



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

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REGIONAL HEALTH FORUM, SOUTH

ANNUAL REPORT 2015

FOREWORD

The Regional Health Fora were established in January, 2006, as an integral part of the reform of the Health Services.

The Forum's function is:

"To make such representations to the Executive as the Forum considers appropriate on the range and operation of the health and personal social services provided within its functional area".

I am delighted to have been voted as Chairperson of the Regional Health Forum, South in July, 2014 succeeding Cllr. John Buttimer.

I wish to acknowledge the commitment of the Members and the support of the Executive since I took up my position as Chairperson and I will endeavour to honour my commitment for the upcoming year.

I attach the Annual Report for 2015 which outlines the activities of the Forum to 31st December 2015.

On approval by members, the Report will be forwarded to your respective County or City Councils Managers for circulation for the information of all members who may be interested in the work undertaken by the Forum in 2015.

John Joe Culloty
Chairperson

REGIONAL HEALTH FORUM – SOUTH

Chairperson: Cllr. John Buttimer replaced by Cllr. John Joe Culloty in July 2015
Vice-Chairperson: Cllr. Denis Foley replaced by Cllr. Imelda Goldsboro in July 2015

SOUTH EAST COMMITTEE:

Chairperson: Cllr. Joe Sullivan replaced by Cllr Denis Foley in October 2015
Vice-Chairperson: Cllr. Joe Malone was re-elected in October 2015

SOUTH WEST COMMITTEE:

Chairperson: Cllr. Rachel McCarthy replaced by Cllr Timmy Collins in October 2015
Vice-Chairperson: Cllr. Timmy Collins replaced by Cllr Mary Shields in October 2015

MEMBERS REPRESENTING CARLOW COUNTY COUNCIL

Cllr Denis Foley
Cllr John Pender
Cllr William Quinn

MEMBERS REPRESENTING CORK CITY COUNCIL

Cllr John Buttimer
Cllr. Henry Cremin
Cllr. Mary Shields
Cllr. John Sheehan

MEMBERS REPRESENTING CORK COUNTY COUNCIL

Cllr. John A Collins
Cllr. Timmy Collins
Cllr. Mary Rose Desmond
Cllr. Deirdre Forde
Cllr. Joe Harris
Cllr. Mary Linehan Foley
Cllr. Rachel McCarthy
Cllr. Aaron O’Sullivan
Cllr. Bob Ryan

MEMBERS REPRESENTING KERRY COUNTY COUNCIL

Cllr. John Joe Culloty
Cllr. Danny Healy Rae
Cllr. Mike Kennelly
Cllr. Bobby O’Connell
Cllr. Damian Quigg

MEMBERS REPRESENTING KILKENNY COUNTY COUNCIL

Cllr Michael Doyle
Cllr Breda Gardner
Cllr Joe Malone
Cllr Michael McCarthy

MEMBERS REPRESENTING SOUTH TIPPERARY COUNTY COUNCIL

Cllr Imelda Goldsboro
Cllr Mary Hanna Hourigan
Cllr Louise McLoughlin
Cllr Tom Wood

MEMBERS REPRESENTING WATERFORD CITY & COUNTY COUNCIL

Cllr Liam Brazil replaced by Cllr John Carey
Cllr Mary Butler
Cllr Davy Daniels
Cllr Pat Fitzgerald
Cllr Jason Murphy
Cllr Seanie Power

MEMBERS REPRESENTING WEXFORD COUNTY COUNCIL

Cllr James Browne
Cllr George Lawlor
Cllr Frank Staples
Cllr Joe Sullivan

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Regional Health Forum South

Background

The Health Act 2004 provided a legal framework for the establishment of the Health Service Executive (HSE) on a statutory basis. With effect from 1 January 2005, the HSE took over responsibility for the management and delivery of health services from the Eastern Regional Health Authority, the health boards and a number of other agencies.

Part 8 of the Act – "Public Representation and User Participation" – sets out at Section 42, the establishment of four Regional Health Forums (RHF).

The function of the RHF is "to make such representations to the Executive [of the HSE] as the forum considers appropriate on the range and provision of health and personal social services provided in its functional area..." The RHF's comprise of representatives from the City and County Councils within the functional area of each Forum.

The establishment day for the Regional Health Forum, South was January 1st 2006. Its functional area is the administrative area of Carlow County Council, Cork City Council, Cork County Council, Kerry County Council, Kilkenny County Council, South Tipperary County Council, Waterford County Council and Wexford County Council. These Councils between them have appointed the 39 members of the Regional Health Forum, South.

The other 3 Regional Health Forums are:-

- Regional Health Forum, Dublin-Mid Leinster (40 members)
- Regional Health Forum, Dublin and North East (29 members)
- Regional Health Forum, West (40 members)

In line with Section 42(7) of the Health Act 2004 the Health Service Executive provides administrative support to the Regional Health Forums. This is provided through the Regional Health Office.

Regional Health Forum Meetings

The Forum meets 6 times in a full year. Meetings in 2015 were held on:

- Thursday 19th February 2015
- Thursday 26th March 2015
- Thursday 7th May 2015
- Thursday 18th June 2015
- Thursday 17th September 2015
- Thursday 5th November 2015

The HSE is represented at the meetings by the following Management:

- CEO of the South/South West Hospitals Group,
- CO of the Community Health Organisation – Area 4,
- CO of Community Health Organisation – Area 5.

Committee meetings

The Regional Health Forum, South has established 2 Committees:-

- (a) South East Committee
- (b) South West Committee

These Committees meet rotating between locations and furnishing reports and recommendations to the Forum. The Committee meetings for 2015 were held on:

Thursday 13 th January	Clonmel
Thursday 15 th January	Cork
Thursday 14 th April	Kilkenny
Thursday 16 th April	Tralee, Co, Kerry
Thursday 13 th October	Waterford
Thursday 15 th October	Tralee, Co Kerry
Thursday 1 st December	Kilkenny
Thursday 3 rd December	Cork

AGM/Election of Chairperson & Vice-Chairperson

Members elected Cllr. John Joe Culloty as Chairperson and Cllr. Imelda Goldsboro as Vice-Chairperson of the Forum at its AGM on 18th June, 2015.

The South East Committee meeting held on 13th October 2015 elected Cllr Denis Foley as Chairperson and re-elected Cllr. Joe Malone as Vice-Chairperson.

The South West Committee at its meeting on 15th October 2015 elected Cllr. Timmy Collins as Chairperson and Cllr. Mary Shields as Vice-Chairperson.

Standing Orders

Standing Orders which regulate the proceedings and business of meetings were agreed and adopted by the Forum members on the 4th May, 2006.

At the September meeting 2011 a Report on Proposed Revision of Standing Orders and Other Arrangements to Improve the Operation of the Regional Health Forum and its Committees was approved by members and agreed changes were implemented.

Notices of Motions

As per Standing Orders each Member can submit one Notice of Motion 10 clear days prior to a meeting. Motions are circulated with the agenda to each Member and debated at the meeting. In 2015, 21 Motions were adopted by Members and forwarded to the Office of the Chief Executive Officer, HSE.

Questions

As per the Standing Orders, one written Question per Member can be submitted to the Regional Health Office ten clear days before a Forum meeting. Written answers prepared by the appropriate service are circulated at the meeting. In 2015, Regional Health Forum South Members submitted 22 Questions.

Presentations

The following presentations were delivered to the Forum Members in 2015:-

- Presentation on Regional Operational Plans 2015, February Regional Health Forum Meeting 2015
- Presentation from National Ambulance Service given by Mr Paul Gallen, Area Operations Manager for South and Mr Brendan Crowley, Operations Performance Manager, May Forum Meeting 2015

The following Update reports were delivered to the Forum Members in 2015:-

- Update Reports to members from Area Managers/Hospital Managers on their areas at each Committee Meeting
- Update on Kilcreen Hospital given at South East Committee Meeting 14th April 2015
- Presentation from Dr John O'Mullane on Haemochromatosis given at South West Committee Meeting 16th April 2015
- Presentation on PCRS from Ms Anne Marie Hoey, Assistant National Director, Primary Care Reimbursement Services given at Committee Meetings 1st December 2015

Schedule of Meetings for 2016

FORUM MEETINGS 2016

Thursday 24th March
Thursday 19th May
Thursday 16th June
Thursday 23rd June
Thursday 22nd September
Thursday 3rd November

COMMITTEE MEETINGS 2016

Thursday 19th January – South West
Thursday 21st January – South East
Thursday 19th April – South West
Thursday 21st April – South East
Thursday 11th October–South West
Thursday 13th October– South East
Thursday 6th December–South West
Thursday 8th December–South East

**NOTICE OF MOTIONS AND QUESTION
RESPONSES**

**FORUM MEETING
26th March 2015**

NOTICES OF MOTION

Notice of Motion No 4(a) on Agenda refers:

"That this Forum calls for immediate action to improve the HSE transport service to various Hospitals within our region as many users of the service have serious difficulties with it and how it operates."

Cllr Tom Wood

Over recent months a number of concerns have been raised around the provision and entitlement to Non-Emergency Patient Transport (NEPTS) services. The current policy position in relation to this matter and the arrangements in place to oversee and ensure that the service remains available to those in need and affordable in the context of overall funding is as follows.

In order to standardise eligibility criteria The National Ambulance Service developed a policy which was approved by the HSE in October 2011. Patient Transport services are provided by the HSE on a discretionary basis to those most in need. In 2012 governance and responsibility for the provision of NEPTS was transferred from the National Ambulance Service to the HSE Acute Hospitals and Community.

The National Ambulance Service launched the Non Ambulance Patient Transport Policy in 2011 and HSE South East Services have implemented this policy locally. Within the South East a full review on the provision of NEPTS was undertaken in 2012 and concluded in 2013. The review highlighted that governance, efficiencies and control of the provision of NEPTS must be improved and the service must operate within a finite budget.

The South East Community and Hospital Services continue to provide NEPTS to the public. All established routes remain in place and the Patient Transport Office schedule various types of vehicles on routes depending on public requirements and requests. Scheduled routes are not available every day and to all locations. Scheduled routes are cancelled if there are no individuals requesting to travel on particular days. HSE South East community and hospital services will continue to provide transport to a range of healthcare settings and to those most in need.

In order to ensure that a funded NEPTS remains available the HSE are now and incrementally reviewing eligibility for current and future people availing of NEPTS. This will ensure the continuity of the NEPTS into the future and the availability to the public that need it within the funding available.

- The public can book their own non-emergency patient transport by calling the Patient Transport Office on 1890499299.
- The eligibility criteria set out in the National Policy (NAS) will be applied to all individuals requesting this. (See overleaf for eligibility criteria).
- The individual will be asked to confirm the medical condition which they have that requires their transport on Non-Emergency Patient Transport.
- You may be asked to verify the individuals' medical condition.
- The Patient Transport Office in collaboration with senior designated managers available across all service areas will review all applications for eligibility and approval/refusal to travel on non-emergency patient transport.

Eligibility Criteria in accordance with NASP002

1. The patient is unable to access public or private transport because of their medical condition and/or mobility issues. The category of mobility to be identified within the following categories:
 - A. Manual wheelchair – requires specialised transport
 - B. Electric wheelchair – requires specialised transport
 - C. Walking with frame – requires specialised transport
 - D. Other (Please specify) **and**
2. In the context of 1 above the patient cannot arrange transport for themselves and/or a third party cannot arrange transport on their behalf **and**
3. Alternative appropriate transport arrangements including voluntary patient transport is not available **and**
4. The patient is the holder of a current medical card **and**
5. The journey is undertaken to avail of acute services in a public hospital **and**
6. The patient resides in the counties of Carlow/Kilkenny, South Tipperary, Waterford or Wexford.

Dr. Ger O' Callaghan, Chief Operations Officer, South/South West Hospitals Group

Notice of Motion No 4(b) on Agenda refers:

"To ask the HSE and/or the Minister for Health if funding will be considered to be made available for the construction of a much needed Day Centre in Youghal, Co Cork which currently has full valid planning permission and if a statement will be made on the matter."

Cllr Mary Lenihan Foley/Cllr Aaron O'Sullivan

The proposed Day Care Centre in Youghal, for which a site was allocated at Youghal Community Hospital, was included in the HSE's Capital Plan in 2008. However, as with many other projects, funds were not provided to progress this project due to the reduced capital budget which followed the down turn in the economy. The project was to be co-funded by a local voluntary group to the extent of €300,000 out of a projected total project cost of €2,100,000 (2008 cost).

Subsequent to the initiation of the Day Care Centre project, residential standards for services for older people were introduced and the inspection of residential services for older people by HIQA commenced. The initial registration of facilities was for three years, and the renewal of the registration for Youghal Community Hospital

comes up in 2015. It has been identified that the hospital will require a significant extension to ultimately comply with the 80% single room / 20% double room requirement for existing buildings. The HSE has undertaken a preliminary review of the existing community hospital and, given the topography of the hospital site, such an extension could well impact on the site set aside for the Day Centre.

The HSE is currently in the final stages of appointing a Design Team to develop the plans to achieve full HIQA compliance in Youghal and would expect to have the design team selection process complete within 2 weeks. One of the first tasks assigned to the design team will be to advise on whether the significant extensions required to the hospital will impact on the site designated for the Day Care Centre. Naturally, the intention will be to avoid impact if reasonably possible. Once this step is completed, the HSE can make a final decision on the whether the Day Care Centre can go ahead on the site originally set aside. Apart from work on identifying a suitable location, the project will be dependent on identifying capital and revenue funding to enable the project to succeed.

In 2010 the local voluntary group sought to progress planning permission for the facility. The HSE agreed to this request at that time on the understanding of the development proceeding at no financial cost to the HSE (given the non-availability of capital funds). The planning permission, which was granted in Dec 2011, lasts for 5 years and will expire in Dec 2016.

Ger Reaney, Chief Officer, Community Health Organisation, Cork and Kerry

Notice of Motion No 4(c) on Agenda refers:

"To ask the HSE South and the newly appointed G.P. for the Rathmore area to provide a Surgery in Rathmore so that sick people can access their Doctor locally as many have difficulties travelling to Millstreet."

Cllr Danny Healy-Rae

I am pleased to advise the members that I understand that Dr. Walsh McCarthy, GP, has been successful in identifying a temporary premises for use as a GP Surgery in Rathmore and we hope that this will be confirmed within the next number of weeks.

In addition, Dr. Walsh McCarthy is actively seeking to provide a long term Surgery premises in Rathmore and to that end a meeting has been arranged for April 14th next between Dr. Walsh McCarthy, local HSE Management and our Estates Dept with a view to exploring what options are available to put a longer term solution in place.

Ger Reaney, Chief Officer, Community Health Organisation Cork and Kerry

Notice of Motion No 4(d) on Agenda refers:

"That this forum calls on the HSE to instate a 24 hour 7 day a week ambulance cover for each of the four districts in County Wexford"

**Cllr James Browne/Cllr George Lawlor/
Cllr Frank Staples/Cllr Joe Sullivan**

Ambulance cover for County Wexford was provided from 4 stations at Wexford, Enniscorthy, New Ross & Gorey, until Sunday the 22nd of March 2015. This rostering arrangement allowed for core emergency cover of a minimum of 4 ambulances operating; one from each station between 10am to 6pm, Mondays, Tuesdays, Wednesdays Thursdays and Sundays and from 10am to 5pm on Fridays and Saturdays. Outside of those hours one of the county stations closed on a rotational basis each night.

From Monday the 23rd March 2015, following changes to the rostering arrangements in New Ross, Enniscorthy and Gorey the following improvements have been achieved:

- All four stations now remain on duty for three nights per week. Coupled with the above improvement, all 4 stations are now on duty from early morning to late evening, 7 days per week, increasing the level of emergency cover across the county.
- Negotiations are continuing with Paramedics based at Wexford Station, at the end of which it is hoped to further increase the number of nights that all stations are on duty.

During 2014 a private consultancy firm was engaged to carry out a capacity review of the National Ambulance Service. The data and findings of this review will be used to guide the strategic development of the service going forward including resourcing, skill mix and deployment arrangements.

Meanwhile the number of paramedics deployed across County Wexford is similar to that of counties, Waterford, Tipperary and Carlow / Kilkenny. It should also be noted that County Wexford is also serviced by crews from Arklow, Wicklow, Carlow, Kilkenny and Waterford as required.

In the short-term there are no plans to increase the number of staff deployed from County Wexford Stations. However this may be possible as part of an overall plan for the region should extra resourcing become available at some point in the future.

William Merriman, Area Operations Manager - NAS North Leinster and NAS South, National Ambulance Service (NAS)

Notice of Motion No 4(e) on Agenda refers:

“Could the HSE South please confirm the truth regarding the stance on Kilcreene Hospital? Are any theatres closing and are patients going to be asked to have elective surgery in Waterford hospital? Yes or No?”

Cllr Breda Gardner

The Kilcreene Healthcare facility provides the following services

- National Ambulance Service Regional Complex.
- Nursing and Midwifery Regional Development Unit
- Caoimhe Nua an intellectual disability service
- La Nua an adolescent service
- Speech and Language Service.
- HSE Office Complex.

The HSE is committed to maintaining Kilcreene Hospital in Kilkenny as a health care facility. Kilcreene Regional Orthopedic Hospital is currently the elective (planned) orthopedic facility for the South East operating out of 31 beds including 7 day beds. There is over 70 staff working in the orthopedic unit. In 2014 the unit treated 836 inpatients and 1431 day patients. The planned orthopedic procedures are carried out by Orthopedic Surgeons who travel daily from University Hospital Waterford to undertake this work.

The orthopedic services for the South East are delivered from University Hospital Waterford and Kilcreene Regional Orthopedic Hospital as part of South/South West Hospital Group. The Group will shortly be developing a strategy for the delivery of acute hospital services so that the population in the region will receive the optimum service delivery within the resources available to it. This work will encompass all the main specialty areas, including orthopedics.

In this context discussions have commenced in relation to the reorganisation of elective orthopedics for the region. As part of these discussions the option of centralising elective orthopedic surgery in University Hospital Waterford is being examined. Preliminary discussions to effect the reorganisation are in development and will include thorough consultation with staff and all other relevant parties.

The HSE can provide reassurance that no jobs will be lost as a result of any proposed change to this regional service. The SSWHG wants to provide the most comprehensive Orthopedic service possible at the highest quality and lowest level of risk. As discussed at the last forum meeting full discussions will take place at the next South East Committee meeting.

Mr. Ger O’ Callaghan, Chief Operations Officer, South/South West Hospitals Group

Notice of Motion No 4(f) on Agenda refers:

“In light of the detrimental effects that the FEMPI (Financial Emergency Measures in the Public Interest Act) cuts are having on General Practice, particularly in rural areas, that the Regional Health Forum South call on the Minister for Health to reverse these cuts.”

Cllr John Joe Culloty

The Department of Public Expenditure and Reform has responsibility for the development and implementation of Government public service pay policy. The Financial Emergency Measures in the Public Interest (FEMPI) Acts of 2009-2013 and the Public Service Stability Agreement 2013-2016 (Haddington Road Agreement) define current pay policy, within the context of meeting the requirements to reduce the overall public service paybill in line with the commitments made in the Memorandum of Understanding with the EU/IMF. As such, the reversal of any FEMPI cuts is not a matter for the HSE.

Ger Reaney, Chief Officer, Community Health Organisation Cork and Kerry

Anna-Marie Lanigan, Area Manager, South East Primary, Community & Continuing Care

Questions

Question No 5(a) on Agenda refers:

“What can be done to improve the staffing levels at Saint Patricks Hospital, Cashel recognised by some to be at crisis level. Is the HSE happy that the Agency Service which has the monopoly and often cannot supply is a safe service given the recent national focus on residential centres and safe practices”

Cllr Tom Wood

St. Patrick’s Hospital, Cashel, Co. Tipperary currently has a complement of 134 beds for the following services:

- 95 long term care
- 21 rehabilitation
- 18 respite

In addition the Day Hospital offers up to 14 places Monday to Friday for patients who require follow-up after discharge from the Acute Hospital setting, rehabilitation and assessment. The Day Hospital also provides services including prosthetic and orthotic clinics.

There have been significant challenges in regard to staffing in all service areas due to the effect of the national public service moratorium on recruitment and incentivised staff reduction schemes. The moratorium has been lifted and there has been a concerted effort to hire staff in recent months. Allied to this revised rostering arrangements and skill-mix have been used to gain efficiencies where achievable.

Every effort has been made to ensure that appropriate staffing levels are in place at St. Patrick's Hospital.

At times there can be difficulty securing agency replacement for nurses on short term sick-leave et cetera. There is a nationwide gap between the number of available positions and the number of registered nurses (RGNs) qualified and willing to fill them. Rural elderly services are particularly affected by this. Previous Graduate Nursing recruitment campaigns to meet shortfalls in the roster were unsuccessful i.e. a Graduate Nurse Competition in 2013 did not secure any candidates to work in St Patrick's Hospital. Furthermore in June 2014, a conversion process of agency nursing staff to directly employed HSE staff commenced – however this did not provide a positive outcome.

Notwithstanding the above, the HSE continues to endeavour to improve direct employee staffing levels at St. Patrick's Hospital. Since September 2014 a number of staffing positions have been recruited and appointed to St. Patrick's Hospital. This includes six interim Multi Task Attendants (MTAs) and eight Registered General Nurses (RGNs). In addition it is expected that two further MTAs will be appointed shortly as their recruitment process is nearing completion. On 7th April 2015, one additional RGN is due to commence work at St. Patrick's Hospital.

The national recruitment process is ongoing in relation to further permanent posts for St. Patrick's Hospital i.e. 11.5 whole-time equivalents. Interviews have been held recently to fill two Clinical Nurse Manager positions. In addition it is anticipated that interviews will be scheduled shortly for one Clinical Nurse Manager Grade 2 for the Rehabilitation Unit.

The HSE management acknowledges the dedication and commitment of its nursing and support staff and will continue to work to maintain staffing levels and ensure that approved posts are filled as quickly as is possible in order to further reduce/eliminate agency.

Anna Marie Lanigan, Area Manager, South East Primary, Community and Continuing Care

Question No 5(b) on Agenda refers:

“Why are the HSE upsetting special needs people in Killarney by closing Lantern Lodge & Cluain Fhionnáin facilities in Killarney.”

Cllr Danny Healy-Rae

Lantern Lodge

Lantern Lodge is a Mental Health Day Care Centre located in Killarney, Co. Kerry catering for the needs of up to 15 service users from the local catchment area daily, opened 9am to 5pm Monday to Friday. A Clinical Nurse Manager is in charge of the centre with support from the local Community Mental Health team which includes nursing and therapy staff who work with the clients focusing on the recovery model of care. Lantern Lodge is also available to clients as a drop in centre if required.

A recent Environmental Health report highlighted a number of deficiencies in the Lantern Lodge premises which may render the building as not being fit for purpose. As per good practice in all services, Kerry Mental Health Services (KMHS) regularly review all their facilities in line with Vision for Change which emphasises the recovery model of care. In light of the above environmental health report, KMHS are currently undertaking a review of the Lantern Lodge facility. The aim of any of these reviews by KMHS is to ascertain the service users’ clinical requirements in each Community Mental Health Team area and how these requirements can be best met in their community whilst availing of all HSE and other services in that community. The clinical needs of the service users are paramount in every review and their welfare and future welfare will be addressed when considering the outcomes.

Until a thorough review has been completed, no decision will be taken on the future of Lantern Lodge. As indicated above, the needs and views of services users will be paramount in any decision on the future of the unit. The review of Lantern Lodge is expected to be completed by end of Q3 2015. Should any changes to the service be proposed following this report, staff and service users will be consulted and fully briefed as is standard HSE policy.

Cluain Fhionnáin

Cluain Fhionnáin is a 28 bedded residential service for people with intellectual disabilities. In line with the recommendations of *Time to Move On: A Report on Congregated Settings*, published in 2011, this facility is considered a congregated setting (a congregated setting is defined as a service where 10 or more people with a disability are living in one residential unit).

The above report, adopted by Government, sets out that people living in congregated settings should be supported to move to appropriate residential accommodation in the community in groups of no more than 5 people. In light of this, the HSE are working with disability agencies in Kerry to develop individualised packages of support to enable people to move into the appropriate homes in community settings where they will be supported to become active, inclusive members of their community.

Ger Reaney, Chief Officer, Community Health Organisation – Cork and Kerry

Question No 5(c) on Agenda refers:

"Can the management outline what role and commitment the newly appointed Rehabilitative Consultant will have to Cedar Unit (Young Chronic Sick Unit) in Farranlea Community Nursing Unit?"

Cllr Dr John Sheehan

The HSE is pleased to confirm that a new Rehabilitation Consultant commenced on the 23rd of March 2015. This post is structured 22.5 hours to Mercy University Hospital (MUH), 6.5 hours to Cork University Hospital (CUH) and 10 hours to National Rehabilitation Hospital (NRH).

This appointment is the first step in the development of Rehabilitation Services in HSE South. The report on the *Reconfiguration of Acute Hospitals Services Cork and Kerry* (2010) had identified gaps in Rehabilitation Services within the region and had made recommendations for the further development of these services. Following on from this, the HSE South (Cork and Kerry) had secured approval for the post of a Consultant in Rehabilitation Medicine to develop the overall approach to Rehabilitation and an integrated Acquired Brain Injury (stroke, brain injury, etc) and Amputee Rehabilitation Service.

The appointment of a permanent Consultant in Rehabilitation Medicine, with further appointments to supplement this in time, has brought the areas of Cork and Kerry in the HSE South region into national focus as a template on which other Regional Rehabilitation services can be modelled. The basis for this post is to provide local and Regional Rehabilitation Medicine expertise for the HSE South (Cork and Kerry, and in time the Hospital Group) and to have close links with the NRH. Although this post is stand-alone at the moment, the links with NRH will facilitate peer review, revalidation, and an opportunity to develop subspecialty interests as well as promote Consultant and service expansion.

The Consultant reviews all referrals from the major acute referring hospitals in Cork city and provides opinions and liaises with other hospitals in the HSE South.

Cedar View

Cedar View is located in the same complex as the Farranlea Road Community Nursing Unit, but is a separate and distinct unit which caters for Adults with Complex High Support Needs through the provision of residential and community support services. The model of service delivery is based on the development of activities appropriate to the preferred lifestyle of the resident through the delivery of a high quality, person-centred service which is provided on an individualised basis. This is achieved by working in close collaboration with the service user, their family and others involved in their care.

The team in Cedar Unit works closely with other organisations in the community to facilitate the individual resident's involvement & participation with local community based services and specialist providers in line with the needs and wishes of the individual resident.

It is acknowledged that any Community Based Specialist Rehabilitation facility such as Cedar View would benefit from the direct involvement of a Consultant in Rehabilitation Medicine. While the post which is now occupied it is a standalone post at the moment, it is anticipated that the rehabilitation service will develop with the appointment of two further Consultants in Rehabilitation Medicine posts in due course. In the interim it is envisaged that the Consultant will provide a consultation service for patients at Cedar View.

Gerry O'Dwyer, Chief Executive Officer, South / South West Hospital Group

Ger Reaney, Chief Officer, Community Health Organisation Cork and Kerry

**NOTICE OF MOTIONS AND QUESTION
RESPONSES**

**FORUM MEETING
7th May 2015**

NOTICES OF MOTION

Notice of Motion No 5(a) on Agenda refers:

"That this Forum calls on the HSE to outline its plans to bring the remaining older structure at South Tipperary General Hospital, Clonmel up to standard and the timescale for same."

ClIr Tom Wood

Response

The Estates Division is currently developing a 'Development Control Plan' for South Tipperary General Hospital; same is anticipated in Quarter 4, 2015. This plan will detail the development for the future years and will address 'older structures' that currently remain.

Meantime, approval was received in 2015 for the development of a two storey build comprising ground floor accommodation for a CT scanner and future MRI Scanner and first floor 'shell' accommodation that given its adjacency to the Theatre and Day Ward it is likely that this space will support these areas. The enabling works for this build have commenced and it is anticipated that the building will be complete by year end 2015.

In addition, it is intended to relocate the existing Outpatients Department to the former St. Michaels' Unit on the campus. This relocation will enable the provision of a modern fit for purpose Outpatients Department and will further enable the relocation of non-clinical rooms / departments to the vacated area thus creating essential space for clinical activity in the main hospital building. A submission for capital funding for this project was submitted to the National Capital Development Steering Committee in early May 2015.

Minor works underway at the present time include the refurbishment of the Medical 3 Ward and a number of rooms on the Medical 1 Ward. Discussions are taking place with the hospital management regarding an extension of the Emergency Department to include the conversion of the waiting area in the Emergency Department to additional 'cubicle' space, upgrading of the Paediatric Unit, Medical Ward and Coronary Care Unit.

Grace Rothwell, General Manager, South Tipperary General Hospital

QUESTIONS

Question No 6(a) on Agenda refers:

"Could the HSE provide the most recent available annual figures on income generated from car parking charges at hospitals in the South/South West Region and explain where such income falls within the hospitals budget."

Tom Wood

<u>South/Southwest Hospital Group</u>	Is there a Hospital Car park	Income derived through car park fees 2014	Income derived through car park YTD Jan-Mar 15
Bantry General Hospital	Yes,	N/A	
Cork University Hospital & CUMH	Yes	2,966,180	676,280
Kerry General Hospital	Yes	697,101	186,628
Lourdes Orthopaedic Hospital Kilcreene	Yes,	N/A	
Mallow General Hospital	Yes	N/A	
Mercy University Hospital	No	N/A	
South Tipperary General Hospital	Yes	341,677	85,497
South Infirmary Victoria University Hospital	Yes	358,000	106,000
University Hospital Waterford	Yes	1,415,467	333,695

Mr Ger O'Callaghan, Chief Operations Officer, South/South West Hospitals Group

**NOTICE OF MOTIONS AND QUESTION
RESPONSES**

**FORUM MEETING
18th June 2015**

NOTICES OF MOTION

Notice of Motion No 4(a) on Agenda refers:

“To ask the HSE to revert back to the previous system of ambulance service as the central office service based in Dublin is not working out.”

Cllr Danny Healy-Rae

Single National Control Centre

The migration to a single national control centre coupled with a new computer system and digital radio will bring transformational improvements in the delivery of the service. This key project will deliver a single state of the art national emergency control centre for Ireland across two sites Tallaght (hub site) and Ballyshannon (resilience site). This project involves the centralisation of multiple small control centre sites going from 11 sites to 2. It also requires a change in the model of working where the role of an Emergency Medical Controller is now replaced with a new model of operation whereby there is a separate call taker and dispatcher and supervisor role.

In addition, the entire information system, including call answering and dispatch is being replaced. A state of the art computer assisted dispatch system (CAD) will be implemented fully in 2015. The Advanced Quality Assurance Audit (AQuA) process enables the NAS to audit the emergency calls which are received at the emergency call centres. This computer based system enables the NAS to monitor and audit the calls effectively and efficiently ensuring that compliance levels are maintained at Accreditation – Centre of Excellence standards. All control centres carry out this audit and it is a key performance indicator in 2015.

The NAS has also introduced a national digital radio communication system which ensures secure communication and clarity in transmissions from across the country.

These key projects will significantly enhance the NAS ability to dynamically deploy ambulance resources and improve response times. All emergency vehicles which are logged onto the system are visible regardless of their location. The National Ambulance Service utilises current Ordnance Survey Ireland mapping systems as well as GeoDirectory address information from An Post. Each NAS vehicle is fitted with an automatic vehicle location system which combined with the systems outlined above enable the control centre staff to identify the location of an incident and provide directions to the responding crews. The system also identifies the nearest available resource to an incident.

The NAS awaits the introduction of an individual house/property identifier system which will greatly assist incident location in the rural areas.

Ambulance Response Times

There has been an increase of approximately 10% in all emergency calls between January 2013 and December 2013 (close to 1,000 per month).

In September 2014 the NAS responded to 24,018 emergency and urgent calls bringing the total number of emergency calls in 2014 to 217,144. This represents a further increase of 3.8% or 7,996 calls over the same period in 2013.

The target set for 2014 in relation to ECHO and DELTA incidents was that 80% of calls should be responded to by a patient carrying vehicle in 18 minutes and 59 seconds or less. National performance at September 2014 was 78.5% for ECHO calls and 69% for DELTA calls. The corresponding performance for 2013 was 65.7% and 63.4% respectively.

These improvements have been supported by a number of factors including investment in new technology and Intermediate Care Vehicles which now facilitates 75% or approximately 3,000 of all inter-hospital transfers.

Notwithstanding this, the HSE acknowledges in line with the HIQA report that there is room for greater improvement particularly in the area of call activation and the enhancement of Community First Responder Schemes (CFRs). The NAS are working closely with CFR Ireland in relation to expanding the current 105 CFRs nationally.

Specifically, in relation to the HIQA target of 75% response rate to the 7 minute 59 second target for first responders, the independent National Capacity Review has found that an overall target of 7 minutes 59 seconds for 75% of first responders is not achievable in Ireland because:

- NAS serves a very rural population with 40% of incidents arising in rural locations. In England, for example, 12% of incidents are classified as rural in a typical ambulance service and this will have significant implications on the ability of the NAS to perform to the same standards as an English ambulance service.
- In Ireland, ambulance calls per head of population is 40% of that in England. While this difference cannot be fully explained, there is some evidence to suggest that access to GPs in Ireland is easier, particularly out of hours. However, the scope of alternative care models to reduce response times may be less than would apply in other jurisdictions.

The Capacity Review indicates that, with very significant further investment, it would be possible for the service to, at best; achieve an 8 minute performance in 64% of cases across Ireland (as compared to 79% for a typical English service). The level of investment required is in the order of an additional 290 full time staff as well as additional vehicles (Emergency ambulances, Intermediate Care Vehicles and Rapid Response Vehicles).

Quality of care outcome provides a true measure of service performance. During Q3, 2014 the NAS started to report on the clinical outcome measure relating to *return of spontaneous circulation (ROSC)* – the internationally recognized indicator. The NAS is achieving a performance level of 39% compared to the best international practice benchmark of 40%. The HIQA report acknowledges the importance of clinical outcome measures and the need to combine them, with response times.

Ambulance turnaround times at hospital emergency departments also continue to improve with 67% of emergency ambulance vehicles and crews released to respond to other calls within 30 minutes or less compared to 63% in September. 94% of calls had crews and vehicles clear and available within 60 minutes compared to 93% in September.

Michael Norris, Operations Performance Manager

Notice of Motion 4 (b) on Agenda refers:

“With the proposed re-organisation of services (including rehabilitation services) from St Patricks Hospital, Cashel to Our Lady’s Campus, Cashel evidently in trouble due to HIQA and other concerns, this Forum calls on HSE to end the uncertainty, allow the Rehabilitation Unit remain in its rightful location at St Patricks and wisely allocate funding for the refurbishment of other facilities there.”

Cllr Tom Wood

St. Patrick’s Hospital currently has a complement of 134 beds for the following services:

- 95 long term care
- 21 rehabilitation
- 18 respite

In addition the Day Hospital offers up to 14 places Monday to Friday for patients who require follow-up after discharge following discharge from the Acute Hospital setting, rehabilitation and assessment. The Day Hospital also provides services including prosthetic and orthotic clinics.

As part of an ongoing national process, the HSE is currently working with HIQA in relation to HSE long stay residential units due for re-registration in 2015 to facilitate the continued delivery of these services. Each Long Stay Residential Unit will be inspected by HIQA and a decision will be made by HIQA on re-registration on a unit by unit basis.

A proposal to reorganize the provision of services (including rehabilitation services) from St. Patrick’s Hospital to Our Lady’s Hospital Campus in Cashel was included in the HSE 2013 Service Plan. The main focus for undertaking the re-organisation of services is to facilitate the refurbishment of facilities within St. Patrick’s Hospital to address environmental issues in the Health Information and Quality Authority (HIQA) Long Stay Residential Standards.

The existing ‘Le Cairde ‘ Unit at Our Lady’s Hospital campus is currently being completed to HIQA Standards with the intention to relocate Elderly Mentally Infirm patients from St Patrick’s Hospital. The building is currently being equipped and is due to be handed over to the HSE from 16th June 2015.

Plans were also developed and planning permission received for the upgrade of the unused First and Second Floor areas in Our Lady’s Hospital Main Block. Whilst HIQA have indicated to the HSE that first floor would meet their requirements for the Rehabilitation Unit – however the proposed development of the second floor for Respite Services has not been confirmed to date. The HSE is continuing to liaise with HIQA and HSE Estates in relation to the proposed development.

All options are being considered by the HSE for the optimum location of rehabilitation, respite services and the upgrade of existing facilities at St. Patrick's Hospital Cashel.

Anna Marie Lanigan, Area Manager, South East Primary, Community and Continuing Care

QUESTIONS

Question No 5(a) on Agenda refers:

"When will the Child and Adolescent Mental Health Services in East Cork (based in Glanmire) have a full time Consultant Psychiatrist and will there be cover for Clinical Psychologist in the team"

Cllr Mary Lenihan Foley

Child and Adolescent Mental Health Services are provided in the former North Lee Catchment Area through three multi-disciplinary teams. This followed additional resources being provided, including Consultant Psychiatrist, Psychiatric Staff Nurse, Social Worker, Occupational Therapist, NCHD & Psychologist, in 2012 to develop a third consultant led Child and Adolescent Mental Health Team. The three teams cover the following areas:

- North Lee West population (under 18's) 16,239 – catchment includes: Churchfield, Fairhill, Knocknaheeny, Blarney, Marcroom & Warrenscourt
- North Lee East population (under 18's) 15,362 – catchment includes: Blackpool, Montenotte, Midleton & Cobh
- North Lee North population (under 18's) 14,852 – catchment includes: The Glen, Glanmire, Whitechurch & Yougal

Funding was secured to develop the team in the November 2013 area in North Lee North. The position of Consultant Psychiatrist was filled first on a locum basis from November 2013. However, the Consultant left on maternity leave from March 2014.

I am pleased to inform the members that since Tuesday 2nd June 2015, Dr. Martina Begley, Child & Adolescent Consultant Psychiatrist has recommenced as the full-time Consultant Psychiatrist.

Cross cover arrangements were put in place for the duration of the vacancy. Obviously, since these arrangements with Consultant Psychiatrists in adjoining areas were based on less than optimal numbers of consultants, there was a requirement to focus on priority cases and the provision of clinical governance oversight for other cases.

The HSE did attempt to secure full time locum cover for this post however, similar to other services across the country, Cork Mental Health Services are encountering difficulties in securing full time locum Consultant Psychiatrists to cover annual leave, maternity leave, sick leave and vacancies as they arise.

Clinical Psychologist:

The psychologist for this service is on maternity leave since mid-February 2015. As an interim measure, all open and active cases have been disseminated for relevant follow-up amongst her psychology colleagues in order to bring these cases to a safe conclusion. Also, the Area Principal Psychology Manager is currently reviewing the staffing capacity across the region with a view to providing a level of psychology resources to the team from early July 2015. The needs for psychology input into this team will continue to be monitored closely.

Ger Reaney, Chief Officer, Community Health Organisation Cork and Kerry

Question No 5(b) on Agenda refers:

“To ask the HSE why aren’t they opening up more short stay beds in Kenmare and Dingle District Hospitals.”

Cllr Danny Healy-Rae

The HSE decided to carry out a review of short day bed usage in Co. Kerry for the first six months of 2015. The collection of data began on the 9th January and will conclude on the 8th July 2015.

A preliminary analysis of the data collected in relation to short stay bed availability in Co. Kerry to date has indicated that during the months of January to May there has been a sufficient number of short stay beds available to meet requests for admission to these beds. For example:

- January 2015 – 1-2 vacant beds at end of day (after daily admissions)
- February 2015 – Approx 2 vacant beds at end of day
- March 2015- 12 to 28 beds vacant at the end of day
- April 2015 - 6 to 11 beds vacant at end of day
- May 2015- 5-11 beds vacant at end of day

A final report on short stay bed usage will be completed and available at the end of July 2015.

This review is taking place in conjunction with an ongoing review and analysis of delayed discharges in the acute hospital sector in Kerry and Cork. Management are committed to doing everything possible within our sphere of control to keep the number of delayed discharges to a minimum.

In relation to delayed discharges in the acute hospital sector, including Kerry General Hospital, over the past months there is an overall downward trend in Kerry. There are a number of factors that impact on the number of delayed discharges and not all of these are within the control of community hospital services. This includes the numbers of older people with complex care needs who require acute hospital care, and the timelines and discharge processes within hospitals for working with families on NHSS applications.

The HSE will continue to explore how the additional beds in both Kenmare and Dingle Community Hospitals can be utilized to meet identified needs within in the community and within available resources.

Ger Reaney, Chief Officer, Community Health Organisation Cork and Kerry

Question 5 (c) on Agenda refers:

“What services are provided at Our Lady’s Hospital Cashel and on its adjoining campus and what is the frequency of same.”

Cllr Tom Wood

With regard to service provision in Our Lady’s Hospital Cashel campus, the following services are currently provided:

With the aim of maintaining and developing the provision of Services for Older People in Cashel, the HSE South Regional Service Plan 2013 outlined the proposal to reorganize the provision of services (including rehabilitation services) from St. Patrick’s Hospital to Our Lady’s Hospital Campus in Cashel.

The main focus for undertaking the re-organisation of services is to facilitate the refurbishment of facilities within St. Patrick’s Hospital to address environmental issues in the Health Information and Quality Authority (HIQA) Long Stay Residential Standards.

There are a number of vacant wards and offices at Our Lady’s Campus that have been refurbished to a very high standard with a number of administrative HSE staff located there.

A Project Group was established in relation to the re-organisation of services from St. Patrick’s Hospital Cashel to Our Lady’s Hospital Cashel. The existing ‘Le Cairde Unit at Our Lady’s Hospital campus is currently being completed to HIQA Standards with the intention to relocate Elderly Mentally Infirm patients from St Patrick’s Hospital. The building is currently being equipped and is due to be handed over to the HSE from 16th June 2015.

Plans were also developed for the relocation of rehabilitation and respite services from St. Patrick’s Hospital to Our Lady’s Hospital Campus. Planning permission was received for the upgrade of the unused First and Second Floor areas in Our Lady’s Hospital Main Block. Whilst HIQA have indicated to the HSE that first floor would meet their requirements for the Rehabilitation Unit – however the proposed development of the second floor for Respite Services has not been confirmed to date. The HSE is continuing to liaise with HIQA and HSE Estates in relation to the proposed development.

The ground floor of Our Lady’s Hospital continues to provide Primary Care and Out-Patient Disability Services.

Mental Health Services are also provided on Our Lady’s Hospital Campus – Carrig Oir Day Hospital/Day Services and Lorica (a 24-hour nurse staffed community mental health residence).

The Minor Injury Unit currently continues to provide services to the population of Cashel and surrounding area from Monday to Friday 9am to 5pm.

All relevant stakeholders are involved and consulted on an ongoing basis in relation to planned and future developments at Our Lady’s Hospital Cashel.

Anna Marie Lanigan, Area Manager, South East Primary, Community and Continuing Care

Question 5 (d) on Agenda refers:

“Can the HSE outline how many contracts for the new GP Under 6 Scheme have being signed in the HSE, both nationally and in the HSE South.”

Cllr John Sheehan

The provision of free General Practitioner (GP) care to children under the age of 6 represents the first phase in the provision of free GP care for the entire population and is part of the Government Health Reform Programme, Future Health, to create a single tier health service, supported by Universal Health Insurance with universal primary care including GP care without fees at the point of services.

The Under 6 GP Contract includes the following aims and principles;

- the role that GPs play in health service delivery and that contractual arrangements with GPs are key elements in the health reform programme.
- the need to ensure that general practice and primary care generally fulfils its potential as the setting in which the majority of the population’s day-to-day healthcare needs are met.
- the provision of effective, safe and high quality health services in which the safety and welfare of children is paramount.

GPs who wish to provide GP Care to Children under 6 are required to enter into a contract with the HSE. GPs are independent contractors and it will be up to each doctor individually to decide whether they sign up for or opt out of this new arrangement. In addition to providing GP care for all under 6’s the new contract will also include the provision of periodic wellness checks for children once at age two and once at age five, which are focused on health and wellbeing and disease prevention.

The National Contract Office has advised as follows; as of the 16th June 2015, there were 1,574 completed GP contracts received out of a total number of 2,417 contracts. This accounts for 65% nationally – however it should be noted that that this is a snapshot in time as it is understood that this figure is changing on a daily basis.

Please note that a list of GPs who have taken out the contract can be found at www.gpvisitcard.ie. This list is also updated daily.

HSE South – Contacts Received as of 16th June 2015

Local Health Office	Contracts Received	Total Contracts	Percentage Received
Carlow/Kilkenny	56	71	79%
Cork-North Lee	52	118	44%

Cork-South Lee	71	133	53%
Kerry	61	88	69%
North Cork	50	55	91%
South Tipperary	6	51	12%
Waterford	56	68	82%
West Cork	12	38	32%
Wexford	51	68	75%

The National Contracts Office has reiterated that the above figures are changing on a daily basis.

Anna Marie Lanigan, Area Manager, South East Primary, Community and Continuing Care

Ger Reaney, Office of the Chief Officer, Community Health Organisation Cork & Kerry

**NOTICE OF MOTIONS AND QUESTION
RESPONSES**

**FORUM MEETING
17th September 2015**

NOTICES OF MOTION

Notice of Motion No 4(a) on Agenda refers:

"Of the 40 extra nurses required for the CUH, how many of those are specifically required to open the CF unit."

Cllr Damian Quigg

Cork University Hospital has the second largest Adult Cystic Fibrosis (CF) centre in Ireland and currently caters for the needs of 145 Adult CF patients attending from the Munster region. The Hospital Board is committed to the development of both outpatient and in-patient facilities for this cohort of patients and have developed in tandem with the Respiratory team, led by Dr. Barry Plant, a capital programme to oversee the commissioning of these critical facilities.

The adult cystic fibrosis population in CUH continues to expand and the service currently caters for 145 patients and continues to increase. Current expert opinion recommends a minimum of 10 protected single room isolation beds per 100 adult CF patients.

Cork University Hospital Board has advised that the process of organising the transfer of the Cystic Fibrosis Inpatient service to the dedicated CF facility on Ward 5B involves reorganising a number of other services to maintain safe staffing levels within the hospital and to ensure that trolley numbers in the Emergency Department do not increase.

If the hospital was to transfer the Cystic Fibrosis patients to the identified dedicated ward at this current time it would mean a loss 8 medical inpatient beds across the CUH hospital system in the main due to the increased number of single rooms in the dedicated ward.

The Hospital cannot afford to lose 8 beds which effectively would mean 8 extra patients on trolleys in the ED. Patient care is of critical importance and CUH management and the clinical teams must ensure the delivery of safe patient care for all patients. This is achieved on a daily basis by maintaining the current bed numbers. In the interim pending the transfer of the Cystic Fibrosis service to the dedicated ward, the patients continue to be managed by a world class medical team attached to the Cystic Fibrosis service in the Hospital.

CUH as with other major teaching hospitals is experiencing a shortage of nursing staff in a number of specialist areas. An intensive campaign to recruit additional nursing staffing is underway with potential candidates being interviewed on a weekly basis. Naturally there is a lead in time for successful candidates to commence in

post. When the numbers have reached the level required to retain the 8 medical inpatient beds then the Hospital will proceed to identify a transfer date at the end of October for the Cystic Fibrosis inpatient service.

Tony McNamara, Chief Executive Officer, Cork University Hospitals Group

Appendix 1

Description of Accommodation

Single rooms Isolation (10)

Single bedrooms should consist of a bedroom with an attached lobby to conform with HBN 04 Supplement 1. Neutral pressure ventilation. These rooms should each have a lobby and not be configured in pairs with a shared lobby.

Shower room ensuite (13 no)

Shower, hand basin, and toilet should be provided in an ensuite directly accessible from the room. Non slip floors required. Walls need to be easily cleaned.

Toilet en suite (3 no for four bed rooms)

Hand basin and toilet should be provided in an ensuite directly accessible from the room. Non slip floors required.

4 bed rooms (3 no with ensuite shower and toilet and ensuite toilet to open from inside the room)

The room should have a window to the outside. The room will be large enough to accommodate a wide range of bedside activities including room for family involvement in the care team.

Procedure room

A multipurpose type room is required to perform bronchoscopies and to use for the assessment of patients.

Staff Communication base.

The base should be located next to the clean utility. The base will consist of an open desk arrangement with a back area for writing in charts or making private phone calls. It is the communication hub of the unit and should be centrally located and easily identified by staff and visitors.

Housekeeping Room

This can be located peripherally. Housekeeping room will contain a stainless steel sink, a bucket /slop sink and a hand washing facility.

Disposal Hold

This should be located nearest the service lifts on the ward on the periphery preferably or on a corridor near the lifts. This may be shared between two wards.

Dirty Utility Room

This room will be located convenient to the bed area. This will be the collection point for dirty, foul and infected linen, dressings as well as general waste.

Clean Utility

This accommodation should be centrally located in the ward next to the staff Duty Base.

The door should be swiped to prevent unauthorised access.

Ward Pantry

This needs to be located at the Entrance to the ward or the service lift end of the ward depending on the design. The meal system will be fresh food plated and delivered in trolleys.

The pantry needs to be fully HAASP compliant, fabricated from stainless steel with fully washable walls and non-slip floors.

General Store

General store room with a mixture of Kanban type storage and stainless steel mobile shelving is required. A radiator is not required in this room. A white dry wipe magnetic notice board is required.

Equipment Store

A store rooms with dado trunking around the centre of the room with sockets and data points for the storage of bulky items of equipment that need to be charged.

There will be

some height adjustable stainless steel shelving in the room.

Staff Toilet

Unisex facility for the use of staff located within the care area.

Interview room

To provide space to speak with patients or patients relatives in private. This room should be furnished with easy chairs, couch and coffee table for four to six people.

CNM Office

Office for one to two people, one desk one PC and phone, filing cabinet with four drawers

Linen Trolley Bay

An indentation in a discreet location to hold a locked linen trolley width ways. Trolley Dimension

Resuscitation Trolley Bay

An indentation near the Staff base with a socket and a data point to hold a resus trolley.

Touchdown Bases

There needs to be accommodation nearer the patients for the Nurse/s assigned to six or seven patients each day. An indentation every 6 or 7 beds or so, depending on design to accommodate a small built in desk, a PC, a phone, and some stationery storage. It needs to accommodate an office chair and have a light.

Notice of Motion No 5(b) on Agenda refers:

“To ask the HSE when will the people of Rathmore have a Doctor’s Surgery provided in their town as the trip to Millstreet is too much for the sick and elderly people and sick children, this was promised and was to happen earlier in the year following my earlier motion.”

Cllr Danny Healy-Rae

Notice of Motion No 5(e) on Agenda refers:

“To call on the HSE to provide a GMS Service based in Rathmore. This should be done by setting up a Clinic with the Doctor who was awarded the GMS contract, or alternatively, put the contract back out to tender. Rathmore patients are being very much neglected by the HSE.”

Cllr. John Joe Culloty

Dr. Christine Walsh McCarthy was appointed as GP in Rathmore in November 2014. Dr Walsh McCarthy already had a practice in Millstreet.

As outlined previously, Dr. Walsh McCarthy has experienced difficulty in sourcing suitable premises for use a GP Surgery in Rathmore. The HSE in Kerry have worked continuously to assist Dr. Walsh McCarthy on this issue. The Social Action Group in Rathmore have kindly made space available in their premises. Agreement has been reached between Dr. Walsh McCarthy and the group in relation to access to this space. However, planning permission is required due to the change of use and this is expected to be completed by January 2016.

Therefore, as an immediate measure, the HSE have rearranged its service in the HSE Health Centre in Rathmore to allow the GP service have access to same from 10.30 am every Thursday. This will be available to the GP from today, Thursday September 17th. This will allow a GP presence in Rathmore while a change of use application for planning is being submitted for the room being provided by the Social Action Group. This will be kept under review by the HSE.

The HSE Estates Dept has met with Dr. Walsh McCarthy to explore options in relation to long term accommodation in Rathmore.

Dr Walsh McCarthy is on maternity leave since 29th May 2015. She has been consistently trying to secure an assistant GP or a locum GP for the provision of a consistent GP presence in Rathmore. The recruitment of an assistant or locum will enable the GP presence in Rathmore to be extended. The HSE in Kerry have committed to funding practice supports above the level provided for in the GP contract in order to support the provision of a service in Rathmore.

Ger Reaney, Chief Officer, Cork & Kerry Community Health Organisation

Notice of Motion No 4(c) on Agenda refers:

“That a Capital Allocation be included in the 2016 HSE budget to implement structural changes identified in the recent HIQA report on Saint Patrick’s Hospital, Cashel, so as to facilitate long stay residents and staff.”

Cllr. Tom Wood

St. Patrick’s Hospital currently has a complement of 134 beds for the following services:

- 95 long term care
- 21 rehabilitation
- 18 respite

In addition the Day Hospital offers up to 14 places Monday to Friday for patients who require follow-up after discharge following discharge from the Acute Hospital setting, rehabilitation and assessment. The Day Hospital also provides services including prosthetic and orthotic clinics.

A proposal to reorganize the provision of services (including rehabilitation services) from St. Patrick’s Hospital to Our Lady’s Hospital Campus in Cashel was included in the HSE 2013 Service Plan. The main focus for undertaking the re-organisation of services is to facilitate the refurbishment of facilities within St. Patrick’s Hospital to address environmental issues in the Health Information and Quality Authority (HIQA) Long Stay Residential Standards.

The existing 'Le Cairde' Unit at Our Lady's Hospital campus has been upgraded to HIQA Standards and was recently handed over to the HSE to undertake commissioning and staffing process.

At a national level, the HSE is currently working with HIQA in relation to HSE long stay residential units due for re-registration in 2015 to facilitate the continued delivery of these services. Each Long Stay Residential Unit will be inspected by HIQA and a decision will be made by HIQA on re-registration on a unit by unit basis. The majority of HSE public long stay units including St. Patrick's Hospital Cashel were built prior to HIQA regulation in 2009 and, as such, there are a number of units that may not fully with infrastructural standards. Over the last number of years the capital investment programme has, within the available resources, brought a number of its public long stay units to full HIQA infrastructural standards and will continue to invest in long-stay units over the next number of years. In 2014 €36m was allocated in the Capital Plan for the continued upgrade of public residential facilities.

All options are being considered by the HSE for the optimum location of rehabilitation, respite services and the upgrade of existing facilities at St. Patrick's Hospital Cashel. This also includes the possible development of a new build Community Nursing Unit on site at St Patrick's Hospital. It is understood that this has been submitted to the national HSE Estates Division for consideration as part of the national priority list for funding and approval.

St. Patrick's Hospital has and will continue to have a key role in the provision of residential and rehabilitation services for Older Persons in the South Tipperary Area.

Aileen Colley, Chief Officer, Area 5

To the Chairperson and Each Member of the Forum

Dear Member,

Notice of Motion No 4(d) on Agenda refers:

"That the HSE in developing its longer plans for a possible new Hospital in Cork involving an amalgamation of the South Infirmary/Victoria and Mercy University Hospitals, would ensure that existing infrastructure in those Hospitals would not be neglected and the investment would continue as required to maintain a high quality service in those hospitals."

Cllr. John Sheehan

Since 2009, a major programme of reconfiguring acute hospital services has been underway in Cork and Kerry. The Reconfiguration of Acute Hospital Services, Cork and Kerry – a roadmap to develop an integrated university hospital network, was published in November 2010. The Roadmap outlines a clear and vital role for each acute hospital in Cork and Kerry, removing duplication of services between hospitals and encompassing a number of strategies and plans that had been formulated over

the previous 10 years either locally, e.g. through the Acute Hospital Planning Forum, or nationally, e.g. through the National Cancer Control Programme.

The purpose of this reconfiguration of services is to:

- ensure better patient care through the development and implementation of standardised care pathways
- ensure better patient safety by removing variances in processes, as it removes risk, and through clinical and corporate governance
- ensure better patient outcomes through the consolidation of services, reducing wasteful duplication and maximising the use of resources to enable prioritisation of frontline services
- centralise complex acute care, including cancer care, at a single regional centre
- deliver as much non complex care as close as possible to people's homes
- improve workflow and reduce waiting lists by protecting elective surgery from the fluctuations and cancellations associated with emergency services
- meet HIQA recommendations in relation to small hospitals
- meet the requirements of the National Cancer Strategy

The Reconfiguration Report also proposed that the many deficits in hospital provision in Cork would best be addressed through the development of a substantial new hospital. However, until a new hospital is in place investment will continue in both the South Infirmary/Victoria and Mercy University Hospital as required to ensure that a high quality service is maintained in both of those hospitals.

Dr Gerard O'Callaghan, Chief Operations Officer, South/South West Hospitals Group

Notice of Motion No 5(f) on Agenda refers:

"Hospitals are given annual budgets!

Is it true if they treat more patients than they had envisaged, exceed their budgets, are hospitals then penalised?"

Cllr. Breda Gardner

Hospitals are given annual budgets at the start of each year. The budgets are based on the service provided in the previous year less any once off expenditure plus any planned developments in the current year. Budgets can also be adjusted during the year to fund any new initiatives, such as waiting list initiatives, or to address any unforeseen circumstances that may arise, such as a flu epidemic or an increase in Emergency admissions. Hospitals are not penalised for treating more patients than they envisaged but at the same time they are expected to work within their allocated budgets. Any hospital that exceeds its budget in 2015 will have any excess treated as a first charge against its 2016 budget.

Dr Gerard O'Callaghan, Chief Operations Officer, South/South West Hospitals Group

QUESTIONS

Question No 5(a) on Agenda refers:

"Due to unforeseen staff shortages there will be a temporary reduction in the HSE North and South Lee Community Podiatry Service. Does this mean that those with diabetes will no longer be able to have the services of a podiatrist in the coming months?"

Cllr. Mary Linehan Foley

There are two vacancies in Cork podiatry services and these are presently being recruited through the National Recruitment Service. The staff vacancies in the podiatry service will not result in a reduction to services to patients with diabetes.

All patients are being prioritised upon referral as normal. Patients with active foot disease are of the highest priority, then High Risk Patients, Moderate Risk Patients and thereafter Low Risk Patients.

Podiatry services are still seeing all Moderate, High and Active patients who are registered to the service.

In order to enhance podiatry services the HSE has since 2011, through a Service Level Agreement with the Diabetes Federation of Ireland, funded the employment of four Podiatrists to work across Cork and Kerry to provide specialised foot care to people with diabetes who have high risk foot problems. These podiatrists, working alongside HSE staff, also see other clients (non-diabetic) who require high risk foot care. Priority is given to those with the greatest foot health need and at greatest risk. This is continuing and is in line with the National Model of Foot Care for Diabetes.

Ger Reaney, Chief Officer, Cork and Kerry Community Health Organisation

Question No 5(b) on Agenda refers:

"The Ballinamult Health Centre Seskinane, Co. Waterford is no longer being used by the local GPs who have relocated to the Fourmilewater Health Centre near Ballymacarby, Co. Waterford. This is causing a great deal of stress for local residents without transport. The reason given by the GPs for the relocation is because broadband is not available in the Health Centre Seskinane. Is there broadband

available in the Ballinamult Health Centre Seskinane? Is there any plans by the HSE to provide broadband to this health centre?"

Cllr Mary Butler

As is the case within all of HSE health centres, it is the responsibility of General Practitioners involved to provide their own broadband services at Health Centres and they are responsible for the running costs associated with same.

There are two General Practitioner's (GP) operating in the vicinity of Seskinane, one in Tallow, Co. Waterford and the other in Four Mile Water, Ballymacarberry, Co. Waterford (the latter is within the administrative remit of health services in the South Tipperary area).

A GP previously provided a service on a Monday morning from the Ballinamult Health Centre. However it is understood that due to IT difficulties in the area by the Broadband Provider, the GP could not safely administer prescriptions given network coverage issues arising with the web-based enabler.

It is understood that patients were consulted and the GP relocated this clinic to his main surgery of operation in Four Mile Water Health Centre, Ballymacarberry. The Four Mile Water surgery has full broadband and full-time Public Health Nurses.

Ballinamult Health Centre Seskinane continues to be available for use by health professionals/disciplines to see clients if required.

Aileen Colley, Chief Officer, Area 5

Question No 5(c) on Agenda refers:

“To ask if all the same services will be provided in the new facility “Lee Wood”, which is to replace “Lantern Lodge” in Killarney? Most importantly will the patients be provided with a lunch and showering facilities as they are totally dependent on these facilities?”

Cllr Danny Healy-Rae

Lantern Lodge is a facility in Killarney from where an Adult Mental Health Day Centre operates. This is staffed by members of the Mental Health Rehabilitation Team- a Clinical Nurse Manager 2 (CNM2) and a staff nurse Monday to Friday, with input from the wider Rehab team which consists of a Consultant Psychiatrist, Social Worker, Psychologist and an Occupational Therapist.

The facility itself is a standard two storey detached house in a residential area. A recent Environmental Health Officer inspection report identified various deficiencies in the building environment with particular reference to accessibility, lack of outdoor space and not meeting the standard requirements. A review commenced between the Rehabilitation team and Kerry Mental Health Management team (KMHT) looking to address the points raised in the EHO report. This review sought to address both the current clinical needs of the service users along with the future requirements for service users in the Killarney area, in line with Vision for Change.

In accordance with the wider service provision in Kerry Mental Health Services, the current Day Hospital in Leewood House, Countess Road is planned to move a new premises. Therefore this premises will be available for the Day Centre to relocate to before the end of October 2015. This move is welcomed by the team and will assist with the delivery of new initiatives and developments such as a therapeutic, sensory garden.

Current Mental Health Policy in the area of Recovery emphasises a less isolated and more community integrated service model, promoting independence where at all possible and ensuring that the service model does not de-skill service users by fostering over dependency. The decision to move from the current premises has been made in the best long term interests of service users and staff. In this context, in order to move from the current model of care to an independent recovery orientated service, the Rehabilitation team are currently devising a number of initiatives to assist service users in reaching their optimal recovery. As part of this relocation of services, service users will receive the required intervention, based on their assessed needs, including assistance with personal hygiene/provision of hot meals etc. where required, in the most appropriate setting.

The needs of all service users, as identified in their Care Planning assessments, will continue to be addressed by the Rehabilitation team. These care needs will continue to be reviewed on a regular basis to ensure that any change in service delivery does not result in reduced ability to meet identified needs. Therefore, although these needs may be satisfied in a different manner, the team will continue to strive to enhance the wellbeing of all their clients as well as their integration into the greater

community. Overall the relocation of the Day Centre is offering an exciting opportunity for the Rehabilitation team to explore what new services can be offered in the proposed base.

Ger Reaney, Chief Officer, Cork & Kerry Community Health Organisation

Question No 5(d) on Agenda refers:

“What measures will be taken to provide the necessary staffing levels at Saint Patrick’s Hospital, Cashel and Our Lady’s Hospital following the transfer of the Rehabilitation Unit and other beds to the new complex?”

Cllr Tom Wood

As members are aware, it is planned to re-organise the provision of older persons services within St. Patrick’s Hospital and Our Lady’s Hospital Cashel Campus, Cashel, Co. Tipperary. The main focus for undertaking the re-organisation of services is to facilitate the refurbishment of facilities within St. Patrick’s Hospital to address environmental issues in the Health Information and Quality Authority (HIQA) Long Stay Residential Standards.

An analysis of the staffing requirements was undertaken for St. Patrick’s Hospital Cashel. As part of this, an additional clinical requirement was identified and currently there is a recruitment process underway for the following posts:

- 4 x wte Nursing Staff
- 2.32 x wte Multi-Task Assistant
- 10 hours x Medical Officer

Every effort will be made to ensure that appropriate staffing levels are in place across the St. Patrick’s Hospital and Our Lady’s Hospital Campus.

**Aileen Colley
Chief Officer, Area 5**

Question No 5(e) on Agenda refers:

“There are currently three x-ray rooms in Kerry General Hospital, why can patients not be x-rayed in the outpatients section instead of having to wait extraordinary lengths of time for x-rays?”

Cllr. Damian Quigg

There are three x-ray rooms in the main Radiology department; two for general radiography and one predominantly used for chest radiography.

The main department facilitates all patients for x-ray examinations except ED patients who are x-rayed in a dedicated room located in the Emergency department.

In-patients, walk-in / appointed GP patients and OPD patients for x-ray examination are all accommodated in the Main Radiology department. The Radiology Department provides an on-demand radiographic service on planned clinic days.

A large volume of patients attend the OPD clinic annually: In 2014 over 55,000 appointments were issued to the Consultant led clinics in KGH. On clinic days the Radiology Department maximises its use of resources to try and meet demand as efficiently as possible. GP appointments are scheduled around clinics so as not to affect turn-around waiting times for patients. However, acutely ill in-patients will by necessity be prioritised where required.

It is unfortunate that some patients have to wait long periods of time for x-ray examinations but a number of radiographic referrals contain multiple studies that can take up to 10 – 15 minutes to complete.

A proposal has been submitted by KGH to replace a general x-ray room in the Main Radiology Department with the latest technology in digital x-ray equipment. This modern digital technology will increase efficiencies in waiting turn-around times for all patients. This equipment replacement plan will depend on National HSE approval.

Although it may be an ideal solution to have a dedicated Radiographic unit situated in the OPD clinic area, this would necessitate significant funding to replicate x-ray equipment in this area and to provide staffing to operate the equipment. The current OPD footprint could not accommodate this proposal.

Please note that we constantly strive in Radiology to provide the highest quality of care to the public we serve and welcome any feedback on services.

Maria Godley, Deputy General Manager, Kerry General Hospital

Question No 5(f) on Agenda refers:

“In view of the fact that HIQA reported in June that the existing General/ENT Operating theatres in the South Infirmary/Victoria Hospital are not fit for purpose and need significant renovation, what are the HSE plans, in terms of funding and timescale for the renovation of these theatres?”

Cllr. John Sheehan

We in the South Infirmary – Victoria University Hospital acknowledge the findings of the recent HIQA report. We wish to reassure our patients that all steps are taken to ensure a safe and positive patient experience.

Since 2011 we have invested approximately €6m in our theatre complex.

We have appointed engineering/architectural consultants to carry out an initial assessment of 4 of our theatres. This work was identified and commenced prior to our HIQA visit. This environmental report will identify capital requirements and will further inform our business case to secure capital funding.

The SIVUH will continue to work with HIQA and we are currently producing a quality improvement plan based on the findings of this report.

I wish to reiterate that patient safety and quality patient centred care is central to all decisions in SIVUH.

Ms Helen Donovan, Interim Chief Executive, South Infirmary/Victoria Hospital

Question No 5(g) on Agenda refers:

“There are a large number of parents whose children appear to have long-term adverse reactions to the Anti-Cervical HPV Gardasil Vaccine. Has the HSE investigated this link, and if so, what are the findings?”

Cllr. John Joe Culloty

Response from the HSE National Immunisation Office:

HUMAN PAPILLOMAVIRUS VACCINE

The European Medicines Agency (EMA) announced on July 13th 2015 that a review was being established of HPV vaccines to further clarify aspects of their safety profile.

The EMA review is focusing on rare reports of two conditions

- Complex regional pain syndrome (CRPS): a chronic pain condition affecting the limbs)
- Postural orthostatic tachycardia syndrome (POTS), a condition where the heart rate increases abnormally after sitting or standing up, causing symptoms such as dizziness and fainting, as well as headache, chest pain and weakness.

Reports of these conditions in young women who have received an HPV vaccine have been previously considered during routine safety monitoring but a causal link between them and the vaccines was not established. Both conditions can occur in non-vaccinated individuals

The EMA review does not question the benefits of the HPV vaccines and has emphasised that while the review is ongoing there is no change in recommendations for the use of the vaccine¹.

Background

Cervical cancer is the fourth most common cancer in women worldwide. Each year in Ireland around 300 women are diagnosed with cervical cancer and 100 die from the disease. All cervical cancers are linked to high risk Human Papillomavirus (HPV) types.

There are over 100 types of HPV. Some types are responsible for common warts (verrucae). Around 40 types can infect the genital tract. Some of these are low-risk types (e.g. HPV 6 and 11) which cause genital warts, while others are high-risk types (e.g. HPV 16, 18) and are associated with various cancers such as cancer of the cervix, vulva, vagina, anus, penis and the throat. Two high risk types of HPV (16 and 18) are responsible for causing over 70% of cervical cancers.

Infection with HPV is common. About 80% of all women will have a HPV infection in their lifetime, most of which will clear naturally. Thankfully, we now have HPV vaccines to protect girls from these high risk types of HPV infection and cervical cancer when they are adults.

Two HPV vaccines are licensed for use in Ireland, Cervarix, (manufactured by GSK) which protects against two HPV types (16 and 18) and Gardasil (manufactured by Sanofi Pasteur) which protects against four HPV types (6, 11, 16 and 18).

In Ireland the National Immunisation Advisory Committee (NIAC) makes recommendations on vaccination policy². Their recommendations are based on the how common the diseases are in Ireland and international best practice. NIAC recommended HPV vaccine for all girls aged 12 in 2009 and in September 2010 the HPV vaccination programme was introduced for all girls in first year of second level schools.

In September 2011 a catch up programme started for all girls in second level school - this was implemented in a phased basis and concluded at the end of 2013/2014. The HPV vaccine used in the HSE HPV school vaccination programme is Gardasil manufactured by Sanofi Pasteur who were awarded the contract after a competitive tender.

Vaccine effectiveness

Gardasil has been found to be over 99% effective in preventing pre- cancerous lesions associated with HPV types 16 and 18 in young women aged 16-26 years. Gardasil has been found to be over 99% effective in preventing HPV 6 or 11 related genital warts.

The impact of a population wide Gardasil vaccination programme has been demonstrated in Australia¹ where there has been a 50% decline in high grade cervical abnormalities in girls under 18 years and a 93% reduction in the number of

diagnoses of genital warts in women up to 21 years of age. There has also been an 82% reduction in genital warts diagnosed in heterosexual men up to 21 years of age which is attributed to herd immunity.

Vaccination provides less benefit to girls if they have already been infected with one or more of the HPV vaccine types. This is why the HSE programme is targeting girls in First year of second level school before they are likely to be exposed to HPV infection.

Vaccine safety

All vaccines used by the HSE as part of the immunisation programme are licensed by the Health Products Regulatory Authority www.hpra.ie and the European Medicines Agency www.ema.europa.eu/ema/.

Gardasil has been tried and tested in large clinical studies which lasted more than a decade and which included over 25,000 subjects in 33 countries. These studies are outlined in section 4.8 of and 5 of the Summary of Product Characteristics. Summary of Product Characteristics

Gardasil is considered safe and well tolerated. The most frequently reported³ side effects are local redness and /or swelling at the point of injection, and fever. These are typical and usually mild and temporary reactions to any kind of vaccination. Fainting has occurred after vaccination with Gardasil, especially in adolescents. Fainting has also been reported with other vaccines in adolescence. It is not known whether this is due to the vaccines or if the increased incidence in this age group merely reflects that adolescents are generally more likely to experience fainting. The onset of fainting is usually immediate. A review of fainting after vaccination found that 89% occurred within 15 minutes of vaccination and that the adolescents recovered quickly.

Less common reported side effects from Gardasil include pain in the injected arm, and bruising and itchiness at the injection site and rarely hives or a wheeze occur. Like most vaccine severe allergic reactions are extremely rare.

There is no evidence of long term sequelae to Gardasil. In some countries there have been deaths reported following HPV vaccination – however further investigation has shown that none of these deaths were causally associated with the HPV vaccine and were due to other unrelated causes such as drowning, malaria and an undiagnosed tumour. There have been no deaths linked to the vaccine.

By March 2015, over 187 million doses of Gardasil had been distributed either as part of national immunisation programmes or by private doctors. Gardasil has been administered to over 72 million people worldwide.

The Health Products Regulatory Authority (HPRA) formerly known as the Irish Medicines Board (IMB) is responsible for licensing vaccines, ensuring their quality safety and effectiveness and for the monitoring and evaluation of adverse events following immunisation. All adverse events to Gardasil vaccination must be reported to the HPRA.

In July 2011 the then IMB published a report⁴ on the first year of the HPV vaccination programme in Ireland which showed that there were no concerns with the safety

profile which was in line with that outlined in the licensed documentation. There has been no change in the safety profile since.

The WHO's Global Advisory Committee on Vaccine Safety reviewed updated safety information on HPV vaccines and stated in June 2014 that data from all sources continue to be reassuring about the safety profile of HPV vaccines⁵.

The USA Centers for Disease Control and Prevention recently published information⁶ reviewing the administration of 67 million doses of Gardasil from June 2006 through March 2013 (July 2014) which showed similar adverse events. In March 2015 the CDC reported that HPV vaccines are "safe and effective"^{7, 8}.

On May 14th 2015 the Australian Therapeutic Goods Administration (TGA) reported on an enhanced school-based surveillance report of acute adverse events following immunisation with the human papillomavirus vaccine, Gardasil, in males and females, from which no safety concern in either males or females was identified. About 9 million doses of Gardasil have been administered in Australia.

This enhanced school-based surveillance program was undertaken in collaboration with the Australian Department of Health's Office of Health Protection and state and territory health departments to monitor adverse events associated with the vaccine for two years (2013 and 2014)⁹.

In September 2012 the European Centre for Disease Control (ECDC), published an update of the Guidance on HPV Vaccine, and concluded that the HPV vaccines currently in use for girls are generally safe, well tolerated and highly efficacious in the prevention of persistent infection, cervical cancer and cancerous and precancerous lesions related to the vaccine-HPV serotypes. The vaccines also confer some degree of cross-protection against non-vaccine-HPV serotype infection and precancerous cervical lesions¹⁰.

A more recent review (February 2015) from ECDC report the HPV vaccines as generally safe and well tolerated. This review gives information on specific side effects reported after HPV vaccine administration¹¹.

Like Ireland, every one of the many countries implementing HPV vaccination programmes are doing so in the best interest of their citizens, to maximise health, prevent disease and prolong life. Around the world, a failure to implement a HPV vaccination programme would be considered to be a withholding of potentially life- saving preventive treatment.

**Dr Brenda Corcoran, Consultant in Public Health Medicine
National Immunisation Office, Health Service Executive**

References

1. EMA to further clarify safety profile of human papillomavirus (HPV) vaccines
European Medicines Agency, July 2015
http://www.ema.europa.eu/ema/index.jsp?curl=pages/news_and_events/news/2015/07/news_detail_002365.jsp&mid=WC0b01ac058004d5c1
2. Human papillomavirus. Immunisation Guidelines for Ireland National Immunisation Advisory Committee

<http://www.hse.ie/eng/health/immunisation/hcpinfo/guidelines/chapter10.pdf>

3. Gardasil Summary of Product Characteristics (licensed information)
<http://www.medicines.ie/medicine/11524/SPC/GARDASIL/>
4. Overview of national monitoring experience with Gardasil. Irish Medicines Board 19 July 2011
http://www.hpra.ie/docs/defaultsource/Safety-Notices/imb_gardasil_webupdate_19jul2011.pdf
5. GACVS Safety update on HPV Vaccines. World Health Organization 13 June 2013
http://www.who.int/vaccine_safety/committee/topics/hpv/130619HPV_VaccineGACVSstatement.pdf
6. Global Advisory Committee on Vaccine Safety Statement on the continued safety of HPV vaccination 12 March 2014
http://www.who.int/vaccine_safety/committee/topics/hpv/GACVS_Statement_HP_V_12_Mar_2014.pdf?ua=1
7. Human Papillomavirus Vaccination Coverage Among Adolescent Girls, 2007–2013, and Postlicensure Vaccine Safety Monitoring, 2006–2014 — United States. MMWR 2014; 63 (29) 620-624
<http://www.cdc.gov/mmwr/pdf/wk/mm6329.pdf>
8. Human Papillomavirus (HPV) Vaccine Safety(Detailed information) Centers for Disease Control US April 2015
http://www.cdc.gov/vaccinesafety/Vaccines/HPV/hpv_faqs.html
http://www.cdc.gov/vaccinesafety/Vaccines/HPV/hpv_detailed.html
9. Gardasil safety update Australian Government. Department of Health. Therapeutic Goods Administration
<https://www.tga.gov.au/alert/gardasil-human-papillomavirus-vaccine>
10. Introduction of HPV vaccines in European Union countries – an update
http://ecdc.europa.eu/en/publications/Publications/20120905_GUI_HP_Vaccine_update.pdf
11. Safety of Human papillomavirus vaccines: a review' European Centre for Disease Control Michela Stillo, Paloma Carrillo Santistev & Pier Luigi Lopalco† ECDC, Stockholm, Sweden February 2015
<http://informahealthcare.com/doi/pdf/10.1517/14740338.2015.1013532>

Question No 5(h) on Agenda refers:

“How much money is spent on the HSE yearly approximately?
How much is spent on preventative medicine tackling its alcohol abuse Cigarette smoking and obesity?
How do you see the sickness system can be turned into a genuine health system that could improve the level of well being in Ireland?”

Cllr. Breda Gardner

How much money is spent on the HSE yearly approximately?

- The total revenue expenditure in 2014 was €13.22 billion.
- The total capital expenditure in 2014 was €356.888 million

How much is spent on preventative medicine tackling its alcohol abuse Cigarette smoking and obesity?

How do you see the sickness system can be turned into a genuine health system that could improve the level of well being in Ireland?”

The HSE corporate Plan 2015-2017 has as its first goal to promote health and wellbeing as part of everything we do so that people will be healthier. The goal of the health service is to have a positive impact on the health and wellbeing of everyone living in Ireland and support people to live fulfilled lives and be as healthy as they can be. The HSE will:

- Implement the healthy Ireland strategy across our organisation and services (available from www.health.gov.ie/healthy-ireland/)
- Integrate prevention, early detection, and self management into the integrated care programme
- Reduce chronic disease by focusing on areas such as diet, nutrition and physical activity, obesity, tobacco, alcohol and substance use.
- Support and encourage staff to look after their own health and wellbeing
- Promote positive mental health, positive ageing and good sexual health
- Deliver and expand our screening programmes
- Deliver person centred community based services which support independence and choice for older people and people with disabilities
- Implement a child screening model and improve national immunisation rates
- Implement programmes to reduce healthcare acquired infections.

Healthy Ireland – HSE National Implementation Plan

Healthy Ireland in the Health Service National Implementation Plan 2015-2017 was published in July 2015. This plan has been informed by developments in the many reform initiatives underway across the health service including the establishment of the Health and Wellbeing Division in 2013. In this plan, the HSE is focused on concerted and specific actions at all levels of the health service, all of us working together to improve health and wellbeing and prevent the onset of disease.

Neither the health service alone, or the department of health can fully realise the objectives of improving population health, addressing the rise in chronic disease and the widening of health inequalities across our population. It requires collective efforts working with our partners across Government, Local authorities, the community and

voluntary sector,, philanthropy, academia and the private sector to make a difference and build an informed, empowered and healthier society.

Budget

The Budget for Health Promotion and Improvement (including the Crisis Pregnancy Programme) in 2015 was €24,064,000. Health Promotion and Improvement is one sub-division of the Health and Wellbeing Division in the HSE.

It should be noted that a large component of Health Promotion and Improvement work also takes place across the Acute and Primary Care sectors as part of their day to day work with patients and members of the public. Examples of this would include Smoking Cessation Services, Breastfeeding guidance and assistance, Dietetic treatment and advice or Brief Intervention training. It is the HSE's objective under Healthy Ireland that all HSE staff would deliver Health Promotion and Improvement as a core part of their day to day work.

In conjunction with HSE Communications Department we also have a significant expenditure on Health Promotion and Improvement media and Social Marketing campaigns in areas such as Smoking Cessation, Breastfeeding, Mental Health and Crisis Pregnancy.

Sandra Coughlan, Interim Manager, Health Promotion and Improvement (South)

Question No 5(i) on Agenda refers:

"What is the commencement date for the new Hospital and developments at St. Patrick's, John's Hill, Waterford."

Cllr. Davy Daniels

Provision has also been made in the Health Service's National HSE Capital Plan and revised to advance the provision of a new, 100 bed community nursing unit (CNU) which will include provision for Psychiatry of Old Age in the Waterford area. This new unit will be built on site at St Patrick's Hospital Campus, Waterford.

The project plan for the new 100 bed CNU to replace the current accommodation at St. Patrick's Hospital Waterford is as follows:

Design Team appointed and;

- Stage 1 - Design (Preliminary Design) completed end Q2 2015. A new productive kitchen has been incorporated into the preliminary design brief.
- Stage 2A - Scheme Design with Room Layouts etc is due to commence Q3, 2015.
- Stage 2B - Detailed Design with Planning Application due by end Q4 2015. Planning.

- Tender Process during Q2 2016.
- Construction to commence Q3 2016.
- Following construction, there will a commissioning and equipping phase to prepare the building for operation.

St. Patrick's Hospital is a listed building with associated obligations in terms of the proposed new development on site. To this end it was also necessary to engage the services of a Conservation Architect.

St. Patrick's Hospital has and will continue to have a key role in the provision of residential and rehabilitation services for Older Persons in the Waterford Area.

Aileen Colley, Chief Officer, Area 5

NOTICE OF MOTIONS AND QUESTION
RESPONSES

FORUM MEETING
5th November 2015

NOTICES OF MOTION

Notice of Motion No 4(a) on Agenda refers:

"That this forum calls on the HSE to reinstate a respite bed at St John's Hospital, Enniscorthy in County Wexford".

Cllr James Browne

In the Wexford area, patients are eligible for respite where:

- They reside in County Wexford.
- They are over 65 years of age
- They receive continuous care at home by the family/carer full time
- They live alone.

Referral for respite is made through the local Public Health Nurse/GP and co-ordinated by the Geriatric Liaison Officer. Respite beds in Wexford are presently provided in the following facilities:

LOCATION	NO. OF BEDS
Gorey District Hospital	4
Ely Hospital, Wexford	1
New Ross Community Hospital	4
Lawson House Nursing Home, Glenbrien	2
TOTAL	11

There is a capacity issue in the area with regard to the provision of Residential Beds for Older Persons. In this regard it was considered necessary to re-designate a respite bed to Residential Care in St John's Hospital Enniscorthy Co Wexford. The HSE are currently reviewing the requirements for respite services for older persons in the Enniscorthy and Gorey Area. The outcome of this review of respite services will inform future service provision.

Question No 5(b) on Agenda refers:

"Will the HSE open a hospice bed in St. John's Hospital, Enniscorthy in County Wexford".

Cllr James Browne

The HSE aims to achieve the best possible quality of life for patients and their families, when their disease is no longer responsive to treatment. In conjunction with the voluntary sector, services are provided across a broad range of settings: acute hospitals, specialist palliative care inpatient units, day care, and community based supports

including intermediate level of inpatient care in community / district hospitals and bereavement supports.

In the South East, specialist in-patient palliative care beds (20) are provided at University Hospital Waterford.

Community Intermediate Care beds for Palliative Care Patients in Wexford are provided in Knockeen Private Nursing Home Wexford Town (2 beds funded by the HSE). In addition there are 2 community intermediate care beds and a family room provided at HSE Gorey District Hospital (with support from the Friends of Gorey Hospital). These community intermediate palliative care beds at Gorey District Hospital commenced providing services in 2013 and have enabled the provision of a quality and patient focused palliative care services to the entire population of Wexford (including patients from the Enniscorthy area).

Patients are referred to the palliative care beds through the Wexford Home Care Team and their General Practitioner.

Whilst it is acknowledged that it would be beneficial to provide an Intermediate Care bed for palliative care patients in St Johns Hospital, the pressure on demand for Residential Beds in the Enniscorthy area does not currently allow the HSE to consider re-designation at this time.

Anna Marie Lanigan, Area Manager, Community Healthcare Organisation – Area 5

Notice of Motion No 4(b) on Agenda refers:

“To ask the HSE to do something to help sick people who attend Kerry General Hospital and find themselves on trolleys for hours and to consider the following remedial measures – to employ extra nursing staff in Kerry General Hospital, Killarney, Kenmare and Dingle Community Hospitals and to utilise all the beds in all of these hospitals and to make funding available for a new Community Hospital in Killarney.”

Cllr Danny Healy Rae

Kerry General Hospital

All of the acute hospital beds available in Kerry General Hospital are utilised on an ongoing basis. We do have twelve acute escalation beds available but these have been practically constantly in use since the beginning of this year and therefore we don't have any acute hospital beds closed on an ongoing basis. We have made a submission under the ED Task Force Report and under the Estimates Process for 2016 seeking additional support to improve and develop the quality of our service. This includes additional staff across a range of grades including Nursing, Clerical, Medical, Pharmacy, Allied Health Professionals and Support Services. We await the outcome of these submissions.

Dr Ger O' Callaghan, Chief Operations Officer, South/South West Hospitals Group

Kerry Community Hospitals

Management in Cork and Kerry Community Healthcare Organisation (CHO) are working with the South / South West Hospital Group on ensuring that community facilities will continue to support the acute hospital system for the coming Winter period. The Winter Preparedness Plan sets out the South/South West Hospital Group's and Community Healthcare Organisation's seasonal planning and delivery arrangements for unscheduled care and seeks to provide assurance that the organisation has robust plans in place to respond to anticipated increased pressures during the 2015/2016 winter period. This plan also seeks to provide assurance that we will preserve elective capacity in acute hospitals as far as possible to allow scheduled care services to continue during winter months and protect Emergency departments during high capacity periods.

The CHO Cork and Kerry Service Plan 2015 contained a commitment to expand services in West Kerry Community Hospital and Kenmare Community Nursing Hospital. We are currently in the process of seeking registration with the Health Information and Quality Authority for enhanced capacity in both units and a process of engagement with staff representative bodies in relation to proposed staffing levels and rosters has also commenced.

The Government has recently published a Capital Plan which makes provision for enhancing infrastructure in residential services for older people to address compliance with the National Quality Standards. We will be seeking to include Killarney Community Hospitals in that plan along with other facilities in Cork and Kerry that require infrastructural investment.

Earlier this year the HSE in Kerry conducted a review of both short stay and residential services in Kerry Community Hospitals. The review used data collected between January and July 2015, a period of the year which is recognised as having a high number of surge capacity periods in the acute hospital sector.

The review found that during the period reviewed there was between 1 to 18 vacant public short stay beds available throughout the county on a daily basis. During this same period a review of data for residential services in these units shows that there was from 1 to eight vacant residential beds in the county.

The review concluded that in relation to delayed discharges in the acute hospital sector, including Kerry General Hospital, there are a number of factors that impact on delayed discharges and not all of these factors can be addressed through community hospital services. This includes the numbers of older people with complex care needs who require acute hospital care, and the timelines and discharge processes within the hospitals for working with families on Nursing Home Support Applications.

Kerry Community Hospitals have demonstrated that they were able to meet demands for both short stay beds and residential services throughout this period

Ger Reaney, Chief Officer, Community Healthcare Organisation Cork and Kerry

Notice of Motion No 4(c) on Agenda refers:

"That the HSE Forum calls on the HSE to immediately engage with the families for the 15 young adults in An Tuath Nua with a view to they obtaining meaningful respite and also outline the long term care plan upon they graduating from An Tuath Nua next June."

ClIr Deirdre Forde

Question No 5(d) on Agenda refers:

"Outline the plan for the long term care of 15 young adults in An Tuath Nua and why are day care services being terminated for the 15 young adults graduating in June without communicating to the families as to where their vulnerable children with special needs will go thereafter."

ClIr Deirdre Forde

The HSE acknowledges the need to expand the level of access to respite services for people with disabilities. Increased provision of residential respite services has been prioritised by the Cork / Kerry Community Healthcare Organisation as part of the service planning process for 2016. Proposals have been received from service providers for the expansion of respite services. However, these proposals are dependent on the scale of additional resources being made available for disability services in 2016. We will continue to work with service providers to plan for this service and pursue funding to enable these plans to be delivered. Consideration of the needs of the young adults attending An Tuath Nua will be prioritised in any increase in respite services.

The HSE has met with a group of parents of young people attending An Tuath Nua on Wednesday, October 28th 2015. At that meeting the parents outlined three key issues of concern as follows:

- Future service provision for the people due to graduate from An Tuath Nua in 2016;
- The availability of an emergency service from COPE in certain situations;
- The availability of respite facilities in COPE.

The HSE representatives at the meeting explained that, as outlined above, funding for the provision of respite was included in the 2016 estimates process.

The HSE in Cork and Kerry, working with the voluntary service providers, have over the past number of years been able to provide places for people with disabilities leaving school or training programmes. In recent years this has been accomplished in the context of a framework led by the Service Improvement Team within the National Social Care Division. We will address the future needs of the young adults in An Tuath Nua for day services from June 2016 as part of this process.

It was agreed that the HSE would discuss both this issue and the issue of availability of an 'Emergency Service' with COPE Foundation. HSE management subsequently met with COPE Foundation and the concerns of the parents were raised at that meeting. The Chief Operating Officer at COPE Foundation undertook to contact the parent representatives with a view to allaying some of the concerns raised by parents.

The HSE is in receipt of submissions from both COPE Foundation and the parent representatives, and further discussions with all parties are planned to progress these matters.

Ger Reaney, Chief Officer, Community Healthcare Organisation Cork and Kerry

Notice of Motion No 4(d) on Agenda refers:

"As there is a welcome upgrade being undertaken to the Oncology Unit of Kerry General Hospital, I call on the HSE to ensure that adequate space be provided for outpatients and Consultants in separate areas, within this very busy satellite unit."

Cllr John Joe Culloty

The design of the refurbished Oncology Unit in KGH is ongoing currently. Architects have been appointed and are currently liaising with the relevant staff from the Oncology Department to agree on the layout of the new refurbished Unit. Additional space has been made available to the Unit such that we would expect the new refurbished unit will provide more appropriate accommodation for all of our patients and staff into the future.

Dr Ger O' Callaghan, Chief Operations Officer, South/South West Hospitals Group

Notice of Motion No 4(e) on Agenda refers:

"That HSE would recognise the consequences of the ongoing lack of Therapy Services at Scoil Aonghusa Special School in Cashel and outline what measures will be taken to have the matter resolved without further delay."

Cllr Tom Wood

Scoil Aonghusa, Special School in Cashel Co. Tipperary is a special school for 77 pupils with moderate to profound learning disabilities and Autistic Spectrum Disorder.

HSE South Tipperary Community Services currently provide the following Allied Health Professional Inputs to Scoil Aonghusa. The Physiotherapy Service provides 3 sessions per week (9.30 a.m. – 1.30 p.m. comprises one session) to children attending Scoil Aonghusa. Speech and Language Therapy Services are provided to children who attend Scoil Aonghusa during the school term – with 0.4 WTE Senior Speech and Language Therapist currently provided on site. It should be noted that Speech and Language Therapy intervention may be provided through classroom based programme, or direct individual sessions as clinically appropriate.

In January 2015 parent representatives met with the HSE and Brothers of Charity Service Management regarding the provision of Allied Health Professional Therapy Services. A follow up meeting took place on 30th March 2015 at which the level of additional WTE's were identified and agreed by HSE and parent representatives. This request for additional allied health professional therapy staffing was submitted to nationally as appropriate for consideration.

The National Social Care Division advised that that the 150 Disability development posts for 2015 were allocated to facilitate the further roll out of the HSE 'Progressing Disability Services for Children and Young People Programme., The objective of the new model of service delivery is to provide one clear referral pathway for all children (0-18s), irrespective of their disability, where they live or the school they attend. The allocation of the 2015 development posts and was targeted at areas with staffing levels below the national average in the first instance. To date no additional staffing has been allocated to South Tipperary from this year's allocation.

HSE Management continue to monitor this matter on an ongoing basis and will explore all options within resources available in order to try and improve service provision.

Anna Marie Lanigan, Area Manager, Community Healthcare Organisation – Area 5

Notice of Motion No 4(f) on Agenda refers:

"That the HSE conduct an urgent review of the reconfiguration of Kerry intervention and disability service (KIDS). This is critically required after significant changes."

Cllr Mike Kennelly

The HSE at a national level is currently engaged in an ongoing reconfiguration of existing therapy resources into geographic based teams for children (0-18 years). This project is organized at national, regional and local level and includes representatives from the health and education sectors, service providers (statutory and non-statutory) and parents working together to see how current services can be reorganized. The HSE is working very closely with the education sector, which is fully involved in the development of the Programme, to ensure that, from the children's and parents' perspective, the services provided by each sector are fully integrated. Detailed Local Area action plans are being implemented with the following objectives:

- One clear pathway to services for all children with disabilities according to need
- Resources used to the greatest benefit for all children and families
- Health and education working together to support children to achieve their potential

The national project is based on the recommendations of the Report of the National Reference Group on Multidisciplinary Services for Children aged 5-18 Years produced by representatives of the professions and management involved in delivering multi-disciplinary services to children. In Kerry the HSE has been working towards this approach in partnership with the services of St. John of God, Brothers of Charity and Enable Ireland, to ensure the national framework is in place for the population of County Kerry. The planning of the reconfigured services in Kerry, which took place over a 2 year period was coordinated by a Local Implementation Group that included representatives from all of the service providers and 3 parent representatives. In addition public meetings were facilitated with parents in July 2011 and again in April 2013.

The national direction identified that services to children and young adults with disabilities, needed to move from a 'disability defined model, e.g. Physical Disability, Intellectual Disability, Autism, etc, to a more inclusive model delivered geographically, and as locally as possible. As well as addressing the early years requirements of children, this new model ensures the service will be provided for children and young adults with complex needs who attend main stream schools and not specific disability defined services, who previously may not have had access to services. From October 2013 in Kerry, the disability services for children with complex needs (0 – 18 years), reconfigured to 4 geographically based teams, and as per the national framework all staff who were providing services for 'disability specific' groupings were reconfigured to the 4 geographical teams

The reconfigured services; Kerry Intervention & Disability Services (KIDS) is a partnership between the H.S.E. South, Brothers of Charity, Enable Ireland and St. John of God's Children Services. Representatives of all of the service providers along with two parent nominees make up the Management Governance Group for this service. The Management Governance Group are currently developing Terms of Reference to conduct a review of the Reconfiguration of the Childrens' Services. It is expected this will be carried out the beginning of 2016. The outcome of the review will inform the Management Governance Group on any further developments or supports that need to be put in place to ensure the KID's teams meet the needs of children with disabilities in Kerry.

In the meantime, the HSE would advise any parent who are experiencing difficulties with access to the KIDS team or believe that they are not getting an appropriate level of service, to either contact the manager of the KIDS team or alternatively the HSE Children's Disability Manager who can review the case.

Ger Reaney, Chief Officer, Community Health Organisation – Area 4

QUESTIONS

Question No 5(a) on Agenda refers:

"How many people in Cork are currently on the waiting list for hip & knee operations, what is the expected waiting period for a person on the list & how many surgeons are employed to carry out these operations"

Cllr. Rachel McCarthy

How many people in Cork are currently on the waiting list for hip & knee operations?

184 Public Patients (Total Hip Replacement 91, Total Knee Replacement 93)

What is the expected waiting period for a person on the list?

Up to 12 months – Public patients

Waiting Time Breakdown Joint Procedures (Includes with and without dates)

Wait Time Bands	Total	With TCI Date	Without TCI Date
0 – 3 Months	87	25	62
3 – 6 Months	63	5	58
6 – 8 Months	18	5	13
8 – 12 Months	16	13	3
TOTAL	184	48	136

Source: National Treatment Purchase Fund Performance Improvement Report 21.10.2015

How many Surgeons are employed to carry out these operations?

Orthopaedic Surgeons x 6

Dr Ger O' Callaghan, Chief Operations Officer, South/South West Hospitals Group

Question No 5(c) on Agenda refers:

"As Management of Kerry General Hospital are under severe pressure – I ask why do people who get a letter from their own GP to attend the X-Ray Dept have to queue to see another Hospital Doctor again before they can go through the X-Ray Dept."

Cllr Danny Healy Rae

If a patient presents to KGH Emergency Department with a letter from their GP seeking an x-ray during core business hours, this referral is passed directly to clerical staff in the x-ray department and the order is logged and queued for actioning. There is no interaction required with an ED doctor in this instance. If they present out of hours when such administrative supports are not available within the x-ray department, the practice currently is that one of our Advanced Nurse Practitioner's or an ED doctor logs and actions the referral. We have been recently successful in recruiting additional clerical staff in KGH and as such, we will be seeking to provide additional resource to the x-ray department to streamline this process into the future.

Dr Ger O' Callaghan, Chief Operations Officer, South/South West Hospitals Group

Question No 5(e) on Agenda refers:

"Can this Forum request a Member of the Blood Transfusion Service to attend our next Forum Meeting, to explain why blood taken from people with haemochromatosis, is not being used for blood transfusions, considering the first pilot project took place eight years ago?"

Cllr John Joe Culloty

Provision of care by the IBTS for people with haemochromatosis based on:

- Proximity to patients' home
- Location of lowest complexity
- Equity of access
- Cost effectiveness
- Standardisation of criteria

The IBTS has three models of care for people with HH at the moment. These are all well established by now. They comprise:

The Stillorgan Model.

Available to people eligible and willing to donate blood. Requires a referring physician or nurse. Donors are treated as required by the referring clinician. Re-referral is yearly, or as requested by the referring clinician. Ferritins are done and reviewed by the IBTS at every venesection. This model costs between €45 - €50 per venesection. The blood is used for transfusion.

Capacity is around 500 patients per clinic, and 8 monthly clinics around the country could be provided without too much difficulty or capital costs.

The main drawback to this model is that not everyone is eligible or willing to donate blood, so a secondary capability is required to cope with the others. We do this in Dublin and Cork using a separate model – the d'Olier Street model.

The d'Olier Street Model.

This is a very simple model – essentially venesection only; the blood is not used for transfusion. The patient is referred for up to 4 venesections per year which are done at fixed times in fixed premises in Dublin & Cork. No blood samples are taken. The cost is approximately €40 per venesection though economies of scale are possible.

Routine clinics.

People with HH who are known to us may donate at regular clinics if they are eligible as donors. There is no referral and no samples or follow up is done. This is essentially cost free – we need to take the blood anyway for transfusion purposes.

The Stillorgan model can be expanded to provide a regional service, though funding would have to be up front. The IBTS does not currently recover the costs from its HH clinics.

The IBTS similarly could extend the structural complexity of its service to take a more directing or leading role; however it does not need to do that provided patients' own doctors are happy to use it as a simple pharmacy-type service.

Total capacity is probably in the region of 4,000 patients around the country, or 16,000 outpatient visits.

Scale up to this level could begin at any time that funding is identified.

The IBTS models would be locally available, away from hospital settings, low cost and easily standardised. Electronic record keeping and communications are standard at IBTS.

Equity of access is a problem – people not eligible as donors would not have equal access to any given clinic; provision would have to be made at additional facilities. We do this at present in the d'Olier Street model which is open to all. Similar solutions could be found for mobile clinics.

The IBTS could also offer a population screening service through its donation clinics. This would have serious ramifications, but the case for it could probably be sustained.

Dr W Murphy, Medical & Scientific Director, Irish Blood Transfusion Service

MINUTE OF FORUM MEETINGS
FEBRUARY TO DECEMBER 2015

MINUTES OF FEBRUARY 2015 MEETING

MINUTES - MEETING OF REGIONAL HEALTH FORUM SOUTH

**Thursday 19th February 2015 @ 2pm
COUNCIL CHAMBERS, COUNTY HALL, CORK**

Present:

Cllr. James Brown
Cllr. Mary Butler
Cllr. John A. Collins
Cllr. Timmy Collins
Cllr. Henry Cremin
Cllr. John Joe Culloty
Cllr. Davy Daniels
Cllr. Mary Rose Desmond
Cllr. Michael Doyle
Cllr. Pat Fitzgerald
Cllr. Denis Foley
Cllr. Deirdre Forde
Cllr. Breda Gardner
Cllr. Imelda Goldsboro
Cllr. Joe Harris
Cllr. Danny Healy-Rae
Cllr. Mary Hanna Hourigan
Cllr. Mike Kennelly

Cllr. George Lawlor
Cllr. Mary Linehan Foley
Cllr. Joe Malone
Cllr. Michael McCarthy
Cllr. Rachel McCarthy
Cllr. Louise McLoughlin
Cllr. Jason Murphy
Cllr. Bobby O'Connell
Cllr. Aaron O'Sullivan
Cllr. John Pender
Cllr. Seanie Power
Cllr. Damian Quigg
Cllr. William Quinn
Cllr. Bob Ryan
Cllr. Mary Shields
Cllr. Frank Staples
Cllr. Joe Sullivan

Apologies:

Cllr. Liam Brazil
Cllr. John Buttimer (Chairperson)

Cllr. Dr. John Sheehan
Cllr. Tom Wood

In Attendance:

Mr. Gerry O'Dwyer, CEO, South/South West Hospitals Group
Mr. Ger O' Callaghan, Chief Operations Officer, South/South West Hospitals Group
Mr. Ger Reaney, Chief Officer, CHO, Cork & Kerry Area 4.
Ms. Anna-Marie Lanigan, Area Manager, South East Primary Community & Continuing Care Services
Ms. Angie O'Brien, Area Communications Manager, HSE South
Mr Brendan Crowley, Operations Performance Manager, National Ambulance Service
Ms. Anne Slattery, General Manager, St Luke's Hospital, Kilkenny
Members of the HSE South Forum Office staff

In the unavoidable absence of the Chairperson, Cllr. John Buttimer and because the Vice Chair, Cllr. Denis Foley, was obliged to leave the meeting early, it was agreed by the party whips that Cllr. Timmy Collins would chair today's meeting.

1. Adoption of the Minutes of the previous Meeting held on 20th November 2014

On the proposal of Cllr. Bobby O'Connell, seconded by Cllr. Denis Foley, the Minutes of the Forum meeting held, on Thursday, November 20th 2014, were approved and adopted by members.

2. Chairperson's Correspondence

There was no correspondence to consider but before the commencement of the meeting, the acting Chairperson advised members that, following the presentations by HSE Management on the Operational Plans for 2015, he would limit the number of questions on each and requested the members to keep their contributions brief.

3. Presentations on Operational Plan 2015

(Copies of each were circulated to the members, prior to the meeting)

A) *Ms. Anna Marie Lanigan, Area Manager, South East Primary Community and Continuing Care*

Ms. Lanigan opened the session by providing an overview of the National Service Plan 2015. The National Health budget will be €12,131m with a workforce of 97,000 and she advised that health services are organised by Division – Mental Health, Primary Care, Acute Hospitals, Health & Well Being and Social Care. She explained the NSP themes embedded in each of these Operational Plans and summarised the Governance arrangements, which rule the Community Healthcare Organisation (CHO) services.

Ms. Lanigan then explained the South East Area plan for 2015, with reference to the budget of €372.654m, the staffing of 3,921, population served of almost 500,000 and the service enhancement agenda under Quality & Patient Safety, Primary Care Services, Health & Well Being, Social Inclusion, Older People, Disability Services, Mental Health and Capital priorities. Ms. Lanigan highlighted the significant focus on making the transition from ECF/ Moratorium to targeted improvement within allocated pay frameworks. The conversion of Agency staff costs into a sustainable workforce is also a significant policy decision. The Accountability Framework covering Financial Performance, Quality & Safety, Activity and Access to services is also a key theme for 2015.

B) *Mr Ger Reaney, Area Manager, HSE Cork & Kerry Primary Community and Continuing Care Services*

Mr Reaney made a presentation in respect of the Cork & Kerry Area, covering budget of €536m, staffing 6,099 plus others in Mental Health & Disability Services, service enhancements 2014, plans for 2015 under Mental Health, Primary Care, Social Inclusion, Health & Well Being, Older People and Disability Services. Some of the new services highlighted were a 40 bed Community Mental Health Nursing Unit in Killarney, another Primary Care

centre opening at Charleville and progress with others, provision of ultrasound in primary care centres, mental health supports for Travellers, enhanced support for Homeless Services, tobacco free locations, supporting older people to live at home, Dementia Projects in Kinsale, Mallow and Mercy University Hospital, opening 8 beds in West Kerry Community Hospital and additional multi-disciplinary posts for children with disabilities.

C) Mr. Ger O' Callaghan, Chief Operations Officer, South/South West Hospitals Group

Mr O' Callaghan made a presentation on the SSWHG Operational Plan 2015, which incorporated statistical detail of population served, 800,000, the budget of €685,282m, staffing 8,859, bed numbers 2,139 inpatient and 382 day and hospital activity within the group for 2014, details of links with other service national policies, key performance indicators and the challenges faced.

4. Questions and Answers

A) Following her presentation, the following questions were asked by members and answered by Ms. Lanigan:

- **Cllr Gardner** asked if holistic therapies and orthodox medicine could work together and if the HSE could take positive action to empower people to heal themselves.

In response Ms. Lanigan advised that health options are a personal choice and if attending a GP or being treated in hospital, patients will generally follow the clinical advice given, including the medication prescribed.

- **Cllr Butler** asked if Home Care packages would be increased to free up hospital beds.
Ms Lanigan advised that some of the national allocation of €5m for Intensive Home Care Packages, under the Home Care & Community Support side of Social Care would be coming to Waterford, but the amount is not confirmed.
- **Cllr Fitzgerald** spoke about the pressure on step down beds in the community and asked if they could be funded better and given more support. He also felt that HIQA needed to change their focus when inspecting these valuable voluntary centres which are different to Nursing Homes.

Ms Lanigan confirmed that HSE management are involved in addressing the ongoing needs of these local units, including the Holy Ghost in Waterford and have been working with the National Directorate on the funding and HIQA issues.

- **Cllr Browne** raised a question about the accuracy of county populations listed by the CSO 2011 Census and those given in documentation today. Ms. Lanigan explained that the population differences related to some counties not retaining their borders for Community Care area catchment purposes. There are some local adjustments, involving Kilkenny, Waterford and Tipperary, but the overall South East population is consistent with the CSO figures.

B) Following his presentation, the following questions were asked by members and answered by Mr. Reaney:

- **Cllr Forde** asked if there would be improvements in respite care for adults with Disability and if there would be further progress on Primary Care Centres in 2015. She had also been told that there are not enough hours in the home help service.

Mr Reaney advised that respite care is provided within the budget available. The service improvement teams are in place to ensure that resources are utilised to maximum effect. However, due to increased levels of need, Disability is one area where additional resources would be helpful. In relation to Primary Care Centres, a centre will open in Charleville this year. A proposal is being worked on at Carrigaline and it is hoped that a facility will be available there next year. Other developments are progressing within the Cork/Kerry CHO. In relation to Home Help hours he advised that there is continuous assessment of this service and sometimes there is a difference between what clients think they need and what the HSE considers sufficient. 100% of Cork/Kerry is now covered by the South DOC out of hours GP service.

- **Cllr. Culloty** asked for details about consumer panels and if it was intended to provide more residential step down facilities and home care packages for patients who need them. He also asked about recruitment challenges.

Mr Reaney advised that there are Consumer panels across the range of health services and have been in the Mental Health area for some time. The panel members include service users who are in a position to provide feedback from their own experiences and this information assists Managers in addressing any aspects which have proved unsatisfactory.

He confirmed that the HSE works with the resources it has as equitably as possible. The HSE is always mindful of the cost of care and needs to transfer more patients to Community Hospitals. The care hours identified are 40% nursing & 60% home care which would achieve the required balance based on certain dependency levels. Mr Reaney noted that there is a significant Home Care Package percentage from the national total currently available in the South West.

Cllr. Culloty was advised of the challenge to fill some Consultant posts in Mental Health and that the HSE had invested heavily in that service, over recent years and trained staff were not always available to meet the pace of growth. Mr Reaney also confirmed that nursing recruitment has been ongoing during the past few years and that there are further opportunities arising, due to the ending of the recruitment moratorium.

- **Cllr. Cremin** asked about the timeframe to have all Primary Care Centres in the area working and what percentage are currently functioning. He also enquired if there was any PCC planned for South West of Cork City.

Mr Reaney advised that about 35 to 40% of the population have access to a Primary Care Centre. Other centres are at various stages of planning. He explained the three models which exist; Public Capital, Public Private Mix and

Leasing from the Private Sector. At present, submissions are being considered from developers following the national advertising last year. It must be noted that such developments will only proceed, if a GP commitment exists to operate from the premises.

- **Cllr. Desmond** asked if there is an opening date for the 50 bed Mental Health Unit at CUH. She also sought clarification on the number of units open for older people at Farranlea Road to help reduce hospitalisation.

In response, Mr Reaney advised that HSE Management are in negotiations with staff associations regarding the staffing levels required to operate the unit and it is expected that agreement will be reached soon.

In relation to Farranlee, he confirmed that nurses are currently being recruited to open additional beds. There are 67 beds available at present and this will increase to 75 in the coming weeks.

- **Cllr. McCarthy** asked about the status of the new Community Hospital at Bandon.
Mr Reaney advised that environmental defects highlighted by HIQA were typical of problems in all Community Hospitals. He confirmed that he is currently working with Estates to ensure re-registration of all community hospitals. Funding is available for this project. A total of €250,000 was provided last year for design work and funding is available to redevelop around the current 23 beds to ensure the premises meets HIQA standards. A commencement date of Quarter 3 2015 has been agreed.
- **Cllr. Harris** having acknowledged the excellent presentation sought information about the number of Mental Health patients presenting for admission who are not admitted because of a shortage of beds and referred back to their GPs.

In response Mr Reaney said that he wasn't aware of any significant numbers requiring admission to an acute unit who were not facilitated. Statistically about 20% to 25% of these beds are unused and access is not a common problem.

- **Cllr Healy Rea** noted that there were no additional short stay beds being provided to reduce pressure at Kerry General Hospital. He said that the assessment units are full, ambulances are backing up and it is vital to provide beds in Dingle and Kenmare. He also asked about a new drug which has been used in the USA for MS patients.

Mr Reaney confirmed that an assessment bed provision in Kerry indicated a greater demand for long stay rather than short stay beds to accommodate older people. Dingle and Kenmare have a significant level of short stay beds. There were 9 Delayed Discharges in KGH the previous night, most of whom were awaiting a long stay bed, and the HSE is continuing to work on the provision of long stay beds. In regard to the MS drug Mr Reaney advised that its availability here would be decided at national level.

C) Following his presentation, the following question was asked and answered by Mr O' Callaghan:

- **Cllr. Cremin** wondered why the percentage between pay and non pay expenditure varied significantly in the Hospital Budgets. Mr O' Callaghan advised that among the reasons were the high cost of orthopaedic implants in major hospitals, the expensive Cardiology work, the use of particularly expensive prescribed drugs and the provision of Oncology Services.

OTHER QUESTIONS

- **Cllr. Malone** asked about the HSE's future plans for Kilcreene Regional Orthopaedic Hospital having heard its reported closure discussed on local Radio this morning. The role of HIQA in the decision had also been mentioned.

In response the Group CEO, Mr O' Dwyer, advised that HIQA had not engaged with the SSWHG re the closure of Kilcreene and no discussions have taken place between HIQA and the group management re this issue. Discussions are ongoing within the National Clinical Programmes on how best to deliver Orthopaedic services into the future at a group level.

Detailed discussions on this matter will take place at the upcoming South East Committee Meeting. This will be part of a consultation process, involving a wide range of stakeholders into the future. Mr O' Dwyer insisted that the SSWHG wants to provide the most comprehensive Orthopaedic service possible at the highest quality and lowest level of risk.

Cllr Butler asked if this amalgamation proposal will compound the current problem of long waiting times at UHW. She also sought confirmation that the 430 Inpatient beds at UHW are all open and that every approved Consultant Orthopaedic Surgeon post is filled.

Mr. O'Dwyer responded to the issues raised and stated that he will give a full report at the South East Committee meeting and keep members apprised of the situation.

5. Date and time of next meeting

Thursday, March 26th 2015, at 2 pm, Council Chambers, County Hall, Cork.

Prior to the conclusion of the meeting, the Acting Chairperson reiterated the comments of the members and thanked the HSE Managers for their detailed and well presented plans. He also acknowledged the members' co-operation, in clearing the day's agenda.

MINUTES OF MARCH 2015 MEETING

MINUTES - MEETING OF REGIONAL HEALTH FORUM SOUTH

Thursday 26th March 2015 @ 2pm
COUNCIL CHAMBERS, COUNTY HALL, CORK

Present:

Cllr James Browne	Cllr Mary Linehan Foley
Cllr John Buttimer Chairperson	Cllr Joe Malone
Cllr Timmy Collins	Cllr Michael McCarthy
Cllr Henry Cremin	Cllr Rachel McCarthy
Cllr John Joe Culloty	Cllr Jason Murphy
Cllr Davy Daniels	Cllr Bobby O'Connell
Cllr Mary Rose Desmond	Cllr Aaron O'Sullivan
Cllr Denis Foley	Cllr John Pender
Cllr Deirdre Forde	Cllr John Sheehan
Cllr Breda Gardner	Cllr Frank Staples
Cllr Danny Healy-Rae	Cllr Joe Sullivan
Cllr Mary Hanna Hourigan	Cllr Tom Wood
Cllr Mike Kennelly	

Apologies:

Cllr. Liam Brazil	Cllr. Imelda Goldsboro
Cllr. Michael Doyle	Cllr. Louise McLoughlin
Cllr. Pat Fitzpatrick	Cllr. Sean Power

In Attendance:

Mr. Gerry O' Dwyer, CEO, South/South West Hospitals Group
Mr. Ger O' Callaghan, Chief Operations Officer, South/South West Hospitals Group
Mr. Ger Reaney, Chief Officer, CHO, Cork & Kerry Area 4
Mr. Chris Monahan, Operations Manager, Carlow Kilkenny/South Tipperary
Community & Elderly Services (representing Area Manager, South East Primary
Community & Continuing Care)
Mr. Brendan Crowley, Operations Performance Manager, National Ambulance Service.
Ms. Norma Deasy, Information & Publications Manager, Communications Dept, HSE South
Regional Health Forum Office Staff

Prior to the commencement of the meeting, the Chairman, Cllr. John Buttimer, welcomed the members as Gaeilge and advised that contributions would be welcome in Irish or English.

1. Adoption of the Minutes of the previous Meeting held on Thursday 19th of February 2015

On the proposal of Cllr. Timmy Collins, seconded by Cllr. Mike Kennelly, the Minutes of the Forum meeting held on Thursday, February 19th, 2015 were approved and adopted by the members.

2. Chairperson's correspondence

- (a) Adoption of Regional Health Forum Annual Report 2014
The Chairman advised the members that copies of the report had been emailed to members but that some hard copies were available if any member wished to have one. The Annual report was adopted on the proposal of Cllr. John Joe Culloty and seconded by Cllr. Denis Foley
- (b) The Chairman invited Mr Reaney to comment on the recent Media Coverage of the opening of the new Mental Health Unit at Cork University Hospital.
- Mr. Reaney advised that the Management and Staff were disappointed that the Unit had not opened yet. It is a superb facility and will replace a ground floor unit at CUH. The new Unit has 50 beds and the majority of them are single units replacing the current 46 beds. A recommendation had issued from the Labour Relations Commission to employ 15 additional staff to cover 4 additional beds and this ratio compares favourably with similar facilities which have opened recently.
 - Discussions with Staff Associations began in May 2013 and since then the Labour Relations Commission has been utilised on a number of occasions to seek agreement with reference to the Haddington Road Agreement.
 - He assured the members that all Management involved in the service are working diligently to get the unit open in the near future and will be appealing to staff to facilitate this plan, even if they work under protest and wish to refer their case to a 3rd party for adjudication.
 - The HSE will continue to invoke the Public Service Agreement to proceed because the development of this unit has been on the local agenda for some time and will improve the quality of life for all users not least in its physical environment.
 - The Chairman thanked Mr. Reaney for his update and advised members that a briefing note would be issued to all members on the issue.

3. Reports by Chairpersons of:

- (a) South West Committee Meeting held on 13th January 2015
- (b) South East Committee Meeting held on 15th January 2015

The two reports were taken as read. The South West report was adopted on the proposal of Cllr. Rachel Mc Carthy and seconded by Cllr. Timmy Collins. The South East Report was adopted on the proposal of Cllr. Mary Hanna Hourigan seconded by Cllr. Denis Foley.

4. Notices of Motion

- (a) Cllr. Tom Wood moved the following Motion, standing in his name

“That this Forum calls for immediate action to improve the HSE transport service to various Hospitals within our region as many users of the service have serious difficulties with it and how it operates”

A written response from Mr Ger O’ Callaghan was circulated to members and acknowledged by Cllr. Wood. He tabled the Motion because of the increasing number of people who had been contacting him in the Cashel/Tipperary area, about the problem. He highlighted the difficulties for pensioners, who are given early morning appointments at CUH and are unable to access transport. He also advised of concerns raised by GPs and their staff, who are having difficulty in accessing the Patient Transport Office. Generally, these patients contact local public representatives too near the appointment date and it is often difficult to help them. Cllr Wood asked if communication links to the Patient Transport Office could be improved.

Mr. O’ Dwyer asked Cllr. Wood to ensure that any such problems are advised to the HSE staff as early as possible and assured him that the staff would be keen to address these issues if and when they arise. He also advised Cllr. Wood that the Hospital staff are agreeable to change around daily appointments to facilitate patients who experience difficulties in getting to hospitals early for their appointments.

- (b) Cllr. Mary Lenihan-Foley /Cllr. Aaron O’ Sullivan moved the following Motion standing in their name

“ To ask the HSE and/or the Minister for Health if funding will be considered to be made available for the construction of a much needed Day Centre in Youghal, Co Cork which currently has full valid planning permission and if a statement will be made on the matter”.

A written response from Mr. Ger Reaney was circulated to the members and acknowledged by Cllrs. Lenihan-Foley and O' Sullivan respectively.

Mr. Reaney emphasised the importance of ensuring that the infrastructure in Youghal Community Hospital will meet HIQA residential standards which insists on 80 % of the accommodation for existing buildings being single rooms. A preliminary review has taken place, but it is not fully clear if both developments can be accommodated on the site. A Design Team report will be available in about two weeks' time and this will confirm if there is space for the Day Care Centre and redevelopment of the Community Hospital on the current site.

If this is not possible, other local sites will be considered for the Day Care Centre.

Both Cllrs. thanked Mr. Reaney for his response and will now await the Design Team report and progress on both projects. Cllr. Lenihan-Foley asked that the HSE would keep in contact with all local stakeholders and this was agreed.

(c) Cllr. Danny Healy-Rae moved the following Motion standing in his name

“To ask the HSE South and the newly appointment GP for the Rathmore Area to provide a Surgery in Rathmore so that sick people can access their Doctor locally as many have difficulties travelling to Millstreet”

A written response from Mr. Reaney was circulated to the members and acknowledged by Cllr. Healy-Rae.

Mr. Reaney explained that the availability of the GP's temporary premises in Rathmore will be confirmed, in the next few weeks. The Doctor is anxious to acquire a permanent base in the town and will be meeting HSE representatives in mid April to discuss the options. Mr. Reaney emphasised Dr. Walsh-McCarthy's commitment to developing her practice in Rathmore.

Cllr. Healy-Rae instanced some of the present difficulties for patients who are currently obliged to travel to Millstreet to attend a General Practitioner. He thanked the HSE for its work to date and asked that the matter be finalised as soon as possible and he looks forward to having a GP based permanently in Rathmore.

Cllrs. Culloty and Collins welcomed the progress.

- (d) Cllr. Browne moved the following Motion standing in the names of himself and Cllrs. George Lawlor, Frank Staples & Joe Sullivan.

“That this forum calls on the HSE to instate a 24 hour 7 day a week ambulance cover for each of the four districts in County Wexford”.

A written response from Mr. William Merriman, Area Operations Manager - NAS North Leinster and NAS South, was circulated to the members and acknowledged by Cllr. Browne. The content was addressed by Mr. Brendan Crowley, Operations Performance Manager, National Ambulance Service who emphasised that rostering changes had been enhanced since 23rd March 2015 and that the level of emergency cover has been increased across County Wexford. Negotiations are continuing with Wexford Town based ParaMedics, with the aim of increasing the number of nights that all stations are on duty.

Cllr. Browne in thanking the HSE for the response advised that the motion had the support of all Wexford county council members. He noted that ambulances are still rotating across all areas and the Wexford members are seeking 24/7 emergency cover at the four county stations. He also highlighted the poor facilities at some of the ambulance bases and asked that this would also be addressed.

Cllr. Sullivan supported the motion and mentioned that the Gorey station was in need of replacement but that accommodation and facilities at all four should be improved.

Cllr Lawlor asked about the value of moving the control centre function to Dublin and if it would ensure ambulances would reach their patients any faster? He was also concerned about Hoax Calls and other false alarms, repeat callers and other time wasters who were abusing the service.

In response Mr. Crowley said that some of the points made in the document circulated to Wexford County Council members were incorrect, but he would be pleased to discuss it with the local Councillors.

He is aware of the shortcomings at the Ambulance bases and has been working with the Health & Safety personnel to address risks. An allocation has been provided to construct a new purpose built station at Gorey and Enniscorthy respectively, with both currently at Design stage and a 2016 operational date anticipated.

The Wexford tracking system is the most advanced available at present and similar software and process will be used when the function transfers to Tallaght Hospital towards the end of 2015. Mr. Crowley explained that some of the delays in reaching a patient result from incomplete or inaccurate details given by the caller. He explained how Ambulances are allocated to respond to calls received. He emphasised that Wexford operates a safe Computer Aided Despatch system at present and that the volumes of work early in the week do not present a high risk to the rostered service. There had been eleven '999' calls received in Wexford the previous night.

In relation to hoax calls, he advised that the service responds to all '999' calls and tries, as far as possible to address them, rather than involving the Gardai.

Cllr. Collins was told, in answer to his question, that the HSE does not use Private ambulances in its work. Cllr. Mc Carthy was advised that Ambulances do not use Sat Nav to locate addresses, but the National CAD system. In the future, Ambulances will be equipped with Mobile Data Terminals and the proposed Postal Code unique identifier will also help.

In conclusion, it was agreed that a presentation would be made by the National Ambulance Service at a future Forum Meeting and that Mr Crowley and local Management would meet with the Wexford members initially, to clarify issues raised in the recent Co. Council report.

- (e) Cllr. Gardner moved the following Motion standing in her name

“Could the HSE South please confirm the truth regarding the stance on Kilcreene Hospital? Are any theatres closing and are patients going to be asked to have elective surgery in Waterford Hospital? Yes or No?”

A written response from Mr Ger O' Callaghan was circulated to Members and acknowledged by Cllr. Gardner. The Hospital Groups will soon be developing a strategy for the delivery of acute hospital services to provide optimum services within available resources. The Hospital Group Management Team will be meeting with Consultants, as specialty units, across the region. Mr. O' Callaghan emphasised that the main arguments in the possible relocation of elective Orthopaedic work to UHW, were the risk of infection and lack of Intensive Care back up facilities in Kilkenny.

Mr. O' Dwyer reminded the members it had been agreed at the Forum's February meeting, that extensive consultation would be undertaken, with all interested parties.

Cllr. Gardner said that since the last meeting there had been much concern among people in the Kilkenny area and also among the existing Nursing staff, whom she was assured would be included in discussions and have already been met by the Hospital's General Manager. Cllr. Gardner accepted the necessity for all patients to be safe, post operatively.

Cllr. Malone, who raised the issue at the February meeting welcomed confirmation of these discussions because of the current concern around Kilkenny city and county.

Concluding the discussion, the Chairman confirmed that Kilcreene Hospital would be an agenda item for the April South East Committee Meeting, and Mr. O' Dwyer assured the meeting that this is a consultative process and that the members' views will be recorded for consideration.

- (f) Cllr. John Joe Culloty moved the following Motion standing in his name

“In light of the detrimental effects that the FEMPI (Financial Emergency Measures in the Public Interest Act) cuts are having on General Practice, particularly in rural areas, that the Regional Health Forum South call on the Minister for Health to reverse these cuts”

A written response from Mr. Ger Reaney was circulated to members and acknowledged by Cllr. Culloty. The response emphasised that the FEMPI were introduced as Government policy and neither their introduction nor reversal is a matter for the HSE. Cllr. Culloty insisted that the effects of these cuts have been felt down the line by the general public and he asked that his concerns would be passed on to the HSE and the Minister for Health. (He was assured by the Chairman that all Motions arising from meetings are forwarded).

Cllr. Culloty spoke about the range of taxes and further cuts which had been applied and expressed particular concern about the resultant loss in General Practice performance and viability. He noted that fees and practice supports have fallen, income per patient has fallen by 33% since 2008, Hospital functions are being transferred to general practice, without consultation or resources. He stated that of €13.1 billion spent annually on health care in Ireland, 92% of all clinical conditions are dealt with solely in Primary Care, without further referral. The General Practice allocation in the UK is almost 10% of the Health Budget compared to less than 3% here.

Cllr. Culloty suggested that many GP practices are running at unsustainable levels of net income, there are limits to the number of patients a GP and practice can manage. He said that rural practices have suffered with the loss of their allowances, GPs are emigrating en masse and if the proposed free GP care for children under six years is implemented, there will be significant damage to the practices.

In response, Mr. Reaney said his response was not devaluing the contributions of GPs and there is a positive feeling that a new contract is overdue to GPs, to reflect current interventions and increased services. Making GP appointments to a rural practice is sometimes difficult, but recent experience shows there is interest in many of the advertised positions.

5. Questions

- (a) Cllr. Tom Wood put forward the following question

“What can be done to improve the staffing levels at St Patrick’s Hospital Cashel, recognised by some to be at crisis level. Is the HSE happy that the Agency Service which has the monopoly and often cannot supply is a safe service, given the recent national focus on residential centres and safe practices”

A written response from Ms. Anna Marie Lanigan was circulated and considered. Cllr. Wood expressed his thanks for the reply and accepted that while the staff at St Patrick's Hospital, Cashel, are skilled and dedicated, they can be overburdened if there are staff shortages. He emphasised that agency staff do not always provide the best solution, especially when the hospital is understaffed. He also asked about the filling of the Advanced Nurse Practitioner (ANP) vacancy, which he emphasised was vital in the early diagnosis of Dementia. Cllr. Wood noted that there had been recent pressure on South Tipperary General Hospital (STGH) and that there were 25 patients on trolleys this week. He felt that the provision of 21 step-down beds at Our Lady's Hospital, Cashel, (OLHC) would be the best way to resolve the pressure on STGH beds.

In response, Mr. Chris Monahan confirmed that since the moratorium had been lifted the reliance on agency staff has been significantly reduced. Two local recruitment campaigns for HCA and Nursing Staff had been run. All HCA posts were in situ and Nurse recruitment was also almost complete. Efficiencies via skill mix and revised rostering arrangements had also been introduced. National Nursing recruitment is in progress to fill remaining vacancies and campaigns are also being run for vacant Nurse Management grades. He insisted that the hospital is fully resourced and posts filled by agency are being replaced by whole time equivalent HSE staff. The Advanced Nurse Practitioner Post had been submitted to National Office for clearance to proceed to recruit. In relation to step down beds he confirmed that a proposal for the OLHC Cashel campus was under consideration in 2014 but was not been formalised. The emphasis now is on the Rehabilitation/Assessment Unit at St Patrick's Hospital, Cashel moving.

Mr. Ger O Callaghan explained that there are about 25 inpatient admissions from the Emergency Department to STGH each day but there has been a 24 % reduction from this time last year. The benefits arising from the opening of the Medical Assessment Unit in 2013 are significant. Over the past week there have been peaks across the South /South West Hospital Group and throughout the country, but these surges are expected to reduce fairly soon. At 2 pm today, there were only 5 patients awaiting admission. Delayed Discharges are part of the HSE's challenge and there are 10 patients awaiting transfer from STGH to other care facilities in South Tipperary

(b) Cllr. Danny Healy Rae put forward the following question.

“Why are the HSE upsetting special needs people in Killarney by closing Lantern Lodge and Cluain Fhionnain facilities in Killarney”.

A written response from Mr. Ger Reaney was circulated and considered. Mr. Reaney explained that nobody in the HSE intended to upset people in Killarney, by reviewing the services provided at Lantern Lodge (Mental Health Day Care Centre) and Cluain Fhionnain (Residential service for people with intellectual disabilities).

In relation to Lantern Lodge he said it would be premature to specify what is the best service for people and the most effective use of our

resources without consulting the service users. At present the HSE is working to ascertain the clinical requirements of the service users, based at Lantern Lodge premises, which had a range of deficiencies highlighted in a recent Environmental Health report.

In respect of Cluain Fhionnáin, the model of service there needs updating and it is well known that people with disabilities should not be based in institutions. The HSE is now moving people into smaller units and more than half of those currently based here will relocate before the year's end, when the present facility is due to close.

Cllr. Healy- Rae thanked Mr. Reaney for his report but said that people using Lantern Lodge are upset about being told the centre will close. He felt that if it is closing the users should be told and alternative facilities provided in Killarney. Mr. Reaney confirmed that no decision had been made to close Lantern Lodge, but that the requirements of the service provided are being reviewed to ensure that they best meet users' needs. Whatever decision is made will be taken following consultation with all concerned and in the best interests of people with Mental Health needs in the area.

Cllr. Healy Rae asked if it was intended to move the Cluain Fhionnáin residents out of the environs of Killarney and if the same level of care would be provided. Mr. Reaney confirmed that the new facilities would be accessible to parents, family and other visitors and that residents will be accommodated as far as possible in areas where they want to live. He explained that a more appropriate level of care would be provided in the future with reference to the Social Care model which is now considered best practice, in such settings. He assured Cllr. Healy-Rae that professional trained staff will provide a very high quality of care and that there will be engagement with all relevant parties including the residents' parents.

(c) Cllr. Dr. John Sheehan put forward the following question

“Can the management outline what role and commitment the newly appointed Rehabilitative Consultant will have to Cedar Unit (Young Chronic Sick Unit) in Farranlea Community Nursing Unit?”

A written response was from Mr. Gerry O' Dwyer was circulated and considered. Cllr. Sheehan thanked Mr. O' Dwyer for the response and welcomed the appointment of a permanent Consultant in Rehabilitation Medicine, with further appointments to follow in due course.

Mr. O' Dwyer confirmed that the new Consultant had taken up duty last week. The service will be Consultant-led. Mr. O'Dwyer advised Cllr. Sheehan that the South/South West Leadership Team will be meeting next week and that a local Rehabilitation Strategy will be developed over the coming months also in consultation with Community Services. In respect of further Consultant appointments, Mr O' Dwyer advised that as part of the National Clinical Programmes, discussions are underway with the Clinical Programmes in relation to further appointments.

Following next week's meeting there will be further engagement with Primary Care, Consultants and Community Services.

6. Date and time of next meeting

Thursday, 7th May 2015, at 2 pm, Council Chambers, County Hall, Cork.

The Chairman asked members to note the foregoing arrangements for the next meeting.

MINUTES OF MAY 2015 MEETING

MINUTES - MEETING OF REGIONAL HEALTH FORUM SOUTH

**Thursday 7th May 2015 @ 2pm
COUNCIL CHAMBERS, COUNTY HALL, CORK**

Present:

Cllr James Browne	Cllr Joe Malone
Cllr Mary Butler	Cllr Louise McLoughlin
Cllr John Buttimer Chairperson	Cllr Jason Murphy
Cllr Timmy Collins	Cllr Bobby O'Connell
Cllr Henry Cremin	Cllr Aaron O'Sullivan
Cllr Davy Daniels	Cllr John Pender
Cllr Pat Fitzpatrick	Cllr Sean Power
Cllr Denis Foley	Cllr Damian Quigg
Cllr Imelda Goldsboro	Cllr Frank Staples
Cllr Joe Harris	Cllr Joe Sullivan
Cllr Danny Healy-Rae	Cllr Tom Wood
Cllr Mary Hanna Hourigan	
Cllr Mike Kennelly	

Apologies:

Cllr Timmy Collins	Cllr Michael McCarthy
Cllr John Joe Culloty	Cllr Rachel McCarthy
Cllr Mary Rose Desmond	Cllr John Sheehan
Cllr Deirdre Forde	Cllr Mary Shields
Cllr Breda Gardner	
Cllr Mary Linehan Foley	

In Attendance:

Mr Gerry O' Dwyer, CEO, South/South West Hospitals Group
Mr Ger O' Callaghan, Chief Operations Officer, South/South West Hospitals Group
Dr Rob Landers, Chief Clinical Director, South/South West Hospitals Group
Ms Gretta Crowley, Operations Manager, Integrated Service Area - Cork
Ms Jeanne Hendrick, General Manager, South East Mental Health Services
Mr Paul Gallen, Area Operations Manager for South, National Ambulance Service
Mr Brendan Crowley, Operations Performance Manager, National Ambulance Service.
Regional Health Forum Office Staff

1. Adoption of the Minutes of the previous Meeting held on Thursday 19th of February 2015

On the proposal of Cllr. Denis Foley, seconded by Cllr. John Pender, the Minutes of the Forum meeting held on Thursday, March 26th, 2015 were approved and adopted by the members.

2. Chairperson's correspondence

The Chairperson Cllr. John Buttimer welcomed Dr. Rob Landers, Chief Clinical Director, SSWHG, who was invited to the meeting to brief the members on the diagnostic reviews undertaken at three hospitals in their areas.

Dr. Landers referred to the extensive Media coverage of recent days and told the members that there were two areas of concern. The lesser problem was at Kerry General Hospital where a Locum Radiologist had been employed for one month in 2013 and concerns had been raised about his practice. As a result, six patients had been recalled for review. There was no adverse outcome and Dr. Landers confirmed that he was happy those patients were clear of any unreported health problems.

In respect of Bantry General Hospital, Dr Landers advised that there were different Locum Radiologists employed for a six month spell in 2013 and because of that, a total of 7,000 X-rays and scans were reviewed with 50 patients being recalled. There was one case of delayed cancer diagnosis identified and this was the only unsatisfactory outcome from the call backs. There was full communication between the HSE and the patient and family with the result that appropriate treatment was arranged and is ongoing. The reviews at both hospitals have now been closed and he is satisfied with the services now being provided.

Dr Landers had also chaired the Serious Incident Management Team at Bantry General Hospital to ensure that all patients and GPs were contacted as part of the review. There was a detailed follow up of all potentially at risk patients and the task was brought to a satisfactory conclusion.

Cllr. Pender asked for an update on the Wexford General Hospital (WGH) colonoscopy review which was extended to include an additional 331 patients.

Dr Landers emphasised that WGH does not come within the SSWHG remit but advised that the emphasis there was on the quality of the colonoscopy with the priority now to contact all patients to ensure they are followed up for review.

Cllr Pender disclosed that he was one of the WGH affected patients and now has a colonoscopy appointment, in Dublin, on May 8th.

The Chairperson wished Cllr. Pender well and hoped that he would have a satisfactory outcome. In conclusion the Chairperson noted that all patients in the SSWHG were contacted and brought through the review process, with all the support necessary from the HSE.

The CEO, Mr O' Dwyer, advised members than an email summarising the position at Kerry General Hospital, Bantry General Hospital and Wexford General Hospital would be issued to members.

3. Reports by Chairpersons of:

- (a) South West Committee Meeting held on 16th April 2015
- (b) South East Committee Meeting held on 14th April 2015

The two reports were taken as read on the proposal of Cllr. Denis Foley and seconded by Cllr. Davy Daniels.

4. Presentation from the National Ambulance Service

Mr Paul Gallen, Area Operations Manager for South and Mr Brendan Crowley, Operations Performance Manager attended the meeting to brief the members, as previously agreed, on the present position of the National Ambulance Service (NAS).

Mr Gallen has recently taken up duty having previously served in the NAS at Dublin, Sligo and Donegal. He emphasised the key priorities for the service – implementing the Service Plan objectives, quality of service, patient safety, human resource management and financial performance.

He emphasised that the changeover to one national control centre later this year was not being done to save money, but to ensure best practice in standards of patient care. Mr Gallen also advised that the HSE is investing significantly in Information Technology, that resources are finite, a capacity review is underway to establish if resources are properly applied at present, education of the public is ongoing about choosing the correct service e.g. Care Doc/South Doc, when there is an illness, as ambulance is an emergency service only.

Mr Crowley then made the presentation and Forum members received copies of the respective slides. Several members thanked Mr Gallen and Mr Crowley for their presentation, before the following questions were addressed.

Cllr Healy Rae raised some problems which had been encountered in Kerry when an ambulance is called from base and isn't available to respond to a call. He was also concerned about a reduction in Killarney cover, Paramedics being unable to locate Kenmare Hospital, two crews sometimes arriving following a call, the need to give Kerry a similar service to the Midland counties (where a response vehicle may be provided from several adjacent counties) and the savings to be made from centralising control at one national centre. He acknowledged that the Paramedic staff were very professional, but there are not enough of them.

Mr Crowley told Cllr Healy Rae that Ambulances move around in response to calls and that the introduction of mobile data terminals on the vehicles will

ensure all locations will be reached without delay. Ambulances are constantly moving and drift from station to station because activity varies so much from area to area by day and night. He explained that the control centre location is not relevant to the patient's whereabouts because of the current tracking system and that the central control location was not proceeding for financial reasons.

In Killarney there hadn't been a reduction but a change of rostering from the out dated 'on call' to on duty 24/7 emergency crews on duty, which means an immediate despatch of a vehicle & crew to the scene.

He also explained that sometimes two ambulances are sent to one location, if there are reasons to believe support is needed.

Cllr Mary Butler accepted that the NAS is facing many challenges but is appreciative of its value in all communities. She highlighted the value of collaborative working with voluntary groups such as Red Cross and Order of Malta. Ms Butler wondered if an ED in Hospital is crowded when a patient is brought there by ambulance, does the patient remain in the vehicle for several hours.

Mr Crowley agreed about the value of First responder co operation and noted these groups were great complementary resources to have available. He said that there had been no cutbacks in the service and that the budget has been increased in recent years. He told Cllr Butler that there are arrangements with hospitals to ensure there are procedures to receive patients who are transferred by Ambulance and patients are not kept in the vehicles for several hours. Mr Crowley confirmed that the NAS monitors these cases on a daily basis and are satisfied with the present situation.

Cllr Pat Fitzgerald asked if there are enough ambulances in circulation with reference to covering rural areas in the South/ South West. He also asked about criteria for patients to avail of transport for inter hospital transfers and to outpatient clinics. Mr Crowley confirmed that there are sufficient ambulances in place and that patient mobility is all that is considered for entitlement. In respect of clinic appointments, Mr Crowley advised that this is managed by the HSE under integrated services and was not the responsibility of the NAS, which provides an emergency service.

Cllr James Browne welcomed the new Ambulance station provided at Enniscorthy and noted the significant capital investment involved. He also acknowledged that rostering issues had been resolved and thanked Mr Crowley for engaging with the local Councillors on the issues raised, at a previous meeting.

Cllr Damian Quigg asked if the recruitment of staff was to replace those who had retired or if they were new appointments.

Mr Crowley advised that there are some vacancies at present but that due to the good will and flexibility of existing staff, all rosters are being filled. The NAS intention is to reach their approved level of staffing in 2016, if resources permit.

Cllr Henry Cremin asked for some information on the six part TV3 program "Ireland's Paramedics" which is currently being broadcast, on Thursday nights. In response, he was told that TV3 asked the NAS to participate, the TV crews are accompanied by an NAS manager at all filming, the participants formally signed the legalities and there is no cost to the HSE. The opportunity to raise the service profile was welcomed.

Concluding the discussion, the Chairperson regretted the occasional attacks on the Emergency Service staff, but Mr Crowley advised that Paramedics are trained in safety first and are very professional in how they respond to these situations.

5. Notices of Motion

- (a) Cllr. Tom Wood moved the following Motion, standing in his name

"That this Forum calls on the HSE to outline its plans to bring the remaining older structure at South Tipperary General Hospital, Clonmel up to standard and the timescale for same.

A written response from Ms. Grace Rothwell, General Manager, STGH, was circulated to members and acknowledged by Cllr. Wood.

6. Questions

- (a) Cllr. Tom Wood put forward the following question

"Could the HSE provide the most recent available annual figures on income generated from car parking charges at hospitals in the South/South West Region and explain where such income falls within the hospitals budget."

A written response from Mr Ger O' Callaghan was circulated to members and acknowledged by Cllr. Wood.

In response to queries from Cllr Wood, Mr O' Callaghan, Chief Operations Officer, South/South West Hospitals Group confirmed that the charges are generally set by the respective hospitals, the money raised goes into each hospital's revenue budget as income, and is generally spent on security

related costs at the hospital. When all of these running costs are met, there isn't a significant sum remaining.

7. Date and time of next meeting

Thursday, 18th June 2015, at 2 pm, Council Chambers, County Hall, Cork.

The Chairman asked members to note the foregoing arrangements for the next meeting.

MINUTES OF JUNE 2015 MEETING

MINUTES - MEETING OF REGIONAL HEALTH FORUM SOUTH

**Thursday 18th June 2015 @ 2pm
COUNCIL CHAMBERS, COUNTY HALL, CORK**

Present:

Cllr. James Brown
Cllr. John A. Collins
Cllr. Timmy Collins
Cllr. Henry Cremin
Cllr. John Joe Culloty
Cllr. Davy Daniels
Cllr. Mary Rose Desmond
Cllr. Michael Doyle
Cllr. Denis Foley
Cllr. Deirdre Forde
Cllr. Breda Gardner
Cllr. Imelda Goldsboro
Cllr. Danny Healy-Rae
Cllr. Mike Kennelly

Cllr. Mary Linehan Foley
Cllr. Joe Malone
Cllr. Michael McCarthy
Cllr. Rachel McCarthy
Cllr. Bobby O'Connell
Cllr. Aaron O'Sullivan
Cllr. John Pender
Cllr. Damian Quigg
Cllr. William Quinn
Cllr. Bob Ryan
Cllr. John Sheehan
Cllr. Mary Shields
Cllr. Joe Sullivan
Cllr. Tom Wood

Apologies:

Cllr. Liam Brazil
Cllr. Mary Butler
Cllr. John Buttimer
Cllr. Pat Fitzgerald
Cllr. Mary Hanna Hourigan
Cllr. Louise McLoughlin
Cllr. Seanie Power

In Attendance:

Mr Ger O' Callaghan, Chief Operations Officer, South/South West Hospitals Group
Mr Ger Reaney, Chief Officer, Community Health Organisation Cork & Kerry
Ms Jeanne Hendrick, General Manager, South East Mental Health Services
Mr Michael Norris, Operations Performance Manager, National Ambulance Service
Members of the HSE South Forum Office staff

1. Adoption of the Minutes of the previous Meeting held on Thursday 7th May 2015

In the unavoidable absence of the Chairperson Cllr John Buttimer, the Vice Chairperson, Cllr Denis Foley, assumed the chair.

On the proposal of Cllr John Pender, seconded by Cllr. Davy Daniels, the Minutes of the Forum meeting held on Thursday, May 7th 2015 were approved and adopted by the members.

2. Chairperson's correspondence

Cllr Foley advised the meeting that Cllr. Buttimer was unable to attend today's meeting, due to a working commitment but had asked that his thanks would be conveyed to the Vice Chairperson, Forum Office staff, HSE Managers, and Forum members for their cooperation and support during the past year. Cllr Buttimer will formally record his appreciation of the Forum and its value to members, at the September 2015 meeting.

Election of Chairperson-

Cllr John Joe Culloty was proposed by Cllr Imelda Goldsboro and seconded by Cllr Bobby O 'Connell. Cllr Henry Cremin was proposed by Cllr Damian Quigg and seconded by Cllr Rachel Mc Carthy. On a show of hands Cllr Culloty was elected by 21 votes to 6 and assumed the Chair.

Cllr Culloty thanked his proposer and seconder as well as the Councillors who supported him. He acknowledged that Cllr Buttimer had done a fantastic job and insisted that the Forum was a helpful and important base for health service discussion. He undertook to be as efficient as possible and asked for the assistance of the Forum members in that respect.

Election of Vice Chairperson-

Cllr Imelda Goldsboro was proposed by Cllr Mary Shields and seconded by Cllr Deirdre Forde. Cllr Breda Gardner was proposed by Cllr Henry Cremin and seconded by Cllr Mary Linehan-Foley. On a show of hands Cllr Goldsboro was elected by 19 votes to 8.

3. Committees:

The next Committee Meetings will be held on:

- Tuesday 13th October 2015 - South East Committee Meeting and
- Thursday 15th October 2015 - South West Committee Meeting.

4. Notices of Motion

(a) Cllr. Danny Healy-Rae moved the following Motion, standing in his name:

“To ask the HSE to revert back to the previous system of ambulance service as the central office service based in Dublin is not working out.”

A detailed written response from Mr Michael Norris, Operations Performance Manager, National Ambulance Service, which addressed the single National Control Centre and Ambulance response times, was circulated to members and acknowledged by Cllr. Healy-Rae.

Further representations were made by Cllr Healy Rae to restore the previous arrangement and he highlighted some recent experiences, regarding ambulance response times, in Co. Kerry, which concerned him. He felt that the HSE had reduced the number of Ambulances as well as Emergency Medical Technicians and indicated that Kerry people were unhappy with the present service and wanted to revert to the previous arrangement.

Cllr Damian Quigg supported Cllr Healy Rae’s case and asked that the HSE would enhance its working relationship with the Local Authority Fire Service and ensure that in critical cases the Ambulance, Fire Service and Gardai would all be despatched to the scene simultaneously.

The Chairperson, Cllr John Joe Culloty, supported the call for two emergency ambulances to be based in Killarney.

In response Mr. Norris made it clear that the previous system was gone for good and that the National centre is aware of where every ambulance service vehicle is situated and can allocate them across county bounds as required. The Computer Aided Despatch system selects the nearest ambulance for each call automatically and continues to be enhanced. It will be at its peak performance in September next and will be then among the most modern ambulance systems in the world. It is consistent all the way and eliminates human error. Regarding the removal of on call in Cork and Kerry, Mr Norris noted the significant improvement since then in response times and best outcomes are being achieved by the use of the modern control centre, with local knowledge still available to the service. The introduction of unique house identifiers will further eliminate confusion over names or addresses and at present the NAS is using the maps used by An Post, which identify most locations promptly. He has been pursuing the integration of the Fire service for some time and noted that it works better in Urban rather than Rural areas.

Details of response times are available on the HIQA web site and Mr Norris highlighted the 10 % increase in emergency calls across Ireland. Members will see that response times have not worsened in this area and are slightly improved. In response to the specific cases highlighted, Mr Norris undertook to respond privately to the Chairperson and Cllr Healy Rae.

(b) Cllr. Tom Wood moved the following Motion, standing in his name:

“With the proposed re-organisation of services (including rehabilitation services) from St Patricks Hospital, Cashel to Our Lady’s Campus, Cashel evidently in trouble due to HIQA and other concerns, this Forum calls on HSE to end the uncertainty, allow the Rehabilitation Unit remain in its rightful location at St Patricks and wisely allocate funding for the refurbishment of other facilities there.”

A written response from Mr Anna Marie Lanigan, Area Manager, South East Primary Community & Continuing Care Services, was circulated to members and acknowledged by Cllr. Wood.

As a follow up, Cllr Wood insisted that this response was similar to previous replies which had been issued in recent years. He noted that HIQA was now involved and that the HSE is position is of considering all options. Cllr Wood insisted there was no reason for the Rehabilitation Unit to be moved insofar as it was planned and built at ground floor level and is now being moved upstairs. He said that the ‘Le Cairde’ unit is rarely used and that the expense on that unit should be used to upgrade St Patrick’s Hospital about which there is now uncertainty. He reminded the Forum that about 18 months ago there had been a plan to provide 21 step down beds at Our Lady’s Hospital to relieve pressure on the South Tipperary General Hospital but this has now changed. He asked that the issue of service provision in Cashel would be reviewed and that as HIQA standards are too strict especially for patients Long Stay Hospitals a representative of that Authority would be invited to attend a future Forum meeting. In reply Ms Hendrick acknowledged Cllr Wood’s passion for Elderly Services but reminded him that the HSE is obliged to comply with HIQA standards or facilities may be closed. The HSE tries to work with HIQA but standards have changed considerably in recent years and many of our buildings are based on multiple occupancy rooms. The standard now is single occupancy rooms and even recent HSE buildings don’t all have that compliance. Ms Hendrick advised that a steering group had been set up to advise on requirements for service design and the upgrading of the facilities at St Patricks and Our Lady’s sites respectively.

Ms Hendrick under took to advise Cllr Wood if the Le Cairde Unit has been transferred to the HSE.

5. Questions

- (a) Cllr. Mary Lenihan Foley put forward the following question:

“When will the Child and Adolescent Mental Health Services in East Cork (based in Glanmire) have a full time Consultant Psychiatrist and will there be a cover for clinical psychologist in the team”.

A written response from Mr Ger Reaney was circulated to members and acknowledged by Cllr. Lenihan Foley.

There are many people in East Cork who need the service and they have been on waiting lists for some time according to Cllr Lenihan Foley. She emphasised that young people benefit from early intervention and was delighted to note that Dr Begley had returned to duty following her Maternity Leave.

Mr Reaney advised that while the HSE is not funded for maternity leave replacements, the workload had been reorganised, with the co operation of Dr Begley's colleagues. Mr Reaney confirmed that it is difficult to recruit locum Consultant Child and Adolescent Psychiatrists and there is a shortage of qualified Consultants in that area. In conclusion Mr Reaney undertook to address any specific service queries that Cllr Lenihan Foley wished to raise after the meeting.

(b) Cllr. Danny Healy Rae put forward the following question:

“To ask the HSE why aren't they opening up more short stay beds in Kenmare and Dingle District Hospitals.”

A written response from Mr Ger Reaney was circulated to members and acknowledged by Cllr. Healy-Rae.

Having studied the response Cllr Healy Rae expressed his disappointment that only about half the beds are being used in Kenmare and Dingle Hospitals. He said that there are no step down or respite beds available in Kenmare. Cllr Healy Rae recalled the efforts to secure funding for both hospitals and felt that more use should be made of their facilities. His opinion is that it is difficult to secure respite in Kenmare and that step down beds should be provided also for Kerry General Hospital.

In response Mr Reaney said that, based on the current information available, the services provided are sufficient to meet the current need. The current review on short stay bed usage will be available at the end of July. This review is also mindful of delayed discharges in the acute hospitals in Kerry and Cork and these cases are being kept to a minimum. The trend delayed discharges in Kerry is downwards in recent months and some cases are beyond the control of community hospitals especially where older patients still require acute care.

The issue of access to respite care in Kenmare will be examined. In conclusion, Mr Reaney assured Cllr Healy Rae that the HSE would continue to monitor identified needs in the community and respond within the limits of resource availability.

(c) Cllr. Tom Wood put forward the following question:

“What services are provided at Our Lady's Hospital Cashel and on its adjoining campus and what is the frequency of same.”

A written response from Mr Anna Marie Lanigan, Area Manager, South East Primary Community & Continuing Care Services, was circulated to members and acknowledged by Cllr. Wood.

As a follow up, Cllr Wood asked if X Ray services are still provided at Our Lady's Hospital and Ms Jeanne Hendrick, deputising for Ms Lanigan, undertook to check and advise him.

(d) Cllr. Dr John Sheehan put forward the following question:

“Can the HSE outline how many contracts for the new GP Under 6 Scheme have being signed in the HSE, both nationally and in the HSE South.”

A written response from Mr Anna Marie Lanigan and Mr Ger Reaney was circulated to members and acknowledged by Cllr. Dr John Sheehan.

In reply, Cllr Sheehan highlighted a GP manpower shortage in some areas and highlighted Ballyheigue as having a current vacancy. He asked if current GP panel numbers include the under 6 cohort, or if these are additional and Mr Reaney undertook to arrange a personal response.

Cllr McCarthy asked if the HSE had a set target of contracts in mind to provide the service and if there were ongoing links with GPs about signing up. She also highlighted the absence of a GP contract to provide the service in Bandon. Mr Reaney advised that there hadn't been direct contact up to now because the contracts had been offered and it was left to GPs to consider with their respective staff association. The HSE objective is to facilitate access to the service and the % signing is changing on a daily basis. The HSE will keep the matter under review and act if an intervention is required.

Cllr Davy Daniels asked for an update on progress with the new Community Hospital in Waterford to replace St. Patricks. Ms Hendrick advised that the project was proceeding on schedule and undertook to confirm the position re planning application which has been lodged with Waterford City & County Council.

6. Date and time of next meeting

Thursday, 17th September 2015, at 2 pm, Council Chambers, County Hall, Cork.

The Chairman asked members to note the foregoing arrangements for the next meeting.

MINUTES OF SEPTEMBER 2015 MEETING

MINUTES - MEETING OF REGIONAL HEALTH FORUM SOUTH

Thursday 17th September 2015 @ 2pm
COUNCIL CHAMBERS, COUNTY HALL, CORK

Present:

Cllr. James Brown	Cllr. George Lawlor
Cllr. Mary Butler	Cllr. Mary Linehan Foley
Cllr. John Buttimer	Cllr. Michael McCarthy
Cllr. John A. Collins	Cllr. Rachel McCarthy
Cllr. Timmy Collins	Cllr. Jason Murphy
Cllr. Henry Cremin	Cllr. Bobby O'Connell
Cllr. John Joe Culloty Chairperson	Cllr. Aaron O'Sullivan
Cllr. Davy Daniels	Cllr. John Pender
Cllr. Michael Doyle	Cllr. Seanie Power
Cllr. Pat Fitzgerald	Cllr. William Quinn
Cllr. Denis Foley	Cllr. John Sheehan
Cllr. Breda Gardner	Cllr. Mary Shields
Cllr. Imelda Goldsboro	Cllr. Frank Staples
Cllr. Danny Healy-Rae	Cllr. Joe Sullivan
Cllr. Mary Hanna Hourigan	Cllr. Tom Wood
Cllr. Mike Kennelly	

Apologies:

Cllr. Mary Rose Desmond
Cllr. Deirdre Forde
Cllr. Joe Malone
Cllr. Damian Quigg

In Attendance:

Dr. Ger O' Callaghan, Chief Operations Officer, South/South West Hospitals Group
Ms Aileen Colley, Chief Officer, Area 5 Community Health Organisation
Ms Anna-Marie Lanigan, Area Manager, Area 5, Community Health Organisation
Ms Yvonne Finn Orde, General Manager, North Cork, HSE South
Ms Rebecca Loughrey, Specialist in Social Care, HSE South
Ms Norma Deasy, Area Communications Manager, HSE South
Members of the HSE South Forum Office staff

Prior to the commencement of the meeting, the Chairperson, Councillor John Joe Culloty, proposed a vote of sympathy with Ms. Anna-Marie Lanigan, Area 5, Community Health Organisation on the recent death of her mother.

Councillor John Buttimer proposed a vote of sympathy with Mr. G. O'Dwyer, CEO, South/South West Hospitals Group on the recent death of his father.

Ms. Anna-Marie Lanigan introduced Ms. Aileen Colley, who has recently taken up duty as Chief Officer, Area 5.

1. Adoption of the Minutes of the previous Meeting held on Thursday 18th June 2015

On the proposal of Cllr. Denis Foley, seconded by Cllr. Timmy Collins, the Minutes of the Forum meeting held on Thursday, June 18th 2015 were approved and adopted by the members.

2. Chairperson's correspondence

Members were reminded to switch off mobile phones.

3. Committees:

The next Committee Meetings will be held on Tuesday 13th (South East) and Thursday 15th (South West) of October 2015

4. Notices of Motion

- (a) In the absence of Cllr. Damian Quigg, Cllr. Henry Cremin moved the following Motion, standing in Cllr. Quigg's name:

"Of the 40 extra nurses required for the CUH, how many of those are specifically required to open the CF unit."

A written response from Mr Tony McNamara, CEO, CUMH Hospital Group was circulated to members and noted.

- (b) Cllr. Danny Healy-Rae moved the following Motion, standing in his name:

"To ask the HSE when will the people of Rathmore have a Doctor's Surgery provided in their town as the trip to Millstreet is too much for the sick and

elderly people and sick children, this was promised and was to happen earlier in the year following my earlier motion.”

Also

(e) Cllr. John Joe Culloty moved the following Motion, standing in his name:

“To call on the HSE to provide a GMS Service based in Rathmore. This should be done by setting up a Clinic with the Doctor who was awarded the GMS contract, or alternatively, put the contract back out to tender. Rathmore patients are being very much neglected by the HSE.”

A joint written response from Mr Ger Reaney, Chief Officer, was circulated to members and acknowledged by Cllrs. Healy-Rae and Culloty.

Cllr. Healy Rae thanked the HSE for ensuring that a clinic will be provided in Rathmore today and every Thursday. While noting the issue about planning permission he felt that a more expansive service is required especially to meet the needs of mothers with small children and patients who don't have their own transport.

He expressed regret that it is proving difficult to retain GPs in rural areas and asked the HSE to work with Dr. Walsh McCarthy to ensure a five day service can eventually be provided in Rathmore.

Chairperson, Cllr, John Joe Culloty, agreed that a full time service is required and accepted that the situation may improve in the coming months.

In response, Ms. Yvonne Orde Finn, General Manager, advised that the HSE is aware of the problems with recruitment of GPs for rural practices. She noted that Dr. Walsh McCarthy is due to return from maternity leave in November and that all possible support will be provided to enhance the practice.

(c) Cllr. Tom Wood moved the following Motion, standing in his name:

“That a Capital Allocation be included in the 2016 HSE budget to implement structural changes identified in the recent HIQA report on Saint Patrick's Hospital, Cashel, so as to facilitate long stay residents and staff.”

A written response from Ms. Aileen Colley, Chief Officer, Area 5, was circulated to members and acknowledged by Cllr. Wood.

In response to a query about non registration of older units by HIQA, Ms. Anna-Marie Lanigan explained that only those units inspected would be affected and that HIQA understood the dynamics of providing facilities for the care of older people.

Cllr. Wood asked about the current plans for the Rehabilitation Unit at St. Patrick's Hospital which was previously to be transferred to the Our Lady's Hospital campus but now seems to be one of the various options being considered.

Ms. Lanigan advised that the HSE management works closely with Estates and HIQA in respect of all facilities for older people.

She undertook to keep local public representatives advised of progress including the possible development of a new build Community Nursing Unit on the St. Patrick's Hospital site.

- (d) Cllr. John Sheehan moved the following motion standing in his name.

"That the HSE in developing its longer plans for a possible new Hospital in Cork involving an amalgamation of the South Infirmary/Victoria and Mercy University Hospitals, would ensure that existing infrastructure in those Hospitals would not be neglected and the investment would continue as required to maintain a high quality service in those hospitals".

A written response from Dr. Gerard O'Callaghan, Chief Operations Officer, South/South West Hospitals Group was circulated to members and acknowledged by Cllr. Sheehan.

Cllr. Sheehan noted that there had been concerns in the SIVUH and MUH about the possible neglect of existing infrastructure but that the response had reassured him.

Dr. O'Callaghan added that investment will continue at SIVUH and MUH pending a decision on the provision of a new hospital in Cork.

- (f) "Hospitals are given annual budgets!
Is it true if they treat more patients than they had envisaged, exceed their budgets, are hospitals then penalised?"

Cllr. Breda Gardner

A written response from Dr. Ger O'Callaghan, COO, South/South West Hospitals Group, was circulated to members and acknowledged by Cllr. Gardner.

Cllr. Gardner replied that the current budgetary system is not working and patients are still on trollies. The shortages of GPs is another problem which needs to be resolved and budgets should be increased for community based services. The recruitment of nurses also needs to be expedited. Cllr Gardner also asked if a dimmer switch system could be arranged on the St. Luke's Hospital corridors so that patients on trollies could have a better opportunity to sleep.

In response Dr. O'Callaghan undertook to follow up the lighting issue at St. Luke's Hospital. He pointed out that the reference in the question to hospitals

being penalised was incorrect. Hospitals received funding based on the previous year's level of service with additional resources provided to meet issues such as waiting list initiatives and flu epidemics. The South/South West Hospital Group has made significant progress on waiting lists in recent months, and that work is continuing in line with national directives.

The recruitment of nurses is difficult because of the constant turnover as some depart for different reasons. Contracts will be offered to graduates who will be coming on the job market in the coming weeks.

5. Questions

- (a) Cllr. Mary Lenehan Foley put forward the following question:

"Due to unforeseen staff shortages there will be a temporary reduction in the HSE North and South Lee Community Podiatry Service. Does this mean that those with diabetes will no longer be able to have the services of a podiatrist in the coming months?"

A written response from Mr Ger Reaney was circulated to members and acknowledged by Cllr. Lenihan Foley who expressed satisfaction with the contents.

- (b) Cllr. Mary Butler put forward the following question:

"The Ballinamult Health Centre Seskinane, Co. Waterford is no longer being used by the local GPs who have relocated to the Fourmilewater Health Centre near Ballymacarby, Co. Waterford. This is causing a great deal of stress for local residents without transport. The reason given by the GPs for the relocation is because broadband is not available in the Health Centre Seskinane. Is there broadband available in the Ballinamult Health Centre Seskinane? Is there any plans by the HSE to provide broadband to this health centre?"

A written response from Ms. Anna-Marie Lanigan was circulated to members and acknowledged by Cllr. Butler who expressed satisfaction with the contents but noted that the only problem now relates to transport for older patients.

- (c) Cllr. Danny Healy Rae put forward the following question:

"To ask if all the same services will be provided in the new facility "Lee Wood", which is to replace "Lantern Lodge" in Killarney? Most importantly will the patients be provided with a lunch and showering facilities as they are totally dependent on these facilities?"

A written response from Mr Ger Reaney was circulated to members and acknowledged by Cllr. Healy-Rae.

In response to a query from Cllr. Healy Rae, Ms. Orde Finn confirmed that lunch and showering facilities will be provided for patients moving to 'Lee Wood' from 'Lantern Lodge' and that all personal care needs will be provided. Ms. Orde Finn emphasised that the new building is more suitable for access and general mobility. She assured Cllr. Healy Rae that the HSE will work with patients and their families to identify the most appropriate care needs on an ongoing basis.

- (d) Cllr. Tom Wood put forward the following question:

"What measures will be taken to provide the necessary staffing levels at Saint Patrick's Hospital, Cashel and Our Lady's Hospital following the transfer of the Rehabilitation Unit and other beds to the new complex?"

A written response from Ms. Aileen Colley, Chief Officer, Area 5, was circulated to members and acknowledged by Cllr. Wood.

In reply to a query from Councillor Wood about the recruitment process, Ms. Lanigan advised that the start date was the staffing analysis of February 2015 and this was consistent with HSE policy of reducing agency personnel in all units and moving to sustainable HSE staffing levels.

- (e) In the absence of Cllr. Damian Quigg, Cllr. Henry Cremin put forward the following question in his name:

"There are currently three x-ray rooms in Kerry General Hospital, why can patients not be x-rayed in the outpatients section instead of having to wait extraordinary lengths of time for x-rays?"

A written response from Mr TJ O'Connor, General Manager in Kerry General Hospital was circulated to members and the contents were noted.

- (f) Cllr. Dr John Sheehan put forward the following question:

"In view of the fact that HIQA reported in June that the existing General/ENT Operating theatres in the South Infirmary/Victoria Hospital are not fit for purpose and need significant renovation, what are the HSE plans, in terms of funding and timescale for the renovation of these theatres?"

A written response from Ms Helen Donovan, Interim CEO, South Infirmary/Victoria Hospital was circulated to members and acknowledged by Cllr. John Sheehan.

Cllr. Sheehan asked if capital would be provided and if so what would the timeline be?

Dr. O'Callaghan confirmed that this capital project has been prioritised for attention and is currently at Phase 2, having been agreed locally and referred to the Design Team which will report shortly with the requirements.

He advised that the current problem is caused by the size of the theatres but that there are options on the site to do the essential work. Depending on the Design Team report it is anticipated that the job may be completed in 12 to 18 months.

(g) Cllr. John Joe Culloty put forward the following question:

"There are a large number of parents whose children appear to have long-term adverse reactions to the Anti-Cervical HPV Gardasil Vaccine. Has the HSE investigated this link, and if so, what are the findings?"

A written response from Dr. Brenda Corcoran, Consultant in Public Health Medicine, was circulated to members and acknowledged by Cllr. John Joe Culloty.

In response to a query from the Chairperson, Ms Orde Finn advised that the vaccine is 99% effective and of 4,259 doses administered in Cork/Kerry during 2014 only 5 adverse incidents were reported. Senior Area Medical Officers and Area Medical Officers are available at HSE level to discuss the vaccines' side effects with parents as required.

Cllr. Linehan Foley noted there were some recent media reports which caused concern and she noted that many parents became more worried a year on rather than at the time it is administered.

Ms. Orde Finn confirmed that the Gardasil vaccine has been tested on 25,000 females in 33 countries with no reaction reported.

(h) Cllr. Breda Gardner put forward the following question:

"How much money is spent on the HSE yearly approximately?
How much is spent on preventative medicine tackling its alcohol abuse, cigarette smoking and obesity?
How do you see the sickness system can be turned into a genuine health system that could improve the level of well being in Ireland?"

A written response from Dr. Ger O'Callaghan was circulated to members and acknowledged by Cllr. Breda Gardner.

In view of the detailed information provided in the response which needs more time to study Cllr. Gardiner asked if the replies to Notices of Motions and Questions could be made available to members the day before the Forum meetings.

Dr. O'Callaghan agreed to investigate if it is possible.

- (i) Cllr. Davy Daniels put forward the following question:

“What is the commencement date for the new Hospital and developments at St. Patrick’s, John’s Hill, Waterford.”

A written response from Mr Anna Marie Lanigan was circulated to members and acknowledged by Cllr. Davy Daniels.

In commenting on the response Cllr. Daniels noted that St. Patrick’s Hospital is no longer a listed building as indicated. He advised that it had been delisted about three years ago by the Local Authority to expedite this project. He had been advised previously that the start date was Q4 2015 but now it is Q3 2016. In response Ms. Lanigan advised that she had been in discussion with Estates and that there had been delays at various stages. She agreed to check the timelines provided with Estates and advise Cllr. Daniels accordingly.

It was noted that the project involves more than the on site provision of a Community Nursing Unit.

6. Date and time of next meeting

Thursday, 5th November 2015, at 2 pm, Council Chambers, County Hall, Cork.

The Chairman asked members to note the foregoing arrangements for the next meeting.

MINUTES OF NOVEMBER 2015 MEETING

MINUTES - MEETING OF REGIONAL HEALTH FORUM SOUTH

**Thursday 5th November 2015 @ 2pm
COUNCIL CHAMBERS, COUNTY HALL, CORK**

Present:

Cllr. James Brown	Cllr. Joe Malone
Cllr. Timmy Collins	Cllr. Rachel McCarthy
Cllr. Henry Cremin	Cllr. Jason Murphy
Cllr. John Joe Culloty Chairperson	Cllr. Bobby O'Connell
Cllr. Davy Daniels	Cllr. John Pender
Cllr. Pat Fitzgerald	Cllr. Seanie Power
Cllr. Denis Foley	Cllr. Damian Quigg
Cllr. Deirdre Forde	Cllr. William Quinn
Cllr. Breda Gardner	Cllr. John Sheehan
Cllr. Imelda Goldsboro	Cllr. Mary Shields
Cllr. Danny Healy-Rae	Cllr. Frank Staples
Cllr. Mary Hanna Hourigan	Cllr. Joe Sullivan
Cllr. Mike Kennelly	Cllr. Tom Wood
Cllr. Mary Linehan Foley	

Apologies:

Cllr. Mary Butler
Cllr. Aaron O'Sullivan

In Attendance:

Dr Ger O' Callaghan, Chief Operations Officer, South/South West Hospitals Group
Ms Gretta Crowley, Area Manager, Area 5, Community Health Organisation
Ms Gretta Crowley, Operations Manager, Area 4, Community Health Organisation
Mr Peter Dineen, Communications Dept, HSE South
Members of the HSE South Forum Office staff

1. Adoption of the Minutes of the previous Meeting held on Thursday 17th September 2015

On the proposal of Cllr. Timmy Collins, seconded by Cllr. Mike Kenneally, the Minutes of the Forum meeting held on Thursday, September 17th 2015 were approved and adopted by the members.

2. Chairperson's correspondence

Members were reminded to switch off mobile phones.

Responses to Motions and Questions

Cllr Breda Gardner raised this issue at the September Meeting and had support of other members on an earlier release of responses preferably before Forum meetings, if possible. After some discussion between management and the Chairperson it has been agreed that responses will be on tables in the Chambers at 1.30pm on the day of the meeting to allow members to read them before the meeting commences. The Chairperson asked the members not to leave the chambers with the responses, until the meeting has ended.

3. Committees:

The Reports for the South East Committee Meeting on October 13th and the South West Committee Meeting on October 15th were taken as read.

The next Committee Meetings will be held on Tuesday 1st December 2015, the South East Committee Meeting at 11am – the South West Committee meeting at 2pm with a joint presentation, to both committees at 12.30pm from Mr Kieran Healy, Head of Customer Service, PCRS.

4. Notices of Motion

- (a) Due to the unavoidable delay in Cllr. Browne's arrival the following Motion, standing in his name was moved by Cllr. Joe Sullivan:

"That this Forum calls on the HSE to reinstate a respite bed at St John's Hospital, Enniscorthy in County Wexford"

Also

Cllr. James Browne put forward the following question 5(b):

"Will the HSE open a hospice bed in St. John's Hospital, Enniscorthy in County Wexford"

A written response from Ms Anna-Marie Lanigan, Area Manager, Area 5, Community Health Organisation was circulated to members and noted.

In respect of Notice of Motion 4(a) Ms. Lanigan highlighted the number of respite beds currently provided in Co. Wexford and explained that it was necessary to re-designate one respite care bed to residential in St. John's Hospital, Enniscorthy, because of the existing shortage to meet demand.

In respect of the hospice beds (Q.5(b)) Ms. Lanigan confirmed that 20 palliative care beds are in the University Hospital Waterford Development Project, which is proceeding at present.

She listed the current beds which are available in Co. Wexford and emphasised their value. However if any further palliative care beds were to be opened in the County it would have to be at the expense of long stay beds and that is not viable at present.

(b) Cllr. Danny Healy-Rae moved the following Motion, standing in his name:

"To ask the HSE to do something to help sick people who attend Kerry General Hospital and find themselves on trolleys for hours and to consider the following remedial measures – to employ extra nursing staff in Kerry General Hospital, Killarney, Kenmare and Dingle Community Hospitals and to utilise all the beds in all of these hospitals and to make funding available for a new Community Hospital in Killarney".

A written response from Mr Ger Reaney, Chief Officer, Area 4 Community Health Organisation and Dr Ger O'Callaghan, Chief Operations Officer, South/South West Hospitals Group was circulated to members and noted.

In response Cllr. Healy-Rae insisted that there are patients in Kerry General Hospital who are ready for discharge but because more beds are not available in Kerry Community Hospitals they can't be discharged. He also raised concerns about the Fair Deal Scheme and the stress it causes in families.

Dr. O'Callaghan pointed out that there are no acute beds closed at Kerry General Hospital with the twelve escalation beds being in use since the start of 2015. These have eased pressure on the ED and Kerry General Hospital works well with the Community Services in the area. Today there are only 4 Delayed Discharge patients ready to leave Kerry General Hospital but there are no beds for them. This number is very low compared to other hospitals around the country.

Ms. Gretta Crowley, Operations Manager, advised of the Winter Preparedness Plan to ensure the community facilities continue to support acute services for the winter months. She confirmed that all HSE services are working collaboratively to ensure Fair Deal, Home Care Packages and other services are provided appropriately.

She confirmed that the demand for short term care is being met and there are no access problems. There are no capacity problems either with continuing care beds.

Ms. Crowley confirmed that the HSE continues to work to maintain staff in all hospitals at their approved levels.

(c) Cllr. Deirdre Forde moved the following Motion standing in her name.

“That the HSE Forum calls on the HSE to immediately engage with the families for the 15 young adults in An Tuath Nua with a view to obtaining meaningful respite and also outline the long term plan upon graduating from An Tuath Nua next June”.

Also

Cllr. Deirdre Forde put forward the following question 5(d):

“Outline the plan for the long term care of 15 young adults in An Tuath Nua and why are day care services being terminated for the 15 young adults graduating in June without communicating to the families as to where their vulnerable children with special needs will go thereafter”

A written response from Mr. Ger Reaney was circulated to members and noted.

In response Cllr. Forde raised some of her concerns for the young adults and their parents. She asked if the HSE would formally commit to the parents that the needs of the young adults would be met next June and that sufficient respite care would be provided.

In response Ms. Crowley confirmed that the issues were of great concern to the HSE and that its Service Plan would include a response to these needs. However she pointed out that it is difficult to give guarantees this early in the 2016 estimates process but that everyone involved is working hard to improve respite services and to secure places for next year and to increase the respite services based on the resources made available for Disability Services in 2016.

It was noted that the HSE met with parents of the young people attending An Tuath Nua last week at which their concerns were discussed. The HSE has also been liaising with the COPE Foundation and further discussions are planned to progress the existing concerns.

(d) Cllr. John Joe Culloty moved the following motion standing in his name:

“As there is a welcome upgrade being undertaken to the Oncology Unit of Kerry General Hospital, I call on the HSE to ensure that adequate space be provided for outpatients and Consultants in separate areas, within this very busy satellite unit.”

A written response from Dr Ger O’Callaghan was circulated to members and noted.

Cllr. Culloty welcomed the response and was pleased to note that Oncology Unit staff have been consulted about future requirements.

Dr. O'Callaghan noted that he was closely involved in this project and it was vital to ensure that the new refurbished unit would meet everyone's requirements.

- (e) Cllr. Tom Wood moved the following motion standing in his name:

"That the HSE would recognise the consequences of the ongoing lack of Therapy Services at Scoil Aonghusa Special School in Cashel and outline what measures will be taken to have the matter resolved without further delay".

A written response from Ms. Anna-Marie Lanigan was circulated to members and noted.

Cllr. Wood advised of the increase from 77 to 84 pupils attending Scoil Aonghusa and detailed the current modest level of therapy services being provided. He said that everyone involved with the school including teachers and parents are frustrated with the lack of progress and asked the HSE to apply pressure to the respective agencies to increase the levels of therapy available. Cllr. Mary Hanna Hannigan highlighted the wonderful work being done at the school and supported Cllr. Wood's call for enhanced therapy provision.

Ms. Anna-Marie Lanigan acknowledged all of the points made and assured the Councillors that she will do whatever she can to improve the situation.

- (f) Cllr. Mike Kennelly moved the following motion standing in his name:

"That the HSE conduct an urgent review of the reconfiguration of Kerry intervention and disability service (KIDS). This is critically required after significant changes."

A written response from Mr Ger Reaney was circulated to members and noted.

Cllr. Kennelly thanked the HSE for the response and noted that KIDS works with the most vulnerable children. He said that major changes have been made in service delivery and that there is now a need to review the problems arising. He highlighted the absence of a Domiciliary Nurse and the lack of access to therapy services for long periods of time. Cllr. Kennelly's view was that early intervention services are vital for these children.

In response Ms. Crowley agreed with Cllr. Kennelly's concerns and emphasised that there had been a major reconfiguration of these services. She confirmed that a review is upcoming when the Management Governance Group has finalised its Terms of Reference for 'Reconfiguration of the Children's services'. It is expected to start its work early in 2016 and will probably take about three months to complete.

When the review is complete the HSE South, Brothers of Charity, Enable Ireland and St. John of God Childrens Services will review its findings with a view to implementing its recommendations for improvement.

5. Questions

- (a) Cllr. Rachel McCarthy put forward the following question:

"How many people in Cork are currently on the waiting list for hip and knee operations, what is the expected waiting period for a person on the list and how many surgeons are employed to carry out these operations".

A written response from Dr. Ger O'Callaghan was circulated to members and noted.

Cllr. McCarthy thanked Dr. O'Callaghan for the details provided. She has been making representations to the HSE on behalf of the 'long waiters' for hip and knee problems but noted that from 31/12/2015 no patient will be waiting longer than 15 months for an in patient or out patient appointment. Currently there isn't a delay on the in patient list and patients are given advance notice when a clinic appointment is scheduled for them.

Dr. O'Callaghan undertook to check any specific outstanding cases, which Cllr. McCarthy wishes to highlight.

- (b) Cllr. Danny Healy-Rae put forward the following question:

"As Management of Kerry General Hospital are under severe pressure – I ask why do people who get a letter from their own GP to attend the X-Ray Department have to queue to see another Hospital Doctor again before they can go through X-Ray.

A written response from Dr. Ger O'Callaghan was circulated to members and noted.

Cllr. Healy-Rae asked for clarification on the answer provided as he can't understand why people who have a GP referral letter need to queue at the General Hospital before they can have an x-ray? He was supported by Cllrs. Collins and Quigg.

Dr. O'Callaghan explained that the queue is not to see a Doctor but as part of an administration process to allocate patients to the appropriate specialty. He explained that the HSE is considering the possibility of giving GPs a dedicated x-ray slot at the Hospitals, but it is only at a preliminary stage.

- (c) Cllr. John Joe Culloty put forward the following question:

"Can this Forum request a member of the Blood Transfusion Service to attend our next Forum Meeting, to explain why blood taken from people with

haemochromatosis, is not being used for blood transfusions, considering the first pilot project took place eight years ago?"

A written response from Dr. Willie Murphy, National Medical Director, was circulated to members and noted.

Cllr. Culloty felt that the response provided didn't answer the question to his satisfaction. Ms. Anna-Marie Lanigan undertook to liaise with the Blood Transfusion Service Board and request a representative to attend a future meeting.

Clarification

Standing Orders 23.4

If a Motion, notice of which has been duly given, is not moved by the sponsoring member, it shall be deferred to the next meeting

It was noted going forward that if a member is absent then his/her Motion and question will be deferred unless moved by a sponsoring member.

Suggestion

Cllr. Gardiner suggested that it would be nice to end the Forum Meetings with a 'Good News' Story about the Health Service from a Councillor or Councillors.

Cllr. Lenihan Foley, Cllr. Healy-Rae and Cllr. Rachel McCarthy agreed and there were no objections.

6. Date and time of next meeting

Thursday, (Date to be confirmed) February 2016, at 2pm, Council Chambers, County Hall, Cork.

The Chairman asked members to note the foregoing arrangements for the next meeting.