members of Leenane community have requested if the Doctor could attend the Leenane Health Centre once a month to provide local primary care services going forward.	<b>Clr E Francis Parsons</b>		
<p>GP Services for the Clonbur, Corr na Mona, Maam and Leenane areas are provided from a fully equipped Health Centre in Clonbur. A full GP service is available there with support provided to the GP by practice staff including Practice Nurse and Practice Secretary.</p> <p>Patient records are also maintained there and a computerised system is in place. It is not possible to provide a similar service in outlying surgeries so it is considered best practice to consolidate the service in a premises that has been developed to provide a modern day GP service to the patients in the area.</p> <p>Therefore there are no plans to provide a limited GP service in Leenane Health Centre.</p> <p><i>J Fitzmaurice, Chief Officer, Community Healthcare West</i></p>				
<b>W110Q3975</b>	Please provide information on the overall staff levels at St Anne's Community Nursing Home Clifden and Clifden District Hospital overall and broken down by nursing staff, HCAs and other staff, if staff are on long term sick leave what steps are being taken to replace staff in the interests of patient care.	<b>Clr E Francis Parsons</b>		
<p><b>Staffing</b></p> <p>Overall staff levels are variable, and change regularly due to recruitment, retirement and resignations. Staff work across both units and day-care. In total we have employed at present,</p>				
	Staff Category	Grade Code	WTE APR 2024	
Clifden District Hospital	Management & Administrative	Grade IV	1.50	
	Medical & Dental	Medical Officer	1.12	
	Nursing & Midwifery		Clinical Nurse Manager 2	1.00
			Clinical Nurse Manager 1	0.00
			Staff Nurse - General	1.00
			Staff Nurse, Senior (General)	0.52
			Enhanced Nurse Senior, (General)	4.55
		Director of Nursing 5	1.00	
	General Support	Chef I	0.00	
	Patient & Client Care		Attendant, Multi-Task	4.00
			Health Care Assistant	4.04
			Chaplain	0.06
			<b>Total WTE</b>	<b>18.79</b>
St. Anne's Community Nursing Clifden	Management & Administrative	Grade IV	0.63	
		Clerical Officer	1.00	

	Nursing & Midwifery	Clinical Nurse Manager 2	1.00
		Clinical Nurse Manager 1	1.00
		Staff Nurse - General	1.43
		Enhanced Nurse Senior, (General)	1.00
	General Support	Chef I	1.00
		Chargehand	1.00
	Patient & Client Care	Attendant, Multi-Task	12.24
		<b>Total WTE</b>	<b>20.30</b>

### Long term Sick leave

Existing staff work additional hours and agency when available to cover sick leave absences.

### Recruitment

We have interviewed and panelled for both nursing and non-nursing roles in Clifden as part of bespoke and rolling recruitment campaigns in recent years. Derogations were sought to fill posts in Clifden District Hospital and are approved and we are expediting the recruitment process.

### *J Fitzmaurice, Chief Officer, Community Healthcare West*

<b>W110Q3976</b>	Please provide an update on the complement of GP posts / availability in Ballinasloe town including any increased primary medical care resources being put in place to cater for the increased demand on arrival of 64 Ukrainian families Beneficiaries of Temporary Protection in August including any planned outreach migrant medical services for complex medical care.	<b>Cllr E Francis Parsons</b>
------------------	---	-------------------------------

There are two GP practices in Ballinasloe Town, each having three GPs who hold contracts with the HSE for the provision of services to Medical Card holders. There are four other single handed GP practices in areas close to Ballinasloe Town.

Should Local GPs be at capacity then CHW can explore the possibility of Outreach GP clinics, we have these in place in other areas such as Westport, Castlebar, Ballaghaderreen and Galway. This will not be put in place until the individuals are in residence as our first course of action is to try to fit people into the existing system, if that fails we will accommodate set up of GP sessional clinics and then refer people to that in order to gain access to prescriptions and further treatment.

Community Healthcare West (CHW) are currently in the development of a Migrant Health Team to support IPA, BOTP and other migrant communities including locations like Ballinasloe (pending easing of the recruitment moratorium being eased). The Community Healthcare West Social Inclusion BOTP support team will hold local health related clinics to support the new residents in accessing health services as required to meet their medical needs. These clinics will be advertised locally via our networks. This will involve support in making/getting appointments, application for medical cards/changing doctors as well as linking this community to relevant health related services. This team will also provide assistance to local GPs as required.

The Social Inclusion BOTP team will also support BOTP's to avail of their medication required following receipt of prescriptions at local pharmacies. Interpretation is available for all relevant health appointments.

Community Healthcare West will continue to roll out the catch up vaccination programme for all migrant communities. Services will have to be accessed by the BOTP's as they are by the general population but supports will be made available through the CHW Social Inclusion BOTP support team as outlined above

### *J Fitzmaurice, Chief Officer, Community Healthcare West*

<b>W110Q3977</b>	Please provide a detailed update on plans for the sale or development of the St Brigid's Hospital Campus following the HSE internal review of the completed professional valuation.	<b>Cllr E Francis Parsons</b>
------------------	---	-------------------------------

The internal review process 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.

<p>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.</p> <p><b>Joe Hoare, Assistant National Director, HSE Capital &amp; Estates</b></p>		
<b>W110Q3978</b>	<p>Can I get an update on at what stage in the process is the Primary care centre for An Spidéal at? I was advised in February 2024 that it was expected to progress to be readvertised for tender in April 2024. Has this happened and what is the current timeline to commence development of the centre.</p>	<b>Clr D Ó Cualáin</b>
<p>The process to develop an updated suite of procurement documents for the Operational lease Model approach for the delivery of Primary Care Centre Accommodation has now been completed at national level. It is now intended to reactivate locations such as An Spidéal which have not advanced in recent times. It is intended that the An Spidéal location will be re-advertised before the end of June 2024.</p> <p><b>Joe Hoare, Assistant National Director, HSE Capital &amp; Estates</b></p>		
<b>W110Q3979</b>	<p>What process is in place in relation to transport in HSE run Community Nursing Units within CHO West to bring long term residents to outpatient hospital appointments or review clinics. How are residents transported to hospital appointments and are they accompanied by a staff member? Is it a standard policy throughout all CNU within CHO West?</p>	<b>Clr D Ó Cualáin</b>
<p>The standard practice across Community Healthcare West is that a family member if available will transport the resident to their appointment. Where this is not an option then the Community Nursing Unit will arrange the necessary transport with a staff member accompanying the resident to the appointment.</p> <p><b>J Fitzmaurice, Chief Officer, Community Healthcare West</b></p>		
<b>W110Q3980</b>	<p>What triage system is utilised in the emergency Department of GUH. Over the last 12 months has there been any episodes of where a patient hasn't been seen by a physician within the timescale that they should have been seen according to how they had been triaged? If so what actions have been taken to remedy this?</p>	<b>Clr D Ó Cualáin</b>
<p>GUH use the Manchester Triage system (MTS) for over 16yrs and Irish Children's Triage System (ICTS) for U16yrs.</p> <p>We do not hold records or data specific to the delays between time triaged and the time seen by the Physician. To ascertain this level of detail each patient record would need to be reviewed.</p> <p>We currently monitor our Patient Experience Times and in accordance with our National KPIs, incidents are reported whereby &gt;75 year old patients may be waiting &gt;24 hrs.</p> <p>Some long delays are also recorded as incidents on our Quality &amp; Patient Safety management system for example, when the Emergency Department is experiencing high volumes of attendances and affecting waiting times for our patients.</p> <p>We are currently progressing a number of initiatives and reviewing our Internal Escalation plan. MARS (Multidisciplinary Allied Response Team) and FFD (frailty) teams are present in the Emergency Department to ensure early intervention for frailty screening and also admission avoidance. Advanced Nurse Practitioners are also in place to triage own case load and Registered Advanced Nurse Practitioners are in place for Minor Injuries.</p> <p>We continue to recruit for ED Consultants with 3 posts in place, since September, January and February respectively. A further ED Consultant is due to take up post in August 2024 and six further posts are in the process of recruitment. We are also continuing to prioritise recruitment into our critical care posts such as ED Nursing.</p> <p><b>A. Cosgrove, COO, Saolta University Health Care Group</b></p>		
<b>W110Q3981</b>	<p>Can I receive a breakdown in relation to the number of healthcare positions by type, currently vacant within GUH and Community Healthcare West. What impact are these vacancies having on services in GUH and the community?</p>	<b>Clr D Ó Cualáin</b>

GUH have not closed beds but are challenged to maintain safe services.

We have had to redeploy or cover gaps in certain areas and also have had to put in place some overtime or agency when there are significant risks.

Staff Grouping	Total (WTE) Posts vacant since 1 <sup>st</sup> January, 2024
General Support	7.00
Health & Social Care Professionals	25.64
Management & Administrative	9.85
Nursing & Midwifery	78.22
Patient & Client Care	4.00
<b>Total</b>	<b>124.71</b>

**A. Cosgrove, COO, Saolta University Health Care Group**

Staff Category	Disabilities	Mental Health	Older People	Primary Care	Grand Total
General Support		13	11	4	28
Health & Social Care Professionals	54	49	9	87	199
Management & Administrative	4	15	9	18	46
Medical & Dental		1	4	7	12
Nursing & Midwifery	16	77	79	58	230
Patient & Client Care	18	18	82	8	126
<b>Grand Total</b>	<b>92</b>	<b>173</b>	<b>194</b>	<b>182</b>	<b>641</b>

**The impact of vacancies varies across each care group in community services. It is important to note that there are always a large number of vacancies in community services at any one time given the scale of workforce:**

**Primary Care:**

- Reduced access to therapy services -Increase waiting times
- Potential increase in presentations to ED
- Services having to re-prioritise on the basis of need.
- Inability to meet the increased need and demands of the migrant population
- Gaps in clinical and operational governance in services
- Clinical Staff productivity in particular around direct patient contact reduced due to reductions in admin support
- Staff wellbeing is impacted

**Mental Health**

The impact of vacancies is resulting in an over reliance on agency and overtime, this is also impacting on all service delivery across Community Healthcare West, Mental Health Services.

**Older Persons Services**

Older Persons’ services are carrying a significant number of vacancies currently as demonstrated in the figures provided. This has a direct impact on our ability to assess new applications for schemes such as home support and the Nursing Homes Support Scheme in a timely fashion. Vacancies in Community Nursing Units have necessitated decisions to be taken as to what beds can be open, and these decisions are taken on the basis of need, continuity of service and minimising any risk to service users.

**Disabilities**

- Failure to meet frontline provision of care and regulatory compliance
- Shortfall to rosters will increase the need for agency hours
- Significant increase in waiting lists and consequent increased risks of complex needs not being met in required time frame leading to dissatisfaction of service users and families
- Difficulty in meeting service intake requirements (e.g. School leaver 2024) and addressing critical service needs such as emergency placements

**Health and Wellbeing**

The delivery of Stop Smoking to clients in the West and other Health Promotion Programmes are impacted by the vacancies in Health and Wellbeing.

***J Fitzmaurice, Chief Officer, Community Healthcare West***

<b>W110Q3982</b>	Since the public finances are at stake and the reputation of our healthcare service remains under scrutiny, can you tell me how much it will cost to reconfigure UHL to alleviate the current pressures as opposed to the potential cost of putting in place the correct staffing levels and diagnostic equipment into Ennis General Hospital as a Model 3 with A&E, in order to alleviate the chronic overcrowding in Limerick?	<b>Cllr R McInerney</b>
------------------	--	-------------------------

We welcome the recent package of measures announced for the Mid West region by the Minister for Health Stephen Donnelly. This comes in addition to the sustained health and social care investment across this region in recent years which has brought us more closely into line with other regions.

The additional capital investment recently announced amounts to €156m and will enable us proceed with the build of a new 96 Bed Block (circa delivery 2027) and a Rapid Build 16 bed ward (to be delivered before winter 2024). In addition, the Minister announced €79.6m in recurring revenue funding for additional staff across the HSE Mid West Region (717 additional staff).

We welcome the announcement by Minister Donnelly on May 9<sup>th</sup> that he has requested HIQA to lead a review into urgent and emergency care capacity in the region to determine whether a second Emergency Department (ED) is needed.

The upgrading of any of our Model 2 Hospitals to a Model 3 is a national policy decision.

The review will consider the case for a second Emergency Department for the region, in light of demographic changes in recent years and ongoing pressures at the Emergency Department at University Hospital Limerick (UHL). We look forward to contributing to this review process. We expect that any recommendations arising from same would require all stakeholders to contribute to a cost-benefit analysis of the options.

***C. Cowan, CEO, UL Hospitals Group***

<b>W110Q3983</b>	What is the average turnaround time for an ambulance/paramedic crew when dropping off a patient to A&E in UHL? Do they have to wait with their patient until they are checked in before getting their ambulance back on the road again? What can be done to expedite the booking in process in ED?	<b>Cllr R McInerney</b>
------------------	--	-------------------------

Increased activity in ambulance bays outside the emergency department of hospitals is to be expected at a time of high activity. At any one time, ambulance bays may be hosting both public ambulances, including inbound emergency and intermediate care vehicles transferring patients to other acute sites or residential care settings) and private vehicles. Arrival to Handover (A2H) delays seriously impact the NAS' capacity and ability to respond to patients in the community. Clinical handover of patients must occur quickly to ensure ambulances are available to respond to further 112/999 calls. Where this does not occur, the NAS can commence rapid escalation measures and can deploy a Hospital Ambulance Liaison Persons (HALP). HALPs are deployed by the National Ambulance Service to play an important role in reducing patient arrival to handover times at Emergency Departments by initiating Rapid Handover, Fit to Sit and Cohorting responses.

- Fit2Sit – where patients are capable of sitting, then crews can 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 need to be provided with revised protocols on how to be more proactive in effecting patient disposition at the Emergency Department in a timely manner.
- NAS Cohorting – where necessary and in the absence of clear clinical governance of patients awaiting clinical handover in the Emergency Department, the NAS would request staff to engage in Cohorting of patients at Emergency Departments to facilitate the release of an emergency ambulance to respond to an awaiting 999 call. Crews have been provided with guidelines on how to do this safely.

The average hospital turnaround time from arrival to ambulance going clear in UHL for 2023 was as follows:

2023	Ave
UHL Monthly Average Time at Hospital - from arrival to clear for NAS	00:45:19

As per National Service Plan 2024 the measure of Hospital Turnaround Time has been broken into two parts:

- Hospital measurement - patient arrival at hospital to clinical handover (patient transferred to Hospital trolley/chair & off Ambulance trolley)
- National Ambulance Service measurement - patient handover (as above) to clear.

The average hospital turnaround time from arrival to ambulance going clear in UHL for 2024 is as follows:

Jan - April 2024	Ave
UHL Monthly Average Time at Hospital - from arrival to clear for NAS	00:42:23

UHL and NAS work very closely together to ensure that every effort is made to make sure that ambulances are turned around in as timely a manner as possible.

**Niall Murray, General Manager Area Operations, NAS.**

<b>W110Q3984</b>	What would you consider a safe level of patients in the Emergency Department of UHL and what do you base those figures on? How many staff should be available to safely attend to that number?	<b>Clr R McInerney</b>
------------------	--	------------------------

University Hospital Limerick (UHL) continues to experience extremely high levels of attendances at the Emergency Department (ED).

The latest available data shows that up to the 21st April 2024, presentations to the ED at UHL increased by 12% on last year and emergency admissions by 10%. This trend is more pronounced still among the over 75s with ED presentations having increased by 13% and emergency admissions by 12%.

This sustained and increasing level of demand has meant that many of our admitted patients have long waits on trolleys for inpatient beds.



Over the past year, we have increased ED staffing and enhanced a number of alternative care pathways to reduce demand and improve patient flow. For example, the number of non-consultant hospital doctors in the ED has risen from 26 to 47 since January 2023.

The number of nursing posts in ED has risen from 113.5 WTE (whole-time equivalents) to just under 150 WTE in the same period, through the implementation of Safer Staffing and the recruitment of additional nurses to care for admitted patients. An additional two consultants in emergency medicine have also been recruited as well as an additional three consultants in paediatric emergency medicine.

Alternative care pathways introduced include the expansion of the Geriatric Emergency Medicine (GEM) unit for over-75s to 24hr operations on weekdays; and the launch of two collaborative services with the National Ambulance Service – Pathfinder, which aims to deliver safe care at home for over-65s; and the Alternative Pre-Hospital Pathway which sees Emergency Medicine doctors and paramedics delivering definitive care in the community to patients who call 999/112, further reducing the number of ambulances bringing patients directly to the ED.

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**

<b>W110Q3985</b>	Can the forum be provided with the number of children in each CAMHS team within the CHO2 area referred over concerns of an eating disorder? Is there now a full complement of staff within the CAMHS Eating Disorder Community Mental Health Team? How many children are waiting on their first appointment having been referred to the service?	<b>Cllr J Connolly</b>
------------------	--	------------------------

Community Healthcare West CAMHS do not have IT-enabled patient administration systems (PAS). As a result all case tracking is manual. While we do have clinically managed referral and appointment lists, and waiting lists if necessary, we cannot generate reports by diagnosis, as it would entail placing an excessive additional burden on our limited CAMHS Community Mental Health Team resources.

We await the implementation of an IT system for CAMHS recently approved by the national group overseeing implementation of the recommendations of the Mackey Report which we understand is planned to be to be operational in CHW CAMHS in 2025.

Regarding the staffing of the Regional CAMHS Eating Disorder Community Mental Health Team, the team is operating with the full complement of approved mental health professionals. The approval for 0.2WTE Consultant Paediatrician for the team remains to be filled.

Due to continuing unprecedented demand pressures, new referrals into CAHMS continues to remain high. Combined with ongoing recruitment difficulties, waiting lists remain in our CAMH services.

We continue to receive funding from the national CAMHS Waiting List Initiative now extended to Dec 2024, which supports us to continue to address prioritised routine first referrals on our waiting lists.

We have an active waiting list management system, regularly reviewing clinical priority of referrals.

Our latest waiting list data (Mar24) reports that there is no referral for an Eating Disorder on our Waiting Lists.

***J Fitzmaurice, Chief Officer, Community Healthcare West***

<b>W110Q3986</b>	How many patients are currently engaged with the Slí Nua Community Mental Health Team for Homeless People in Galway City? What is the staffing cohort of the team?	<b>Cllr J Connolly</b>
------------------	--	------------------------

The Homeless team currently have 80 active service users.

The Team staffing cohort is currently as follows:

0.6 Consultant Psychiatrist

2 clinical nurse specialists

1.5 Senior Social work

0.5 Team Co-ordinator

0.5 Team Administrator

1 Senior OT (temporarily vacant)

0.8 Senior Psychologist

0.6 Addiction Counsellor

***J Fitzmaurice, Chief Officer, Community Healthcare West***

<b>W110Q3987</b>	Please could I have an update on the current status of the proposed Primary Health Care Centre for Oranmore. Have any discussions taken place with the promoter since the last meeting of the Health Forum. Is the Primary Care Centre a viable proposition for the proposed site at which planning permission has been granted or do the HSE need to seek expressions of interest for alternative sites?	<b>Cllr L Carroll</b>
------------------	---	-----------------------

A formal letter with deadlines has recently been issued in respect of this project. There has also been some discussions with the promoter since that letter was issued. If the current proposal does not proceed in line with the advised deadlines the HSE will deem that the terms for the particular lease proposal are rescinded. The HSE will then consider what options are available before proceeding. If the HSE as is likely re-advertises the location again expressions of interest would be sought and it would be open to developers to put forward any sites they deem appropriate and such proposals will be then evaluated in accordance with the award criteria.

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

<b>W110Q3988</b>	Can the HSE Confirm What protocol is in place for tests to diagnose Lymes disease are Carried out? Does the HSE have any plans to make Lymes disease a notifiable disease? Does the HSE plan to adopt comprehensive guidelines similar to the NICE (National Institute for Health and Care Excellence) Guidelines for diagnosis and Treatment of Lymes disease? What is the HSE Recommendation for treatment post the 10 Day Antibiotic (doxycycline) treatment?	<b>Cllr D Gilroy</b>
------------------	---	----------------------

1.

- a. Current recommendations are that erythema migrans (localised Lyme disease) should be diagnosed clinically, and without laboratory testing. Lab tests may take weeks to become detectable and may not be helpful if early appropriate antibiotics have been given.
  - b. If Lyme disease testing is required, diagnostic testing is a two-step process:
    - i. The first test is a highly sensitive serum Enzyme Immuno-Assay (EIA) test carried out at the GUH laboratory. If this is not detected, no further testing is indicated.
    - ii. If this assay is detected or indeterminate/equivocal/borderline, the sample is referred to Porton Down Lyme Reference lab in the UK who perform further testing. The Reference Lab performs additional testing and advises on the interpretation of the result of the testing they carry out.
  - c. After that, if only the IgM is detectable and not the IgG, it suggests that the IgM result is a false positive.
  - d. Skipping steps, e.g. performing a Western blot alone, increases the chances of a false-positive result (up to 8% false positive rate in some studies).
2. Currently there are no plans that we are aware of to make all Lyme disease cases notifiable. Advanced Lyme disease in the form of neuroborreliosis is currently notifiable to Public Health and has been since 2012. In countries such as the USA Lyme disease is notifiable but it is not notifiable in many European countries and the UK.
- 3.
- a. There are currently guidelines available from the HSE on the diagnosis and treatment of Lyme disease available at: <https://www.hse.ie/eng/services/list/2/gp/antibiotic-prescribing/conditions-and-treatments/skin-soft-tissue/lyme-disease/> (updated October 2021). These guidelines are appropriate for GP community antibiotic prescribing
  - b. For more complex cases of Lyme disease, medical staff would generally refer to UK guidelines (NICE or British Infection Association) or US guidelines (Infectious Diseases Society of America).
- 4.
- a. Doxycycline is the first line for treatment of early non-disseminated Lyme disease as well as for post-exposure prophylaxis of Lyme disease. Amoxicillin and azithromycin may also be used in certain instances
  - b. 10 days is the recommended duration in the more recent guidance. Alternatives are available in case of allergy, pregnancy, etc.
  - c. More complex infections (including early disseminated or later stage infection) are managed by treating physicians with advice from Microbiology and/or Infectious Diseases teams.

**Department of Public Health**

<b>W110Q3989</b>	<p>Can the HSE Update on when, based on the scoping exercises carried out in 2020 and the options appraisal carried out in 2021 to establish the future needs of RDU service into a future development plan for Sligo University Hospital</p> <ul style="list-style-type: none"> <li>• When is it expected that the necessary new Renal Dialysis Unit at Sligo University Hospital could be ready for use?</li> <li>• How many patients are currently using the Renal Unit at SUH?</li> <li>• What plans are in place in the short and medium term to meet the needs of these people considering the unit was only built to meet the needs of 30 patients and is the oldest renal unit in the country?</li> </ul>	<b>Clr D Gilroy</b>
------------------	---	---------------------

**When is it expected that the necessary new Renal Dialysis Unit at Sligo University Hospital could be ready for use?**

A feasibility study is currently underway, following this a capital submission will be made in Q3/Q4 2024. We will be progressing with the detailed design in 2025

**How many patients are currently using the Renal Unit at SUH?**

63

**What plans are in place in the short and medium term to meet the needs of these people considering the unit was only built to meet the needs of 30 patients and is the oldest renal unit in the country?**

Twilight shifts were introduced in 2017 to accommodate extra patients requiring dialysis. A three bay temporary renal unit was opened in 2022. Infrastructural works are planned to begin in the coming weeks to develop a new four bay unit within the renal Dialysis Unit this will increase capacity further.

**A. Cosgrove, COO, Saolta University Health Care Group**

<b>W110Q3990</b>	Can the HSE Confirm what limits are on the Continuous Glucose Monitoring sensors for Insulin Pump dependent children and what appeals procedure or additional training is in place for children who may accidentally remove the sensors while participating in sport or the day to day rough and tumble of growing up.	<b>Clr D Gilroy</b>
------------------	--	---------------------

**Sligo University Hospital:**

There are 3 sensor (CGM continuous glucose monitors) approved under the LTI scheme:

- Abbott Freestyle Libre 1&2, 26 sensors per year (14 day sensor , 2 per month),
- Medtronic G4 sensors, 6 x 10pack – 60 sensors per year (7 day wear sensor, 4 per month, 8 spare per year)
- Dexcom G6, 13X3 Pack or 39 individual sensor per year (10 day wear sensor, 3 per month, 3 spare per year) and Dexcom G7, 39 individual sensor per year (10 day wear sensor, 3 per month, 3 spare per year)

All patients receive CGM training on the application and usage of the sensors at the commencement of usage, this is provided by the ANP/DNS. Additional support as needed – patient specific, can easily be arranged with the company representatives locally either virtual or face to face. There a suite of training videos provided by the companies to support the patients and families.

Appeals process - All of the companies stand over their products to last the stated days usage- if a sensor becomes dislodged the parent can phone the company support line number (all are free phone numbers) and extra supplies are sent directly to the patients home.

**Portiuncula University Hospital:**

There are two companies who supply pumps to children who are insulant dependent. Both companies provide various after sales service and follow-up. For both companies the transmitter life span varies, however, the replacement is covered under the community drug scheme. With both pumps, the user can choose to use any sensor that they are comfortable with. If for any reason the sensor fails the company can be contacted and they will replace the sensor free of charge.

Children who may have issues with keeping sensors on while participating in sport or other activities of daily living should contact their Diabetes Team where a number of options are available including a trial of skin tac (wipes which helps the tape adhere to skin at the insertion site), or a band may help prevent this from happening.

On-going training and support is provided to children and their families from the Diabetes Nurse Specialist and Team.

**Galway University Hospital:**

All of our GUH Paediatric patients have access to continuous glucose monitors. They are now started on these monitors at diagnosis during admission to hospital.

The parents are trained how to insert the continuous glucose monitor by our Diabetes Nurse Specialist and change them every 10-14 days at home. If one fell off and needed to be replaced, the parents would usually have no problem replacing it but if requested, extra training can be provided if someone is unsure how to do so.

**Letterkenny University Hospital:**

On December 1<sup>st</sup> 2023 the HSE established a single reimbursement application system for all Continuous Glucose Monitoring (CGM) sensors. This is applicable to all CGM users (Children/ Adults/ pump users/ injection therapy)

The list of CGM sensors and the annual maximum reimbursable quantity for each individual sensor type is outlined in the attached [circular](#).

Maximum quantities will differ due to sensors having variable wear times.

In the event that a replacement sensor is required outside the normal wear periods, patients are advised to contact the individual company to organise a replacement in line with their sensor replacement policies.

All families who use CGM are instructed to return to frequent finger pricking for blood sampling, should the CGM fall off or lose connection.

**A. Cosgrove, COO, Saolta University Health Care Group**

The clinical nurse specialist and advanced nurse practitioners in paediatric diabetes at UL Hospitals Group support children and their families in strategies in the effective management of sensors.

In the event of accidental removal, patients have a supply of sensors for the month. The companies who supply the devices also provide access to helplines and are available to provide prompt support to the families. The clinical nurse specialist and advanced nurse practitioners in paediatric diabetes are also available to provide clinical support if needed.

There are two types of insulin pumps available at UL Hospitals Group for children dependent on this type of treatment.

Patients using Dexcom which is compatible with Tandem Pumps are prescribed three sensors per month and they are changed every ten days.

Patients using the Medtronic continuous glucose monitoring system have their sensors changed every seven days. Patients are also provided with five sensors from their local pharmacy.

**C. Cowan, CEO, UL Hospitals Group**

<b>W110Q3991</b>	Can the HSE confirm what purpose the former Woodhaven Centre at 1 <sup>st</sup> Sea Road Sligo, F91 V5D1 is currently being used for and if the respite rooms are being used in any way to accommodate patients. Can the HSE also confirm if there was a state investment in the provision of the facilities at this centre?	<b>Clr D Gilroy</b>
------------------	--	---------------------

The Woodhaven building, on the First Sea Road in Sligo, is currently being leased by the HSE from the Multiple Sclerosis Therapy Respite Centre. The lease is for a period of two years, which commenced in December 2022. Currently, the building is being used by the HSE as the Ambulatory Hub for the Integrated Care Service for Older Persons Sligo Leitrim (ICPOP) and as such is a base for the Interdisciplinary Teams aligned to ICPPOP, namely Frailty, Falls and Memory.

Some of the rooms in the building, which were previously used for the provision of respite, are now clinic rooms. Clients, who have been referred to the Service, are assessed and receive interventions in these rooms.

The ICPPOP Service is funded by the HSE Enhanced Community Care Programme and Older Persons Service, Community Healthcare Cavan Donegal Leitrim Monaghan and Sligo (CH CDLMS).

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

<b>W110Q3992</b>	Can I have an updated report on the current status of the proposed new community nursing units of the the following hospitals and what plan's / services we envisage having and the numbers of staff provided to meet the needs of their respective patients and communities Ballyshannon, Stranolar, lifford and Ramelton and a timeframe to the programme?	<b>Clr C Brogan</b>
------------------	--	---------------------

**Ballyshannon Community Hospital**

Ballyshannon Community Hospital (BSCH) new build was officially opened on 26<sup>th</sup> April 2024 and 26 residents relocated from the Rock Nursing Unit in February 2024. It is envisaged that a 20 bed short stay unit and an additional 13 bed long term care bed unit will open in Quarter 3 2024. Staff recruitment is ongoing at present for these units.

When fully operational this new hospital will have capacity for 80 beds , which consist of 52 long-stay beds and 20 short stay beds providing convalescence, rehabilitation, respite and palliative care beds, and a further 8 Dementia specific assessment bed and a Day Hospital Service.

BSCH will provide a full range of supporting professional services via Primary care for Older People in the South Donegal, North Leitrim and North Sligo areas, including Speech and Language Therapy, Occupational Therapy, Physiotherapy, Dietician, Podiatry, Tissue Viability Nurse Specialist, Psychiatry of Old Age and Social workers, advocacy and spiritual services. In addition, a hairdresser facility /newspaper/magazine/shopping requirements, dry cleaning, and taxis/transport will be made available to residents and clients.

**St Joseph’s Community Hospital**

In relation to St.Joseph’s Community Hospital (STJCH) , it remains a 63 bedded Unit and provides the same services as provided in Ballyshannon Community Hospital for all residents . Staffing numbers are dependent on residents assessed needs and in line with safe staffing guidelines. STJCH is currently undergoing fire upgrade works which are expected to be finished by year end 2024.

**Ramelton Community Hospital**

Ramelton Community Hospital have undergone fire upgrade works/refurbishment works in 2023 and plans are progressing in order to provide a major refurbishment in 2025. Staffing numbers in all locations are aligned to residents assessed care needs and in line with safe staffing guidelines.

**Lifford Community Hospital**

HSE Estates have received Capital approval for a new 25 short stay bed Community Hospital, alongside a New Primary Care building on a greenfield site in Lifford, which is currently owned by Donegal County Council (DCC). First stage tenders have been received for the full design team for both these new builds and now await second stage tender documents to be prepared for issue to the Design teams

This new community hospital will provide a full range of supporting professional Health and Social Care services for older people in the Lifford and surrounding areas. Staffing numbers are dependent on residents assessed care needs and in line with safe staffing guidelines.

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

<b>W110Q3993</b>	Can we get an updated presentation/report update from HSE estates as to their programme of work for Donegal and the respective projects and a timeframe as to when they will be completed in each area of our health service?	<b>Cllr C Brogan</b>
------------------	---	----------------------

Attached please see below a list of the major projects in Donegal from the HSE Capital Plan for this year. The programme of works is constantly evolving with a lot of work ongoing locally to prepare new submissions to seek to get more projects on to the national list. There is also a significant programme of minor works and a capital equipment replacement programme annually.

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**

<b>W110Q3994</b>	Can we get a updated report on capital development projects at Letterkenny University hospital and a timeframe for schedule of works?	<b>Clr C Brogan</b>
------------------	---	---------------------

	<b>Project Title</b>	<b>Brief Description</b>	<b>Status</b>
<b>1</b>	Surgical 1 upgrade	AMRIC & Minor Capital funded refurbishment of Surgical 1	<b>Completed February 2024</b>
<b>2</b>	Emergency Lighting & Fire Alarm Upgrade	Full site wide addressable emergency lighting system and new fire alarm system to 1980s block.	<b>Ongoing works</b>
<b>3</b>	Roof replacement Medical Secretarial office	Replacement of storm damaged roof in Medical Records block impacting on Medical Secretaries office and Medical records Department.	<b>Project complete.</b>
<b>4</b>	Microbiology Laboratory Extension	Extension to Microbiology, Immunology & Virology Departments.	<b>Project complete.</b>

**Major new developments commencing such as, enabling works or grounds works to facilities major developments.**

	<b>Project Title</b>	<b>Brief Description</b>	<b>Status</b>
<b>1</b>	Physio/OT	Development of new Physio/OT department at the courtyard of the old ED Department/1960s block.	<b>WIP. Stage 2c to be completed in Q4 2023. Tender to proceed subject to approval and funding. Due to commence in Q2 2024.</b>
<b>2</b>	Renal Dialysis Expansion	Expansion and reconfiguration of existing Renal facilities.	<b>WIP. Commencement date delayed due to cost increase. Stage 2A report awaiting national approval.</b>
<b>3</b>	Paediatric OPD	Offsite location	<b>Project Team in Place. Preliminary layouts being worked through.</b>
<b>4</b>	Ambulatory Urology Unit	Offsite rental of new facility ambulatory urology service.	<b>Project Team in Place. Awaiting submission to PRG.</b>
<b>5</b>	ED Expansion	Development of a modular building to extend the Emergency Department providing additional isolation and paediatric facilities.	<b>Project Team in Place. Preliminary capital submission approved by National HSE Estates. Detailed submission completed and sent in August 2023. On 2024 Capital Plan.</b>

6	Medical Records Storage	Large footprint storage unit is required to replace existing stores. Some existing stores not fit for purpose.	<b>Project Team in place. Option appraisal complete and preferred option is now agreed. Sent to SAOLTA for approval</b>
7	Pharmacy Aseptic Unit	HSE Estates Project.	<b>Project Team in place. Location option approved by stakeholders and DT. Stage 1 report approved. Proceeded to scheme design.</b>
8	Orthodontics Expansion	BC sent to SAOLTA for consideration.	<b>Project Team in Place. Preliminary capital submission approved by National HSE Estates. Detailed submission completed and sent.</b>
9	Boiler House Project	Design and installation of new heating centre for LUH	<b>At Stage 2B. To go to tender shortly.</b>

***A. Cosgrove, COO, Saolta University Health Care Group***

<b>W110Q3995</b>	Can the HSE remove the €4 daily charge for service users who attend their disability day service in CHO 1 area. This charge is not formally charged to all disability day service users in the CHO 1 area nor is it applied to disability users outside of this area?	<b>Clr C Brogan</b>
------------------	---	---------------------

The Chief Officer of CH CDLMS attended a meeting on the 3<sup>rd</sup> May, 2024 with Disability service users, an Advocacy Liaison person and senior HSE Disability Service Managers. An in-depth and forthright discussion took place and the points raised are now subject to further discussion within the HSE. The matter of the charge is currently under review by CH CDLMS.

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